

Thomas Obermeyer

From: Nault, Richard L (HSS) [richard.nault@alaska.gov]
Sent: Friday, December 03, 2010 9:22 AM
To: Thomas Obermeyer
Cc: Toner, Stacy B (HSS)
Subject: RE: Mental health parity bill - definitions for 27-LS0081VA
Attachments: Substance Abuse_Dependence.pdf

Mr. Obermeyer,

Please find attached scanned pages of the DSM IV TR manual. You will note that pages 191 to 201 provide an overview of substance abuse disorders and subsequent pages list all of the various substance specific diagnoses. My approach was to, perhaps, provide more information than might be needed rather than less.

Do not hesitate to contact me if I can provide additional information,

Richard

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

FOURTH EDITION

TEXT REVISION
DSM-IV[®]-TR

Substance-Related Disorders

The Substance-Related Disorders include disorders related to the taking of a drug of abuse (including alcohol), to the side effects of a medication, and to toxin exposure. In this manual, the term *substance* can refer to a drug of abuse, a medication, or a toxin. The substances discussed in this section are grouped into 11 classes: alcohol; amphetamine or similarly acting sympathomimetics; caffeine; cannabis; cocaine; hallucinogens; inhalants; nicotine; opioids; phencyclidine (PCP) or similarly acting arylcyclohexylamines; and sedatives, hypnotics, or anxiolytics. Although these 11 classes appear in alphabetical order, the following classes share similar features: alcohol shares features with the sedatives, hypnotics, and anxiolytics; and cocaine shares features with amphetamines or similarly acting sympathomimetics. Also included in this section are Polysubstance Dependence and Other or Unknown Substance-Related Disorders (which include most disorders related to medications or toxins).

Many prescribed and over-the-counter medications can also cause Substance-Related Disorders. Symptoms generally occur at high doses of the medication and usually disappear when the dosage is lowered or the medication is stopped. Medications that may cause Substance-Related Disorders include, but are not limited to, anesthetics and analgesics, anticholinergic agents, anticonvulsants, antihistamines, antihypertensive and cardiovascular medications, antimicrobial medications, antiparkinsonian medications, chemotherapeutic agents, corticosteroids, gastrointestinal medications, muscle relaxants, nonsteroidal anti-inflammatory medications, other over-the-counter medications, antidepressant medications, and disulfiram.

Exposure to a wide range of other chemical substances can also lead to the development of a Substance-Related Disorder. Toxic substances that may cause Substance-Related Disorders include, but are not limited to, heavy metals (e.g., lead or aluminum), rat poisons containing strychnine, pesticides containing nicotine, or acetylcholinesterase inhibitors, nerve gases, ethylene glycol (antifreeze), carbon monoxide, and carbon dioxide. The volatile substances (e.g., fuel, paint) are classified as "inhalants" (see p. 257) if they are used for the purpose of becoming intoxicated; they are considered "toxins" if exposure is accidental or part of intentional poisoning. Impairments in cognition or mood are the most common symptoms associated with toxic substances, although anxiety, hallucinations, delusions, or seizures can also result. Symptoms usually disappear when the individual is no longer exposed to the substance, but resolution of symptoms can take weeks or months and may require treatment.

The Substance-Related Disorders are divided into two groups: the Substance Use Disorders (Substance Dependence and Substance Abuse) and the Substance-Induced Disorders (Substance Intoxication, Substance Withdrawal, Substance-Induced Delirium, Substance-Induced Persisting Dementia, Substance-Induced Persisting Am-

nostic Disorder, Substance-Induced Psychotic Disorder, Substance-Induced Mood Disorder, Substance-Induced Anxiety Disorder, Substance-Induced Sexual Dysfunction, and Substance-Induced Sleep Disorder). The section begins with the text and criteria sets for Substance Dependence, Abuse, Intoxication, and Withdrawal that are applicable across classes of substances. This is followed by general comments concerning associated features; culture, age, and gender features; course; impairment and complications; familial pattern; differential diagnosis; and recording procedures that apply to all substance classes. The remainder of the section is organized by class of substance and describes the specific aspects of Dependence, Abuse, Intoxication, and Withdrawal for each of the 11 classes of substances. It should be noted that the Prevalence sections of the substance-specific texts contain survey data indicating rates of substance use in various age groups, as well as the lifetime and 1-year prevalence of Dependence and Abuse. To facilitate differential diagnosis, the text and criteria for the remaining Substance-Induced Disorders are included in the sections of the manual with disorders with which they share phenomenology (e.g., Substance-Induced Mood Disorder is included in the "Mood Disorders" section). The diagnoses associated with each specific group of substances are shown in Table 1.

Substance Use Disorders

Substance Dependence

Features

The essential feature of Substance Dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that can result in tolerance, withdrawal, and compulsive drug-taking behavior. A diagnosis of Substance Dependence can be applied to every class of substances except caffeine. The symptoms of Dependence are similar across the various categories of substances, but for certain classes some symptoms are less salient, and in a few instances not all symptoms apply (e.g., withdrawal symptoms are not specified for Hallucinogen Dependence). Although not specifically listed as a criterion item, "craving" (a strong subjective drive to use the substance) is likely to be experienced by most (if not all) individuals with Substance Dependence. Dependence is defined as a cluster of three or more of the symptoms listed below occurring at any time in the same 12-month period.

Tolerance (Criterion 1) is the need for greatly increased amounts of the substance to achieve intoxication (or the desired effect) or a markedly diminished effect with continued use of the same amount of the substance. The degree to which tolerance develops varies greatly across substances. Furthermore, for a specific drug, varied degrees of tolerance may develop for its different central nervous system effects. For example, for opioids, tolerance to respiratory depression and tolerance to analgesia develop at different rates. Individuals with heavy use of opioids and stimulants can

Table 1. Diagnoses associated with class of substances

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sections of
Substance-
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Table 1. Diagnoses associated with class of substances

	Depen- dence	Abuse	Intoxica- tion	With- drawal	Intoxica- tion Delirium	With- drawal Delirium	Dementia	Amnesic Disorder	Psychotic Disorders	Mood Disorders	Anxiety Disorders	Sexual Dysfunc- tions	Sleep Disorders
Alcohol	X	X	X	X	1				1	1	1		1
Amphet- amines	X	X	X	X	1				1	1	1		1
Caffeine			X		1				1	1	1		1
Cannabis	X	X	X	X	1				1	1	1		1
Cocaine	X	X	X		1				1	1	1		1
Hallucino- gens	X	X	X		1		P		1	1	1		1
Inhalants	X	X	X		1				1	1	1		1
Nicotine	X	X	X	X	1				1	1	1		1
Opioids	X	X	X		1				1	1	1		1
Phencycli- dine	X	X	X		1				1	1	1		1
Sedatives, hypnotics, or anxiolytics	X	X	X	X	1				1	1	1		1
Polysub- stance	X	X	X	X	1				1	1	1		1
Other	X	X	X	X	1				1	1	1		1

*Also Hallucinogen Persisting Perception Disorder (Flashbacks).
Note: X, 1, W, IW, or P indicates that the category is recognized in DSM-IV. In addition, / indicates that the specifier with Onset During Intoxication may be noted for the category (except for Withdrawal Delirium); and /W indicates that either With Onset During Intoxication or With Onset During Withdrawal may be noted for the category. P indicates that the disorder is Persisting.

Substance Dependence

develop substantial (e.g., 10-fold) levels of tolerance, often to a dosage that would be lethal to a nonuser. Alcohol tolerance can also be pronounced, but is usually less extreme than for amphetamine. Many individuals who smoke cigarettes consume more than 20 cigarettes a day, an amount that would have produced symptoms of toxicity when they first started smoking. Individuals with heavy use of cannabis or phencyclidine (PCP) are generally not aware of having developed tolerance (although it has been demonstrated in animal studies and in some individuals). Tolerance may be difficult to determine by history alone when the substance used is illegal and perhaps mixed with various diluents or with other substances. In such situations, laboratory tests may be helpful (e.g., high blood levels of the substance coupled with little evidence of intoxication suggest that tolerance is likely). Tolerance must also be distinguished from individual variability in the initial sensitivity to the effects of particular substances. For example, some first-time drinkers show very little evidence of intoxication with three or four drinks, whereas others of similar weight and drinking histories have slurred speech and incoordination.

Withdrawal (Criterion 2a) is a maladaptive behavioral change, with physiological and cognitive concomitants, that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use of the substance. After developing unpleasant withdrawal symptoms, the person is likely to take the substance to relieve or to avoid those symptoms (Criterion 2b), typically using the substance throughout the day beginning soon after awakening. Withdrawal symptoms, which are generally the opposite of the acute effects of the substance, vary greatly across the classes of substances, and separate criteria sets for Withdrawal are provided for most of the classes. Marked and generally easily measured physiological signs of withdrawal are common with alcohol, opioids, and sedatives, hypnotics and anxiolytics. Withdrawal signs and symptoms are often present, but may be less apparent, with stimulants such as amphetamines and cocaine, as well as with nicotine and cannabis. No significant withdrawal is seen even after repeated use of hallucinogens. Withdrawal from phencyclidine and related substances has not yet been described in humans (although it has been demonstrated in animals). Neither tolerance nor withdrawal is necessary or sufficient for a diagnosis of Substance Dependence. However, for most classes of substances, a past history of tolerance or withdrawal is associated with a more severe clinical course (i.e., an earlier onset of Dependence, higher levels of substance intake, and a greater number of substance-related problems). Some individuals (e.g., those with Cannabis Dependence) show a pattern of compulsive use without obvious signs of tolerance or withdrawal. Conversely, some general medical and postsurgical patients without Opioid Dependence may develop a tolerance to prescribed opioids and experience withdrawal symptoms without showing any signs of compulsive use. The specifiers With Physiological Dependence and Without Physiological Dependence are provided to indicate the presence or absence of tolerance or withdrawal.

The following items describe the pattern of compulsive substance use that is characteristic of Dependence. The individual may take the substance in larger amounts or over a longer period than was originally intended (e.g., continuing to drink until severely intoxicated despite having set a limit of only one drink) (Criterion 3). The individual may express a persistent desire to cut down or regulate substance use. Often there have been many unsuccessful efforts to decrease or discontinue use (Criterion 4)

The individual may spend a great deal of time obtaining the substance, using the substance, or recovering from its effects (Criterion 5). In some instances of Substance Dependence, virtually all of the person's daily activities revolve around the substance. Important social, occupational, or recreational activities may be given up or reduced because of substance use (Criterion 6). The individual may withdraw from family activities and hobbies in order to use the substance in private or to spend more time with substance-using friends. Despite recognizing the contributing role of the substance to a psychological or physical problem (e.g., severe depressive symptoms or damage to organ systems), the person continues to use the substance (Criterion 7). The key issue in evaluating this criterion is not the existence of the problem, but rather the individual's failure to abstain from using the substance despite having evidence of the difficulty it is causing.

Specifiers

Tolerance and withdrawal may be associated with a higher risk for immediate general medical problems and a higher relapse rate. Specifiers are provided to note their presence or absence:

With Physiological Dependence. This specifier should be used when Substance Dependence is accompanied by evidence of tolerance (Criterion 1) or withdrawal (Criterion 2).

Without Physiological Dependence. This specifier should be used when there is no evidence of tolerance (Criterion 1) or withdrawal (Criterion 2). In these individuals, Substance Dependence is characterized by a pattern of compulsive use (at least three items from Criteria 3-7).

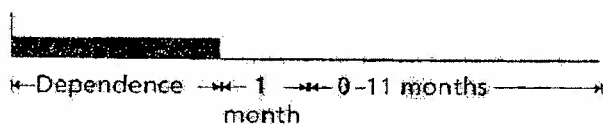
Course Specifiers

Six course specifiers are available for Substance Dependence. The four Remission specifiers can be applied only after none of the criteria for Substance Dependence or Substance Abuse have been present for at least 1 month. For those criteria that require recurrent problems, a remission specifier can apply only if no aspect of the criterion has been present (e.g., one incident of driving while intoxicated would suffice to disqualify the individual from being considered in remission). The definition of these four types of Remission is based on the interval of time that has elapsed since the cessation of Dependence (Early versus Sustained Remission) and whether there is continued presence of one or more of the items included in the criteria sets for Dependence or Abuse (Partial versus Full Remission). Because the first 12 months following Dependence is a time of particularly high risk for relapse, this period is designated Early Remission. After 12 months of Early Remission have passed without relapse to Dependence, the person enters into Sustained Remission. For both Early Remission and Sustained Remission, a further designation of Full is given if no criteria for Dependence or Abuse have been met during the period of remission; a designation of Partial is given if at least one of the criteria for Dependence or Abuse has been met, intermittently or continuously, during the period of remission. The differentiation of Sustained Full Remission from recovered (no current Substance Use Dis-

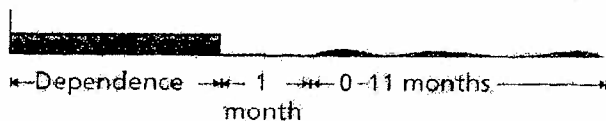
order) requires consideration of the length of time since the last period of disturbance, the total duration of the disturbance, and the need for continued evaluation. If, after a period of remission or recovery, the individual again becomes dependent, the application of the Early Remission specifier requires that there again be at least 1 month in which no criteria for Dependence or Abuse are met. Two additional specifiers have been provided: On Agonist Therapy and In a Controlled Environment. For an individual to qualify for Early Remission after cessation of agonist therapy or release from a controlled environment, there must be a 1-month period in which none of the criteria for Dependence or Abuse are met.

The following Remission specifiers can be applied only after no criteria for Dependence or Abuse have been met for at least 1 month. Note that these specifiers do not apply if the individual is on agonist therapy or in a controlled environment (see below).

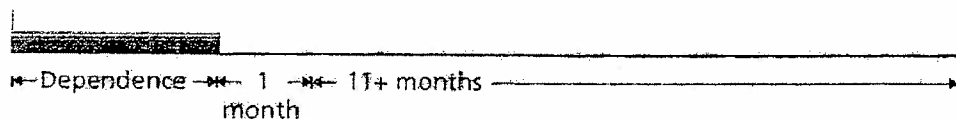
Early Full Remission. This specifier is used if, for at least 1 month, but for less than 12 months, no criteria for Dependence or Abuse have been met.



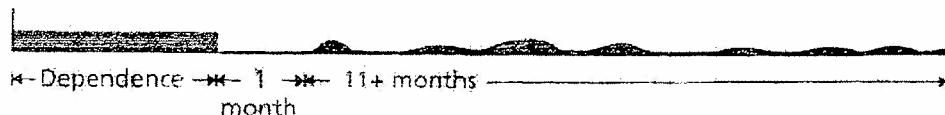
Early Partial Remission. This specifier is used if, for at least 1 month, but less than 12 months, one or more criteria for Dependence or Abuse have been met (but the full criteria for Dependence have not been met).



Sustained Full Remission. This specifier is used if none of the criteria for Dependence or Abuse have been met at any time during a period of 12 months or longer.



Sustained Partial Remission. This specifier is used if full criteria for Dependence have not been met for a period of 12 months or longer; however, one or more criteria for Dependence or Abuse have been met.



The following specifiers apply if the individual is on agonist therapy or in a controlled environment:

On Agonist Therapy. This specifier is used if the individual is on a prescribed agonist medication such as methadone and no criteria for Dependence or Abuse have been met for that class of medication for at least the past month (except tolerance to, or withdrawal from, the agonist). This category also applies to those being treated for Dependence using a partial agonist or an agonist/antagonist.

In a Controlled Environment. This specifier is used if the individual is in an environment where access to alcohol and controlled substances is restricted, and no criteria for Dependence or Abuse have been met for at least the past month. Examples of these environments are closely supervised and substance-free jails, therapeutic communities, or locked hospital units.

Criteria for Substance Dependence

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

- (1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - (b) markedly diminished effect with continued use of the same amount of the substance
- (2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
 - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

Criteria for Substance Dependence (*continued*)

Specify if:

With Physiological Dependence: evidence of tolerance or withdrawal (i.e., either Item 1 or 2 is present)

Without Physiological Dependence: no evidence of tolerance or withdrawal (i.e., neither Item 1 nor 2 is present)

Course specifiers (see text for definitions):

Early Full Remission

Early Partial Remission

Sustained Full Remission

Sustained Partial Remission

On Agonist Therapy

In a Controlled Environment

Substance Abuse

Features

The essential feature of Substance Abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. In order for an Abuse criterion to be met, the substance-related problem must have occurred repeatedly during the same 12-month period or been persistent. There may be repeated failure to fulfill major role obligations, repeated use in situations in which it is physically hazardous, multiple legal problems, and recurrent social and interpersonal problems (Criterion A). Unlike the criteria for Substance Dependence, the criteria for Substance Abuse do not include tolerance, withdrawal, or a pattern of compulsive use and instead include only the harmful consequences of repeated use. A diagnosis of Substance Abuse is preempted by the diagnosis of Substance Dependence if the individual's pattern of substance use has ever met the criteria for Dependence for that class of substances (Criterion B). Although a diagnosis of Substance Abuse is more likely in individuals who have only recently started taking the substance, some individuals continue to have substance-related adverse social consequences over a long period of time without developing evidence of Substance Dependence. The category of Substance Abuse does not apply to caffeine and nicotine. The term *abuse* should be applied only to a pattern of substance use that meets the criteria for this disorder; the term should not be used as a synonym for "use," "misuse," or "hazardous use."

The individual may repeatedly demonstrate intoxication or other substance-related symptoms when expected to fulfill major role obligations at work, school, or home (Criterion A1). There may be repeated absences or poor work performance related to recurrent hangovers. A student might have substance-related absences, suspensions, or expulsions from school. While intoxicated, the individual may neglect children or household duties. The person may repeatedly be intoxicated in situations that are

physically hazardous (e.g., while driving a car, operating machinery, or engaging in risky recreational behavior such as swimming or rock climbing) (Criterion A2). There may be recurrent substance-related legal problems (e.g., arrests for disorderly conduct, assault and battery, driving under the influence) (Criterion A3). The person may continue to use the substance despite a history of undesirable persistent or recurrent social or interpersonal consequences (e.g., marital difficulties or divorce, verbal or physical fights) (Criterion A4).

Criteria for Substance Abuse

- A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
- (1) 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)
 - (2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
 - (3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
 - (4) continued substance use despite having 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)
- B. The symptoms have never met the criteria for Substance Dependence for this class of substance.
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Substance-Induced Disorders

Substance Intoxication

Diagnostic Features

The essential feature of Substance Intoxication is the development of a reversible substance-specific syndrome due to the recent ingestion of (or exposure to) a substance (Criterion A). The clinically significant maladaptive behavioral or psychological changes associated with intoxication (e.g., belligerence, mood lability, cognitive impairment, impaired judgment, impaired social or occupational functioning) are due to the direct physiological effects of the substance on the central nervous system and develop during or shortly after use of the substance (Criterion B). The symptoms are not due to a general medical condition and are not better accounted for by another

mental disorder (Criterion C). Substance Intoxication is often associated with Substance Abuse or Dependence. This category does not apply to nicotine. Evidence of recent intake of the substance can be obtained from the history, physical examination (e.g., smell of alcohol on the breath), or toxicological analysis of body fluids (e.g., urine or blood).

The most common changes involve disturbances of perception, wakefulness, attention, thinking, judgment, psychomotor behavior, and interpersonal behavior. The specific clinical picture in Substance Intoxication varies dramatically among individuals and also depends on which substance is involved, the dose, the duration or chronicity of dosing, the person's tolerance for the substance, the period of time since the last dose, the expectations of the person as to the substance's effects, and the environment or setting in which the substance is taken. Short-term or "acute" intoxication may have different signs and symptoms from sustained or "chronic" intoxication. For example, moderate cocaine doses may initially produce gregariousness, but social withdrawal may develop if such doses are frequently repeated over days or weeks.

Different substances (sometimes even different substance classes) may produce identical symptoms. For example, Amphetamine and Cocaine Intoxication can both present with grandiosity and hyperactivity, accompanied by tachycardia, pupillary dilation, elevated blood pressure, and perspiration or chills. Also, alcohol and substances from the sedative, hypnotic, or anxiolytic class produce similar symptoms of intoxication.

When used in the physiological sense, the term *intoxication* is broader than Substance Intoxication as defined here. Many substances may produce physiological or psychological changes that are not necessarily maladaptive. For example, an individual with tachycardia from excessive caffeine use has a physiological intoxication, but if this is the only symptom in the absence of maladaptive behavior, the diagnosis of Caffeine Intoxication would not apply. The maladaptive nature of a substance-induced change in behavior depends on the social and environmental context. The maladaptive behavior generally places the individual at significant risk for adverse effects (e.g., accidents, general medical complications, disruption in social and family relationships, vocational or financial difficulties, legal problems). Signs and symptoms of intoxication may sometimes persist for hours or days beyond the time when the substance is detectable in body fluids. This may be due to continuing low concentrations of the substance in certain areas of the brain or to a "hit and run" effect in which the substance alters a physiological process, the recovery of which takes longer than the time for elimination of the substance. These longer-term effects of intoxication must be distinguished from withdrawal (i.e., symptoms initiated by a decline in blood or tissue concentrations of a substance).

Criteria for Substance Intoxication

- A. The development of a reversible substance-specific syndrome due to recent ingestion of (or exposure to) a substance. **Note:** Different substances may produce similar or identical syndromes.
 - B. Clinically significant maladaptive behavioral or psychological changes that are due to the effect of the substance on the central nervous system (e.g., belligerence, mood lability, cognitive impairment, impaired judgment, impaired social or occupational functioning) and develop during or shortly after use of the substance.
 - C. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.
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Substance Withdrawal

Diagnostic Features

The essential feature of Substance Withdrawal is the development of a substance-specific maladaptive behavioral change, with physiological and cognitive concomitants, that is due to the cessation of, or reduction in, heavy and prolonged substance use (Criterion A). The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion B). The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder (Criterion C). Withdrawal is usually, but not always, associated with Substance Dependence (see p. 192). Most (perhaps all) individuals with Withdrawal have a craving to readminister the substance to reduce the symptoms. The diagnosis of Withdrawal is recognized for the following groups of substances: alcohol; amphetamines and other related substances; cocaine; nicotine; opioids; and sedatives, hypnotics, or anxiolytics. The signs and symptoms of Withdrawal vary according to the substance used, with most symptoms being the opposite of those observed in Intoxication with the same substance. The dose and duration of use and other factors such as the presence or absence of additional illnesses also affect withdrawal symptoms. Withdrawal develops when doses are reduced or stopped, whereas signs and symptoms of Intoxication improve (gradually in some cases) after dosing stops.

Specify type: Labile Type/Disinhibited Type/Aggressive Type/Apathetic Type/Paranoid Type/Other Type/Combined Type/Unspecified Type

- 293.9 Mental Disorder NOS
Due to . . . [Indicate the General Medical Condition] (190)

Substance-Related Disorders (191)

The following specifiers apply to Substance Dependence as noted:

- ^aWith Physiological Dependence/Without Physiological Dependence
- ^bEarly Full Remission/Early Partial Remission/Sustained Full Remission/Sustained Partial Remission
- ^cIn a Controlled Environment
- ^dOn Agonist Therapy

The following specifiers apply to Substance-Induced Disorders as noted:

- ^lWith Onset During Intoxication/^wWith Onset During Withdrawal

ALCOHOL-RELATED DISORDERS (212)

Alcohol Use Disorders (213)

- 303.90 Alcohol Dependence^{a,b,c} (213)
305.00 Alcohol Abuse (214)

Alcohol-Induced Disorders (214)

- 303.00 Alcohol Intoxication (214)
291.81 Alcohol Withdrawal (215)
Specify if: With Perceptual Disturbances
291.0 Alcohol Intoxication Delirium (143)
291.0 Alcohol Withdrawal Delirium (143)
291.2 Alcohol-Induced Persisting Dementia (168)
291.1 Alcohol-Induced Persisting Amnesic Disorder (177)

- 291.x Alcohol-Induced Psychotic Disorder (338)
.5 With Delusions^{LW}
.3 With Hallucinations^{LW}
291.89 Alcohol-Induced Mood Disorder^{LW} (405)
291.89 Alcohol-Induced Anxiety Disorder^{LW} (479)
291.89 Alcohol-Induced Sexual Dysfunction^I (562)
291.89 Alcohol-Induced Sleep Disorder^{LW} (655)
291.9 Alcohol-Related Disorder NOS (223)

AMPHETAMINE (OR AMPHETAMINE-LIKE)-RELATED DISORDERS (223)

Amphetamine Use Disorders (224)

- 304.40 Amphetamine Dependence^{a,b,c} (224)
305.70 Amphetamine Abuse (225)

Amphetamine-Induced Disorders (226)

- 292.89 Amphetamine Intoxication (226)
Specify if: With Perceptual Disturbances
292.0 Amphetamine Withdrawal (227)
292.81 Amphetamine Intoxication Delirium (143)
292.xx Amphetamine-Induced Psychotic Disorder (338)
.11 With Delusions^I
.12 With Hallucinations^I
292.84 Amphetamine-Induced Mood Disorder^{LW} (405)
292.89 Amphetamine-Induced Anxiety Disorder^I (479)
292.89 Amphetamine-Induced Sexual Dysfunction^I (562)
292.89 Amphetamine-Induced Sleep Disorder^{LW} (655)
292.9 Amphetamine-Related Disorder NOS (231)

SM-IV-TR Classification

CAFFEINE-RELATED DISORDERS

(231)

Caffeine-Induced Disorders (232)

305.90 Caffeine Intoxication (232)

292.89 Caffeine-Induced Anxiety Disorder^I (479)292.89 Caffeine-Induced Sleep Disorder^I (655)

292.9 Caffeine-Related Disorder NOS (234)

CANNABIS-RELATED DISORDERS

(234)

Cannabis Use Disorders (236)304.30 Cannabis Dependence^{a,b,c} (236)

305.20 Cannabis Abuse (236)

Cannabis-Induced Disorders (237)

292.89 Cannabis Intoxication (237)

Specify if: With Perceptual Disturbances

292.81 Cannabis Intoxication Delirium (143)

292.xx Cannabis-Induced Psychotic Disorder (338)

.11 With Delusions^I.12 With Hallucinations^I292.89 Cannabis-Induced Anxiety Disorder^I (479)

292.9 Cannabis-Related Disorder NOS (241)

COCAINE-RELATED DISORDERS

(241)

Cocaine Use Disorders (242)304.20 Cocaine Dependence^{a,b,c} (242)

305.60 Cocaine Abuse (243)

Cocaine-Induced Disorders (244)

292.89 Cocaine Intoxication (244)

Specify if: With Perceptual Disturbances

292.0 Cocaine Withdrawal (245)

292.81 Cocaine Intoxication Delirium (143)

292.xx Cocaine-Induced Psychotic Disorder (338)

.11 With Delusions^I.12 With Hallucinations^I292.84 Cocaine-Induced Mood Disorder^{I,W} (405)292.89 Cocaine-Induced Anxiety Disorder^{I,W} (479)292.89 Cocaine-Induced Sexual Dysfunction^I (562)292.89 Cocaine-Induced Sleep Disorder^{I,W} (655)

292.9 Cocaine-Related Disorder NOS (250)

HALLUCINOGEN-RELATED DISORDERS (250)**Hallucinogen Use Disorders (251)**304.50 Hallucinogen Dependence^{b,c} (251)

305.30 Hallucinogen Abuse (252)

Hallucinogen-Induced Disorders (252)

292.89 Hallucinogen Intoxication (252)

292.89 Hallucinogen Persisting Perception Disorder (Flashbacks) (253)

292.81 Hallucinogen Intoxication Delirium (143)

292.xx Hallucinogen-Induced Psychotic Disorder (338)

.11 With Delusions^I.12 With Hallucinations^I292.84 Hallucinogen-Induced Mood Disorder^I (405)292.89 Hallucinogen-Induced Anxiety Disorder^I (479)

292.9 Hallucinogen-Related Disorder NOS (256)

INHALANT-RELATED DISORDERS (257)**Inhalant Use Disorders (258)**304.60 Inhalant Dependence^{b,c} (258)

305.90 Inhalant Abuse (259)

Inhalant-Induced Disorders (259)

292.89 Inhalant Intoxication (259)

292.81 Inhalant Intoxication Delirium (143)

- 292.82 Inhalant-Induced Persisting Dementia (168)
- 292.xx Inhalant-Induced Psychotic Disorder (338)
 - .11 With Delusions^I
 - .12 With Hallucinations^I
- 292.84 Inhalant-Induced Mood Disorder^I (405)
- 292.89 Inhalant-Induced Anxiety Disorder^I (479)
- 292.9 Inhalant-Related Disorder NOS (263)

NICOTINE-RELATED DISORDERS (264)

Nicotine Use Disorder (264)

- 305.1 Nicotine Dependence^{a,b} (264)

Nicotine-Induced Disorder (265)

- 292.0 Nicotine Withdrawal (265)
- 292.9 Nicotine-Related Disorder NOS (269)

OPIOID-RELATED DISORDERS (269)

Opioid Use Disorders (270)

- 304.00 Opioid Dependence^{a,b,c,d} (270)
- 305.50 Opioid Abuse (271)

Opioid-Induced Disorders (271)

- 292.89 Opioid Intoxication (271)
Specify if: With Perceptual Disturbances
- 292.0 Opioid Withdrawal (272)
- 292.81 Opioid Intoxication Delirium (143)
- 292.xx Opioid-Induced Psychotic Disorder (338)
 - .11 With Delusions^I
 - .12 With Hallucinations^I
- 292.84 Opioid-Induced Mood Disorder^I (405)
- 292.89 Opioid-Induced Sexual Dysfunction^I (562)
- 292.89 Opioid-Induced Sleep Disorder^{I,W} (655)
- 292.9 Opioid-Related Disorder NOS (277)

PHENCYCLIDINE (OR PHENCYCLIDINE-LIKE)-RELATED DISORDERS (278)

Phencyclidine Use Disorders (279)

- 304.60 Phencyclidine Dependence^{b,c} (279)
- 305.90 Phencyclidine Abuse (279)

Phencyclidine-Induced Disorders (280)

- 292.89 Phencyclidine Intoxication (280)
Specify if: With Perceptual Disturbances
- 292.81 Phencyclidine Intoxication Delirium (143)
- 292.xx Phencyclidine-Induced Psychotic Disorder (338)
 - .11 With Delusions^I
 - .12 With Hallucinations^I
- 292.84 Phencyclidine-Induced Mood Disorder^I (405)
- 292.89 Phencyclidine-Induced Anxiety Disorder^I (479)
- 292.9 Phencyclidine-Related Disorder NOS (283)

SEDATIVE-, HYPNOTIC-, OR ANXIOLYTIC-RELATED DISORDERS (284)

Sedative, Hypnotic, or Anxiolytic Use Disorders (285)

- 304.10 Sedative, Hypnotic, or Anxiolytic Dependence^{a,b,c} (285)
- 305.40 Sedative, Hypnotic, or Anxiolytic Abuse (286)

Sedative-, Hypnotic-, or Anxiolytic-Induced Disorders (286)

- 292.89 Sedative, Hypnotic, or Anxiolytic Intoxication (286)
- 292.0 Sedative, Hypnotic, or Anxiolytic Withdrawal (287)
Specify if: With Perceptual Disturbances
- 292.81 Sedative, Hypnotic, or Anxiolytic Intoxication Delirium (143)
- 292.81 Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium (143)

- 92.82 Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Dementia (168)
- 92.83 Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Amnesic Disorder (177)
- 92.xx Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder (338)
- .11 With Delusions^{LW}
- .12 With Hallucinations^{LW}
- 92.84 Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder^{LW} (405)
- 92.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder^{LW} (479)
- 92.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Sexual Dysfunction^L (562)
- 92.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Sleep Disorder^{LW} (655)
- 92.9 Sedative-, Hypnotic-, or Anxiolytic-Related Disorder NOS (293)
- 292.0 Other (or Unknown) Substance Withdrawal (201)
Specify if: With Perceptual Disturbances
- 292.81 Other (or Unknown) Substance-Induced Delirium (143)
- 292.82 Other (or Unknown) Substance-Induced Persisting Dementia (168)
- 292.83 Other (or Unknown) Substance-Induced Persisting Amnesic Disorder (177)
- 292.xx Other (or Unknown) Substance-Induced Psychotic Disorder (338)
- .11 With Delusions^{LW}
- .12 With Hallucinations^{LW}
- 292.84 Other (or Unknown) Substance-Induced Mood Disorder^{LW} (405)
- 292.89 Other (or Unknown) Substance-Induced Anxiety Disorder^{LW} (479)
- 292.89 Other (or Unknown) Substance-Induced Sexual Dysfunction^L (562)
- 292.89 Other (or Unknown) Substance-Induced Sleep Disorder^{LW} (655)
- 292.9 Other (or Unknown) Substance-Related Disorder NOS (295)

POLYSUBSTANCE-RELATED DISORDER (293)

- 04.80 Polysubstance Dependence^{a,b,c,d} (293)

OTHER (OR UNKNOWN)

SUBSTANCE-RELATED DISORDERS (294)

Other (or Unknown) Substance Use Disorders (295)

- 04.90 Other (or Unknown) Substance Dependence^{a,b,c,d} (192)
- 05.90 Other (or Unknown) Substance Abuse (198)

Other (or Unknown) Substance-Induced Disorders (295)

- 92.89 Other (or Unknown) Substance Intoxication (199)
Specify if: With Perceptual Disturbances

Schizophrenia and Other Psychotic Disorders (297)

- 295.xx Schizophrenia (298)
The following Classification of Longitudinal Course applies to all subtypes of Schizophrenia:

Episodic With Interepisode Residual Symptoms (*specify if: With Prominent Negative Symptoms*)/Episodic With No Interepisode Residual Symptoms