



ALCOHOL & OTHER DRUG SERVICES

DIAGNOSIS REFERENCE GUIDE

A. Diagnostic Criteria for Substance Use Disorder

See DSM-5 for criteria specific to the drugs identified as primary, secondary or tertiary.

P S T (P=Primary, S=Secondary, T=Tertiary)

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Substance is often taken in larger amounts and/or over a longer period than the patient intended. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Craving or strong desire or urge to use the substance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the substance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Important social, occupational or recreational activities given up or reduced because of substance use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Recurrent substance use in situations in which it is physically hazardous. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Tolerance, as defined by either of the following:
a. Markedly increased amounts of the substance in order to achieve intoxication or desired effect;
Which: _____
b. Markedly diminished effect with continued use of the same amount;
Which: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Withdrawal, as manifested by either of the following:
a. The characteristic withdrawal syndrome for the substance;
Which: _____
b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms;
Which: _____ |

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – Diagnostic Codes

Alcohol Use Disorder (ICD 10)

- | | | | |
|--------------------------|-----------------|----------|----------------------|
| <input type="checkbox"/> | 305.00 (F10.10) | Mild | 2-3 symptoms present |
| <input type="checkbox"/> | 303.90(F10.20) | Moderate | 4-5 symptoms present |
| <input type="checkbox"/> | 303.90(F10.20) | Severe | 6+ symptoms present |

Phencyclidine Use Disorder

- | | | | |
|--------------------------|-----------------|----------|----------------------|
| <input type="checkbox"/> | 305.90 (F16.10) | Mild | 2-3 symptoms present |
| <input type="checkbox"/> | 304.60 (F16.20) | Moderate | 4-5 symptoms present |
| <input type="checkbox"/> | 304.60 (F16.20) | Severe | 6+ symptoms present |

Inhalant Use Disorder:

- | | | | |
|--------------------------|-----------------|----------|----------------------|
| <input type="checkbox"/> | 305.90 (F18.10) | Mild | 2-3 symptoms present |
| <input type="checkbox"/> | 304.60 (F18.20) | Moderate | 4-5 symptoms present |
| <input type="checkbox"/> | 304.60 (F18.20) | Severe | 6+ symptoms present |



ALCOHOL & OTHER DRUG SERVICES

Stimulant Use Disorder

Mild: Presence of 2-3 symptoms

- 305.70 (F15.10) Amphetamine-type substance
- 305.60 (F14.10) Cocaine
- 305.70 (F15.10) Other or unspecified stimulant

Moderate: Presence of 4-5 symptoms

- 304.40 (F15.20) Amphetamine-type substance
- 304.20 (F14.20) Cocaine
- 304.40 (F15.10) Other or unspecified stimulant

Severe: Presence of 6 or more symptoms

- 304.40 (F15.20) Amphetamine-type substance
- 304.20 (F14.20) Cocaine
- 304.40 (F15.10) Other or unspecified stimulant

Cannabis Use Disorder

- 305.20 (F12.10) Mild 2-3 symptoms present
- 304.30 (F12.20) Moderate 4-5 symptoms present
- 304.30 (F12.20) Severe 6+ symptoms present

Other Hallucinogen Use Disorder

- 305.30 Mild Presence of 2-3 symptoms
- 304.50 Moderate Presence of 4-5 symptoms
- 304.50 Severe Presence of 6 or more

Opioid Use Disorder

- 305.50 (F11.10) Mild 2-3 symptoms present
- 304.00 (F11.20) Moderate 4-5 symptoms present
- 304.00 (F11.20) Severe 6+ symptoms present

Sedative, Hypnotic, or Anxiolytic Use Disorder

- 305.40 (F13.10) Mild 2-3 symptoms present
- 304.10 (F13.20) Moderate 4-5 symptoms present
- 304.10 (F13.20) Severe 6+ symptoms present

Tobacco Use Disorder

- 305.10 (Z72.0) Mild 2-3 symptoms present
- 304.10 (F17.20) Moderate 4-5 symptoms present
- 304.10 (F17.20) Severe 6+ symptoms present

Additional Specifiers _____

Screening of substance use revealed insufficient symptoms to indicate abuse or addiction.

Name _____

Date _____

Diagnosis by _____

Credential _____