



SUBSTANCE ABUSE

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DSM-IV CRITERIA FOR SUBSTANCE ABUSE AND SUBSTANCE DEPENDENCE

The top five substances used by physicians are alcohol, marijuana, opiates—mostly prescription opiates (ie hydrocodone), not illicit opiates (ie heroin), stimulants (ie Ritalin, Adderrall, other amphetamines), and cocaine.

Substance Abuse:

A maladaptive pattern of substance use leading to clinically significant impairment or distress is manifested by one or more of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired)
- Recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
- Continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)

Additionally, the symptoms for substance abuse have never met the criteria for substance dependence.

Substance Dependence:

A maladaptive pattern of substance use leading to clinically significant impairment or distress is manifested by three or more of the following, occurring at any time in the same 12-month period:

- Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - Markedly diminished effect with continued use of the same amount of the substance
- Withdrawal, as manifested by either of the following:
 - The characteristic withdrawal syndrome for the substance
 - Taking the same (or a closely related) substance to relieve or avoid withdrawal symptoms
- Taking the substance often in larger amounts or over a longer period than was intended
- Having a persistent desire or unsuccessful efforts to cut down or control substance use

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV). American Psychiatric Association, Washington D.C., 1994,

*The DSM criteria are presented as a reference to program directors to help them identify at risk residents. It is intended to trigger a referral for an evaluation. It does not imply that program directors should themselves evaluate and/or attempt to diagnose or manage a resident with substance abuse or substance dependence. We recommend program directors and faculty remain in their educational and evaluative roles avoid seeing the resident in a physician patient relationship which risks blurring the boundaries of both relationships.