# THE WETC PSYCHOLOGY NEWSLETTER

## Dr. Bruce Leckart

Westwood Evaluation & Treatment Center, 11340 Olympic Boulevard, Suite 303,
Los Angeles, California 90064, 310-444-3154, DrLeckartWETC@gmail.com

March, 2010
Volume 1, Issue 14

## Drugs: Use, Abuse and Dependence

I doubt very much that there is a single person who is reading this newsletter who has not used some psychoactive substance whether it is alcohol, caffeine, nicotine, sedatives, analgesics, antihistamines, or other such substances in the illegal category, whose names I certainly do not have to mention. Anyone care to dispute this? I thought not!

So, essentially, the use of psychoactive substances can be considered normal. However, at some point "use" becomes "overuse" and we enter the realm of the DSM-IV-TR. Accordingly, the distinction between Use, Abuse, and Dependence frequently has to be made by psychologists and psychiatrists working in the medical-legal area where there might be claims of such a disorder, like Opioid Dependence (304.00), being produced by an industrial or non-industrial injury. Of course it is also possible, and often highly relevant to issues of litigation, that a person may have a substance use disorder that has nothing to do with their claim. Either way, the correct diagnosis, or non-diagnosis, is always important to the litigation process.

### Substance-Related Disorders

Substance-Related Disorders are produced either by taking a drug of abuse, whether legal or illegal, or the side effects of medications and/or toxins. There is a wide range of chemical substances that can produce psychological disorders falling into this class. They include alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, nicotine, opioids, sedatives, anxiety reducing medications, analgesics, antihistamines, muscle relaxants, lead, pesticides, antifreeze, carbon monoxide, and paint, just to mention a few. The most frequently diagnosed Substance-Related Disorders fall into two categories: Substance Abuse and Substance Dependence.

### Substance Abuse Disorders

According to the DSM-IV-TR, Substance Abuse is diagnosed properly when there is a maladaptive pattern of substance use characterized by recurrent and significant adverse consequences as a result of the repeated use of substances. In order to diagnose Substance Abuse correctly there must be significant impairment and/or distress, as shown by one or more of a series of substance-related events occurring within a 12-month period. The DSM-IV-TR criteria for Substance Abuse are given below.

***"if the data indicate that the litigant has been a substance user at any level, it is important to completely understand that use in order to draw some conclusions about what effect that use has had on the issues in the litigation."***

A. A maladaptive pattern of using a substance that has led to a clinically significant impairment and/or distress that is shown by one or more of the following signs and/or symptoms that have occurred during a 12-month period:
   (1) Recurrent use of a substance that has resulted in the failure to fulfill one's obligations at work, school and/or at home.
   (2) Recurrent use of a substance in situations in which it is physically hazardous.
   (3) Recurrent use of a substance that has resulted in legal problems.
   (4) Continued use of a substance despite the fact that the individual has had persistent or recurrent social or interpersonal problems.

B. The signs and/or symptoms have never met the criteria for Substance Dependence.

As noted above, there are a myriad of substances that can be abused. A discussion of each of the Substance Abuse Disorders for those many substances is beyond the scope of this newsletter. However, it can be noted that the most commonly abused substances are: alcohol, amphetamines and similar acting substances, cannabis, cocaine, hallucinogens, inhalants such as glue and paint thinners, opioids and similar acting substances, phencyclidine (PCP) and similar acting substances, and sedatives and similar acting substances such as hypnotics

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DrLeckartWETC@gmail.com

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and anxiolytics or anxiety reducing agents. Finally, one can make a case that the most frequently used addictive substance in our society is nicotine. However, nicotine abuse is not defined by the DSM-IV-TR, which is very clear in stating that although nicotine is subject to Substance Dependence, it is very unlikely to result in Substance Abuse as the DSM-IV-TR defines that concept.

The essential diagnostic issues are whether or not the individual has or is using the substance, whether or not their use qualifies them for a diagnosis of Substance Abuse, and whether or not their use qualifies them for the more serious diagnosis of Substance Dependence, as discussed below. However, before passing on to the issue of Substance Dependence it should be noted that the DSM-IV-TR discusses two other sets of diagnoses: Substance Intoxication and Substance Withdrawal. In each case the diagnostic manual describes the state of intoxication produced by the various substances that can be used, abused or dependent upon, as well as the signs and/or symptoms of the results of withdrawing from these substances. However, while these diagnoses are particularly colorful and interesting to read about and study, experience has shown that in the context of a medical-legal case Substance Intoxication and Substance Withdrawal are not issues that need to be considered.

Abuse and their diagnostic codes are presented below. As you can see, the last two Substance Abuses bear the same diagnostic code. This is not a typographical error, or an error in the DSM-IV-TR, but is required by the need to coordinate the DSM-IV-TR numerical diagnostic codes with the numerical codes used by the World Health Organization's *International Classification of Diseases, Ninth Revision, Clinical Modification* (1979), which is the official system of assigning diagnostic codes in all medical specialties in the United States.

Alcohol Abuse (305.00)
Cannabis Abuse (305.20)
Hallucinogen Abuse (305.30)
Sedative, Hypnotic, or Anxiolytic Abuse (305.40)
Opioid Abuse (305.50)
Cocaine Abuse (305.60)
Amphetamine Abuse (305.70)
Inhalant Abuse (305.90)
Phencylcidine Abuse (305.90)

**Substance Dependence Disorders**

A reading of the DSM-IV-TR reveals that the essential feature of all Substance Dependence Disorders is a group of cognitive, behavioral, and/or physiological signs and/or symptoms that reveal that the individual continues to use one or more substances "despite significant substance-related problems." In all of the Substance Dependence Disorders there is a pattern of repeated self-administration that usually results in tolerance, withdrawal, and compulsive drug-taking behavior as well as clinically significant impairment and/or distress. The substances that can lead to dependence are: alcohol, amphetamines and similar acting substances, cannabis, caffeine, cocaine, hallucinogens, inhalants such as glue and paint thinners, nicotine, opioids and similar acting substances, phencyclidine (PCP) and similar acting substances, sedatives, hypnotics and anxiolytics. The diagnostic criteria for Substance Dependence are the same for all the substances upon which one can become dependent and are given below.

In all cases of Substance Dependence there is a maladaptive pattern of substance use that has led to clinically significant impairment and/or distress as shown by three or more of the following behaviors, thoughts and/or feelings occurring during any given 12-month period.

A. Tolerance as defined by either a need to take a markedly increased amount of the substance over time, in order to achieve intoxication or the desired effect, or a markedly diminished effect over time with continued use of the same amount of the substance.
B. Withdrawal as shown by the characteristic signs and/or symptoms for the substance as described in the DSM-IV-TR, or, by use of the substance, or one that is closely related, to avoid the withdrawal symptoms.
C. Frequently taking the substance in larger amounts or over a longer period of time than was initially intended.
D. A persistent desire or unsuccessful attempts to reduce either one's consumption or to control its use in some other way.
E. Spending a great deal of time obtaining the substance, using the substance or recovering from its effects.

F. Giving up or reducing important social, occupational and/or recreational activities as a result of using the substance.
G. Continued use of the substance despite knowing that one has a persistent and/or recurrent physical and/or psychological problem that has either been caused or exacerbated by the use of the substance.

The various forms of Substance Dependence and their diagnostic codes are presented below.

Alcohol Dependence (303.90)
Cannabis Dependence (304.30)
Hallucinogen Dependence (304.50)
Sedative, Hypnotic, or Anxiolytic Dependence (304.10)
Opioid Dependence (304.00)
Cocaine Dependence (304.20)
Amphetamine Dependence (304.40)
Inhalant Dependence (304.60)
Phencylcidine Dependence (304.90)

**Polysubstance Dependence (304.80)**

Finally, there is one additional Substance Dependence Disorder that is relatively frequently found in medical-legal cases, Polysubstance Dependence (304.80). According to the DSM-IV-TR, Polysubstance Dependence is diagnosed correctly when an individual has repeatedly used at least three groups of substances during the same 12-month period, not including caffeine or nicotine, but no one substance predominated although the individual has met the criteria for Substance Dependence.

**Litigation and Substance Use, Abuse and Dependence**

So what does all of this mean with regard to litigation? Essentially, if a psychologist or a psychiatrist writes a report diagnosing a DSM-IV-TR substance use disorder in order for that report to constitute substantial evidence there must be data from the patient's history and their presenting complaints, the doctor's report of their Mental Status Examination, the objective psychological testing and the patient's medical records or other sources of collateral information consistent with and supporting the doctor's diagnosis. Without those data neither the diagnosis nor the doctor's report is credible. Similarly, if the data indicate that the litigant has been a substance user at any level, it is important to completely understand that use in order to draw some conclusions about what effect that use has had on the issues in the litigation.

**A Last Word**

To sum it all up, you can use any substance you want and be sure that you do not have a diagnosable DSM-IV-TR disorder as long as you: go to work, don't do anything physically hazardous, don't get in trouble with the law, don't have persistent interpersonal problems, keep your relationships intact, don't keep increasing the amount you use to get the same effect, don't have withdrawal symptoms, don't take more than you had intended, are not unsuccessful in a desire to stop, don't spend a great deal of time using, haven't given up important activities and don't have any significant physical or psychological problems as a result of using.

However, while by DSM-IV-TR standards you are quite normal if ***all*** of the above signs are absent, if some of them are present you may or may not have a diagnosable disorder depending on how many you can count as your very own.

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This is the fourteenth of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.