

Severity of Dependence Scale (SDS): description, strengths and knowledge gaps^[1]

Purpose

The five item Severity of Dependence Scale (SDS) assesses the degree of dependence experienced by users.^[2]

Drug(s) of Concern

- Alcohol
- Cannabis
- Methamphetamine
- Opioids/heroin
- Benzodiazepines
- Analgesics
- Cocaine
- Ecstasy

Time-frame(s) of Interest

- Recent (last 12 months)

Populations Tested

- Males & females^[3-5]
- Young people - cannabis^[6]
- Adults^[2, 4, 7-10]

Settings Tested

- AOD specialist services^[2, 7-12]
- General hospital^[5]
- Mental health^[3]
- Research^[2]

Diagnostics

- Utility:
- ✓ Validated with Australian populations
 - ✓ Short, easy to administer
 - ✓ Designed also for research purposes^[2]
- Psychometric properties:
- Single factor solution and scores on each item of the SDS almost perfectly correlate with factor scores, with each item having high internal consistency^[13]
 - Discriminant validity indicated with higher SDS scores in treatment samples compared to non-treatment samples^[2]

Severity of Dependence Scale (SDS)

The wording of the items can be adapted to cover different types of drugs by modification of the reference to the named drug.^[2] Below is the generic version of the Severity of Dependence Scale.

Please tick (✓) one box for each question

Q1 Did you think your use of [named drug] was out of control?

Never or almost never 0
Sometimes 1
Often 2
Always 3

Q2 Did the prospect of missing a fix (or dose) or not chasing make you anxious or worried?

Never or almost never 0
Sometimes 1
Often 2
Always 3

Q3 Did you worry about your use of [named drug]?

Never or almost never 0
Sometimes 1
Often 2
Always 3

Q4 Did you wish you could stop?

Never or almost never 0
Sometimes 1
Often 2
Always 3

Q5 How difficult would you find it to stop or go without [named drug]?

Not difficult 0
Quite difficult 1
Very difficult 2
Impossible 3

TOTAL SCORE:

Administrator, Rater, Scoring and Interpretation

Administrator: Clinician/Worker
Self-complete
Online

Rater: Client

Scoring & interpretation: The five item SDS can be administered to screen for problem/risky use of a number of substances.

Each question is scored either 0,1,2, or 3.

A total score is calculated by summing the responses to all five questions. The minimum total score possible is 0, and the maximum total score possible is 15 (i.e. total score range: 0–15).

A higher total score indicates a higher level of dependence. See below for cut-offs for various drugs.

Cut-off SDS scores for dependence on various drugs of concern

Drug of Concern	Cut-off	Reference
Alcohol	3 or more	Lawrinson, et al., 2007 ^[8]
Amphetamine	5 or more	Topp & Mattick, 1997 ^[10]
Analgesics	5 or more	Grande, et al., 2009 ^[12]
Benzodiazepine	7 or more	De Las Cuevas, et al., 2000 ^[3]
Cannabis	3 or more	Swift, Copeland & Hall, 1998 ^[4]
Cocaine	3 or more	Kaye & Darke, 2002 ^[7]
Ecstasy	4 or more	Bruno, et al., 2009 ^[11]
Heroin	5 or more	Castillo, et al., 2010; Gossop et al., 1995 ^[2, 9]

Resources

Tool citation:	Gossop, M., Darke, S., Griffiths, P., et al. <i>The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users</i> . <i>Addiction</i> , 1995. 90(5): 607–614.
Copyright:	In the public domain.
Training/manual:	None found.
Brief intervention:	https://www.nps.org.au/australian-prescriber/articles/brief-interventions-for-alcohol-and-other-drug-use
Other:	None found.

Knowledge Gaps

The Severity of Dependence Scale (SDS) is widely regarded and commonly recommended in policy and clinical guidelines. A scoping review is recommended to map the ways in which the SDS has been taken up and implemented across Australia for various drugs of concern.

Recently, a number of studies have examined the utility of the SDS amongst older people;^[5] and in assessing dependence on analgesics for chronic pain and headache.^[14-16] There may also be benefits in examining the utility of the SDS amongst people with chronic illness, life-limiting conditions, and cancer.^[17, 18]

References

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