

# Symptoms of Addiction

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## Symptoms of Addiction

**Primary Disciplinary Field(s):** Psychology, Psychiatry, Behavioral Health, Addiction Medicine

### 1. Core Definition

The term **symptoms of addiction** refers to the complex array of observable psychological, behavioral, and physiological indicators that collectively signify the presence of a Substance Use Disorder (SUD) or a behavioral addiction. Addiction is fundamentally characterized by the compulsive engagement in a rewarding behavior or substance use, despite the accumulation of severe negative consequences. These symptoms are not isolated incidents but rather a persistent pattern of use that leads to clinically significant impairment or distress, as defined by major diagnostic criteria such as those found in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

A central feature among the symptoms is the impaired control over use. This manifests as taking the substance in larger amounts or over a longer period than intended, expressing a persistent desire to cut down or control use but failing to do so, and spending significant time obtaining, using, or recovering from the substance. Furthermore, diagnostic criteria highlight key pharmacological symptoms, including **tolerance**--the need for markedly increased amounts of the substance to achieve intoxication or desired effect--and **withdrawal**, which encompasses the characteristic physical and psychological syndrome that occurs when concentration of the substance declines in the body.

Symptoms also extend into the realm of social and occupational functioning. Individuals often reduce or cease important social, occupational, or recreational activities because of substance use, and they continue to use the substance despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. The comprehensive identification and systematic assessment of these various symptoms are paramount for accurate diagnosis and the development of an effective, personalized treatment plan aimed at recovery and sustained sobriety.

### 2. Diagnostic Frameworks and Development

The formal understanding and categorization of addiction symptoms have evolved significantly, moving from models that focused predominantly on physical dependence to modern frameworks that prioritize compulsive behavior and loss of control. Contemporary diagnostic systems recognize that addiction involves a chronic, relapsing brain disease characterized by structural and functional changes in the brain circuits related to reward, motivation, and memory. This shift ensures that the symptom checklist covers not just the physiological reactions but also the severe psychological

and behavioral maladaptations.

Under the DSM-5 framework, symptoms of addiction are organized into four main clusters: impaired control, social impairment, risky use, and pharmacological indicators. The severity of the Substance Use Disorder (SUD) is determined by the number of symptoms endorsed by the individual over a 12-month period, ranging from mild (2-3 symptoms) to severe (6 or more symptoms). This structured approach allows clinicians to objectively evaluate symptomatic presentation, differentiate between occasional problematic use and clinical addiction, and provide targeted therapeutic interventions that address the specific facets of the patient's symptomatic profile.

### 3. Key Characteristics: Risky Behavior and Impaired Functioning

The presentation of addiction symptoms often involves patterns of behavior that place the individual in known physical or psychological jeopardy and demonstrate a clear decline in functional capacity across major life domains. These characteristics frequently serve as the most evident signals to family members, employers, and healthcare professionals that a serious problem exists, requiring immediate intervention.

**Medical Non-Compliance and Health Jeopardy:** A critical symptom of impaired judgment resulting from addiction is the engagement in activities that directly contradict medical advice, placing the individual's physical health at severe risk. For example, the cessation of prescribed **medication** for conditions like depression without consulting a physician, as observed in clinical contexts, leads to unpredictable and dangerous health outcomes, including adverse reactions and hospitalization. This reflects a priority shift where the substance or the behavior of non-compliance overrides rational medical decision-making.

**Decline in Professional Responsibility and Performance:** Symptoms of addiction invariably impact professional life, manifesting as reduced **work performance**, increased absenteeism, and notable changes in workplace demeanor. Irritability, mood swings, or a diminished capacity to handle routine work stressors--such as exhibiting irritation when receiving professional phone calls--are classic signs that the substance use or the effort required to manage the use is actively impeding occupational functioning. This functional decline often triggers intervention from employers or professional assistance programs.

**Maladaptive Coping Mechanisms and Self-Medication:** The use of substances to manage internal emotional states--a process known as **self-medication**--is a hallmark symptom of emerging or established addiction. This behavior includes the consistent use of alcohol (such as drinking multiple glasses of wine) or reliance on sedatives like sleeping pills on a **regular** basis to cope with underlying issues like insomnia or anxiety. This pattern reinforces dependence by conditioning the individual to rely on external agents to address internal psychological distress, such as Kyra's avoidance of dealing with personal problems through alcohol and pills.

**Psychological Dysregulation and Hyperarousal:** Symptoms can include persistent states of psychological discomfort or anxiety when the substance is not being used. The experience of feeling **nervous**, constantly on edge, or "jumpy" is frequently associated with withdrawal, generalized anxiety, or underlying trauma. When an individual admits to using drugs specifically to alleviate these highly aroused states, it provides strong evidence that the substance has been integrated into their emotional regulation system, thereby signaling risk for **substance abuse**, as noted by the National Institute on Drug Abuse (NIDA, 2012a).

#### 4. Significance in Clinical Assessment and Care Management

The detailed identification of addiction symptoms is crucial not only for diagnosis but also for structuring effective clinical management and resource coordination. In the context of the human services, particularly within addiction treatment, the symptom profile determines the necessary professional roles and the ethical considerations that must guide treatment delivery. A client presenting primarily with symptoms of dependence and impaired control necessitates focused attention from an **addictions case manager** who can coordinate medical, vocational, and psychological resources tailored to address the substance use cycle.

Furthermore, recognizing symptoms helps the case manager anticipate potential therapeutic challenges. For instance, the intensity of emotional reliance or the patient's relationship history can trigger **transference**--the unconscious redirection of feelings from one person to another, often from a significant childhood figure onto the clinician. As Summers (2012) emphasizes, competence in **case management practice** involves being mindful of transference when it exists and establishing proper professional boundaries to ensure the therapeutic relationship remains objective and focused on the client's recovery goals, preventing the distortion of the clinical process by misplaced emotional energy.

#### 5. Co-occurring Disorders and Comprehensive Treatment

The presence of certain psychological symptoms, such as chronic jumpiness or excessive anxiety, mandates a thorough screening for **co-occurring disorders** (comorbidity), which significantly complicates the treatment of addiction. When symptoms strongly suggest underlying psychological trauma--such as the hypervigilant **behavior** displayed by Timothy, who had combat experience--it indicates the potential existence of Post-Traumatic Stress Disorder (PTSD) alongside the substance use.

In such instances, the substance use itself often functions as a secondary coping mechanism to manage the primary symptoms of the mental health disorder. Therefore, effective treatment requires integrating the expertise of a **mental health counselor**, who is trained to diagnose and provide specialized therapies for trauma and PTSD. As organizations like Mental Health America

(MHA, n.d.) confirm, mental health counselors are essential for providing individual and **group counseling** focused on complex psychological issues. If both the underlying mental health disorder and the substance use are not simultaneously and comprehensively addressed, the individual is at a significantly higher risk for chronic relapse, as the untreated psychological distress will continuously fuel the drive toward self-medication.

## Further Reading

National Institute on Drug Abuse. (2012a). NIDA quick screen: Clinician's screening tool for drug use in general medical settings.

N.A. (n.d). Types of mental health professionals. Mental Health America. Retrieved from: Mental Health America.

Summers, N. (2012). Fundamentals of case management practice: Skills for the human services (4th Ed.). Belmont, CA: Brooks/Cole Cengage.

American Psychiatric Association. (n.d.). What Is Addiction?