

Behind the Term: Substance Use Disorder

Related terms: addiction, alcoholism, alcohol abuse, alcohol use, alcohol use disorder, cannabis use disorder, cocaine use disorder, craving, drug abuse, drug addiction, drug dependence, drug use disorder, drug use, hallucinogen use disorder, heroin use disorder, inhalants, intoxication, marijuana, methamphetamines, opioid use disorder, overdose, physical dependence, prescription drug abuse, prescription drug misuse, sedatives, smoking, stimulant use disorder, substance abuse, substance dependence, substance misuse, substance use, tobacco use disorder, tolerance, withdrawal

What Is Substance Use Disorder?

The term *substance use disorder* refers to a condition in which an individual's recurrent use of alcohol and/or drugs causes significant behavioral, physical, social, and psychological impairments (American Psychiatric Association, 2013a). The term was first included in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) in 1980. The impairments resulting from this disorder may entail various health problems; the inability or failure to meet responsibilities at work, or home, or school; and other problematic behaviors (see also **Symptoms of Substance Use Disorders**, below).

In 2013, with the publication of the fifth edition of the *DSM* (*DSM*–5), substance use disorder took on an even broader meaning, when the *substance abuse* and *substance dependence* criteria were eliminated as separate diagnostic categories and combined into a single substance use disorder (Hasin et al., 2013). With the removal of the *substance abuse* and *substance dependence* classifications, the *DSM*–5 addresses the use of substances separately, with each substance constituting its own specific use disorder (alcohol use disorder, stimulant use disorder, etc.), but using the same overall criteria for diagnosis.

To make it easier for clinicians and mental health professionals, the substance use disorder diagnostic criteria now fall under the following four major groupings: impaired control, social impairment, risky use, and pharmacological criteria. From a list of symptoms within each of these four groups, substance use disorder is now measured on a continuum ranging from mild to severe (American Psychiatric Association, 2013b).

Behind the Term: Substance Use Disorder

Although *substance abuse* and *substance dependence* were used in the Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2014 *National Survey on Drug Use and Health* (Center for Behavioral Health Statistics and Quality, 2015), SAMHSA has now incorporated the *DSM–5* diagnostic nomenclature, and no longer recommends the use of these terms (except as they may pertain to an agency title). However, SAMHSA does accept the terms *substance use* or *misuse*; with *misuse* most often specified in conjunction with prescription drugs.

Why Has the Terminology Changed?

The American Psychiatric Association points to multiple reasons for the revisions in *DSM*–5. First, there have been many advances in the field since the fourth edition of the manual was published in 1994. Second, with substance abuse and substance dependence subsumed under the substance use disorder label, the criteria have not only been combined, but also strengthened. For example, a previous diagnosis of substance abuse required evidence of only one symptom, whereas the current "mild substance use disorder" requires evidence of two to three symptoms (American Psychiatric Association, 2013b).

Third, the *abuse* and *dependence* terms were found to be problematic because "the distinction between abuse and dependence was based on abuse as a mild or early phase of the disorder and dependence as a more severe form, even though, in practice, the abuse criteria was sometimes quite severe" (American Psychiatric Association, 2013b). In addition, dependence was considered to be confusing from a diagnostic standpoint, as it was often associated with the term *addiction*.

Finally, *addiction is* no longer included in the fifth edition of the *DSM*, despite its common usage internationally, because of its "uncertain definition" and possible negative connotation (American Psychiatric Association, 2013a, p. 485).

In summary, according to the *DSM–5*, substance use disorder is considered to be a more "neutral" term to describe the wide range of the disorder (American Psychiatric Association, 2013a, p. 485).

Despite these changes in the DSM terminology, however, many federal agencies and other organizations still use the terms *substance abuse, substance dependence,* and *addiction*. For example, the National Institute on Drug Abuse (NIDA) continues to use *addiction* to describe the condition of compulsive drug-seeking behavior that persists, despite harmful consequences. (National Institute on Drug Abuse, 2014).

In addition, replacing the substance abuse and dependence categories with a single substance

Behind the Term: Substance Use Disorder

use disorder construct has created some challenges for the court system (Norko & Fitch, 2014). Typically, the sentencing of drug court defendants has often hinged on whether they were determined to have abused substances (considered more culpable) or were physically or psychologically dependent on the substance (considered more deserving of diversion). With *DSM–5*'s elimination of the abuse and dependence distinctions, Norko and Fitch (2014) found that "lawmakers and judges may have to reconsider their substance use diversion standards" (pp. 443–444).

Symptoms of Substance Use Disorder

According to the *DSM*-5, a diagnosis of substance use disorder is based on a "pathological pattern of behaviors" related to substance use (American Psychiatric Association, 2013a), some of which may be cravings or unsuccessful attempts to control or reduce the use of alcohol or other drugs.

Based on the *DSM* criteria, NIDA (2014) has also compiled a list of these pathological or problematic behaviors (e.g., spending a large amount of effort and time to obtain, use, or recover from the substance; or using the substance continuously in physically dangerous situations).

Other government sources have compiled their own lists as well. For example, the MentalHealth.gov website (U.S. Department of Health and Human Services, n.d.) provides a list of symptoms that include

- Physical changes : bloodshot eyes, sudden weight gain or loss, slurred speech
- Behavioral changes : mood swings, lack of motivation, suspicious or secretive activities
- Social changes : loss of friends, unexplained need for money, legal problems

Terms Related to Substance Use Disorder

The following terms related to substance use disorder may appear interchangeably or in relation to each other, depending on whether the context is legal, federal, medical, or in accordance with behavioral health nomenclature:

substance use \approx drug use substance abuse \approx drug abuse substance misuse \approx drug misuse substance dependence \approx drug dependence addiction \approx addictive disorder alcohol use \approx alcoholism \approx alcohol use disorder

Behind the Term: Substance Use Disorder

prescription drug misuse ≈ prescription drug abuse

The following is a list of terms that are nested within substance use disorder categories:

- Substance use disorders: alcohol use disorder, opioid use disorder, cannabis use disorder, hallucinogen use disorder, stimulant use disorder, tobacco use disorder
- Substance use disorders criteria: impaired control, social impairment, risky use, pharmacological criteria

References

- American Psychiatric Association. (2013a). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013b). *Substance-related and addictive disorders* [Fact sheet]. Washington, DC: Author. Retrieved from <u>http://www.dsm5.org/Documents/Substance%20Use%20Disorder%20Fact%20Sheet.p</u> <u>df</u>
- Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15–4927, NSDUH Series H–50). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- Hasin, D. S., O'Brien, C. P., Auriacombe, M., Borges, G., Bucholz, K., Budney, A. ... Grant, B. F. (2013). DSM-5 criteria for substance use disorders: Recommendations and rationale. *The American Journal of Psychiatry*, 170(8), 834–851. Retrieved from <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3767415/</u>
- National Institute on Drug Abuse (NIDA). (2014).*The science of drug abuse and addiction: The basics* [Media guide]. Retrieved from <u>http://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics</u>
- Norko, M.A., & Fitch, J.D. (2015). DSM–5 and substance use disorders: Clinicolegal implications. *Journal of the American Academy of Psychiatry and the Law*, 42(4), 443–452. Retrieved from <u>http://www.jaapl.org/content/42/4/443.long</u>
- O'Brien, C. (2011). Addiction and dependence in DSM–V. *Addiction*, *106*(5). Retrieved from <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3812919/</u>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Substance use disorders*. Retrieved from <u>http://www.samhsa.gov/disorders/substance-use</u>
- U.S. Department of Health and Human Services. (n.d.). *Mental health and substance use disorders*. Retrieved from <u>http://www.mentalhealth.gov/what-to-look-for/substance-abuse/index.html</u>

Behind the Term: Substance Use Disorder