

DSM 5 Criteria for Substance Use Disorders

By Elizabeth Hartney, BSc, MSc, MA, PhD | Updated on April 07, 2023

Medically reviewed by Steven Gans, MD

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, text revision, often called the DSM-V-TR or DSM-5-TR, is the latest version of the American Psychiatric Association's gold-standard text on the names, symptoms, and diagnostic features of every recognized mental illness—including addictions.

The DSM-5-TR criteria for substance use disorders are based on decades of research and clinical knowledge. The DSM-5-TR was published in 2013, and in 2022, a text revision was published that included updated criteria for more than 70 disorders, including the requirements for stimulant-induced mild neurocognitive disorder.

This article discusses the DSM-5-TR criteria for substance use disorders and how these conditions are diagnosed.

What Are Substance Use Disorders?

The DSM-5-TR recognizes substance-related disorders resulting from the use of 10 separate classes of drugs:

Alcohol

Caffeine

Cannabis

Hallucinogens

Inhalants

Opioids

Sedatives

Hypnotics, or anxiolytics

Stimulants (including amphetamine-type substances, cocaine, and other stimulants)

Tobacco

While some major groupings of psychoactive substances are specifically identified, the use of other or unknown substances can also form the basis of a substance-related or addictive disorder.

The activation of the brain's reward system is central to problems arising from drug use. The rewarding feeling people experience due to taking drugs may be so profound that they neglect other normal activities in favor of taking the drug.

The pharmacological mechanisms for each class of drug are different. But the activation of the reward system is similar across substances in producing feelings of pleasure or euphoria, which is often referred to as a "high."

The DSM-5-TR recognizes that people are not all automatically or equally vulnerable to developing substance-related disorders. Some people have lower levels of self-control that predispose them to develop problems if exposed to drugs.

Substance-Use vs. Substance-Induced Disorders

There are two groups of substance-related disorders: substance-use disorders and substance-induced disorders.

Substance-use disorders are patterns of symptoms resulting from the use of a substance that you continue to take, despite experiencing problems as a result.

Substance-induced disorders, including intoxication, withdrawal, and other substance/medication-induced mental disorders, are caused by the effects of substances.

DSM-5-TR Substance Use Disorder Criteria

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

Taking the substance in larger amounts or for longer than you're meant to

Wanting to cut down or stop using the substance but not managing to

Spending a lot of time getting, using, or recovering from use of the substance

Cravings and urges to use the substance

Not managing to do what you should at work, home, or school because of substance use

Continuing to use, even when it causes problems in relationships

Giving up important social, occupational, or recreational activities because of substance use

Using substances again and again, even when it puts you in danger

Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance

Needing more of the substance to get the effect you want (tolerance)

Development of withdrawal symptoms, which can be relieved by taking more of the substance

The 11 criteria outlined in the DSM-5-TR can be grouped into four primary categories: physical dependence, risky use, social problems, and impaired control.

Severity of Substance Use Disorders

The DSM-5-TR allows clinicians to specify how severe or how much of a problem the substance use disorder is, depending on how many symptoms are identified.

Mild: Two or three symptoms indicate a mild substance use disorder.

Moderate: Four or five symptoms indicate a moderate substance use disorder.

Severe: Six or more symptoms indicate a severe substance use disorder.

Clinicians can also add "in early remission," "in sustained remission," "on maintenance therapy" for certain substances, and "in a controlled environment." These further describe the current state of the substance use disorder.

Understanding the severity of a substance use disorder can help doctors and therapists better determine which treatments to recommend. Choosing the appropriate level of care may improve a person's chances of recovery.

Substance-Induced Disorders

Substance-induced disorders involve problems that are caused by the effects of substances. Types of substance-induced disorders recognized in the DSM-5-TR include substance-induced mental disorders, intoxication, and withdrawal.

Substance/Medication-Induced Mental Disorders

Substance/medication-induced mental disorders are mental problems that develop in people who did not have mental health problems before using substances. They include:

Substance-induced psychotic disorder: This condition involves experiencing delusions, hallucinations, or both within one month of using or withdrawing from alcohol, illicit substances, or prescription drugs.

Substance-induced bipolar and related disorders: This condition involves experiencing manic/hypomanic symptoms, depressive symptoms, or both while using or during withdrawal from a substance.

Substance-induced depressive disorders: This is a form of depression that can occur after using drugs, alcohol, or medications. To be diagnosed with this condition, depressive symptoms must not be related to intoxication or withdrawal.

Substance-induced anxiety disorders: This condition involves experiencing anxiety or panic attacks due to using drugs, medications, or alcohol. Anxiety may occur during intoxication or withdrawal, but to be diagnosed, anxiety symptoms must not be symptoms of intoxication or withdrawal.

Substance-induced obsessive-compulsive and related disorders: This condition is marked by the onset of obsessive and compulsive symptoms caused by substance use. To be diagnosed, symptoms must cause distress and impairment in a person's daily life.

Substance-induced sleep disorders: This condition involves insomnia and other sleep problems caused by using drugs, alcohol, or certain medications.

Substance-induced sexual dysfunctions: This condition involves experiencing difficulties with sexual arousal, desire, or performance due to substances and medications.

Substance-induced delirium: This condition is marked by symptoms of delirium due to intoxication from a psychoactive substance, including illicit drugs, medications, and alcohol.

Substance-induced neurocognitive disorders: This condition involves experiencing mild or major neurocognitive impairments caused by substance use that persist beyond the intoxication and acute withdrawal period.

In the text revision of the DSM-5, the information on substance-induced mild neurocognitive disorders was updated to include symptoms caused by stimulants such as methamphetamine and cocaine. Such additions were made in response to research demonstrating that prolonged stimulant use can produce lingering neurocognitive effects on learning, memory, and executive function.

Intoxication

Substance intoxication, a group of substance-induced disorders, details the symptoms that people experience when they are under the influence of drugs. Disorders of substance intoxication include:

Marijuana intoxication

Cocaine intoxication

Methamphetamine intoxication (stimulants)

Heroin intoxication (opioids)

Acid intoxication (other hallucinogen intoxication or "acid trip")

Substance intoxication delirium

Withdrawal

Withdrawal involves experiencing physical, cognitive, and behavioral symptoms due to reducing or halting substance use. To be diagnosed with withdrawal, these symptoms must not be due to another mental disorder or medical condition.

Withdrawal from some substances (such as alcohol or barbiturates) can be severe and sometimes life-threatening. Other substances may not produce withdrawal effects when their use is halted. Some substances, such as opioids, may lead to withdrawal even when taken for a short period and for legitimate medical purposes.

Withdrawal symptoms can range from mild to severe; they can also sometimes be potentially dangerous. Talk to your doctor about how you can stop using a substance safely.

Diagnosing Substance Abuse Disorders

Substance use disorders should be evaluated by a psychiatrist, psychologist, or licensed counselor specializing in drug and alcohol addictions. A health professional may utilize blood or urine tests to assess current drug use. However, it is important to note that there is not a lab test that can establish dependence or addiction.

To diagnose a substance use disorder, a healthcare practitioner will evaluate the individual by completing a physical exam and taking a medical history. They will also ask questions about current and past substance use, including its frequency, amount, and duration.

Getting Help

If you think that you or a loved one might have a substance use disorder, effective treatments are available that can help. The first step is to talk to your doctor or mental health professional about your options. Your treatment and recovery needs will vary depending on the nature and severity of your substance use.

In some cases, suddenly stopping your substance use can be risky or potentially fatal. You should work with your doctor to devise a plan for medically-supervised detox. Your doctor may also recommend medications that can help you recover and manage withdrawal symptoms and cravings.

Residential treatment, outpatient treatment, day treatment/partial hospitalization, and sober living communities are some of the treatment options you might consider. Your treatment may involve psychotherapy, such as motivational-enhancement therapy (MET) or cognitive-behavioral therapy (CBT). Support groups can also aid your recovery, including in-person or online options.

Research also suggests that having adequate social support is important during addiction recovery. Reach out to trusted friends and family who can help you through this process.

There is no one size fits all approach for treating substance use disorders. Work with your doctor to find the right approach to address your needs, provide appropriate support, and foster long-term recovery.

If you or a loved one are struggling with substance use or addiction, contact the Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline at 1-800-662-4357 for information on support and treatment facilities in your area.

For more mental health resources, see our National Helpline Database.

9 Sources

Verywell Mind uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy.

- 1. First MB, Yousif LH, Clarke DE, Wang PS, Gogtay N, Appelbaum PS. DSM-5-TR: Overview of what's new and what's changed. World Psychiatry. 2022;21(2):218-219. doi:10.1002/wps.20989
- 2. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. 5th ed, text revision. Washington, D.C.; 2022.
- 3. Grant JE, Chamberlain SR. Expanding the definition of addiction: DSM-5 vs. ICD-11. CNS Spectr. 2016;21(4):300-3. doi:10.1017/S1092852916000183
- 4. Merck Manual: Professional Version. Substance-induced disorders.
- 5. McLellan AT. Substance misuse and substance use disorders: Why do they matter in healthcare?. Trans Am Clin Climatol Assoc. 2017;128:112-130.
- 6. Phillips KA, Stein DJ. Other obsessive-compulsive and related disorders in DSM-5. In: Phillips KA, Stein DJ, eds., Handbook on obsessive-compulsive and related disorders. Arlington, VA: American Psychiatric Association Publishing; 2015.
- 7. Khan A, Wedes S. Alcohol-induced neurocognitive disorder in elderly presenting as mania? A case report. The American Journal of Geriatric Psychiatry. 2016;24(3):S129-S130. doi:10.1016/j.jagp.2016.01.131
- 8. Spronk DB, van Wel JHP, Ramaekers JG, Verkes RJ. Characterizing the cognitive effects of cocaine: a comprehensive review. Neurosci Biobehav Rev. 2013;37(8):1838-1859. doi:10.1016/j.neubiorev.2013.07.003
- 9. Brooks AT, Lòpez MM, Ranucci A, Krumlauf M, Wallen GR. A qualitative exploration of social support during treatment for severe alcohol use disorder and recovery. Addict Behav Rep. 2017;6:76-82. doi:10.1016/j.abrep.2017.08.002

Additional Reading

• American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders—DSM 5. American Psychiatric Association; 2013.