

ICD 10 Eleventh Edition
Ready Reckoner

Mental and behavioural disorders due to psychoactive substance use

Mental health worker's best practice tool:

To assist in *routinely recording co-occurring Substance Use diagnoses.*

To inform *Integrated Treatment Planning for both issues.*

August 2021: [ICD-10 Eleventh Edition, implemented 1 July 2019, is the current edition used for classifying episodes of admitted patient care across Australian hospital services](#)

Principal Subdivisions: (Detailed Criteria overleaf)

| <i>Mental & behavioural disorders due to use of...</i> | | Acute Intoxication | Harmful Use | Dependence Syndrome | Withdrawal State | Withdrawal State With Delirium | Psychotic Disorder | Amnesic Syndrome | Residual & Late-Onset Psychotic Disorder | Other Mental & Behavioural Disorders |
|--|------------|------------------------------------|-----------------------------|-------------------------------------|----------------------------------|--|------------------------------------|----------------------------------|--|--|
| | | .0 | .1 | .2 | .3 | .4 | .5 | .6 | .7 | .8 |
| ALCOHOL: | F10 | F10.0 | F10.1 | F10.2 | F10.3 | F10.4 | F10.5 | F10.6 | F10.7 | F10.8 |
| OPIOIDS: | F11 | F11.0 | F11.1 | F11.2 | F11.3 | F11.4 | F11.5 | F11.6 | F11.7 | F11.8 |
| CANNABINOIDS: | F12 | F12.0 | F12.1 | F12.2 | F12.3 | F12.4 | F12.5 | F12.6 | F12.7 | F12.8 |
| SEDATIVES or HYPNOTICS: | F13 | F13.0 | F13.1 | F13.2 | F13.3 | F13.4 | F13.5 | F13.6 | F13.7 | F13.8 |
| COCAINE | F14 | F14.0 | F14.1 | F14.2 | F14.3 | F14.4 | F14.5 | F14.6 | F14.7 | F14.8 |
| OTHER STIMULANTS: <i>including caffeine</i> | F15 | F15.0 | F15.1 | F15.2 | F15.3 | F15.4 | F15.5 | F15.6 | F15.7 | F15.8 |
| HALLUCINOGENS | F16 | F16.0 | F16.1 | F16.2 | F16.3 | F16.4 | F16.5 | F16.6 | F16.7 | F16.8 |
| TOBACCO: | F17 | F17.0 | F17.1 | F17.2 | F17.3 | F17.4 | F17.5 | F17.6 | F17.7 | F17.8 |
| VOLATILE SOLVENTS: | F18 | F18.0 | F18.1 | F18.2 | F18.3 | F18.4 | F18.5 | F18.6 | F18.7 | F18.8 |
| MULTIPLE DRUGS & OTHER SUBSTANCES | F19 | F19.0 | F19.1 | F19.2 | F19.3 | F19.4 | F19.5 | F19.6 | F19.7 | F19.8 |

The third character of the code identifies the substance involved, and the fourth character specifies the clinical state.

The codes should be used, as required, for each substance specified, but it should be noted that not all fourth-character codes are applicable to all substances.

Clinical States Criteria

| | | | |
|-----------|---|--|--|
| .0 | Acute intoxication | <p>A condition that follows the administration of a psychoactive substance resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psycho-physiological functions and responses.</p> <p>The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen. Complications may include trauma, inhalation of vomitus, delirium, coma, convulsions, and other medical complications. The nature of these complications depends on the pharmacological class of substance and mode of administration.</p> | |
| .1 | Harmful use | <p>A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).</p> | |
| .2 | Dependence syndrome | <p>A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.</p> <p>The dependence syndrome may be present for a specific psychoactive substance (e.g. tobacco, alcohol, or diazepam), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically different psychoactive substances.</p> | |
| .3 | Withdrawal state | <p>A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of the withdrawal state are time-limited and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions.</p> | |
| .4 | Withdrawal state with delirium | <p>A condition where the withdrawal state as defined in the common fourth character .3 is complicated by delirium as defined in F05.-. Convulsions may also occur. When organic factors are also considered to play a role in the etiology, the condition should be classified to F05.8.</p> | |
| .5 | Psychotic disorder | <p>A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state.</p> <p>The disorder is characterized by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and an abnormal affect, which may range from intense fear to ecstasy. The sensorium is usually clear but some degree of clouding of consciousness, though not severe confusion, may be present.</p> | |
| .6 | Amnesic syndrome | <p>A syndrome associated with chronic prominent impairment of recent and remote memory. Immediate recall is usually preserved and recent memory is characteristically more disturbed than remote memory. Disturbances of time sense and ordering of events are usually evident, as are difficulties in learning new material. Confabulation may be marked but is not invariably present. Other cognitive functions are usually relatively well preserved and amnesic defects are out of proportion to other disturbances.</p> | |
| .7 | Residual & late-onset psychotic disorder | <p>A disorder in which alcohol- or psychoactive substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of the disorder should be directly related to the use of the psychoactive substance. Cases in which initial onset of the state occurs later than episode(s) of such substance use should be coded here only where clear and strong evidence is available to attribute the state to the residual effect of the psychoactive substance. Flashbacks may be distinguished from psychotic state partly by their episodic nature, frequently of very short duration, and by their duplication of previous alcohol- or other psychoactive substance-related experiences.</p> | |
| .8 | Other mental & behavioural disorders | .9 | Unspecified mental & behavioural disorder |