# substance use falls on a <u>continuum</u>

definition of dependence

DSM-IV TR

(3 or more in a 1 yr. period)

- Tolerance
- Withdrawal symptoms
- Increased use over time
- Unsuccessful attempts to stop using or cut back
- Excessive amounts of time devoted to use
- Impact on social/recreational activities and/or occupation
- Cont'd use despite negative consequences

DSM-IV-TR
Handbook
of
Differential
Diagnosis

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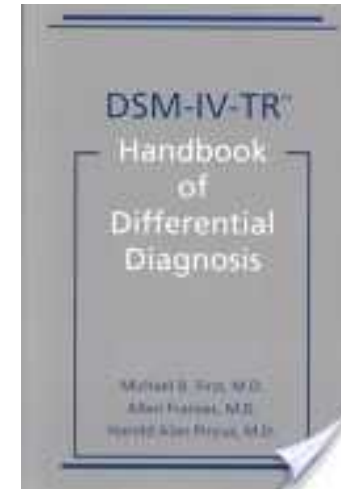
defining problem use

– Varying Definitions
  - "Risky use" (i.e. MVAs, STDs)
  - "Unhealthy use"
  - "Problematic use"
  - "Misuse"
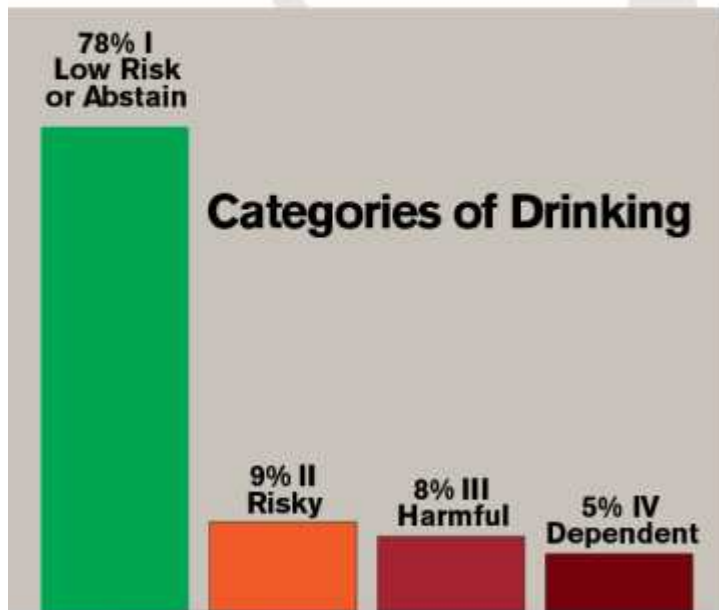 - Stage before abuse

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identifying the at-risk user

- At 'moderate' risk for a substance use disorder
- Patients who are not dependent
- At increased risk for health problems (i.e. depression, hypertension, liver damage, etc.)
- May be sufficient to provide brief intervention without a referral (i.e. education)

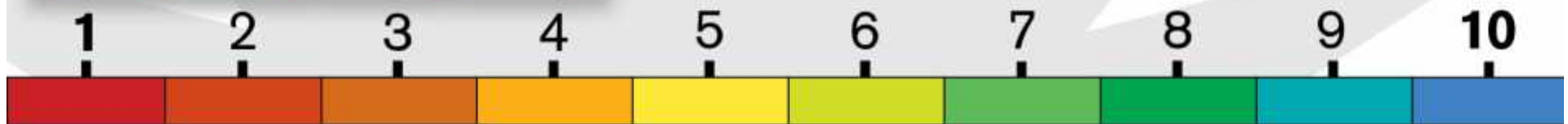*Primary target for the SBIRT model*

international drinking standards

Categories of Drinking

78% I
Low Risk or Abstain

9% II Risky

8% III Harmful

5% IV Dependent

1 2 3 4 5 6 7 8 9 10

Low-risk Drinking Limits

	Per Week	Per Day
Men	14	4
Women	7	3
over 65	7	3

A Standard Drink

12 oz beer

5 oz wine

1.5 oz liquor

Any drink containing about 14 grams of alcohol

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illicit drug use

- Is it 'problematic' because it is illegal?
- Some argue minimal use is 'experimental' or 'social'
- Some argue *all* adolescent use is problematic

Think of problem use in terms of: What *problems* is the use causing for the patient? (i.e. health problems, marital problems, etc.)…

…Just because it's not dependence doesn't mean it's not a problem.

who is our target in primary care?

- Those at *low-moderate* risk for dependence
- Low risk patients may receive an educational intervention
- Moderate risk patients may receive a brief therapeutic intervention
- Moderate risk patients may require a referral
- Dependent patients require a referral

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