

World Health Organization, use very similar criteria to identify dependence.⁴⁶ Like the criteria specified by the U.S. Surgeon General, these criteria emphasize the ability of a substance to produce compulsive use, withdrawal and/or tolerance, inability to control or terminate drug use despite efforts to quit or reduce use, and continued use despite harmful effects. (See Appendix 1 for a description and history of the criteria for identifying addiction.)

Nicotine has been recognized as dependence-producing under the DSM criteria since 1980. The most recent version of DSM (DSM-IV) recognizes two substance use disorders

⁴⁶ The most recent version of DSM (DSM-IV) defines "substance dependence" as substance use that produces three or more of the following symptoms in users:

- marked tolerance;
- a withdrawal syndrome and/or the substance is taken to relieve or avoid withdrawal symptoms;
- the substance is often taken in larger amounts over a longer period of time than intended;
- persistent desire or unsuccessful efforts to cut down or control substance use;
- a great deal of time spent in activities necessary to obtain the substance, use the substance (e.g., chain smoking), or recover from its effects;
- important social, occupational, or recreational activities are given up or reduced because of substance use; and
- use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

DSM-IV explains how the following criteria are apparent in nicotine dependence: tolerance, withdrawal, desire to quit, great deal of time using, and continued use despite medical problems. American Psychiatric Association. 1994. *DSM IV*. Pages 181, 243.

"Dependence syndrome" is characterized under the ICD-10 as a cluster of effects after repeated use of a substance resulting in three or more of the following symptoms:

- a strong desire or sense of compulsion to take the substance;
- an impaired capacity to control substance-taking behavior in terms of its onset, termination, or levels of use;
- substance use with the intention of relieving withdrawal symptoms and with awareness that this strategy is effective;
- a physiological withdrawal state;
- evidence of tolerance such that the increased doses of the substance are required in order to achieve effects originally produced by lower doses;
- progressive neglect of alternative pleasures or interests in favor of the substance; and
- persisting with substance use despite clear evidence of overtly harmful consequences.

World Health Organization. 1992. *ICD-10*. Pages 75-76, 321.