Clinical Toolkit

Clinical Tips: Defining Substance Use Issue



Non-use

People choose not to use drugs for a number of reasons. Some of these seasons relate to religion, culture or health. In rare cases, even non-use can be a very risky choice when drug use is required for 'medical/therapeutic' purposes.

First use

This is often termed "experimental phase".

All people who use substances will go through a period of experimentation. This process will determine how and if a person will use the drug subsequently.

Subsequent use

Occasional use:

This form of drug use is often circumstantial – drinking alcohol at social functions or taking paracetamol to prevent a headache. Problematic occasional use would be binge style use – quite intensive in short periods or bursts.

• Regular social/recreational use:

While social/recreational use is likely to feature the least opportunity for harm, there may be risks associated with acute intoxication. Regular, controlled

users of drugs are not considered to be dependent on their drug of choice as they have the ability to moderate or change their use as circumstances dictate.

• Regular intensive use:

There is no standardised method of categorising use as intensive or heavy. It depends on a range of factors including health and the norms of one's group or culture. People can consume large amounts of substances on a regular basis in a controlled way, without developing dependence. Alternatively, this form of regular use can be hazardous and meet the criteria for 'substance abuse (see DSM-5 and ICD-10 classifications).

• Dependent use:

Some people come to depend on one or more drugs in order to function and manage their circumstances. People can be dependent on a drug and manage without problems occurring or engaging in high-risk behaviour.

If a person's drug use goes begin to affect other areas of their life, and the person is unable to change their use, they would be thought of as being dependent on that drug (see DSM-5 and ICD-10 classifications).