

NAMI Comments on the APA's Draft Revision of the DSM-V

Substance Use Disorders

The DSM-V Substance-Related Disorders Work Group has proposed eliminating two categories in the current DSM, "Substance Dependence" and "Substance Use Disorders" and subsuming them under one new category called "Substance-Use Disorders."

Substance-Use Disorder

- A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 (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. 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)*
 - 4. 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 (Note: Tolerance is not counted for those taking medications under medical supervision such as analgesics, antidepressants, anti-anxiety medications or beta-blockers.)*
 - 5. 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 (Note: Withdrawal is not counted for those taking medications under medical supervision such as analgesics, antidepressants, anti-anxiety medications or beta-blockers.)*
 - 6. the substance is often taken in larger amounts or over a longer period than was intended*
 - 7. there is a persistent desire or unsuccessful efforts to cut down or control substance use*
 - 8. a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects*

9. *important social, occupational, or recreational activities are given up or reduced because of substance use*
10. *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*
11. *Craving or a strong desire or urge to use a specific substance.*

Severity specifiers:

Moderate: 2-3 criteria positive

Severe: 4 or more criteria positive

Specify if:

With Physiological Dependence: evidence of tolerance or withdrawal (i.e., either Item 4 or 5 is present)

Without Physiological Dependence: no evidence of tolerance or withdrawal (i.e., neither Item 4 nor 5 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

No Apparent Category for Individuals with Co-Occurring Mental Illness and Substance Abuse

The proposed new definition of “substance use disorders” emphasizes both persistent usage of alcohol or drugs and functional impacts caused by this usage. In so doing, it fails to take into consideration individual variations in the impact of alcohol or drugs which is particularly problematic with individuals diagnosed with serious mental illnesses whose course of illness or recovery may be negatively impacted by periodic but not persistent use of alcohol or drugs.

For example, under the new criteria set forth above for “Substance-Use Disorders,” the use of marijuana two or three times per week may not meet the threshold for diagnosis if the use does not impact adversely on functioning at school or home, or if the use does not occur in situations in which the use of alcohol or drugs is physically hazardous, such as driving. However, this level of marijuana use for someone with a serious mental illness can disrupt the efficacy of medication, as well as exacerbate their symptoms.

In his conversation with the NAMI Board's DSM-V working group, Ken Minkoff, M.D., a leading authority on co-occurring disorders, stated that the existence of co-occurring disorders is so prevalent among youth and adults diagnosed with serious mental illnesses as to be an expectation, or at least a problem that should be considered and ruled out in assessment. Prevalence rates of co-occurring disorders among youth and adults with mental illnesses who are most at risk and vulnerable to "falling through the cracks" are particularly high.

NAMI's Recommendations:

Establish a distinct section in the proposed definition of "Substance-Use Disorder" that would incorporate inclusion of people with serious mental illnesses who use substances but don't otherwise meet the criteria for this category. For example, this section might be worded as follows:

"Individuals who meet the criteria for another DSM-5 diagnosis but fail to meet 2 or more of the criteria for a diagnosis of Substance-Use Disorder as specified above shall nevertheless be considered to satisfy the criteria for this diagnosis if:

(a) there is evidence of the use of alcohol or drugs within a 3 month period, and

(b) the use of alcohol or drugs contributes to the onset or worsening of the symptoms of the other DSM-5 diagnosis and/or impedes recovery."

Additionally, the DSM-V should include criteria for co-occurring disorders under other diagnostic categories when appropriate, for example in the section for "Schizophrenia and other Psychotic Disorders", in the section for "Mood Disorders", in the section for "Anxiety Disorders", etc.