



The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic criteria for research

World Health Organization

**F10-F19**

**Mental and behavioural disorders due to psychoactive substance use**

**F10.- Mental and behavioural disorders due to use of alcohol**

**F11.- Mental and behavioural disorders due to use of opioids**

**F12.- Mental and behavioural disorders due to use of cannabinoids**

**F13.- Mental and behavioural disorders due to use of sedatives and hypnotics**

**F14.- Mental and behavioural disorders due to use of cocaine**

**F15.- Mental and behavioural disorders due to use of other stimulants, including caffeine**

**F16.- Mental and behavioural disorders due to use of hallucinogens**

**F17.- Mental and behavioural disorders due to use of tobacco**

**F18.- Mental and behavioural disorders due to use of volatile solvents**

**F19.- Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances**

**F1x.0 Intoxication**

G1. There must be clear evidence of recent use of a psychoactive substance (or substances) at sufficiently high dose levels to be consistent with intoxication.

G2. There must be symptoms or signs of intoxication compatible with the known actions of the particular substance (or substances), as specified below, and of sufficient severity to produce disturbances in the level of consciousness, cognition, perception, affect, or behaviour that are of clinical importance.

G3. The symptoms or signs present cannot be accounted for by a medical disorder unrelated to substance use, and not better accounted for by another mental or behavioural disorder.

Acute intoxication frequently occurs in persons who have more persistent alcohol- or drug-related problems in addition. Where there are such problems, e.g. harmful use

(F1x.1), dependence syndrome (F1x.2), or psychotic disorder (F1x.5), they should also be recorded.

The following five-character codes may be used to indicate whether the acute intoxication was associated with any complications:

**F1x.00 Uncomplicated**

Symptoms of varying severity, usually dose-dependent.

**F1x.01 With trauma or other bodily injury**

**F1x.02 With other medical complications**

Examples are haematemesis, inhalation of vomit.

**F1x.03 With delirium**

**F1x.04 With perceptual distortions**

**F1x.05 With coma**

**F1x.06 With convulsions**

**F1x.07 Pathological intoxication**

Applies only to alcohol.

**F10.0 Acute intoxication due to use of alcohol**

A. The general criteria for acute intoxication (F1x.0) must be met.

B. There must be dysfunctional behaviour, as evidenced by at least one of the following:

- (1) disinhibition;
- (2) argumentativeness;
- (3) aggression;
- (4) lability of mood;
- (5) impaired attention;
- (6) impaired judgment;
- (7) interference with personal functioning.

C. At least one of the following signs must be present:

- (1) unsteady gait;
- (2) difficulty in standing;
- (3) slurred speech;
- (4) nystagmus;
- (5) decreased level of consciousness (e.g. stupor, coma);
- (6) flushed face;
- (7) conjunctival injection.

***Comment***

When severe, acute alcohol intoxication may be accompanied by hypotension, hypothermia, and depression of the gag reflex.

If desired, the blood alcohol level may be specified by using ICD-10 codes Y90.0-Y90.8. Code Y91.- may be used to specify the clinical severity of intoxication if the blood alcohol level is not available.

#### **F10.07 Pathological alcohol intoxication**

*Note.* The status of this condition is being examined. These research criteria must be regarded as tentative.

- A. The general criteria for acute intoxication (F1x.0) must be met, with the exception that pathological intoxication occurs after drinking amounts of alcohol insufficient to cause intoxication in most people.
- B. There is verbally aggressive or physically violent behaviour that is not typical of the person when sober.
- C. The intoxication occurs very soon (usually a few minutes) after consumption of alcohol.
- D. There is no evidence of organic cerebral disorder or other mental disorders.

#### ***Comment***

This is an uncommon condition. The blood alcohol levels found in this disorder are lower than those that would cause acute intoxication in most people, i.e. below 40 mg/100 ml.

#### **F11.0 Acute intoxication due to use of opioids**

- A. The general criteria for acute intoxication (F1x.0) must be met.
- B. There must be dysfunctional behaviour, as evidenced by at least one of the following:
  - (1) apathy and sedation;
  - (2) disinhibition;
  - (3) psychomotor retardation;
  - (4) impaired attention;
  - (5) impaired judgement;
  - (6) interference with personal functioning.
- C. At least one of the following signs must be present:
  - (1) drowsiness;
  - (2) slurred speech;
  - (3) pupillary constriction (except in anoxia from severe overdose, when pupillary dilatation occurs);
  - (4) decreased level of consciousness (e.g. stupor, coma).

#### ***Comment***

When severe, acute opioid intoxication may be accompanied by respiratory depression (and hypoxia), hypotension, and hypothermia.

### **F12.0 Acute intoxication due to use of cannabinoids**

- A. The general criteria for acute intoxication (F1x.0) must be met.
- B. There must be dysfunctional behaviour or perceptual abnormalities, including at least one of the following:
  - (1) euphoria and disinhibition;
  - (2) anxiety or agitation
  - (3) suspiciousness or paranoid ideation
  - (4) temporal slowing (a sense that time is passing very slowly, and/or the person is experiencing a rapid flow of ideas;
  - (5) impaired judgement;
  - (6) impaired attention;
  - (7) impaired reaction time;
  - (8) auditory, visual, or tactile illusions;
  - (9) hallucinations with preserved orientation;
  - (11) depersonalization;
  - (12) derealization;
  - (13) interference with personal functioning.
- C. At least one of the following signs must be present:
  - (1) increased appetite;
  - (2) dry mouth;
  - (3) conjunctival injection;
  - (4) tachycardia.

### **F13.0 Acute intoxication due to use of sedatives or hypnotics**

- A. The general criteria for acute intoxication (F1x.0) must be met.
- B. There is dysfunctional behaviour, as evidenced by at least one of the following:
  - (1) euphoria and disinhibition;
  - (2) apathy and sedation;
  - (3) abusiveness or aggression;
  - (4) lability of mood;
  - (5) impaired attention;
  - (6) anterograde amnesia;
  - (7) impaired psychomotor performance;
  - (8) interference with personal functioning.
- C. At least one of the following signs must be present:
  - (1) unsteady gait;
  - (2) difficulty in standing;
  - (3) slurred speech;
  - (4) nystagmus
  - (5) decreased level of consciousness (e.g. stupor, coma);
  - (6) erythematous skin lesions or blisters.

***Comment***

When severe, acute intoxication from sedative or hypnotic drugs may be accompanied by hypotension, hypothermia, and depression of the gag reflex.

**F14.0 Acute intoxication due to use of cocaine**

- A. The general criteria for acute intoxication (F1x.0) must be met.
- B. There must be dysfunctional behaviour or perceptual abnormalities, as evidenced by at least one of the following:
  - (1) euphoria and sensation of increased energy;
  - (2) hypervigilance;
  - (3) grandiose beliefs or actions;
  - (4) abusiveness or aggression;
  - (5) argumentativeness;
  - (6) lability of mood;
  - (7) repetitive stereotyped behaviours;
  - (8) auditory, visual, or tactile illusions;
  - (9) hallucinations, usually with intact orientation;
  - (10) paranoid ideation;
  - (11) interference with personal functioning.
- C. At least two of the following signs must be present:
  - (1) tachycardia (sometimes bradycardia);
  - (2) cardiac arrhythmias;
  - (3) hypertension (sometimes hypotension);
  - (4) sweating and chills;
  - (5) nausea and vomiting;
  - (6) evidence of weight loss;
  - (7) pupillary dilatation;
  - (8) psychomotor agitation (sometimes retardation);
  - (9) muscular weakness;
  - (10) chest pain;
  - (11) convulsions.

***Comment***

Interference with personal functioning is most readily apparent from the social interactions of cocaine users, which range from extreme gregariousness to social withdrawal.

**F15.0 Acute intoxication due to use of other stimulants, including caffeine**

- A. The general criteria for acute intoxication (F1x.0) must be met.
- B. There must be dysfunctional behaviour or perceptual abnormalities, as evidenced by at least one of the following:
  - (1) euphoria and sensation of increased energy;
  - (2) hypervigilance;
  - (3) grandiose beliefs or actions;
  - (4) abusiveness or aggression;

- (5) argumentativeness;
- (6) lability of mood;
- (7) repetitive stereotyped behaviours;
- (8) auditory, visual, or tactile illusions;
- (9) hallucinations, usually with intact orientation;
- (10) paranoid ideation;
- (11) interference with personal functioning.

C. At least two of the following signs must be present:

- (1) tachycardia (sometimes bradycardia);
- (2) cardiac arrhythmias;
- (3) hypertension (sometimes hypotension);
- (4) sweating and chills;
- (5) nausea and vomiting;
- (6) evidence of weight loss;
- (7) pupillary dilatation;
- (8) psychomotor agitation (sometimes retardation);
- (9) muscular weakness;
- (10) chest pain;
- (11) convulsions.

***Comment***

Interference with personal functioning is most readily apparent from the social interactions of the substance users, which range from extreme gregariousness to social withdrawal.

**F16.0 Acute intoxication due to use of hallucinogens**

A. The general criteria for acute intoxication (F1x.0) must be met.

B. There must be dysfunctional behaviour or perceptual abnormalities, as evidenced by at least one of the following:

- (1) anxiety and fearfulness;
- (2) auditory, visual, or tactile illusions or hallucinations occurring in a state of full wakefulness and alertness;
- (3) depersonalization;
- (4) derealization;
- (5) paranoid ideation;
- (6) ideas of reference;
- (7) lability of mood;
- (8) hyperactivity;
- (9) impulsive acts;
- (10) impaired attention;
- (11) interference with personal functioning.

C. At least two of the following signs must be present:

- (1) tachycardia;
- (2) palpitations;
- (3) sweating and chills;
- (4) tremor;

- (5) blurring of vision;
- (6) pupillary dilatation;
- (7) incoordination.

**F17.0 Acute intoxication due to use of tobacco [acute nicotine intoxication]**

- A. The general criteria for acute intoxication (F1x.0) must be met.
- B. There must be dysfunctional behaviour or perceptual abnormalities, as evidenced by at least one of the following:
  - (1) Insomnia;
  - (2) bizarre dreams;
  - (3) lability of mood;
  - (4) derealization;
  - (5) interference with personal functioning.
- C. At least one of the following signs must be present:
  - (1) nausea or vomiting;
  - (2) sweating;
  - (3) tachycardia;
  - (4) cardiac arrhythmias.

**F18.0 Acute intoxication due to use of volatile solvents**

- A. The general criteria for intoxication (F1x.0) must be met.
- B. There must be dysfunctional behaviour, evidenced by at least one of the following:
  - (1) apathy and lethargy;
  - (2) argumentativeness;
  - (3) abusiveness or aggression;
  - (4) lability of mood;
  - (5) impaired judgement;
  - (6) impaired attention and memory;
  - (7) psychomotor retardation;
  - (8) interference with personal functioning.
- C. At least one of the following signs must be present:
  - (1) unsteady gait;
  - (2) difficulty in standing;
  - (3) slurred speech;
  - (4) nystagmus;
  - (5) decreased level of consciousness (e.g. stupor, coma);
  - (6) muscle weakness;
  - (7) blurred vision or diplopia.

***Comment***

Acute intoxication from inhalation of substances other than solvents should also be coded here.

When severe, acute intoxication from volatile solvents may be accompanied by hypotension, hypothermia, and depression of the gag reflex.

### **F19.0 Acute intoxication due to multiple drug use and use of other psychoactive substances**

This category should be used when there is evidence of intoxication caused by recent use of other psychoactive substances (e.g. phencyclidine) or of multiple psychoactive substances where it is uncertain which substance has predominated.

#### **F1x.1 Harmful use**

- A. There must be clear evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm, including impaired judgement or dysfunctional behaviour, which may lead to disability or have adverse consequences for interpersonal relationships.
- B. The nature of the harm should be clearly identifiable (and specified).
- C. The pattern of use has persisted for at least 1 month or has occurred repeatedly within a 12-month period.
- D. The disorder does not meet the criteria for any other mental or behavioural disorder related to the same drug in the same time period (except for acute intoxication, F1x.0).

#### **F1x.2 Dependence syndrome**

Three or more of the following manifestations should have occurred together for at least 1 month or, if persisting for periods of less than 1 month, should have occurred together repeatedly within a 12-month period:

- (1) a strong desire or sense of compulsion to take the substance;
- (2) impaired capacity to control substance-taking behaviour in terms of its onset, termination, or levels of use, as evidenced by: the substance being often taken in larger amounts or over a longer period than intended; or by a persistent desire or unsuccessful efforts to reduce or control substance use;
- (3) a physiological withdrawal state (see F1x.3 and F1x.4) when substance use is reduced or ceased, as evidenced by the characteristic withdrawal syndrome for the substance, or by use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms;
- (4) evidence of tolerance to the effects of the substance, such that there is a need for significantly increased amounts of the substance to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of the substance;
- (5) preoccupation with substance use, as manifested by important alternative pleasures or interests being given up or reduced because of substance use; or a



great deal of time being spent in activities necessary to obtain, take, or recover from the effects of the substance;

- (6) persistent substance use despite clear evidence of harmful consequences (see F1x.1), as evidenced by continued use when the individual is actually aware, or may be expected to be aware, of the nature and extent of harm.

Diagnosis of the dependence syndrome may be further specified by the following five- and six-character codes:

**F1x.20 Currently abstinent**

F1x.200 Early remission

F1x.201 Partial remission

F1x.202 Full remission

**F1x.21 Currently abstinent but in a protected environment**

(e.g. in hospital, in a therapeutic community, in prison, etc.)

**F1x.22 Currently on a clinically supervised maintenance or replacement regime [controlled dependence]**

(e.g. with methadone; nicotine gum or nicotine patch)

**F1x.23 Currently abstinent, but receiving treatment with aversive or blocking drugs**

(e.g. naltrexone or disulfiram)

**F1x.24 Currently using the substance [active dependence]**

F1x.240 Without physical features

F1x.241 With physical features

The course of the dependence may be further specified, if desired, as follows:

**F1x.25 Continuous use**

**F1x.26 Episodic use [dipsomania]**

**F1x.3 Withdrawal state**

G1. There must be clear evidence of recent cessation or reduction of substance use after repeated, and usually prolonged and/or high-dose, use of that substance.

G2. Symptoms and signs are compatible with the known features of a withdrawal state from the particular substance or substances (see below).

G3. Symptoms and signs are not accounted for by a medical disorder unrelated to substance use, and not better accounted for by another mental or behavioural disorder.

The diagnosis of withdrawal state may be further specified by using the following five-character codes:

**F1x.30 Uncomplicated**

**F1x.31 With convulsions**

### **F10.3 Alcohol withdrawal state**

- A. The general criteria for withdrawal state (F1x.3) must be met.
- B. Any three of the following signs must be present:
  - (1) tremor of the tongue, eyelids, or outstretched hands;
  - (2) sweating;
  - (3) nausea, retching, or vomiting;
  - (4) tachycardia or hypertension;
  - (5) psychomotor agitation;
  - (6) headache;
  - (7) insomnia;
  - (8) malaise or weakness;
  - (9) transient visual, tactile, or auditory hallucinations or illusions;
  - (10) grand mal convulsions.

#### ***Comment***

If delirium is present, the diagnosis should be alcohol withdrawal state with delirium (delirium tremens) (F10.4).

### **F11.3 Opioid withdrawal state**

- A. The general criteria for withdrawal state (F1x.3) must be met. (Note that an opioid withdrawal state may also be induced by administration of an opioid antagonist after a brief period of opioid use.)
- B. Any three of the following signs must be present:
  - (1) craving for an opioid drug;
  - (2) rhinorrhoea or sneezing;
  - (3) lacrimation;
  - (4) muscle aches or cramps;
  - (5) abdominal cramps;
  - (6) nausea or vomiting;
  - (7) diarrhoea;
  - (8) pupillary dilatation;
  - (9) piloerection, or recurrent chills;
  - (10) tachycardia or hypertension;
  - (11) yawning;
  - (12) restless sleep.

### **F12.3 Cannabinoid withdrawal state**

*Note.* This is an ill-defined syndrome for which definitive diagnostic criteria cannot be established at the present time. It occurs following cessation of prolonged high-dose use of cannabis. It has been reported variously as lasting from several hours to up to 7 days.

Symptoms and signs include anxiety, irritability, tremor of the outstretched hands, sweating, and muscle aches.

### **F13.3 Sedative or hypnotic withdrawal state**

- A. The general criteria for withdrawal state (F1x.3) must be met.
- B. Any three of the following signs must be present:
  - (1) tremor of the tongue, eyelids, or outstretched hands;
  - (2) nausea or vomiting;
  - (3) tachycardia;
  - (4) postural hypotension;
  - (5) psychomotor agitation;
  - (6) headache;
  - (7) insomnia;
  - (8) malaise or weakness;
  - (9) transient visual, tactile, or auditory hallucinations or illusions;
  - (10) paranoid ideation;
  - (11) grand mal convulsions.

#### ***Comment***

If delirium is present, the diagnosis should be sedative or hypnotic withdrawal state with delirium (F13.4).

### **F14.3 Cocaine withdrawal state**

- A. The general criteria for withdrawal state (F1x.3) must be met.
- B. There is dysphoric mood (for instance, sadness or anhedonia).
- C. Any two of the following signs must be present:
  - (1) lethargy and fatigue;
  - (2) psychomotor retardation or agitation;
  - (3) craving for cocaine;
  - (4) increased appetite;
  - (5) insomnia or hypersomnia;
  - (6) bizarre or unpleasant dreams.

### **F15.3 Withdrawal state from other stimulants, including caffeine**

- A. The general criteria for withdrawal state (F1x.3) must be met.
- B. There is dysphoric mood (for instance, sadness or anhedonia).
- C. Any two of the following signs must be present:
  - (1) lethargy and fatigue;
  - (2) psychomotor retardation or agitation;
  - (3) craving for stimulant drugs;
  - (4) increased appetite;
  - (5) insomnia or hypersomnia;
  - (6) bizarre or unpleasant dreams.

### **F16.3 Hallucinogen withdrawal state**

*Note:* There is no recognized hallucinogen withdrawal state.

### **F17.3 Tobacco withdrawal state**

- A. The general criteria for withdrawal state (F1x.3) must be met.
- B. Any two of the following signs must be present:
  - (1) craving for tobacco (or other nicotine-containing products);
  - (2) malaise or weakness;
  - (3) anxiety;
  - (4) dysphoric mood;
  - (5) irritability or restlessness;
  - (6) insomnia;
  - (7) increased appetite;
  - (8) increased cough;
  - (9) mouth ulceration;
  - (10) difficulty in concentrating.

### **F18.3 Volatile solvents withdrawal state**

*Note:* There is inadequate information on withdrawal states from volatile solvents for research criteria to be formulated.

### **F19.3 Multiple drugs withdrawal state**

#### **F1x.4 Withdrawal state with delirium**

- A. The general criteria for withdrawal state (F1x.3) must be met.
- B. The criteria for delirium (F05.-) must be met.

The diagnosis of withdrawal state with delirium may be further specified by using the following five-character codes:

F1x.40 Without convulsions  
F1x.41 With convulsions

#### **F1x.5 Psychotic disorder**

- A. Onset of psychotic symptoms must occur during or within 2 weeks of substance use.
- B. The psychotic symptoms must persist for more than 48 hours.
- C. Duration of the disorder must not exceed 6 months.

The diagnosis of psychotic disorder may be further specified by using the following five-character codes:

F1x.50 Schizophrenia-like  
F1x.51 Predominantly delusional  
F1x.52 Predominantly hallucinatory  
F1x.53 Predominantly polymorphic  
F1x.54 Predominantly depressive symptoms  
F1x.55 Predominantly manic symptoms

## F1x.56 Mixed

For research purposes it is recommended that change of the disorder from either a non-psychotic to a clearly psychotic state be further specified as either abrupt (onset within 48 hours) or acute (onset in more than 48 hours but less than 2 weeks).

### F1x.6 Amnesic syndrome

- A. Memory impairment is manifest in both:
  - (1) a defect of recent memory (impaired learning of new material) to a degree sufficient to interfere with daily living; and
  - (2) a reduced ability to recall past experiences.
- B. All of the following are absent (or relatively absent):
  - (1) defect in immediate recall (as tested, for example, by the digit span);
  - (2) clouding of consciousness and disturbance of attention, as defined in F05.-, criterion A;
  - (3) global intellectual decline (dementia).
- C. There is no objective evidence from physical and neurological examination, laboratory tests, or history of a disorder or disease of the brain (especially involving bilaterally the diencephalic and medial temporal structures), other than that related to substance use, that can reasonably be presumed to be responsible for the clinical manifestations described under criterion A.

### F1X.7 Residual and late-onset psychotic disorder

- A. Conditions and disorders meeting the criteria for the individual syndromes listed below should be clearly related to substance use. Where onset of the condition or disorder occurs subsequent to use of psychoactive substances, strong evidence should be provided to demonstrate a link.

#### *Comments*

In view of the considerable variation in this category, the characteristics of such residual states or conditions should be clearly documented in terms of their type, severity, and duration. For research purposes full descriptive details should be specified.

A fifth character may be used, if required, as follows:

#### F1x.70 Flashbacks

#### F1x.71 Personality or behaviour disorder

- B. The general criteria for F07.-, personality and behavioural disorder due to brain disease, damage and dysfunction, must be met.

#### F1x.72 Residual affective disorder

- B. The criteria for F06.3, organic mood [affective] disorder, must be met.

#### F1x.73 Dementia

- B. The general criteria for dementia (F00-F03) must be met.

#### F1x.74 Other persisting cognitive impairment

- B. The criteria for F06.7, mild cognitive disorder, must be met, except for the exclusion of psychoactive substance use in criterion D.

#### F1x.75 Late-onset psychotic disorder

- B. The general criteria for F1x.5, psychotic disorder, must be met, except with regard to the onset of the disorder, which is more than 2 weeks but not more than 6 weeks after substance use.

**F1x.8 Other mental and behavioural disorders**

**F1x.9 Unspecified mental and behavioural disorder**