

SEVERITY OF DEPENDENCE SCALE (SDS)

The following questions are about your drug use prior to commencing treatment. For each of the five questions, please indicate the most appropriate response, as it applied to your drug use in the month prior to starting treatment.

[Note: Give Response Card to participant. When reading out the questions below, replace “(drug)” with the name of the principal opiate for which treatment is currently being received, e.g. heroin, opium, etc.]

	Never/Almost Never	Sometimes	Often	Always/Nearly Always
1. Do you think your use of (drug) was out of control?	0	1	2	3
2. Did the prospect of missing a fix (or dose) make you anxious or worried?	0	1	2	3
3. Did you worry about your use of (drug)?	0	1	2	3
4. Did you wish you could stop?	0	1	2	3
	Not Difficult	Quite Difficult	Very Difficult	Impossible
5. How difficult did you find it to stop or go without (drug)?	0	1	2	3

SDS TOTAL: _____

Assessing severity of dependence: Brief guide for mental health practitioners

Assessing problematic or dependent use of substances can be difficult simply based on quantity / frequency measures because of individual differences in tolerance levels, and also because relatively few substances have clear biological signs of addiction such as heroin and alcohol withdrawal syndromes. In view of this problem, the *Severity of Dependence Scale* (Gossop et al., 1995) is recommended by the World Health Organization and has been extensively validated against DSM-IV and ICD-10 psychiatric diagnostic criteria for substance use disorders.

- SDS is significantly correlated to quantity and frequency of substance use (Gossop et al., 1995).
- SDS is also significantly correlated with psychological distress (Delgadillo et al., 2012)
- SDS ranges from 0-15; the mean score in UK community drugs treatment is 11 (Gossop et al., 1998).

Assessing dependent use of several substances using cut-off scores on SDS

Substance	Cut-off	Reference
Alcohol	>=3	Lawrinson et al., 2007
Heroin	>=5	Castillo et al., 2010
Cocaine / Crack	>=3	Kaye & Darke, 2002
Cannabis	>=3	Swift, Copeland, & Hall, 1998
Amphetamines	>=4	Topp & Mattick, 1997
Ecstasy	>=4	Bruno et al., 2009
Benzodiazepines	>=6	De Las Cuevas et al., 2000
Pain killers / Analgesics	>=5	Grande et al., 2009

- Usual rules of thumb to interpret an SDS score suggest that <5 indicates mild, <10 indicates moderate, and >=10 indicates severe dependence.
- It is of course also important to gather accurate information about weekly use, ideally asking about: (1) number of days used, (2) usual quantity per occasion, (3) highest quantity used - and times used at this high quantity. There is good evidence that episodes of heavy use / bingeing are much more strongly correlated to depressive symptoms, compared to simple measures of frequency of use, particularly for alcohol use (Graham et al., 2007).
- A quick guide to intoxication and withdrawal signs for commonly used drugs can be found at: <http://www.ncbi.nlm.nih.gov/books/NBK26116/>

REFERENCES

- Bruno, R., Matthews, A.J., Topp, L., Degenhardt, L., Gomez, R., Dunn, M. (2009). Can the Severity of Dependence Scale Be Usefully Applied to 'Ecstasy'? *Neuropsychobiology*, 60(3-4): 137-147.
- Castillo, I.I., Saiz, F.G., Rojas, O.L., Vazquez, M.A.L., Lerma, J.M.J. (2010). Estimation of cutoff for the Severity of Dependence Scale (SDS) for opiate dependence by ROC analysis. *Actas Españolas de Psiquiatria*, 38(5): 270-277.
- De Las Cuevas, C., Sanz, E.J., De La Fuente, J.A., Padilla, J., Berenguer, J.C. (2000). The Severity of Dependence Scale (SDS) as screening test for benzodiazepine dependence: SDS validation study. *Addiction*, 95(2): 245 - 250.
- Delgadillo, J., Godfrey, C., Gilbody, S., Payne, S. (2012). Depression, anxiety and comorbid substance use: association patterns in outpatient addictions treatment. *Mental Health and Substance Use*, 6 (1), 59-75.
- Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W., Strang, J. (1995). The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. *Addiction* 90(5): 607-614.
- Gossop, M., Marsden, J., Stewart, D., Lehmann, P., Edwards, C., Wilson, A., and Segar, G. (1998). Substance use, health and social problems of service users at 54 drug treatment agencies. Intake data from the National Treatment Outcome Research Study. *The British Journal of Psychiatry*, 173, 166-171.
- Graham, K., Massak, A., Demers, A., & Rehm, J. (2007). Does the association between alcohol consumption and depression depend on how they are measured? *Alcoholism, clinical and experimental research*, 31(1), 78-88.
- Grande, R.B., Aaseth, K., Benth, J.S., Gulbrandsen, P., Russell, M.B., Lundqvist, C. (2009). The Severity of Dependence Scale detects people with medication overuse: the Akershus study of chronic headache. *Journal of Neurology Neurosurgery and psychiatry*, 80(7): 784-789.

- Kaye, S., Darke, S. (2002). Determining a diagnostic cut-off on the Severity of Dependence Scale (SDS) for cocaine dependence. *Addiction*, 97(6):727-31.
- Lawrinson, P., Copeland, J., Gerber, S., Gilmour, S. (2007). Determining a cut-off on the Severity of Dependence Scale (SDS) for alcohol dependence. *Addictive Behaviours*, 32(7):1474-9.
- Swift, W., Copeland, J. & Hall, W. (1998). Choosing a diagnostic cut-off for cannabis dependence. *Addiction* 93, 1681-1692.
- Topp, L., Mattick, R.P. (1997). Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction*, 92(7):839-45.