

143 - Episode of harmful psychoactive substance use

Episode of harmful psychoactive substance use

455 Disorders due to substance use or addictive behaviours Diagnostic requirements for disorders due to substance use Episode of harmful psychoactive substance use Available categories by substance class 6C40.0 Episode of harmful use of alcohol 6C41.0 Episode of harmful use of cannabis 6C42.0 Episode of harmful use of synthetic cannabinoids 6C43.0 Episode of harmful use of opioids 6C44.0 Episode of harmful use of sedatives, hypnotics or anxiolytics 6C45.0 Episode of harmful use of cocaine 6C46.0 Episode of harmful use of stimulants, including amfetamines, methamphetamine and methcathinone 6C47.0 Episode of harmful use of synthetic cathinones 6C48.0 Episode of harmful use of caffeine 6C49.0 Episode of harmful use of hallucinogens 6C4A.0 Episode of harmful use of nicotine 6C4B.0 Episode of harmful use of volatile inhalants 6C4C.0 Episode of harmful use of MDMA or related drugs, including MDA 6C4D.0 Episode of harmful use of dissociative drugs, including ketamine and PCP 6C4E.0 Episode of harmful use of other specified psychoactive substance 6C4F.0 Episode of harmful use of multiple specified psychoactive substances, including medications 6C4G.0 Episode of harmful use of unknown or unspecified psychoactive substances Essential (required) features • An episode of use of a psychoactive substance that has caused clinically significant damage to a person's physical health (e.g. bloodborne infection from intravenous selfadministration) or mental health (e.g. substance-induced mood disorder), or has resulted in behaviour leading to harm to the health of others, is required for diagnosis. • Harm to the health of the individual occurs due to one or more of the following: behaviour related to intoxication (see Table 6.15, p. 475); direct or secondary toxic effects on body organs and systems; or a harmful route of administration. • Harm to the health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to substance intoxication on the part of the person to whom the diagnosis of episode of harmful psychoactive substance use applies. Diagnostic requirements for disorders due to substance use | Episode of harmful psychoactive substance use

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders • The harm to health is not better accounted for by another medical condition or another mental disorder, including another disorder due to substance use (e.g.

substance withdrawal). Note: harm to the health of the person to whom the diagnosis applies includes injuries caused by behaviour related to intoxication (e.g. impulsive aggressive behaviour, psychomotor impairment leading to injury; see Table 6.15, p. 475), acute health problems resulting from substance use (e.g. overdose, acute gastritis, the effects of hypoxia or prolonged hyperactivity or inactivity), and exacerbation or decompensation of pre-existing chronic health problems (e.g. hypertension, liver disease or peptic ulceration). Harm may also result from a harmful route of administration (e.g. injecting drug use causing bloodborne virus infections, cocaine use causing a perforated nasal septum). The relevant diagnostic codes from other ICD-11 chapters – including Chapter 22 on injury, poisoning or certain other consequences of external causes – should be used to describe the specific health consequences of the harmful substance use. Harm to the health of others includes any form of physical harm, including trauma (e.g. impaired driving causing a motor vehicle accident, assaultive behaviour leading to bodily harm to another person) or mental disorder (e.g. post-traumatic stress disorder arising from an assault by the intoxicated individual) that is directly attributable to behaviour due to substance intoxication on the part of the person to whom the diagnosis of episode of harmful psychoactive substance use applies.

Additional clinical features

- There must be explicit evidence of harm to the individual's physical or mental health, or of substance-related behaviour due to intoxication that has led to harm to the physical or mental health of others. There must also be a clear causal relationship between the harm to health and the episode of substance use in question.
- The likelihood of harm to self or others due to behaviour related to intoxication varies substantially by substance (see Table 6.15, p. 475). For example, such behaviour is unlikely to arise from caffeine or nicotine intoxication.
- Psychoactive substance use commonly occurs in the context of other mental disorders. An additional diagnosis of episode of harmful psychoactive substance use can be made if the index episode of substance use has resulted in clinically significant harm to the individual's physical health, or has exacerbated or triggered an episode of a pre-existing mental disorder (e.g. a manic or depressive episode or a psychotic episode).
- A diagnosis of episode of harmful psychoactive substance use often signals an opportunity for intervention – typically a low-intensity intervention that can be implemented in a wide range of settings, which is specifically aimed at reducing the likelihood of additional harmful episodes or of progression to harmful pattern of use or substance dependence.
- A diagnosis of episode of harmful psychoactive substance use of unknown or unspecified psychoactive substances can be assigned if the substance consumed is initially unknown. As more information becomes available (e.g. laboratory results, report from a collateral informant) the diagnosis should be changed to indicate the substance responsible for the episode of harm.
- As more information becomes available indicating that the episode is part of a continuous or recurrent pattern of substance use, or if additional harmful episodes occur, a diagnosis of episode of harmful psychoactive substance use should be changed to harmful pattern of psychoactive substance use or substance dependence, as appropriate.

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- A range of social problems may be associated with an episode of substance use that are not sufficiently severe to constitute clinically significant harm to physical or mental health (e.g. missed appointments, arguments with loved ones). Such problems are not a sufficient basis for a diagnosis of episode of harmful psychoactive substance

use. Boundaries with other disorders and conditions (differential diagnosis) Boundary with hazardous substance use Hazardous substance use is classified in Chapter 24 on factors influencing health status or contact with health services and not in this chapter on mental, behavioural and neurodevelopmental disorders. Hazardous substance use appreciably increases the risk of harmful physical or mental health consequences, to the user or to others, to an extent that warrants attention and advice from health professionals, but has not resulted in specific identifiable harm and therefore does not meet the diagnostic requirements for episode of harmful psychoactive substance use. Boundary with harmful pattern of psychoactive substance use If the harm to health is a result of a known episodic or continuous pattern of substance use, and all other diagnostic requirements are met, a diagnosis of harmful pattern of psychoactive substance use should be assigned. Substance use is generally considered to be following a pattern if there has been at least episodic or intermittent use over a period of at least 12 months. If harm is caused by use of a substance but no information is available about the pattern or history of substance use, a diagnosis of episode of harmful psychoactive substance use may be assigned until such time as evidence for a pattern of use is ascertained. Boundary with substance dependence In substance dependence, individuals use a substance or substances persistently, despite harm and adverse consequences. Harm caused by such use may be similar to that observed in episode of harmful psychoactive substance use. However, substance dependence also includes additional features of impaired ability to control use and increasing priority given to the substance use over other activities. Physiological features (e.g. tolerance) may also be present for applicable substances. If all diagnostic requirements for substance dependence are met for a particular substance, episode of harmful psychoactive substance use should not be assigned for that substance. Note: substance dependence is only applicable for some substances or substance classes (see Table 6.13, p. 450). Diagnostic requirements for disorders due to substance use | Episode of harmful psychoactive substance use

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