



ASAM

American Society of
Addiction Medicine

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DIAGNOSTIC ADMISSION CRITERIA

The patient who is appropriately placed in an opioid treatment program is assessed as meeting the diagnostic criteria for severe opioid use disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* or other standardized and widely accepted criteria, aside from those exceptions listed in 42 CFR 8.12.

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

Individuals who are admitted to treatment with methadone or buprenorphine must demonstrate specific objective and subjective signs of opioid use disorder, as defined in 42 CFR 8.12.



OPIOID TREATMENT PROGRAM DIMENSIONAL ADMISSION CRITERIA

The patient who is appropriately placed in an opioid treatment program is assessed as meeting the required specifications in Dimensions 1 through 6.

1

DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

In Dimension 1, the patient meets specifications as indicated in 42 CFR 8.12 (e):

Patient admission criteria

1. Maintenance treatment

"An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment."

2. Maintenance treatment for persons under age 18

"A person under 18 years of age is required to have had two documented unsuccessful attempts at short-term withdrawal management or drug-free treatment within a 12-month period to be eligible for maintenance treatment. No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant state authority consents in writing to such treatment."

3. Maintenance treatment admission exceptions

"If clinically appropriate, the program physician may waive the requirement of a 1-year history of addiction under part (e), paragraph (1), of 42 CFR 8.12, for patients released from penal institutions (within 6 months after release), for pregnant patients (program physician must certify pregnancy), and for previously treated patients (up to 2 years after discharge)."

OPIOID TREATMENT PROGRAM DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

1

DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

[42 CFR 8.2]

Opioid addiction is described in 42 CFR 8.2 “as a cluster of cognitive, behavioral, and physiological symptoms in which the individual continues use of [opioids] despite significant [opioid]-induced problems. [Opioid use disorder] is characterized by repeated self-administration that usually results in [opioid] tolerance, withdrawal symptoms, and compulsive drug taking.” Addiction involving the use of opioids is defined by ASAM through the ASAM Definition of Addiction.

Opioid use disorder as described in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* may occur with or without the physiological symptoms of tolerance and withdrawal.

The patient’s current physiological dependence (in addition to a history of addiction) is confirmed by vital signs, early physical signs of narcotic withdrawal, a urine screen that is positive for opioids, the presence of old or fresh needle marks, and documented reports from medical professionals, the patient or family, treatment history, or (if necessary) a positive reaction to a naloxone test.

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DIMENSION 2:

Biomedical Conditions and
Complications

In Dimension 2, the patient meets specifications in **one** of the following:

- a. The patient meets the biomedical criteria for opioid use disorder, with or without the complications of opioid addiction, and requires outpatient medical monitoring and skilled care;
or
- b. The patient has a concurrent biomedical illness or pregnancy, which can be treated on an outpatient basis with minimal daily medical monitoring;
or
- c. The patient has biomedical problems that can be managed on an outpatient basis, such as liver disease or problems with potential hepatic decomposition, pancreatitis, gastrointestinal problems, cardiovascular disorders, HIV and AIDS, sexually transmitted diseases, and tuberculosis.

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DIMENSION 3:

Emotional, Behavioral, or
Cognitive Conditions and
Complications

In Dimension 3, the patient meets specifications in **one** of the following:

- a. The patient’s emotional, behavioral, or cognitive problems, if present, are manageable in an outpatient structured environment;
or
- b. The patient’s substance-related abuse or neglect of his or her spouse, children, or significant others requires intensive outpatient treatment to reduce the risk of further deterioration;
or
- c. The patient has a diagnosed and stable emotional, behavioral, or cognitive problem or thought disorder (such as stable borderline personality disorder or obsessive-compulsive disorder) that requires monitoring, management, or medication because of the risk that the problem(s) will distract the patient from his or her focus on treatment;
or
- d. The patient poses a mild risk of harm to self or others, with or without a history of severe depression, suicidal or homicidal behavior, but can be managed safely in a structured outpatient environment;
or
- e. The patient demonstrates emotional and behavioral stability but requires continued pharmacotherapy to prevent relapse to opioid use.

OPIOID TREATMENT PROGRAM DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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DIMENSION 4: Readiness to Change

- In Dimension 4, the patient meets specifications in **one** of the following:
- The patient requires structured therapy, pharmacotherapy, and programmatic milieu to promote treatment progress and recovery;
- or**
- The patient attributes his or her problems to persons or external events rather than to the substance-related disorder. He or she is thus uninterested in making behavioral changes in the absence of clinically directed and repeated structured motivational interventions. However, the patient's low interest in recovery does not render treatment ineffective.

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

- In Dimension 5, the patient meets specifications in **one** of the following:
- The patient requires structured therapy, pharmacotherapy, and a programmatic milieu to promote treatment progress because he or she attributes continued relapse to physiologic craving or the need for opioids;
- or**
- Despite active participation in other treatment interventions without provision for opioid pharmacotherapy, the patient is experiencing an intensification of addiction symptoms (such as difficulty in postponing immediate gratification and related drug-seeking behavior) or continued high-risk behaviors (such as shared needle use), and his or her level of functioning is deteriorating, despite revisions of the treatment plan;
- or**
- The patient is at high risk of relapse to opioid use without opioid pharmacotherapy, close outpatient monitoring, and structured support (as indicated by his or her lack of awareness of relapse triggers, difficulty in postponing immediate gratification or ambivalence toward or low interest in treatment);
- or**
- The patient is pregnant and requires continued opioid pharmacotherapy to avert repeated episodes of withdrawal by the fetus and ensure its continued health.

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DIMENSION 6: Recovery Environment

- In Dimension 6, the patient meets specifications in **one** of the following:
- The patient has a sufficiently supportive psychosocial environment to render opioid pharmacotherapy feasible. For example, significant others are supportive of recovery efforts, the patient's workplace is supportive, the patient is subject to legal coercion, the patient has adequate transportation to the program, and the like;
- or**
- The patient's family members or significant others are supportive, but require professional intervention to improve the patient's likelihood of treatment success (such as assistance with limit-setting, communication skills, avoiding rescuing behaviors, education about opioid pharmacotherapy treatment and HIV-risk avoidance, and the like);
- or**
- The patient does not have a positive social support system to assist with immediate recovery efforts, but he or she has demonstrated motivation to obtain such a support system or to pursue (with assistance) an appropriate alternative living environment;
- or**
- The patient has experienced traumatic events in his or her recovery environment (such as physical, emotional, sexual, or domestic abuse) or has manifested the effects of emotional, behavioral, or cognitive problems in the environment (such as criminal activity), but these are manageable on an outpatient basis.

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