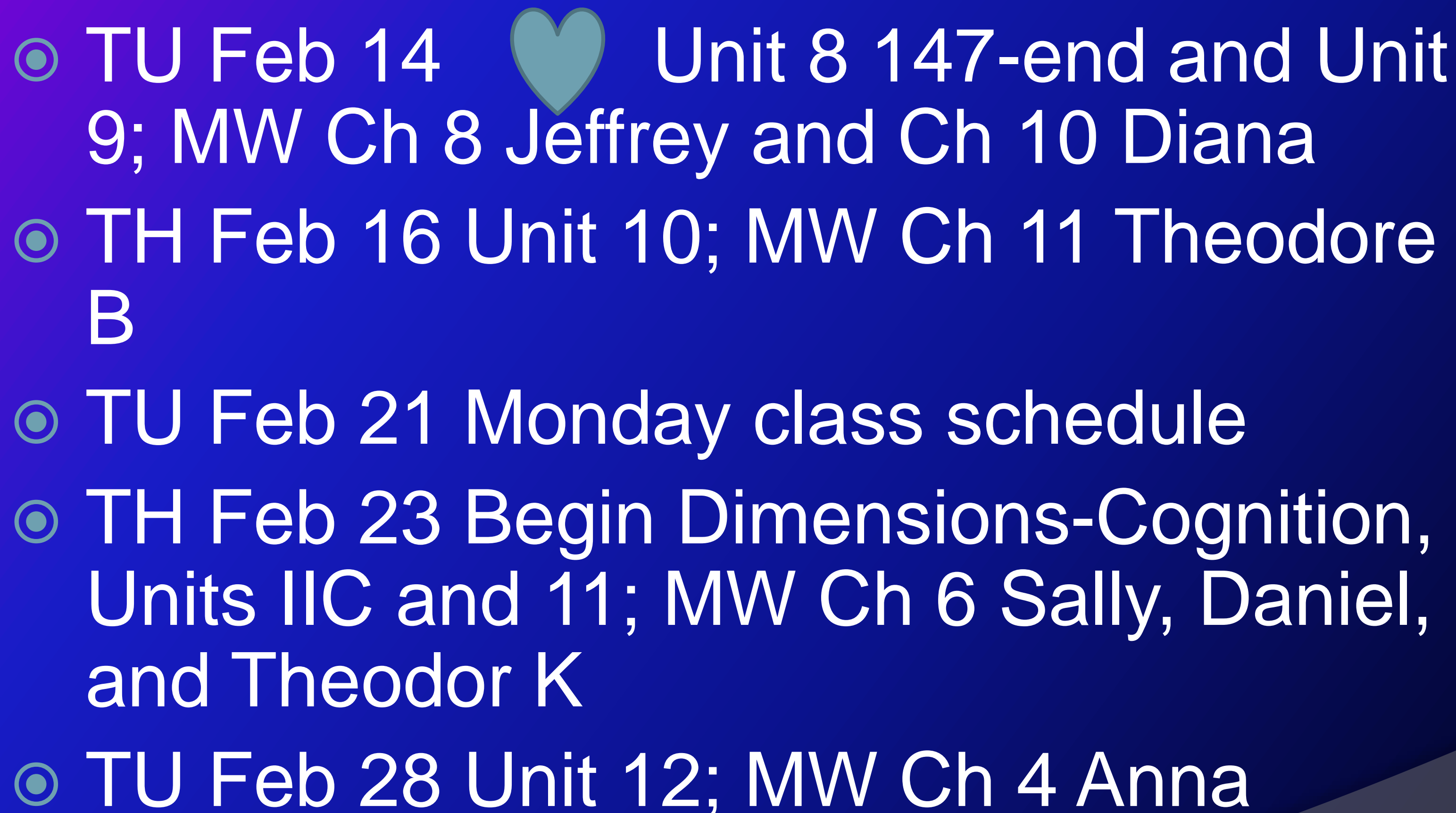
Key Dates



Goal: To recognize and differentiate different patterns of behavior that show evidence of addiction and inadequate impulse-control

UNIT 8: ADDICTION AND IMPULSE-CONTROL:

Substance Use and Addictive Disorders

Learning Outcomes

- By the end of this class, you should be able to:
  - List some of the different diagnostic terms used when dealing with people who appear to have problems with their use of alcohol
  - Identify and define the key characteristics of what the *DSM* calls alcohol use disorder
  - Explain the distinctions that the *DSM* makes between alcohol use disorder and disorders involving other drugs
  - identify the most basic characteristic of addiction, and on that basis what chemical substance appears to be most addictive?
  - Describe the *DSM-5*'s current positon regarding what are often called "behavioral addictions"

Addiction and Impulse-Control

- Bad behavior versus sick behavior
- Is bad behavior itself sufficient basis for presumption of mental disorder?
- Key issues:
  - Inappropriateness
  - Excessiveness/absence of self-control or restraint

Addiction and Impulse-Control: Alcohol and Drug Use

- Drugs throughout history
  - Use of “psychoactive” (i.e., mood-or perception-altering) chemicals in all cultures throughout recorded history
  - Numerous examples, both natural (e.g., peyote, kava, opium) and human-made (e.g., fermented beverages, heroin)
  - Varied forms of administration: swallowed, smoked, injected

Addiction and Impulse-Control: Alcohol and Drug Use

- Substance use disorders
  - Impaired control, social impairment, risky use
  - Tolerance and withdrawal (which are both pharmacological and psychological phenomena)
  - Before *DSM-5* (and still widely used): substance *abuse* versus substance *dependence* but dropped due to inconsistent usage and poor diagnostic reliability
  - Specify substance (e.g., alcohol use disorder, heroin use disorder, etc.)

Addiction and Impulse-Control: Alcohol and Drug Use

- “Demoting” tolerance and withdrawal
  - In DSM-IV, presence of T&W prompted specifier of “with physiological dependence,” which is now omitted because role of physiology is unclear
- Many substance abuse professionals disagree and focus on alcoholism and drug addiction as chronic diseases, just like cancer or diabetes
- DSM-5 focuses more on substance use disorder as *behavioral* disorder
- DSM-5 does not say “disease” but does include specifiers of “in early/sustained remission”

Addiction and Impulse-Control: Alcohol and Drug Use

- Substance use disorder: DSM-5 criteria
  - 11 possible signs, minimum of 2 required over 12-month period
  - Symptoms more or less the same, regardless of substance
  - Amount of use per se is not a criterion
  - Severity rating of mild/moderate/severe based on number of signs
  - No lab test

Addiction and Impulse-Control: Alcohol and Drug Use

- Demographics of substance use disorders
  - 12-month prevalence for alcohol use disorder in U.S.: 5% adolescents, 8.5% adults, men 2:1 more than women, rates decrease with age
  - Other 12-month prevalence rates in U.S.:
    - Cannabis 3.4% adolescent, 1.5% adult
    - Opioids 1.0% adolescent, 0.5% adult
    - Stimulants 0.2% adolescent and adult
  - Racial/ethnic factors: for most substances, highest in Native Americans, then Caucasian, Hispanic, African-American, Asian
  - European countries report lower figures

Addiction and Impulse-Control: Alcohol and Drug Use

- Substance-induced disorders
  - Substance intoxication
    - Blood-alcohol levels (BAC) and links to automobile accidents (DUI, OUI), homicides, suicides
    - Being “high” on other drugs entails similar, though lesser links
  - Substance withdrawal
    - Often viewed as the “classic” symptom of addiction
    - Very variable across substances: strongest for nicotine, crack, and crystal meth; moderate for sedatives, alcohol, heroin, cocaine; mild or absent for marijuana, hallucinogens
    - Potentially deadly: alcoholic delirium tremens (DT’s), cardiac arrest for sedatives and anti-anxiety drugs

Addiction and Impulse-Control: Alcohol and Drug Use

- How "addictive" are alcohol and other drugs?
  - DSM-5 does not define addiction
  - For many, key is how difficult is it to stop
  - Nicotine is generally regarded as most difficult to quit
  - Next would be crack and crystal meth
  - Alcohol, sedatives, heroin, cocaine somewhat less so
  - Marijuana, hallucinogens, ecstasy viewed as much less addictive

Addiction and Impulse-Control: Non-Substance-Related

- The non-substance-related disorders (often called "*behavioral* addictions")
  - New terminology and placement in DSM-5
  - Considered but rejected (at least for now): hypersexuality, shopping, exercise
  - Other behavioral addictions under consideration: Internet gaming disorder
  - Gambling disorder is listed as an addiction
    - 4 or more signs over 12-month period (why 4, when substance use disorder is only 2?)
    - Also rated mild/moderate/severe, and also in early/sustained remission

Addiction and Impulse-Control

- Differential and co-morbid considerations
  - Other specified and unspecified (e.g., unknown or new substances)
  - Differential diagnosis and co-morbidity:
    - Overlap with, yet distinct from, obsession-related disorders (“compulsive” drinking or “compulsive” gambling)
    - Substance use disorders frequently co-occur with anxiety, depressive, and bipolar disorders
    - All these disorders frequently co-occur with personality disorders, especially antisocial
    - May occur only in midst of manic or depressive episodes