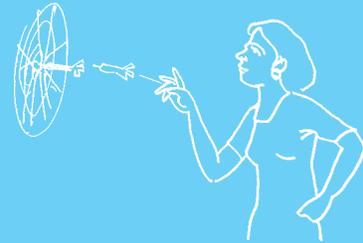


# SKILL SHARPENING TOOLS

International Classification of Diseases,  
10<sup>th</sup> edition (ICD-10)



ICD-10, is the 10<sup>th</sup> edition of the International Classification of Diseases developed by the World Health Organization in the year 1992. ICD-10 is used widely in Europe and Great Britain.

The diagnosis of addiction as per ICD-10 guidelines is listed below:

## **Harmful Use**

Clear evidence that the use of a substance or substances was responsible for causing actual psychological or physical harm to the user.

## **Dependence Syndrome**

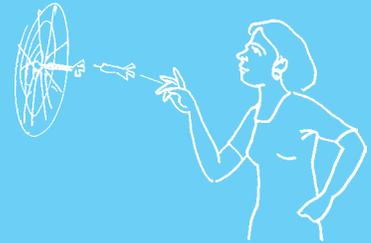
A definite diagnosis of dependence should usually be made only if three or more of the following have been experienced or exhibited at some time during the previous year:

- A strong desire or sense of compulsion to take the substance
- Difficulties in controlling substance taking behavior in terms of its onset, termination, or levels of use
- A physiological withdrawal state when substance use has ceased or been reduced, as evident by the characteristic withdrawal-related substance use with the intention of relieving or avoiding withdrawal symptoms
- Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses
- Progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects
- Persisting with substance use despite clear evidence of overtly harmful consequences, e.g. physical health, mood, cognitive functioning; efforts should be made to determine that the user was aware of the nature and extent of harm.

*\*Reference – International Classification of Diseases, 10th ed., World Health Organization, Geneva, 1992.*

# SKILL SHARPENING TOOLS

## Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV)



DSM-IV is the Diagnostic and Statistical Manual of Mental Disorders developed by the American Psychiatric Association in 1994. Specific diagnostic criteria for each mental disorder are listed to facilitate correct diagnosis, assist research studies and apply appropriate treatment procedures. The section on psychoactive substance abuse disorders list the criteria for diagnosis of addiction. This is presented below:

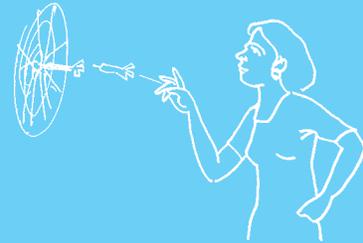
### **Criteria for Substance Dependence**

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

- 1) Tolerance, as defined by either of the following:
  - a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - markedly diminished effect with continued use of the same amount of the substance.
- 2) Withdrawal, as manifested by either of the following:
  - the characteristic withdrawal syndrome for the substance
  - the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
- 3) The substance is often taken in larger amounts or over a longer period than was intended.
- 4) There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- 5) A great deal of time is spent on activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance (e.g. chain-smoking), or recover from its effects.
- 6) Important social, occupational, or recreational activities are given up because of substance use.
- 7) The 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 (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

# SKILL SHARPENING TOOLS

## Three Stages of Addiction: A Quick Look



### Stage 1 – Experimental and Social Use

**Frequency of use** – Occasional, perhaps a few times monthly. Usually on weekends when at parties or with friends

**Sources** – Friends/peers, primarily

**Reasons for use** –

- to satisfy curiosity
- to acquiesce to peer pressure
- to obtain social acceptance
- to defy parental limits
- to take a risk or seek a thrill
- to appear grown up
- to relieve boredom
- to experience pleasurable feelings
- to be sociable

**Effects** – At this stage the person will experience euphoria and return to a normal state after use. A small amount may cause intoxication. Feelings sought include fun, excitement, thrill, belonging and control

**Behavioral indicators** –

- little noticeable change
- some may lie about use or whereabouts
- some may experience moderate hangovers; occasionally, there is evidence of use, such as a beer bottle or marijuana joint

### Stage 2 – Abuse

**Frequency of use** – Regular, may use several times per week. May begin using during the day. May be using alone rather than with friends

**Sources** – Friends; begins buying enough to be prepared. May sell drugs to keep a supply for personal use. May begin stealing to have money to buy drugs/alcohol

**Reasons for use** –

- to manipulate emotions; to experience the pleasure the substances produce; to cope with stress and uncomfortable feelings such as pain, guilt, anxiety, and sadness; and to overcome feelings of inadequacy
- persons who progress to this stage of drug/alcohol involvement often experience depression or other uncomfortable feelings when not using. Substances are used to stay high or at least maintain normal feelings

# SKILL SHARPENING TOOLS

## **Effects –**

- euphoria is the desired feeling; may return to a normal state following use or may experience pain, depression and general discomfort. Intoxication begins to occur regularly, however
- feelings sought include
  - pleasure
  - relief from negative feelings, such as boredom and anxiety
  - stress reduction
- may begin to feel guilty, experience fear and shame
- may have suicidal ideas/attempts. May try to control use, but attempts are unsuccessful. More of the substance is needed to produce the same effect

## **Behavioral indicators –**

- school or work performance and attendance may decline
- mood swings
- changes in personality
- lying and stealing
- change in friendships – drug using friends
- decrease in extra-curricular activities
- begins adopting drug culture appearance (clothing, grooming, hairstyle)
- conflict with family members
- behavior may be more rebellious
- all interest is focused on procuring and using drugs/alcohol

## **Stage 3 – Dependency/Addiction**

**Frequency of use –** daily use, continuous

### **Sources –**

- will use any means necessary to obtain and secure needed drugs/alcohol
- will take serious risks
- may engage in criminal behavior

### **Reasons for use –**

- drugs/alcohol are needed to avoid pain and depression
- many wish to escape the realities of daily living
- use is out of control

# SKILL SHARPENING TOOLS

## **Effects —**

- person's normal state is pain or discomfort
- drugs/alcohol help them feel normal; when the effects wear off, they feel pain again
- are unlikely to experience euphoria at this stage
- may experience suicidal thoughts or attempts
- often experience guilt, shame, and remorse
- may experience repeated blackouts
- may experience changing emotions, such as depression, aggression, irritation and apathy.

## **Behavioral indicators —**

- physical deterioration includes weight loss, health problems
- may experience memory loss, flashbacks, paranoia, volatile mood swings and other mental problems
- likely to drop out or be expelled from school or lose job
- may be absent from home much of the time
- possible overdoses
- lack of concern about being caught again — focused only on procuring and using drugs/alcohol

*\*Reference — Crowe A.H., R. Reeves. Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination. Technical Assistance Publication Series 11. U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Rockville, USA, 1994.*



## INTERNALIZING TOOLS

### Short Alcohol Dependence Data (SADD) Questionnaire

The SADD (Short Alcohol Dependence Data) questionnaire was developed by Raistrick, Dunbar and Davidson in 1983. The items listed measure cognitive and behavioral events; there are also items measuring physiological dependence. The questionnaire grades the severity of alcohol dependence on a continuum, taking various symptoms into account, and defines severity as mild, moderate and severe. The test is used widely by researchers as well as treatment centers to plan effective interventions.

Please ask the patient each and every question and record his response – never, sometimes, often or nearly always.

<b>Scoring:</b>		<b>Stage of addiction:</b>	
Never	- 0 point	Absence of alcohol dependence	- 0
Sometimes	- 1 point	Low level	- 1-9
Often	- 2 points	Medium level	- 10-19
Nearly always	- 3 points	High level	- 20-45

*\*Reference — Raistrick, D., G. Dunbar and R. Davidson. 'Development of a Questionnaire to Measure Alcohol Dependence'. British Journal of Addiction 78, pp. 89-95, 1983.*

**SADD**

	Never	Sometimes	Often	Nearly always
1) Do you find difficulty getting the thought of drink out of your mind?				
2) Is getting drunk more important than your next meal?				
3) Do you plan your day so that you know you'll be able to get a drink?				
4) Do you start drinking in the morning and continue drinking in the afternoon and evening as well?				
5) Do you drink for the effect of alcohol without caring what kind of drink you have?				
6) Do you drink as much as you want without considering what you've got to do the next day?				
7) Given that many problems might be caused by alcohol, do you still drink too much?				
8) Do you find yourself unable to stop drinking once you start?				
9) Do you try to control your drinking by deliberately giving it up completely for days or weeks at a time?				
10) The morning after a heavy drinking session, do you need your first alcoholic drink to get you going?				
11) The morning after a heavy drinking session, do you wake up with a definite shakiness in your hands?				
12) After a heavy drinking session do you vomit (throw up)?				
13) The morning after a heavy drinking session, do you go out of your way to avoid people?				
14) After a heavy drinking session do you see frightening things that you later realize were not real?				
15) Do you go drinking and the next day find that you have forgotten what happened the night before?				



## INTERNALIZING TOOLS

### Drug Use Questionnaire (DAST)

The Drug Abuse Screening Test (DAST) is a brief, easy to administer test that provides a quantitative index of problems related to drug abuse. The DAST assesses a variety of consequences associated with drug abuse, including medical and social problems.

#### Instructions

1. The following questions concern information about your possible involvement with intoxicants not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is 'Yes' or 'No'. Then, circle the appropriate response beside the question.
2. In the statements 'drug abuse' refers to (a) the use of prescribed or over the counter drugs in excess of the directions and (b) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. charas, bhang), solvents, tranquilizers (e.g. valium), barbiturates, cocaine, stimulants, (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin, opium).
3. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right. If you have difficulty with a question or have any problems, please ask the questionnaire administrator.

#### Definitions

##### Drug:

Drugs are substances, administered to alter the function of living systems; may occur naturally or may be synthesized.

##### Intoxicant:

An intoxicant is a substance that produces an altered state of being drunk, high or excitement. This state usually interpreted as being due to alcohol but may be caused by numerous other drugs.

##### Intoxicating medicine:

Any medicine used for the treatment or prevention of disease that produces intoxication.

#### DAST Summary

No problem reported	0
Low level	1 - 5
Moderate level	6 - 10
Substantial level	11 - 15
Severe level	16 - 20

\*Reference — Skinner, H.A. 'The Drug Abuse Screening Test'. *Addictive Behaviour* 7, pp. 363-71, 1982.

## DAST

*These questions refer to the past 12 months*

1)	Have you used intoxicants?	Yes	No
2)	Have you abused intoxicating medicines?	Yes	No
3)	Do you abuse more than one drug/intoxicant at a time?	Yes	No
4)	Can you get through the week without using drugs/intoxicants?	Yes	No
5)	Are you always able to stop using drugs/intoxicants when you want to?	Yes	No
6)	Have you had 'temporary loss of memory' or 'memories' of past drug/intoxicant experience as a result of current drug/intoxicant use?	Yes	No
7)	Do you ever feel bad or guilty about your drug/intoxicant use?	Yes	No
8)	Does your spouse (or parents) ever complain about your involvement with intoxicants?	Yes	No
9)	Has drug/intoxicant use created problems between you and your spouse or your parents?	Yes	No
10)	Have you lost friends because of your use of drugs/intoxicants?	Yes	No
11)	Have you neglected your family because of your use of drugs/intoxicants?	Yes	No
12)	Have you been in trouble at work because of intoxicant use?	Yes	No
13)	Have you lost a job because of drug/intoxicant use?	Yes	No
14)	Have you gotten into fights when under the influence of intoxicants?	Yes	No
15)	Have you engaged in illegal activities in order to obtain intoxicants?	Yes	No
16)	Have you been arrested for possession of illegal drugs?	Yes	No
17)	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs/intoxicants?	Yes	No
18)	Have you had medical problems as a result of your intoxicant use (e.g. memory loss, hepatitis, convulsions, etc.)?	Yes	No
19)	Have you gone to anyone for help for a drug problem?	Yes	No
20)	Have you been involved in a treatment program specifically related to intoxicants use?	Yes	No



## INTERNALIZING TOOLS

### Case Study

Twenty-one year old Ramu is a school dropout (at Standard X), from a lower middle class family. He is the first born of five children. His father is a supervisor in a private lorry company and his mother is a housewife. All his siblings are continuing with their education and doing well.

Ramu had a comfortable, happy and normal childhood. He started smoking cigarettes when he was in Standard VIII. His study habits were irregular and his grades, compared to his siblings, were poor. When he failed the Standard X exam, his parents were upset but not surprised. As he could not continue his education until the next year, he had a lot of free time which he spent with a new set of friends. He was once offered ganja. He was hesitant but his friends cajoled him and he tried a few puffs and liked the experience. Following this, he started smoking ganja whenever his friends did. He was smoking about one joint a day. He decided to spend a week in his native village, an experience he had always enjoyed. But after just a day, he wanted to return to the city. A few months later he started using about three joints daily, and sometimes drank alcohol. He preferred ganja as it had no smell.

His irregular food habits and red eyes began to worry his mother. But whenever she talked about it, he quickly left the house. She pressurized him to study but he assured her that he was thorough with the syllabus. He took his X<sup>th</sup> Standard exams but failed again. When he learnt of this, Ramu's father became very angry and shouted at him. Ramu left the house and came back after a few hours fully drunk. He claimed that his parents always treated him badly and preferred the other children.

In order to improve things, his father got him a job just to make him feel good. Ramu liked his job initially but still spent the evenings with his friends. He wanted to try brown sugar. He started chasing it and within a fortnight he was using it regularly. Ramu slowly shifted to injecting brown sugar. He tried hard to skip at least the morning dose so that he could attend work. But it was difficult and he often had to absent himself. He was found to be dull and drowsy at the workplace and eventually lost his job. There was a nasty scene at home. Ramu became violent, broke some windows and beat his brother.

Thereafter, people at home were wary of him and did not question his activities. His mother repeatedly tried to keep him at home. He would stay for a while but would eventually become restless and go out. He was unemployed and started borrowing and stealing from home to buy drugs. He started using tidigesic injections and other tablets whenever he could not get brown sugar.

His physical condition deteriorated. He was often missing from home for many days. His mother repeatedly pleaded with him to give up drugs. When she heard of the treatment center for addiction, she took him there under pressure.

*What are the symptoms of addiction you notice in Ramu?*