Complete Summary

GUIDELINE TITLE

Detoxification and substance abuse treatment: settings, levels of care, and patient placement.

BIBLIOGRAPHIC SOURCE(S)

Settings, levels of care, and patient placement. In: Center for Substance Abuse Treatment (CSAT). Detoxification and substance abuse treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2006 Jan 18. p. 9-18. (Treatment improvement protocol (TIP); no. 45).

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Substance use disorders

GUIDELINE CATEGORY

Evaluation
Management
Treatment

CLINICAL SPECIALTY

Emergency Medicine
Family Practice
Infectious Diseases
Internal Medicine
Pharmacology
Psychiatry
Psychology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Emergency Medical Technicians/Paramedics
Health Care Providers
Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers
Substance Use Disorders Treatment Providers

GUIDELINE OBJECTIVE(S)

To discuss the criteria for placing patients in the appropriate detoxification treatment setting and offering the required intensity of services (i.e., level of care)

TARGET POPULATION

Adult patients who require detoxification services

INTERVENTIONS AND PRACTICES CONSIDERED

1. Consideration of detoxification services and staffing in the following care settings:
    - Physician's office
    - Freestanding urgent care center or emergency department
    - Freestanding substance abuse treatment or mental health facility
    - Intensive outpatient and partial hospitalization programs
    - Acute care inpatient settings
2. Consideration of other concerns regarding levels of care and placement (e.g., inpatient or outpatient detoxification)

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The literature search involved careful consideration of all relevant clinical and health services research findings, practice experience, and implementation requirements.

Evidence also selected through expert consensus on current best practices.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Meta-Analysis
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Consensus Development Conference)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

After selecting a topic, Center for Substance Abuse Treatment (CSAT) invites staff from pertinent Federal agencies and national organizations to be members of a resource panel that recommends specific areas of focus as well as resources that should be considered in developing the content for the Treatment Improvement Protocols (TIP). These recommendations are communicated to a consensus panel composed of experts on the topic who have been nominated by their peers. This consensus panel participates in a series of discussions. The information and recommendations on which they reach consensus form the foundation of the TIP. The members of each consensus panel represent substance abuse treatment

programs, hospitals, community health centers, counseling programs, criminal justice and child welfare agencies, and private practitioners. A panel chair (or co-chairs) ensures that the contents of the TIP mirror the results of the group's collaboration.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

A large and diverse group of experts closely reviews the draft document. Once the changes recommended by these field reviewers have been incorporated, the Treatment Improvement Protocol (TIP) is prepared for publication, in print and on line.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note from the National Guideline Clearinghouse (NGC): The Substance Abuse and Mental Health Services Administration (SAMHSA) Consensus Panel supports the following statement and has taken special care to note that detoxification is not substance abuse treatment and rehabilitation:

"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."

Readers are referred to Chapter 1 "Overview, Essential Concepts, and Definitions in Detoxification" in the full guideline document for definitions of other relevant terms and guiding principles recognized by the Consensus Panel (see "Availability of Companion Documents" field).

Role of Various Settings in the Delivery of Services

"Adult Detoxification" Levels of Care*

1. *Level I-D: 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. *Level II-D: Ambulatory Detoxification With Extended Onsite Monitoring* (e.g., day hospital service). This level of care is monitored by appropriately credentialed and licensed nurses.
3. *Level III.2-D: 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. *Level III.7-D: Medically Monitored Inpatient Detoxification* (e.g., freestanding detoxification center). Unlike Level III.2.D, this level provides 24-hour medically supervised detoxification services.
5. *Level IV-D: Medically Managed Intensive Inpatient Detoxification* (e.g., psychiatric hospital inpatient center). This level provides 24-hour care in an acute care inpatient setting.

**Source: American Society of Addiction Medicine (ASAM), Patient Placement Criteria, Second Edition, Revised (PPC-2R)*

As described by the ASAM, the domain of detoxification refers not only to the reduction of the physiological and psychological features of withdrawal syndromes, but also to the process of interrupting the momentum of compulsive use in persons diagnosed with substance dependence. Because of the force of this momentum and the inherent difficulties in overcoming it even when there is no clear withdrawal syndrome, this phase of treatment frequently requires a greater intensity of services initially to establish patient participation in treatment activities. That is, this phase should increase the patient's readiness for and commitment to substance abuse treatment and foster a solid therapeutic alliance between the patient and care provider.

Physician's Office

It has been estimated that nearly one half of the patients who visit a primary care provider have some type of problem related to substance use. Indeed, because the physician may be the first point of contact for these people, initiation of treatment often begins in the family physician's office. Physicians should use prudence in determining which patients may undergo detoxification safely on an outpatient basis. 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.

Staffing should include certified interpreters for the deaf and other language interpreters if the program is serving patients in need of those services. Physicians should be able to accommodate frequent follow-up visits during the management of acute withdrawal. Medications should be dispensed in limited amounts.

Level of Care

Ambulatory Detoxification Without Extended Onsite Monitoring

This level of detoxification (ASAM's Level I-D) is an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient's home by trained clinicians who provide medically supervised evaluation, detoxification, and referral services. Such services are provided in regularly scheduled sessions. These services should be delivered under a defined set of policies and procedures or medical protocols. Ambulatory detoxification is considered appropriate only when a positive and helpful social support network is available to the patient. In this level of care, outpatient detoxification services should be designed to treat the patient's level of clinical severity, to achieve safe and comfortable withdrawal from mood-altering drugs, and to effectively facilitate the patient's transition into treatment and recovery.

Ambulatory Detoxification With Extended Onsite Monitoring

Essential to this level of care--and distinguishing it from Ambulatory Detoxification Without Extended Onsite Monitoring--is the availability of appropriately credentialed and licensed nurses (such as registered nurses [RNs] or licensed practical nurses [LPNs]) who monitor patients over a period of several hours each day of service. Otherwise, this level of detoxification (ASAM's Level II-D) also is an organized outpatient service. Like Level I-D, in this level of care detoxification services are provided in regularly scheduled sessions and delivered under a defined set of policies and procedures or medical protocols. Outpatient services are designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs, including alcohol, and to effectively facilitate the patient's entry into ongoing treatment and recovery.

Staffing

Although they need not be present in the treatment setting at all times, physicians and nurses are essential to office-based detoxification. In States where physician assistants, nurse practitioners, or advance practice clinical nurse specialists are licensed as physician extenders, they may perform the duties ordinarily carried out by a physician.

Because detoxification is conducted on an outpatient basis in these settings, it is important for medical and nursing personnel to be readily available to evaluate and confirm that detoxification in the less supervised setting is safe. All clinicians who assess and treat patients should be able to obtain and interpret information regarding the needs of these persons, and all should be knowledgeable about the biomedical and psychosocial dimensions of alcohol and illicit drug dependence. Requisite skills and knowledge base include the following:

- Understanding how to interpret the signs and symptoms of alcohol and other drug intoxication and withdrawal
- Understanding the appropriate treatment and monitoring of these conditions
- The ability to facilitate the individual's entry into treatment

It is essential that medical consultation is readily available in emergencies. It is desirable that medical staff link patients to treatment services; referral to substance abuse treatment services may be provided by the physician or any other member of the healthcare system.

Freestanding Urgent Care Center or Emergency Department

A freestanding urgent care center or emergency department reasonably can be expected to provide assessment and acute biomedical (including psychiatric) care. However, these settings often are unable to provide satisfactory psychosocial stabilization or complete biomedical stabilization (which includes both the initiation and taper of medications used in the treatment of substance withdrawal syndromes). Appropriate triage and successful linkage to ongoing detoxification services is essential. The ongoing detoxification services may be provided in an inpatient, residential, or outpatient setting. Patients with more than moderate biomedical or psychosocial complications are more likely to require treatment in an inpatient setting. Care in these settings can be quite costly and should be accessed only when there are serious concerns about a patient's safety.

A timely and accurate assessment in an emergency department is of the highest importance. This will permit the rapid transfer of the patient to a setting where complete care can be provided. Ideally, personnel in the emergency department will have at least a small amount of experience and expertise in identifying critically ill substance-using patients who may be about to experience or are already experiencing withdrawal symptoms. Three essential rules apply to emergency departments and their handling of intoxicated patients and patients who have begun to experience withdrawal:

- Emergency departments and their clinicians should never simply administer medications to intoxicated persons and then send them home.
- No intoxicated patient should ever be allowed to leave a hospital setting. All such persons should be referred to the appropriate detoxification setting if possible, although there are legal restrictions that forbid holding persons against their will under certain conditions.
- A clear distinction must be made between acute intoxication on the one hand and withdrawal on the other. Acute intoxication, it must be remembered, creates special issues and challenges that need to be addressed. The risk of suicidality in patients who present in a state of intoxication needs to be carefully assessed. Because of their volatility and often risky behavior, patients who are intoxicated, as well as those patients who have begun to experience withdrawal, merit special attention. For more on treating intoxicated patients, see "Detoxification and substance abuse treatment: an overview of psychosocial and biomedical issues during detoxification" (Chapter 3 in the original full-text guideline document).

Level of Care

Care is provided to patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. The services are delivered under a defined set of physician-managed procedures or medical protocols. Both settings provide medically directed assessment and acute care that includes the initiation of detoxification for substance use withdrawal. Neither setting is likely to offer satisfactory biomedical stabilization or 24-hour observation. Generally speaking, triage to inpatient care can easily be facilitated from either setting.

Freestanding urgent care centers and emergency departments are outpatient settings that are uniquely designed to address the needs of patients in biomedical crisis. For patients with substance use disorders, care in these settings is not complete until successful linkage is made to treatment that is focused specifically on the substance use disorder. To accomplish this, a comprehensive assessment, taking into account psychosocial as well as biomedical issues, is recommended wherever possible.

Appreciation of the value of multidimensional patient assessment is central to the clinician's ability to decide which triage (linkage) options are least restrictive and most cost-effective for a given patient.

Staffing

The same rules regarding who may provide care apply here as they did in the discussion of staffing of office-based detoxification. An RN or other licensed and credentialed nurse may provide primary nursing care and observation. Psychologists, social workers, addiction counselors, and acupuncturists usually are not available in these settings. The physician or attending nurse usually facilitates linkage to substance abuse treatment.

Freestanding Substance Abuse Treatment or Mental Health Facility

Freestanding substance abuse treatment facilities may or may not be equipped to provide adequate assessment and treatment of co-occurring psychiatric conditions and biopsychosocial problems, as the range of services varies considerably from one facility to another. Inpatient mental health facilities, on the other hand, are able generally to provide treatment for substance use disorders and co-occurring psychiatric conditions. Nonetheless, like substance abuse treatment facilities, the range of available services varies from one mental health facility to another.

General guidelines for considering patient placement in either of these settings are provided below; however, it should be emphasized that a clear understanding of the specific services that a given setting provides is indispensable to identifying the least restrictive and most cost-effective treatment option that may be available. Concern for safety is of primary importance, and the final decision regarding placement always rests with the treating physician.

Level of Care

<u>Medically Monitored Inpatient Detoxification</u>

Inpatient detoxification provides 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal. Since this level of care is relatively more restrictive and more costly than a residential treatment option, the treatment mission in this setting should be clearly focused and limited in scope. Primary emphasis should be placed on ensuring that the patient is medically stable (including the initiation and tapering of medications used for the treatment of substance use withdrawal); assessing for adequate biopsychosocial stability, quickly intervening to establish this adequately; and facilitating effective linkage to and engagement in other appropriate inpatient and outpatient services.

Inpatient settings provide medically managed intensive inpatient detoxification. At this level of care, physicians are available 24 hours per day by telephone. A physician should be available to assess the patient within 24 hours of admission (or sooner, if medically necessary) and should be available to provide onsite monitoring of care and further evaluation on a daily basis. An RN or other qualified nursing specialist should be present to administer an initial assessment. A nurse will be responsible for overseeing the monitoring of the patient's progress and medication administration on an hourly basis, if needed. Appropriately licensed and credentialed staff should be available to administer medications in accordance with physician orders.

Clinically Managed Residential Detoxification

Residential settings vary greatly in the level of care that they provide. Those with intensive medical supervision involving physicians, nurse practitioners, physician assistants, and nurses can handle all but the most demanding complications of intoxication and withdrawal. On the other hand, some residential settings have minimally intensive medical oversight. Residential detoxification in settings with limited medical oversight often is referred to as "social detoxification" (though the "social detoxification" model is not limited to residential facilities). Facilities with lower levels of care should have clear procedures in place for implementing and pursuing appropriate medical referral and linkage, especially in the case of emergencies. For example, a patient who is in danger of seizures or delirium tremens needs to be referred to the appropriate medical facility for acute care of presenting symptoms, possibly medicated, and then returned to a social detoxification setting for continuing monitoring and observation. The establishment of this kind of collaborative relationship between institutions provides a good example of a cost-effective way to provide adequate care to patients.

Residential detoxification programs provide 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal. They are characterized by an emphasis on peer and social support. Standards published by such groups as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF) provide further information on quality measures for residential detoxification. Additional information is available on the JCAHO Web site (www.jcaho.org) and the CARF Web site (www.carf.org).

Staffing

Inpatient detoxification programs employ licensed, certified, or registered clinicians who provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for patients and their families. An interdisciplinary team of appropriately trained clinicians (such as physicians, RNs and LPNs, counselors, social workers, and psychologists) should be available to assess and treat the patient and to obtain and interpret information regarding the patient's needs. The number and disciplines of team members should be appropriate to the range and severity of the patient's problems.

Residential detoxification programs are staffed by appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision. These persons also are responsible for determining the appropriate level of care and facilitating the patient's transition to ongoing care. Medical evaluation and consultation should be available 24 hours a day, in accordance with treatment/transfer practice guidelines. All clinicians who assess and treat patients should be able to obtain and interpret information regarding the needs of these persons and should be knowledgeable about the biomedical and psychosocial dimensions of alcohol and other drug dependence. Such knowledge includes awareness of the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and how to facilitate the individual's entry into ongoing care. Staff should ensure that patients are taking medications according to their physician's orders and legal requirements.

Some residential detoxification programs are staffed to supervise self-administered medications for the management of withdrawal. All such programs should rely on established clinical protocols to identify patients who have biomedical needs that exceed the capacity of the facility and to identify which programs will likely have a need for transferring such patients to more appropriate treatment settings.

Intensive Outpatient and Partial Hospitalization Programs

An intensive outpatient program (IOP) or partial hospitalization program (PHP) is appropriate for patients with mild to moderate withdrawal symptoms. Thorough psychosocial assessment and intervention should be available in addition to biomedical assessment and stabilization. Many of these programs have close clinical and/or administrative ties to hospital centers. When needed, triage to a higher level of care should be easy to accomplish. Outpatient treatment should be delivered in conjunction with all components of detoxification.

Level of Care

This level of detoxification is an organized outpatient service that requires patients to be present onsite for several hours a day. It is thus similar to a physician's office in that ambulatory detoxification with extended onsite monitoring is provided. Unlike the physician's office, in the IOP and PHP it is standard practice to have a multidisciplinary team available to provide or facilitate linkage to a range of medically supervised evaluation, detoxification, and referral services.

Detoxification services also are provided in regularly scheduled sessions and delivered under a defined set of policies and procedures or medical protocols.

These outpatient services are designed to treat the patient's level of clinical severity, to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol), and to effectively facilitate the patient's engagement in ongoing treatment and recovery.

A partial hospitalization program may occupy the same setting (i.e., physical space) as an acute care inpatient treatment program. Although occupying the same space, the levels of care provided by these two programs are distinct yet complementary. Acute care inpatient programs provide detoxification services to patients in danger of severe withdrawal and who therefore need the highest level of medically managed intensive care, including access to life support equipment and 24-hour medical support. In contrast, partial hospitalization programs provide services to patients with mild to moderate symptoms of withdrawal that are not likely to be severe or life-threatening and that do not require 24-hour medical support. The transition from an acute care inpatient program to either a partial hospitalization or intensive outpatient program sometimes is referred to as a "step-down." Typically, whether these programs share space and staff with an acute care inpatient program or are physically distinct from a hospital structure, they have close clinical and/or administrative ties to hospital centers. Collaborative working relationships are indispensable in pursuing the goal of providing patients with the most appropriate level of care in the most cost-effective setting.

Staffing

IOPs and PHPs should be staffed by physicians who are available daily as active members of an interdisciplinary team of appropriately trained professionals and who medically manage the care of the patient. An RN or other licensed and credentialed nurse should be available for primary nursing care and observation during the treatment day. Addiction counselors or licensed or registered addiction clinicians should be available to administer planned interventions according to the assessed needs of the patient. The multidisciplinary professionals (such as physicians, nurses, counselors, social workers, psychologists, and acupuncturists) should be available as an interdisciplinary team to assess and care for the patient with a substance-related disorder, as well as patients with both a substance use disorder and a co-occurring biomedical, emotional, or behavioral condition. Successful linkage to treatment for the substance use disorder (in addition to biomedical stabilization) is central to the mission of an intensive outpatient or partial hospitalization program. For further information, readers are advised to consult the original guideline document.

Acute Care Inpatient Settings

There are several types of acute care inpatient settings. They include

- Acute care general hospitals
- Acute care addiction treatment units in acute care general hospitals
- Acute care psychiatric hospitals
- Other appropriately licensed chemical dependency specialty hospitals

These settings share the ready availability of acute care medical and nursing staff, life support equipment, and ready access to the full resources of an acute care

general hospital or its psychiatric unit. This level of care provides medically managed intensive inpatient detoxification.

Level of Care

Acute inpatient care is an organized service that provides medically monitored inpatient detoxification that is delivered by medical and nursing professionals. Medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds is provided for patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care. Services should be delivered under a set of policies and procedures or clinical protocols designated and approved by a qualified physician. Additional information on acute inpatient programs is available on the JCAHO Web site (www.jcaho.org) and the CARF Web site (www.carf.org).

Staffing

Acute care inpatient detoxification programs typically are staffed by physicians who are available 24 hours a day as active members of an interdisciplinary team of appropriately trained professionals and who medically manage the care of the patient. In some States, these duties may be performed by an RN or physician assistant. An RN or LPN, as usual, is available for primary nursing care and observation 24 hours a day. Facility-approved addiction counselors or licensed or registered addiction clinicians should be available 8 hours a day to administer planned interventions according to the assessed needs of the patient. An interdisciplinary team of appropriately trained clinicians (such as physicians, nurses, counselors, social workers, and psychologists) should be available to assess and treat the patient with a substance-related disorder, or a patient with co-occurring substance use, biomedical, psychological, or behavioral conditions.

Other 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	**Indications**
Ability to arrive at the clinic on a daily basis	Necessary if outpatient detoxification is to be carried out
History of previous delirium	Contraindication to outpatient detoxification:

Issues to Consider in Determining Whether Inpatient or Outpatient Detoxification is Preferred	
Considerations	**Indications**
tremens or withdrawal seizures	recurrence likely; specific situation may suggest that an attempt at outpatient detoxification is possible
No capacity for informed consent	Protective environment (inpatient) indicated
Suicidal/homicidal/psychotic condition	Protective environment (inpatient) indicated
Able/willing to follow treatment recommendations	Protective environment (inpatient) indicated if unable to follow recommendations
Co-occurring medical conditions	Unstable medical conditions such as diabetes, hypertension, or pregnancy: all relatively strong contraindications to outpatient detoxification
Supportive person to assist	Not essential but advisable for outpatient detoxification

Source: Consensus Panelist Sylvia Dennison, MD

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated. Recommendations are based on a combination of clinical experience and research-based evidence.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

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.

POTENTIAL HARMS

Not stated

CONTRAINDICATIONS

CONTRAINDICATIONS

- A history of previous delirium tremens or withdrawal seizures is a contraindication to outpatient detoxification, though the specific situation may suggest that an attempt at outpatient detoxification is possible.
- Unstable medical conditions such as diabetes, hypertension, or pregnancy are all relatively strong contraindications to outpatient detoxification.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), or Department of Health and Human Services (DHHS). No official support of or endorsement by CSAT, SAMHSA, or DHHS for these opinions or for particular instruments, software, or resources described in this document is intended or should be inferred. The guidelines in this document should not be considered substitutes for individualized client care and treatment decisions.
- It is important to note that the American Society of Addiction Medicine's *Patient Placement Criteria* are only guidelines, and that there are no uniform protocols for determining which patients are placed in which level of care. For further information on patient placement, readers are advised to consult the original guideline document.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Chapter 6, Financing and Organization Issues, in the original guideline document, covers the challenging financial and organizational aspects of developing a detoxification program. Careful strategic planning and assurance of funding from reputable and varied referral sources are essential for new and existing programs. As a buffer against shrinking budgets, all programs should consider broadening their funding streams and referral sources, expanding the range of clients they can serve, and promptly referring clients for other services not provided on site. Partnerships can be a critical factor to the financial success of a program. To operate effectively, administrators and other staff must thoroughly understand the managed care and community political environment including its terminology, contracts, negotiations, payments, appeals, and priority populations. A successful working relationship with a managed care organization, a health plan, other purchasers, or with another agency or group of agencies depends on day-to-day interactions in which staff members serve as informed, professional advocates for their clients and the program.

Refer to Chapter 6 in the original guideline document for full details (see "Companion Documents" field in this summary).

IMPLEMENTATION TOOLS

Patient Resources
Pocket Guide/Reference Cards

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Settings, levels of care, and patient placement. In: Center for Substance Abuse Treatment (CSAT). Detoxification and substance abuse treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2006 Jan 18. p. 9-18. (Treatment improvement protocol (TIP); no. 45).

ADAPTATION

This guideline was partially adapted as follows:

- The "Adult Detoxification" placement levels of care were based on the American Society of Addiction Medicine's *Patient Placement Criteria, Second Edition, Revised*.

DATE RELEASED

2006

GUIDELINE DEVELOPER(S)

Substance Abuse and Mental Health Services Administration (U.S.) - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Treatment Improvement Protocol (TIP) Series 45 Consensus Panel

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI) Web site.

Print copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Publications may be ordered from NCADI's Web site or by calling (800) 729-6686 (United States only).

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Executive summary. Detoxification and substance abuse treatment. p. xiii-xvii. (Treatment improvement protocol (TIP); no. 45).
- Overview, essential concepts, and definitions in detoxification. Detoxification and substance abuse treatment. p. 1-6. (Treatment improvement protocol (TIP); no. 45).
- Financing and organizational issues. Detoxification and substance abuse treatment. p. 135-156. (Treatment improvement protocol (TIP); no. 45).

Electronic copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI) Web site.

Print copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Publications may be ordered from NCADI's Web site or by calling (800) 729-6686 (United States only).

The following are also available:

- Detoxification and Substance Abuse Treatment Quick Guide for Clinicians. See the related QualityTool summary on the Health Care Innovations Exchange Web site.
- Detoxification and Substance Abuse Treatment Quick Guide for Administrators. See the related QualityTool summary on the Health Care Innovations Exchange Web site.
- Detoxification and Substance Abuse Treatment Quick Guide for Physicians.
- KAP KEYS for Clinicians based on TIP 45, Detoxification and Substance Abuse Treatment.

Electronic copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI) Web site.

Print copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Publications may be ordered from NCADI's Web site or by calling (800) 729-6686 (United States only).

PATIENT RESOURCES

The following is in development:

- What happens now? A guide to help you after detoxification.

Electronic copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI) Web site..

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

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