



Substance Use Disorders: A Review of the DSM-5

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A significant change to the DSM-5 is the diagnostic criteria for substance use disorders. The DSM-5 delineates that addictions are classified as substance use disorders rather than abuse and dependence diagnosis [1]. The elimination of the distinction between an abuse diagnosis and a dependence diagnosis can dispel the myth that an abuse diagnosis does not have the severity, which a dependence diagnosis is assumed to possess. Instead, qualifiers are used to indicate a spectrum, ranging from mild to severe [1]. In essence, the benefit of this change may be more access to treatment for individuals with substance use disorders. Health insurance may not be able to deny the necessary treatment if addiction is perceived as a disorder rather than vice.

In order to retain these diagnoses, substance use disorders require at least two criteria to be satisfied [1]. Increased criteria seem to be intended to stymie over diagnosis. There are several speculations as to the impact these changes will have on treatment. The increased criteria may be a means of manipulating what constitutes severe addiction and be overgeneralized to reveal that there are fewer individuals with a severe addiction. The practice implications may result in reduced censuses for treatment facilities.

With the removal of recurrent legal issues as a criterion for diagnosis, individuals who are mandated by the court system to attend treatment may have encounter difficulty. Based on self-report, treatment facilities may be unable to attain collateral information for an individual to meet criteria. This may lead to inaccurate diagnosis or over diagnosing, which seems to be in contrast to the aim of the revisions. The addition of cravings to the diagnostic criteria is long overdue, since it seems to be unofficially part of how practitioners were making assessments anyway.

Come May, 2014, practitioners will have to adjust to the new diagnostic criteria. The documentation process will have to play catch-up as well as program rules and regulations. Moreover, the removal of the multiaxial diagnostic system eliminates the prerequisite of having a primary diagnosis, but continues to be required by governing bodies of treatment facilities. Thus, a cultural lag [2] is created resulting in a time lapse between the changes in academia and the implementations of such changes in the field.

References

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