

Detoxification and Substance Abuse Treatment: Settings, Levels of Care, and Placement At A Glance*

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. Supervised detoxification may prevent potentially life-threatening complications that might appear if the patient was left untreated. At the same time, detoxification is a form of palliative care (reducing the intensity of a disorder) for those who want to become abstinent or who must observe mandatory abstinence as a result of hospitalization or legal involvement. Finally, for some patients it represents a point of first contact with the treatment system and the first step to recovery. Treatment/rehabilitation, on the other hand, involves a constellation of ongoing therapeutic services ultimately intended to promote recovery for substance abuse patients

Detoxification, whether done on an inpatient, residential, or outpatient basis, frequently is the initial therapeutic encounter between patient and clinician. Irrespective of the substance involved, a detoxification episode should provide an opportunity for biomedical (including psychiatric) assessment, referral for appropriate services, and linkage to substance abuse treatment services.

TREATMENT SITES

Physician's Office/Outpatient Treatment

As a general rule, outpatient treatment is just as effective as inpatient treatment for patients with mild to moderate withdrawal symptoms. For physicians treating patients with substance use disorders, preparing the patient to enter treatment and developing a therapeutic alliance between patient and clinician should begin as soon as possible. This includes providing the patient and his family with information on the detoxification process and subsequent substance abuse treatment, in addition to providing medical care or referrals if necessary.

LEVELS OF CARE

1. Ambulatory Detoxification Without Extended Onsite Monitoring (e.g., physician's office, home health care agency). This level of care is an organized outpatient service monitored at predetermined intervals.
2. Ambulatory Detoxification With Extended Onsite Monitoring (e.g., day hospital service). This level of care is monitored by appropriately credentialed and licensed nurses.
3. Clinically Managed Residential Detoxification (e.g., nonmedical or social detoxification setting). This level emphasizes peer and social support and is intended for patients whose intoxication and/or withdrawal is sufficient to warrant 24-hour support.
4. Medically Monitored Inpatient Detoxification (e.g., freestanding detoxification center). Unlike Level III.2.D, this level provides 24-hour medically supervised

detoxification services.

5. Medically Managed Intensive Inpatient Detoxification (e.g., psychiatric hospital inpatient center). This level provides 24-hour care in an acute care inpatient setting.

Additional Concerns Regarding Levels of Care and Placement

In part because of the need to keep costs to a minimum and in part as the result of research in the field, outpatient detoxification is becoming the standard setting for treatment of withdrawal. Most alcohol treatment programs have found that more than 90 percent of patients with withdrawal symptoms can be treated as outpatients. Careful screening of these patients is essential to reserve for inpatient treatment those clients with possibly complicated withdrawal; for example, patients with subacute medical or psychiatric conditions (that in and of themselves would not require hospitalization) and those in danger of seizures or delirium tremens should receive inpatient care. Inpatient addiction treatment programs will vary in the level of acute medical or psychiatric care that can be provided. The table below presents an overview of issues to consider in deciding between inpatient and outpatient detoxification.

Issues to Consider in Determining Whether Inpatient or Outpatient Detoxification is Preferred

Considerations

Ability to arrive at the clinic on a daily basis
History of previous delirium tremens or withdrawal seizures

No capacity for informed consent

Suicidal/homicidal/psychotic condition

Able/willing to follow treatment recommendations

Co-occurring medical conditions

Supportive person to assist

Indications

Necessary if outpatient detoxification is to be carried out

Contraindication to outpatient detoxification:
recurrence likely; specific situation may suggest that an attempt at outpatient detoxification is possible

Protective environment (inpatient) indicated

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Protective environment (inpatient) indicated if unable to follow recommendations

Unstable medical conditions such as diabetes, hypertension, or pregnancy:
all relatively strong contraindications to outpatient detoxification

Not essential but advisable for outpatient detoxification

*Adapted from Detoxification and substance abuse treatment: settings, levels of care, and patient placement. National Guideline Clearinghouse.