ENTITLEMENT ELIGIBILITY GUIDELINE
SUBSTANCE USE DISORDERS

MPC
30500
30550
29289

ICD-9
304.0, 304.1, 304.2, 304.3, 304.4,
305.2, 305.4, 305.5, 305.6, 305.7

ICD-10
F11.1, F12.1, F13.1, F14.1, F15.1,

DEFINITION

SUBSTANCE-RELATED DISORDERS

Substance-Related Disorders are divided into two categories: Substance Use Disorders and Substance-Induced Disorders. The Substance Use Disorders are Substance Abuse and Substance Dependence.

Substance Use Disorder is the primary condition for which entitlement may be granted.

The Substance -Induced Disorders are considered under Section B or Section C in the Entitlement Considerations of this guideline.

CATEGORIES OF SUBSTANCES CONSIDERED FOR ENTITLEMENT

- Amphetamines
- Cannabinoids
- Cocaine
- Opioids
- Sedative, Hypnotics and Anxiolytics

Note: Alcohol Use Disorders are addressed in the Alcohol Use Disorder Entitlement Eligibility Guideline.
Not all substances within a category are considered for entitlement by Veterans Affairs Canada (VAC).

Substances considered for entitlement must meet the criteria established by VAC.

**Criteria for Consideration of Entitlement of a Substance**

Substances considered for entitlement by VAC are limited to:

a) Medications available under Canadian law for which a Drug Identification Number (DIN) has been issued by Health Canada, which can be legally prescribed under Canadian law and are authorized by a qualified health professional for the purposes of treatment of the client’s medical or dental condition;

b) Non-prescription medications available under Canadian law for which a DIN has been issued by Health Canada.

The substance(s) must be identified in the application for Substance Use Disorder.

Each substance is considered on an individual basis in accordance with the criteria for substances considered for entitlement by VAC.

The substance(s) accepted by VAC is/are identified in the entitlement decision as a substance category.

The substance category is not all inclusive. The substance(s) included in the entitled substance category are limited to the substance(s) which meet the criteria for entitlement by VAC.

For example:

An application is submitted for Substance Use Disorder based on Oxycodone Abuse. The condition is accepted by VAC and entitled as Substance Use Disorder (Opioids).

Examples of other substances which could meet the criteria for inclusion in the entitlement of Substance Use Disorder (Opioids) are Codeine and Morphine.

An example of a substance which would not meet the criteria for inclusion in the entitlement of Substance Use Disorder (Opioids) is Heroin.
Criteria Sets for Substance Use Disorders

SUBSTANCE ABUSE:

Criterion A
According to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders 4th edition Text Revision (DSM-IV-TR),

Substance Abuse is a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
(1) recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
(2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
(4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance (e.g., arguments with spouse about the consequences of intoxication, physical fights)

Criterion B
The symptoms have never met the criteria for Substance Dependence.

SUBSTANCE DEPENDENCE:

According to the DSM-IV-TR, Substance Dependence is a maladaptive pattern of substance use leading to clinically significant impairment or distress, 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) a need for markedly increased amounts of substance to achieve intoxication or the desired effect
   (b) markedly diminished effect with continued use of the same amount of substance
(2) withdrawal, as manifested by either of the following:
   (a) the characteristic withdrawal syndrome* for the substance
   (b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
(3) 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 in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance, or recover from its efforts
(6) important social, occupational, or recreational activities are given up or reduced because of substance use
(7) the substance use is continued despite knowledge of having a persistent of recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
*Refer to the DSM-IV-TR for the diagnostic criteria for Substance Withdrawal of specific substances.

**DIAGNOSTIC STANDARD**
A diagnosis from a qualified medical practitioner (family physician or psychiatrist) or a registered/licensed psychologist is required. The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible and should satisfy the requirements for diagnosis as outlined in the DSM-IV-TR diagnostic criteria.

If a claim for a substance addiction is submitted, VAC will rule on Substance Use Disorder, if the DSM-IV-TR criteria are met for either Substance Abuse or Substance Dependence. Medical Advisory should be consulted for Diagnosis Clarification.

**NOTE**: Entitlement should be granted for a chronic condition only. For VAC purposes, "chronic" means that the condition has existed for at least six months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the six month period and thereafter.

**ENTITLEMENT CONSIDERATIONS**

**A. CAUSES AND / OR AGGRAVATION**

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS
NOTE: The factors listed in Section A of the Entitlement Considerations include specific timelines for the clinical onset, or clinical worsening, of Substance Use Disorder. If the medical evidence indicates an alternate timeline, consultation with Medical Advisory should be considered.

NOTE: The following list of factors is not all inclusive. Factors, other than those listed in Section A, may be claimed to cause, or aggravate, Substance Use Disorder. Other factors may be considered based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

1. Having a clinically significant psychiatric condition* at the time of clinical onset, or clinical worsening, of Substance Use Disorder

   *A clinically significant psychiatric condition is an Axis I or Axis II disorder as defined in the DSM-IV-TR.

2. Experiencing a severe stressor* within the five years before the clinical onset, or clinical worsening, of Substance Use Disorder

   *A severe stressor is a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing or being involved in an event that involves death, injury, or a threat to the physical integrity of another person. The event or events evoke intense fear, helplessness, or horror.

   The list of severe stressors below is not all inclusive. Other events may qualify as severe stressors. If the medical evidence indicates other events result in the clinical onset, or clinical worsening, of Substance Use Disorder consultation with Medical Advisory should be considered.

   (i) experiencing a life-threatening event
   (ii) being subject to a serious physical attack or assault including rape and sexual molestation
   (iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured
   (iv) being an eyewitness to a person being killed or critically injured
   (v) viewing corpses or critically injured casualties as an eyewitness
   (vi) being an eyewitness to atrocities inflicted on another person or persons
   (vii) killing or maiming a person in a non criminal act
   (viii) being an eyewitness to or participating in, the clearance of critically injured casualties
3. Having a medical, surgical or psychiatric condition for which a course of opioid, sedative, hypnotic, anxiolytic, amphetamine, cannabanoid or cocaine medications were prescribed at the time of clinical onset, or clinical worsening, of Substance Use Disorder.

4. Having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability within the five years before the clinical onset, or clinical worsening, of Substance Use Disorder.

5. Experiencing the death of a significant other* within the five years before the clinical onset, or clinical worsening, of Substance Use Disorder.

* A significant other is a person who has a close family bond or a close personal relationship and is important or influential in one’s life.

6. Having experienced severe childhood abuse* before the clinical onset of Substance Use Disorder.

* Severe childhood abuse is:
  (i) serious physical, emotional, psychological or sexual harm to a child under the age of 16 years; or
  (ii) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or well being of a child under the age of 16 years;
  where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who was with or around the child, or any other adult in contact with the child.

7. Inability to obtain appropriate clinical management of Substance Use Disorder.

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT / ASSESSMENT

• Substance Intoxication
• Substance Withdrawal
• Substance Intoxication / Withdrawal Delirium
• Decreased Libido -if the medical information indicates decreased libido is a symptom of a psychiatric condition
• Acute Substance Induced Sexual Dysfunction
• Substance-Induced Sleep Disorder
• Sleep Disorder Related to Another Mental Disorder
• Anxiety Disorders
• Mood Disorders
• Schizophrenia and Other Psychotic Disorders
• Adjustment Disorders
• Personality Disorders
• Eating Disorders
• Alcohol Use Disorder
• Other Substance Use Disorders
• Dissociative Disorders
• Pain Disorders/Chronic Pain Syndrome (DSM-IV-TR Axis I Diagnosis)

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM SUBSTANCE USE DISORDER AND/OR ITS TREATMENT

Substance Use Disorder is entitled as a substance category. The substance category is not all inclusive. The substances included in the entitled substance category are limited to the substances which meet the criteria for entitlement by VAC.

Only conditions which are caused or aggravated by substances which meet the criteria for entitlement will be considered for consequential entitlement decisions.

Conditions considered for consequential entitlement decisions should be referred to Medical Advisory.

REFERENCES FOR SUBSTANCE USE DISORDER


