

NEBRASKA LICENSEE ASSISTANCE PROGRAM

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Alcohol/Substance Use Disorder – A Problematic Pattern, Part II

The NE LAP uses the American Psychiatric Association's (APA) diagnostic criteria to determine if a health care professional has an alcohol or other substance use disorder (A/SUD). In our December 2019 newsletter, we provided the first five of the eleven criteria for an A/SUD from the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The following are the remaining six criteria. We have underlined crucial terms that must be considered in order to affirm the criteria has or has not been met. The term "recurrent" means two or more separate occasions and persistent means ongoing or prolonged. We also added common examples of each criteria.

6. Continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or a substance.
NE LAP: The individual has damaged relationships with a spouse or partner, children, parents, siblings, friends, coworkers, neighbors or others due to alcohol or substance use, and the inability to refrain from using despite the difficulty the alcohol or substance has caused the person.
7. Important, social, occupational, or recreational activities are given up or reduced because of alcohol or substance use.
NE LAP: The individual withdraws from family and/or friends, or family and friends withdraw from the individual. There may be problems within a romantic relationship, or job-related problems, up to and including ending a relationship or job loss. The individual is asked to or required to step away from recreational activities, such as extracurricular school activities, sports, or volunteering. The individual chooses to withdraw from activities because the activities interfere with the individual's drinking or using time.
8. Recurrent alcohol or substance use in situations in which it is physically hazardous.
NE LAP: The individual may drive a vehicle or operate other machinery while under the influence, or go to work impaired.
9. Alcohol or 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 alcohol or substance.
NE LAP: Alcohol or substance-related physical illnesses may occur as a result of continuing to drink or use substances against medical advice. Examples may include continued alcohol use despite recognition that an ulcer was made worse by alcohol consumption, or despite an increase in depression when using alcohol; drinking when taking medication that is not to be used with alcohol.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of alcohol or substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of alcohol or substance.**NE LAP:** The individual's alcohol or substance use has led to a need to consume larger amounts of alcohol or the substance to attain the usual effects of alcohol or substance. The individual appears to function normally despite large amounts of alcohol or substances in the body.
11. Withdrawal (after cessation of or reduction in alcohol or substance use) as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for alcohol or other substance.
 - b. Alcohol or the substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Note: This criteria is not included for the following substances, as "significant withdrawal has not been documented in humans:" phencyclidine, other hallucinogens, inhalants,

NE LAP: According to the DSM-5, "withdrawal symptoms vary greatly across the classes of substances, and separate criteria sets for withdrawal are provided for the drug classes." Therefore, withdrawal symptoms may include, sweating, increased pulse rate, insomnia or hypersomnia, nausea, vomiting, hallucinations, anxiety, irritability, anger, aggression, increased or decreased appetite, restlessness, depressed mood, muscle aches, fever, hand tremors, or seizures.

If you are a licensed health or health-related service professional wanting more information about sobriety and recovery, please contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our web site at www.lapne.org. If you would like to consult with the NE LAP, or schedule an assessment or an educational presentation, please ask for Michelle Hruska, NE LAP Coordinator, or Nicole Winkler, NE LAP Counselor.

March 2020