
ASAM American Society of Addiction Medicine

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## ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 4 program is assessed as meeting the diagnostic criteria for a substance use or substance-induced disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting alcohol or drug use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

## ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

### 1 DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by at least ***one*** of the following:

a. The adolescent who is appropriately placed in a Level 4 program is experiencing acute withdrawal, with severe signs or symptoms, and is at risk for complications that require 24-hour intensive medical services. Such complications may involve delirium, hallucinosis, seizures, high morbidity medical complications, pregnancy, severe agitation, psychosis, unremitting suicide risk, and the like;

***or***

b. There is recent (within 24 hours) serious head trauma or loss of consciousness, with chronic mental status or neurological changes, resulting in the need to closely observe the adolescent at least hourly;

***or***

c. Drug overdose or intoxication has compromised the adolescent's mental status, cardiac function, or other vital signs or functions;

***or***

d. The adolescent has a significant acute biomedical disorder that poses substantial risk of serious or life-threatening consequences during withdrawal (such as significant hypertension or esophageal varices).

Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

### 2 DIMENSION 2: Biomedical Conditions And Complications

The adolescent's status in Dimension 2 is characterized by at least ***one*** of the following:

a. Biomedical complications of the addictive disorder require medical management and skilled nursing care;

***or***

b. A concurrent biomedical illness or pregnancy requires stabilization and daily medical management, with daily primary nursing interventions;

***or***

c. The adolescent has a concurrent biomedical condition(s) (including pregnancy) in which continued alcohol or other drug use presents an imminent danger to life or severe danger to health;

***or***

## a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

### 2 DIMENSION 2:
Biomedical Conditions and Complications

d. The adolescent's alcohol, tobacco, and/or other drug use is gravely complicating or exacerbating a previously diagnosed medical condition;
***or***
e. Changes in the adolescent's medical status, such as significant worsening of a medical condition, make abstinence imperative;
***or***
f. Significant improvement in a previously unstable medical condition allows the adolescent to respond to addiction treatment;
***or***
g. The adolescent has (an)other biomedical problem(s) that requires 24-hour observation and evaluation.

### 3 DIMENSION 3:
Emotional, Behavioral, or Cognitive Conditions and Complications

The adolescent's status in Dimension 3 is characterized by at least ***one*** of the following:

a. **Dangerousness/Lethality:** The adolescent presents an imminent risk of suicidal, homicidal, or other violent behavior, or is at risk of a psychosis with unpredictable, disorganized, or agitated behavior that endangers self or others. Such a patient may require a locked unit.
b. **Interference with Addiction Recovery Efforts:** The adolescent is unable to focus on recovery tasks because of unstable, overwhelming psychiatric problems (for example, a patient with schizophrenia who has gravely regressed to a lower level of functioning, or a bipolar youth who is manic, or a juvenile diabetic whose uncontrolled glucose levels are causing his or her confusion).
c. **Social Functioning:** The adolescent is unable to cope with family, school, work, or friends, or has severely impaired ability to function in family, social, work, or school settings because of an overwhelming mental health problem (such as a thought disorder or severe mood lability that places the patient at risk).
d. **Ability for Self-Care:** The adolescent has insufficient resources and skills to maintain an adequate level of functioning and requires daily medical and nursing care (for example, an adolescent with head injury, mental retardation, severe depression, eating disorder, and severe cachexia).
e. **Course of Illness:** The adolescent's history and present situation suggest that, in the absence of medical management, the patient's emotional, behavioral, or cognitive condition will become unstable. The unfolding course of the adolescent's illness, with ensuing changes in symptoms or mental status, is likely to lead to imminently dangerous consequences. (Examples include an adolescent in relapse who has a history of severe psychosis with intoxication, or an adolescent who requires withdrawal management and has become acutely suicidal during past attempts at withdrawal, or an adolescent who is experiencing a recurrence of severe depression and who has had a dangerous relapse to alcohol or drug use, with attendant high-severity, high-risk behaviors and episodes of depression in the past.)

### 4 DIMENSION 4:
Readiness to Change

Only an adolescent who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 4 alone are not sufficient for placement at Level 4.

### 5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

Only an adolescent who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 5 alone are not sufficient for placement at Level 4.

## ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

**DIMENSION 6:**
Recovery Environment

Only an adolescent who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 6 alone are not sufficient for placement at Level 4.

# Opioid Treatment Services (OTS)

"Opioid Treatment Services" is an umbrella term that encompasses a variety of pharmacological and nonpharmacological treatment modalities. This term is intended to broaden understandings of opioid treatments to include all medications used to treat opioid use disorders and the psychosocial services that are offered concurrently with these pharmacotherapies. Pharmacological agents include opioid agonist medications such as methadone and buprenorphine, and opioid antagonist medications such as naltrexone.

### Agonist and Antagonist Medications

Opioid agonist medications pharmacologically occupy opioid receptors in the body. They thereby relieve withdrawal symptoms and reduce or extinguish cravings for opioids. The result is a continuously maintained physiological/neurochemical state in which the therapeutic agent does not produce euphoria, intoxication, or withdrawal symptoms. This allows the patient to function free of the major physiological components of their opioid use disorder.

Opioid antagonist medications pharmacologically occupy opioid receptors in the body, but do not activate the receptors. This effectively blocks the receptor, preventing the brain from responding to opioids. The result is that further use of opioids does not produce reinforcing euphoria or intoxication. When using opioid treatment medications, collaboration with other providers and accessing statewide prescription monitoring programs is highly recommended, given the dangerous drug interactions that are possible.

Agonist, partial agonist, or antagonist medications used in the treatment of opioid use disorder should be prescribed in the context of psychosocial supports and interventions to manage the patient's addiction.

In office-based opioid treatment (OBOT) services and in the prescribing of opioid antagonist medications, it is a clinical judgment of the physician whether to use medications as part of a care plan of "Medication-Assisted Treatment" (MAT)—in addition to the psychosocial therapy services described elsewhere in *The ASAM Criteria* for the care of the patient with a substance use or co-occurring disorder. Currently, there is no established and recognized practice guideline on patient selection for pharmacotherapy interventions for opioid use disorder, or to guide

Specific program characteristics and criteria for opioid treatment programs (OTP) using methadone and/or buprenorphine are presented here as a Level 1 service because an outpatient setting is the context in which opioid agonist medications are most commonly offered. Patients receiving Level 2 and 3 substance use and co-occurring disorders care can be referred to, or otherwise be concurrently enrolled in, OTP or OBOT services, and patients in Levels 2, 3, and 4 care can be prescribed buprenorphine while receiving psychosocial services in the level of addiction care most appropriate given their severity of illness and their assets and resiliencies.