Complete Summary

GUIDELINE TITLE

Detoxification and substance abuse treatment: an overview of the psychosocial and biomedical issues during detoxification.

BIBLIOGRAPHIC SOURCE(S)

An overview of psychological and biomedical issues during detoxification. 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. 19-41. (Treatment improvement protocol (TIP); no. 45).

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

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 address the psychosocial and biomedical issues that may affect detoxification and ensuing treatment
- To highlight evaluation procedures for patients undergoing detoxification, discuss strategies for engaging and retaining patients in detoxification and preparing them for treatment, and present an overview for providing linkages to other services

TARGET POPULATION

Adult patients undergoing detoxification

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation

1. Medical assessment for infectious diseases, co-occurring medical conditions, nutritional evaluation, etc.
    - Assessment for signs and symptoms which require immediate medical attention
2. Psychiatric assessment for co-occurring mental disorders
3. Considerations for specific patient groups (e.g., adolescents, parents with dependent children, victims of domestic violence, culturally diverse patients and chronic relapsers)

Treatment/Management

1. Strategies for engaging and maintaining patients in detoxification, including:
    - Patient education

- Use of support systems
- Maintenance of a drug free environment
- Alternative approaches to treatment
- Enhancing patient motivation
- Fostering a therapeutic alliance

2. Patient referral and linkage
    - Assessment of the patient's rehabilitation needs
    - Provision of linkage to treatment and maintenance activities
    - Provision of access to wraparound services
    - Minimization of treatment access barriers
    - Use of case management
    - Linkage to ongoing psychiatric and follow up medical care
    - Considerations for individuals with chronic substance dependence

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 detailed examination of the guiding principles recognized by the Consensus Panel (see "Availability of Companion Documents" field).

Regardless of setting or level of care, the goals of detoxification are to provide safe and humane withdrawal from substances and to foster the patient's entry into long-term treatment and recovery. Detoxification presents a unique opportunity to intervene during a period of crisis and move a client to make changes in the direction of health and recovery. Hence, a primary goal of the detoxification staff should be to build the therapeutic alliance and motivate the patient to enter treatment. This process should begin even as the patient is being medically stabilized.

Psychological dependence, co-occurring psychiatric and medical conditions, social supports, and environmental conditions critically influence the probability of successful and sustained abstinence from substances. Research indicates that addressing psychosocial issues during detoxification significantly increases the likelihood that the patient will experience a safe detoxification and go on to participate in substance abuse treatment. Staff members' ability to respond to patients' needs in a compassionate manner can make the difference between a return to substance abuse and the beginning of a new (and more positive) way of life.

Overarching Principles for Care During Detoxification Services
• Detoxification services do not offer a "cure" for substance use disorders. They often are a first step toward recovery and the "first door" through which patients pass to treatment. • Substance use disorders are treatable, and there is hope for recovery. • Substance use disorders are brain disorders and not evidence of moral weaknesses.

Overarching Principles for Care During Detoxification Services
• Patients are treated with respect and dignity at all times. • Patients are treated in a nonjudgmental and supportive manner. • Services planning is completed in partnership with the patient and his or her social support network, including such persons as family, significant others, or employers. • All health professionals involved in the care of the patient will maximize opportunities to promote rehabilitation and maintenance activities and to link her or him to appropriate substance abuse treatment immediately after the detoxification phase. • Active involvement of the family and other support systems while respecting the patient's rights to privacy and confidentiality is encouraged. • Patients are treated with due consideration for individual background, culture, preferences, sexual orientation, disability status, vulnerabilities, and strengths.

Evaluating and Addressing Psychosocial and Biomedical Issues

Patients entering detoxification are undergoing profound personal and medical crisis. Withdrawal itself can cause or exacerbate current emotional, psychological, or mental problems. The detoxification staff needs to be equipped to identify and address potential problems.

Considerations for Conducting the Initial Evaluation

An initial evaluation will help detoxification staff foresee any variables that might complicate a safe and effective withdrawal. The Table below lists the biomedical and psychosocial domains that can affect the stabilization of the patient.

Initial Biomedical and Psychosocial Evaluation Domains
Biomedical Domains
• *General health history*--What is the patient's medical and surgical history? Are there any psychiatric or medical conditions? Are there known medication allergies? Is there a history of seizures? • *Mental status*--Is the patient oriented, alert, cooperative? Are thoughts coherent? Are there signs of psychosis or destructive thoughts? • *General physical assessment with neurological exam*--This will ascertain the patient's general health and identify any medical or psychiatric disorders of immediate concern. • *Temperature, pulse, blood pressure*--These are important indicators and should be monitored throughout detoxification. • *Patterns of substance abuse*--When did the patient last use? What were the substances of abuse? How much of these substances was used and how frequently? • *Urine toxicology screen for commonly abused substances*. • *Past substance abuse treatments or detoxification*--This should include the course and number of previous withdrawals, as well as any complications that may have occurred.
Psychosocial Domains

Initial Biomedical and Psychosocial Evaluation Domains
• *Demographic features*--Gather information on gender, age, ethnicity, culture, language, and educational level. • *Living conditions*--Is the patient homeless or living in a shelter? What is the living situation? Are significant others in the home (and, if so, can they safely supervise)? • *Violence, suicide risk*--Is the patient aggressive, depressed, or hopeless? Is there a history of violence? • *Transportation*--Does the patient have adequate means to get to appointments? Do other arrangements need to be made? • *Financial situation*--Is the patient able to purchase medications and food? Does the patient have adequate employment and income? • *Dependent children*--Is the patient able to care for children, provide adequate child care, and ensure the safety of children? • *Legal status*--Is the patient a legal resident? Are there pending legal matters? Is treatment court ordered? • *Physical, sensory, or cognitive disabilities*--Does the client have disabilities that require consideration?

General Guidelines for Addressing Immediate Medical Concerns

Health professionals should screen for medical problems that may put the client at risk for a medical crisis or expose other clients or staff to contagious diseases. This section outlines important considerations for both nonmedical and medical staff. Chapter 5, "Detoxification and substance abuse treatment: co-occurring medical and psychiatric conditions," in the original guideline document provides a clinical overview of co-occurring medical conditions and is geared primarily toward medical personnel.

Co-Occurring Medical Conditions

The initial consultation should include an evaluation of the expected signs, symptoms, and severity of the withdrawal. Detoxification is not an exact science, but any significant deviation from the expected course of withdrawal should be observed closely. The Table below provides a list of signs and symptoms of conditions that require immediate medical attention. All staff members who work with patients should be aware of these and seek medical consultation for the patients as necessary.

Symptoms and Signs of Conditions That Require Immediate Medical Attention
• Change in mental status • Increasing anxiety and panic • Hallucinations • Seizures • Temperature greater than 100.4 degrees F (these patients should be considered potentially infectious) • Significant increases and/or decreases in blood pressure and heart rate • Insomnia • Abdominal pain

Symptoms and Signs of Conditions That Require Immediate Medical Attention
• Upper and lower gastrointestinal bleeding • Changes in responsiveness of pupils • Heightened deep tendon reflexes and ankle clonus, a reflex beating of the foot when pressed rostrally (i.e., toward the mouth of the patient), indicating profound central nervous system irritability and the potential for seizures

Seizures are of special concern. Practitioners should interview the patient and family about seizure disorders and seizure history. In addition, nonmedical staff should be aware of signs of impending seizures such as tremors, increased blood pressure, overactive reflexes, and high temperature and pulse. It is essential that nonmedical staff be trained in protocols to prevent injury in the event of a seizure. Competence in carrying out these protocols should be evaluated by a physician or nurse clinician. For more information on seizures, see the section titled "Detoxification and substance abuse treatment: physical detoxification services for withdrawal from specific substances" in the original guideline document.

All staff working with patients should be familiar with medical disorders that are associated with various addictive substances or routes of administration. Nonmedical detoxification staff also should be aware of the medications used in detoxification, medications for common medical and psychiatric disorders, and signs of common medication reactions and interactions.

Infectious Disease

Standard precautions should be used with all patients to protect the staff and patients against the transmission of infectious diseases, including human immunodeficiency virus (HIV) and hepatitis A, B, and C. All open wounds should be cultured and treated to prevent the spread of infections. Providers should use HIV/blood and respiratory infection precautions until HIV and respiratory infectious status are known. Patients with respiratory infections should be carefully evaluated. The panel suggests that tuberculin testing be performed or recent test results obtained on all patients to screen for active tuberculosis. A chest x-ray is recommended if indicated by the patient's history and physical assessments. Nonmedical detoxification staff should be trained to watch for the signs of common infectious diseases passed through casual contact, including infestation with scabies and lice.

General Guidelines for Addressing Immediate Mental Health Needs

The following section provides general guidelines for treating patients who have immediate mental health needs. For more detailed information on the treatment of patients with co-occurring psychiatric conditions see the National Guideline Clearinghouse (NGC) summary of Treatment Improvement Protocol (TIP) 42, Substance Abuse Treatment for Persons With Co-Occurring Disorders.

Suicide

During acute intoxication and withdrawal, it is important to provide an environment that minimizes the opportunities for suicide attempts. As a precaution, locations not clearly visible to staff should be free of items that might be used for suicide attempts. Frequent safety checks should be implemented; the frequency of these checks should be increased when signs of depression, shame, guilt, helplessness, worthlessness, and hopelessness are present. When feasible, patients at risk for suicide should be placed in areas that are easily monitored by staff. Most important, when interacting with patients at risk for suicide, staff should avoid harsh confrontation and judgment and instead focus on the treatable nature of substance use disorders and the rehabilitation options available. These interactions offer an opportunity to start a dialog with the patient regarding the impact of substance use on mental illness and vice versa.

Anger and Aggression

As a precaution, all patients who are intoxicated should be considered potentially violent. Programs should have in place well-developed plans to promote staff and patient safety, including protocols for response by local law enforcement agencies or security contractors. Staff working in detoxification programs should be trained in techniques to de-escalate anger and aggression. In many cases, aggressive behaviors can be defused through verbal and environmental means. For the protection of the staff and the patient, physical restraint should be used as a last resort and programs should be aware of local laws and regulations pertaining to physical restraint. The Table below lists some useful ways of managing patients who are angry and aggressive. Readers may refer to the standards published by such groups as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF) for further guidance. Additional information is available on the JCAHO Web site (www.jcaho.org) and the CARF Web site (www.carf.org). The Substance Abuse and Mental Health Services Administration (SAMHSA) also has published guidelines on the use of seclusion and restraint, which call for the reduction and possible elimination of their use.

Strategies for De-escalating Aggressive Behaviors
• Speak in a soft voice. • Isolate the individual from loud noises or distractions. • Provide reassurance and avoid confrontation, judgments, or angry tones. • Enlist the assistance of family members or others who have a relationship of trust. • Offer medication when appropriate. • Separate the individual from others who may encourage or support the aggressive behaviors. • Enlist additional staff members to serve as visible backup if the situation escalates. • Have a clearly developed plan to enlist the support of law enforcement or security staff if necessary. • Establish clear admission protocols in order to help screen for potentially aggressive/violent patients. • Determine one's own level of comfort during interaction with the patient and respect personal limits. • Ensure that neither the clinician's nor the patient's exit from the examination

Strategies for De-escalating Aggressive Behaviors
room is blocked.

Co-occurring Mental Disorders

With the patient's consent, a review of the patient's mental health history with the patient and family is useful in identifying co-occurring psychiatric conditions. Mental health professionals caring for the client should be consulted. If a pharmacy profile on the patient is available, it should be copied for review (within the confines of State and Federal confidentiality laws).

Diagnosis of co-occurring substance-related disorders and mental conditions is difficult during acute intoxication and withdrawal because it often is impossible to be precise until the clinical picture allows for the full assessment of both the effects of substance use and of the symptoms of mental disorders. As the individual moves from severe to moderate withdrawal symptoms, attention to differential diagnosis of substance use disorders and other psychiatric disorders becomes a priority. The American Psychiatric Association (APA) and the American Society of Addiction Medicine (ASAM) guidelines recommend a period of 2 to 4 weeks of abstinence before attempting to diagnose a psychiatric disorder.

General Guidelines for Addressing Nutritional Concerns

Malnutrition is a major concern for patients entering detoxification because the nutrient deficiencies associated with substance abuse can interfere with or even prolong the detoxification process. Longstanding irregular eating habits and poor dietary intake only exacerbate the problem. The detoxification process itself is stressful to the body and may result in increased nutrient requirements. Proper nutrition during recovery improves to a significant extent the adverse effects of the substance abuse.

Nutritional Evaluation

An evaluation of nutritional status should be a core component of detoxification. It should be noted, however, that for patients who abuse alcohol, the administration of fluids to address dehydration should be the first step, with nutritional evaluation occurring after the patient is adequately hydrated.

The nutritional evaluation should consist of laboratory and anthropometric indices, a detailed nutritional history, and nutrition counseling. The intervention begins in the initial acute phase of withdrawal and continues through detoxification and subsequent substance abuse treatment. If the patient consents, family members or significant others may be included in the nutritional evaluation and counseling.

Weight is an important consideration in determining the nutritional status of the person with a substance use disorder. Patients should be asked whether there have been any recent changes in their weight. While a patient may appear to be adequately nourished, a skinfold caliper (an instrument that measures the thickness of a fold of skin with its underlying layer of fat) can determine body

density (the relationship of the body's mass to its volume), though the body mass index may be a better indicator of nutritional status.

Other questions to ask during the initial evaluation concern appetite, eating patterns, food preferences, snacking habits, food allergies, food intolerance, special diets, and foods to be avoided because of cultural or religious beliefs. A food frequency questionnaire, food diary, or 24-hour food recall may be of use.

Many drug addictions are associated with abnormal glucose (sugar) metabolism. This abnormality means that the body is unable to maintain a stable concentration of glucose in the blood. Abnormally high or low blood sugar levels easily can be confused with the signs and symptoms of alcohol intoxication or withdrawal; consequently, a check of blood glucose level is particularly important in patients with a history of blood sugar abnormalities.

Nutritional Deficits Associated with Specific Substances

Detoxification personnel should be familiar with the nutritional deficits associated with specific substances. Opioids are known to decrease calcium absorption and to increase cholesterol and body potassium levels. Magnesium deficiency often is seen in chronic alcohol dependence. Other nutrient deficiencies seen in alcohol abuse include protein, fat, zinc, calcium, iron, vitamins A and E, and the water-soluble vitamins pyridoxine, thiamine, folate, and vitamin B12. Alcohol also contains calories (7 kcal/gm) that when consumed in excessive amounts may displace nutrient-dense foods. Cocaine is an appetite suppressant and may interfere with the absorption of calcium and vitamin D. Laboratory tests for protein, vitamins, and iron and the other electrolytes are recommended to determine the extent of liver function as well as supplementation. Caution should be exercised when using supplements because of their potential interactions with other drugs and treatments.

Addressing Nutritional Deficits

Detoxification should include efforts to address nutritional deficits and to begin the patient on a course of improved eating habits. It is crucial to switch the paradigm from ingesting substances harmful to the body to taking in foods that heal the body. The regularity of meal times, taste, and presentation are important considerations. Attractively arranged, pleasant-tasting food may inspire the patient to consume vital nutrients and adequate calories. It is important that during the detoxification process, the patient avoid substituting one addiction for another. Consuming excessive amounts of caffeine or sugar can compromise the process and lead to relapse. Patients should be offered only decaffeinated beverages and healthful snacks instead of refined carbohydrates such as sugar-based sweets like candy, cookies, or donuts. Fresh fruits, vegetables, and other whole foods can contribute to the individual's health and wellness.

Gastrointestinal disturbances (i.e., nausea, vomiting, and diarrhea) may accompany the first phase of detoxification. Such disturbances can worsen dehydration and may disturb blood chemistry balance, which in turn can lead to mental status changes, neurological or heart problems, and other potentially dangerous medical conditions. Patients with gastrointestinal disturbances may only be able to tolerate clear liquids. When solid foods are tolerated, balanced

meals consisting of low-fat foods, with an increased intake of protein (meat, dairy products, legumes), complex carbohydrates (whole grain bread and cereals), and dietary fiber are recommended. Patients undergoing detoxification may also experience constipation. Increasing the fiber content of the diet will help to alleviate this discomfort.

Considerations for Patients with Special Dietary Requirements

Patients with special dietary requirements need additional nutrition therapy. A person with diabetes, for example, should follow the dietary guidelines of the American Diabetes Association, which emphasizes individualized meal planning. A patient who is a vegetarian may have additional nutritional deficiencies, especially if she or he is a vegan (i.e., a person who avoids eating all foods derived from animals, including milk products and eggs). If a vegan enters detoxification with marginal or low nutrient stores, his or her diet should be augmented with legumes, meat analogs, textured vegetable protein, nuts, and seeds. Many other medical conditions (e.g., ulcers, heart disease, food allergies, etc.) may require special diets. At intake, any special dietary considerations should be noted.

Considerations for Intoxication and Withdrawal in Adolescents

Generally, detoxification is the same for adolescents as it is for adult clients. However, there are a few important and unique considerations for adolescent patients. For one, adolescents are more likely than adults to drink large quantities of alcohol in a short period of time, making it is especially important that detoxification providers be alert to escalating blood alcohol levels in these patients. Moreover, adolescents are more likely than adults to use drugs they cannot identify, to combine multiple substances with alcohol, to ingest unidentified substances, and to be unwilling to disclose drug use. As a result, the consensus panel recommends routinely screening adolescent patients for illicit drug intoxication. It also is important for staff to be trained in how to assess for the use of phencyclidine (PCP), which can present with psychosis-like symptoms. Staff should ask the adolescent directly whether he has used PCP within the 12-hour period before entering the clinic or treatment center.

Adolescents should be placed in a secure, clean environment with observation and supportive care. If alcohol, heroin, or other drugs associated with vomiting are suspected, protecting the individual's airway and positioning the patient on his or her side to avoid aspiration (inhaling) of stomach contents are critical. In severe cases of ingestion of respiratory depressants, respiratory support may be needed. If the individual is severely combative or belligerent, physical restraint may be needed as a last resort when allowed and appropriate. In milder cases, observation in a quiet, secure room with compassionate reassurance may be sufficient. Additionally, adolescents served in adult settings should be separated from the adult population and observed closely to ensure that they are not victimized (i.e., verbally, physically, or sexually) by adult clients. Finally, adolescents in detoxification settings should always be screened carefully for suicide potential and co-occurring psychiatric problems.

It sometimes is challenging to establish rapport with adolescents, as their experience with adults may be marked by adverse consequences. Asking open-ended questions and using street terminology for drugs and other expressions

commonly used by teenagers can be helpful both in establishing rapport and in obtaining an accurate substance use history. For more information on working with adolescents, see TIP 31, Screening and Assessing Adolescents for Substance Use Disorders and TIP 32, Treatment of Adolescents With Substance Use Disorders.

Considerations for Patients Who Are Parents With Dependent Children

For parents--especially women--entering detoxification programs, the safety of children often is a concern and one of the biggest barriers to retention. Even if women do not have custody of their children they often are the ones who continue to care for them. Some children may show extreme need for their mother while separated from her, and their demands could trigger unauthorized leave from detoxification. Thus, ensuring that children have a safe place to stay while their mothers are in detoxification is of vital importance. Working with women and men to identify supportive family or friends may identify temporary childcare resources. A consult or referral to the treatment facility's social services while the patient is being detoxified is indicated when the care of children is uncertain.

Considerations for Victims of Domestic Violence

Staff should know the signs of domestic violence and be prepared to follow procedures to ensure the safety of the patient.

If a patient discloses a history of domestic violence, trained staff can help the victim create a long-term safety plan or make a proper referral. If a safety plan is made or phone numbers for domestic violence help are provided, related information should be labeled carefully so as not to disclose its purpose (e.g., listed as women's health resources) since the abuser may go through all personal belongings. All printed information about domestic violence also should be disguised and none should be kept by the patient when she leaves the safe facility. If the victim needs to press charges or obtain a restraining order, this should be done from a safe setting (e.g., inpatient detoxification). If at all possible, the victim should be escorted to a safety shelter. It may be important that the abused person, whether male or female, not be allowed to talk to the abuser while in detoxification. Parents who are victims of domestic violence may need help with parenting skills and securing counseling and childcare. Therefore, it is important for detoxification providers to be familiar with local childcare resources. For more information see TIP 25, Substance Abuse Treatment and Domestic Violence.

Considerations for Culturally Diverse Patients

In providing psychosocial supports for culturally diverse patients, cultural sensitivity is of tremendous importance. Clients' expectations of detoxification, their feelings about the healthcare system generally, and their social and community support structures vary according to their cultural backgrounds. In working with any specific population, the practitioner should avoid defining the patient in terms of his culture, since over- or underemphasizing the patient's race or ethnicity can be detrimental. Figure 3-4 in the original guideline document provides clinicians with some helpful questions to guide their discussions.

Considerations for Chronic Relapsers

A patient who recently relapsed after a period of extended abstinence may feel especially hopeless and vulnerable (an abstinence violation effect). In this situation, clinicians can acknowledge progress that had been made prior to relapse and reassure the patient that the internal gains from past recovery work have not all been lost (despite the feeling at the moment that they have), perhaps reframing the severity of emotional pain as an indicator of how important recovery is to the patient.

Strategies for Engaging and Retaining Patients in Detoxification

It is essential to keep patients who enter detoxification from "falling through the cracks." Successful providers acknowledge and show respect for the patient's pain, needs, and joys, and validate the patient's fears, ambivalence, expectation of recovery, and positive life changes. It is essential that all clinicians who have contact with patients in withdrawal continually offer hope and the expectation of recovery. An atmosphere that conveys comfort, relaxation, cleanliness, availability of medical attention, and security is beneficial to patients experiencing the discomforts of the withdrawal process. Throughout the detoxification experience, detoxification staff should be unified in their message that detoxification is only the beginning of the substance abuse treatment process and that rehabilitation and maintenance activities are critical to sustained recovery.

Educate the Patient on the Withdrawal Process

During intoxication and withdrawal, it is useful to provide information on the typical withdrawal process based on the particular drug of abuse. Usually withdrawal includes symptoms that are the opposite of the effects of the particular drug. This rebound effect can cause anxiety and concern for patients. Providing information about the common withdrawal symptoms of the specific drugs of abuse may reduce discomfort and the likelihood that the individual will leave detoxification services prematurely (for a list of withdrawal symptoms, see the section titled "Detoxification and substance abuse treatment: physical detoxification services for withdrawal from specific substances" in the original guideline document). Settings that routinely encounter individuals in withdrawal should have written materials available on drug effects and withdrawal from specific drugs, and have staff who are well versed in the signs and symptoms of withdrawal. An additional consideration is providing such information to non-English-speaking patients and their families.

Interventions that assist the client in identifying and managing urges to use also may be helpful in retaining the client in detoxification and ensuring initiation of rehabilitation. These interventions may include cognitive–behavioral approaches that help the individual identify thoughts or urges to use, the development of an individualized plan to resist these urges, and use of medications such as naltrexone to reduce craving.

Use Support Systems

The use of client advocates to intervene with clients wishing to leave early often can be an effective strategy for promoting retention in detoxification. Visitors

should be instructed about the importance of supporting the individual in both detoxification and substance abuse treatment. If available, and if the patient is stable, he or she can attend onsite 12-Step or other support group meetings while receiving detoxification services. These activities reinforce the need for substance abuse treatment and maintenance activities and may provide a critical recovery-oriented support system once detoxification services are completed.

Maintain a Drug-Free Environment

Maintaining a safe and drug-free environment is essential to retaining clients in detoxification. Providers should be alert to drug-seeking behaviors, including bringing alcohol or other drugs into the facility. Visiting areas should be easy for the staff to monitor closely, and staff may want to search visiting areas and other public areas periodically to reduce the opportunities for acquiring substances. It is important to note, however, that personnel should be respectful in their efforts to maintain a drug-free environment. It is important to explain to patients (prior to treatment) and visitors why substances are not allowed in the facility.

Consider Alternative Approaches

Alternative approaches such as acupuncture are safe, inexpensive, and increasingly popular in both detoxification and substance abuse treatment. Although the effectiveness of alternative treatments in detoxification and treatment has not been validated in well-controlled clinical trials, if an alternative therapy brings patients into detoxification and keeps them there, it may have utility beyond whatever specific therapeutic value it may have. Other treatments that reside outside the Western biomedical system, typically grouped together under the heading of Complementary or Alternative Medicine, also may be useful for retaining patients. Indeed, given the great cultural diversity in the United States, other culturally appropriate practices should be considered.

Enhancing Motivation

Motivational enhancements are particularly well-suited to accomplishing the detoxification services goal of promoting initiation in rehabilitation and maintenance activities. Use of these techniques in the detoxification setting increases the likelihood that patients will seek treatment by helping them understand the adverse consequences of continued substance use. It also establishes a supportive and nonjudgmental relationship between the substance abuse counselor and the patient--this therapeutic alliance is an important factor in the patient's choice to seek treatment services. TIP 35, Enhancing Motivation for Change in Substance Abuse Treatment, covers specific interventions and techniques to increase motivation to change substance-related behaviors. TIP 35 also includes some basic principles common to motivational interventions:

- Focus on the patient's strengths.
- Show respect for a patient's decisions and autonomy; respect should be maintained at all times, even when the patient is intoxicated.
- Avoid confrontation.
- Individualize treatment.
- Do not use labels that depersonalize the patient, such as "addict" or "alcoholic."

- Empathize with the patient, making an attempt to understand the patient's perspective and accept his or her feelings.
- Accept treatment goals that involve small steps toward ultimate goals.
- Assist the patient in developing an awareness of discrepancies between her or his goals or values and current behavior.
- Listen reflectively to the patient's immediate concerns and ask open-ended questions.

In addition, the detoxification team can leverage the relationship the patient has with significant others. Using interventions such as Community Reinforcement and Family Training (CRAFT), the detoxification team can help significant others in the patient's life capitalize on moments when the patient is ready for change and assist the patient in preparing for change in a nonthreatening, nonconfrontational manner. The consensus panel does not recommend that clinicians use direct confrontation in helping a person with a substance use disorder begin the process of detoxification and subsequent substance abuse treatment. Techniques that involve purposefully confronting patients about their substance use behavior, such as the Johnson Intervention, where significant others are taught to confront the individuals using substances, have been shown to be highly effective when significant others implement them. However, subsequent studies of clinicians, groups, and programs that rely on confrontational techniques have yielded poor outcomes. Moreover, the vast majority of significant others do not wish to use these techniques, and for that reason these techniques are not recommended.

Care should be taken to ensure that any significant other who is involved in motivating the patient for therapy is appropriate for this task. Only significant others who have been appropriately introduced to the intervention by a clinician should participate. The presence of a trained facilitator is recommended, either for coaching or for facilitating the intervention. It also is important to have the recommended treatment option readily available so if the patient agrees, admission can be swift and seamless. Those individuals selected to intervene should support the patient's abstinence from substances of abuse. Furthermore, if the patient places considerable value on her or his relationships with these significant others, success is more likely.

Tailoring Motivational Intervention to Stage of Change

Perhaps the most well-known and empirically validated model of "readiness to change" that has been applied to substance abuse is the transtheoretical model, also known as the stages of change model. The interventions to increase patient motivation for substance abuse treatment described in TIP 35, Enhancing Motivation for Change in Substance Abuse Treatment, are based on this model.

According to the model, a client is considered to be at one of five stages of readiness to change his substance-abusing behavior, each stage being progressively closer to sustained recovery. Those stages are precontemplation, contemplation, preparation, action, and maintenance. The model assumes that individuals may move back and forth between different stages over time. A corollary to this assumption is that an individual's level of motivation is definitely not a permanent characteristic. Rather, motivation to change can be influenced by others, including detoxification treatment staff.

In general, the basic concept is to try to move patients to the next stage of change. The clinician needs to identify any potential obstacles that might hinder the patient's progress through the stages of change. The transtheoretical model is illustrated in Figure 3-5 and the details of each stage are described in the text of the original guideline document.

Fostering a Therapeutic Alliance

The therapeutic alliance refers to the quality of the relationship between a patient and his care providers and is the "nonspecific factor" that predicts successful therapy outcomes across a variety of different therapies. A therapeutic alliance should be developed in the context of an ability to form an alliance to a group of helping individuals--such as a healthy support network or therapeutic community. A clinically appropriate relationship between the clinician and patient that is supportive, empathic, and nonjudgmental is the hallmark of a strong therapeutic alliance.

Readiness to change predicts a positive therapeutic alliance. Strong alliances, in turn, have been associated with positive outcomes in patients who are dependent on alcohol, as well as patients involved in methadone maintenance, on such measures as illicit drug use, employment status, and psychological functioning. In addition, the practitioner's expertise and competence instill confidence in the treatment and strengthen the therapeutic alliance. Emphasis also should be given to the alliance with a social support network, which can be a powerful predictor of whether the patient stays in treatment.

Given the importance of the therapeutic alliance and the fact that detoxification often is the entry point for patients into substance abuse treatment services, work on establishing a therapeutic alliance ideally will begin upon admission. Many of the guidelines listed above for enhancing motivation apply to establishing this rapport. Some additional recommendations for developing the therapeutic alliance include discussing the issue of confidentiality with patients and acknowledging that the road to recovery is difficult, as well as being consistent, dependable, trustworthy, and available, even when the patient is not. The clinician should remain calm and cool even if the patient becomes noticeably upset. Practitioners should be confident yet humble and should set limits in a respectful manner without engaging in a power struggle. See Figure 3-6 in the original guideline document for a list of characteristics most valuable to a clinician in strengthening the therapeutic alliance.

Referrals and Linkages

Once an individual passes through the most severe of the withdrawal symptoms and is safe and medically stable, the focus of the psychosocial interventions shifts toward actively preparing her for substance abuse treatment and maintenance activities. These interventions include (1) assessment of the patient's characteristics, strengths, and vulnerabilities that will influence recommendations for substance abuse treatment; (2) preparing the patient to participate in treatment; and (3) successfully linking the patient to treatment as well as other needed services and resources.

Ensuring that patients with substance use disorders enter substance abuse treatment following detoxification often is difficult. Many patients believe that once they have eliminated the substance or substances of abuse from their bodies, they have achieved abstinence. Moreover, some insurance policies may not cover treatment, or only offer partial coverage. The patient may have to go through cumbersome channels to determine if treatment is covered, and if so, how much.

Preparation should focus on eliminating administrative barriers to entering substance abuse treatment prior to discussing treatment options with the patient. Discussions with the patient should be consistent with the patient's improving ability to process and assess information in such a way that the patient appears to be acting with his or her own interests in mind.

Evaluation of the Patient's Rehabilitation Needs

To make appropriate recommendations for ongoing treatment and recovery activities, detoxification staff need to determine the individual characteristics of clients and their environments that are likely to influence the level of care, setting, and specialized services needed for recovery. ASAM's *Patient Placement Criteria, Second Edition, Revised* (PPC-2R) provides one widely used model for determining the level of services needed to address substance-related disorders. The levels of treatment services range from community-based early intervention groups to medically managed intensive inpatient services. As noted in "Detoxification and substance abuse treatment: settings, levels of care, and patient placement," providers need to make a placement decision based on six dimensions:

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions or Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problem Potential
6. Recovery/Living Environment

Due to the limited time patients stay in detoxification settings, it is challenging for programs to conduct a complete assessment of the rehabilitation needs of the individual. With this in mind, detoxification programs should focus on those areas that are essential to make an appropriate linkage to substance abuse treatment services. The assessment of the psychosocial needs affecting the rehabilitation process itself may have to be left to the professionals providing substance abuse treatment. Other assessment considerations include

- Special needs, such as co-occurring psychiatric and medical conditions that may complicate treatment or limit access to available rehabilitation services
- Pregnancy, physical limitations, and cognitive impairments that limit the settings suitable for the individual
- Support system issues such as family support, domestic violence, and isolation that influence recommendations about residential versus outpatient settings
- The needs of dependent children
- The need for gender-specific treatment

The Table below outlines the areas the consensus panel recommends for assessment to determine the most appropriate rehabilitation plan.

Recommended Areas for Assessment To Determine Appropriate Rehabilitation Plans	
Domain	**Description**
Medical Conditions and Complications	Infectious illnesses, chronic illnesses requiring intensive or specialized treatment, pregnancy, and chronic pain
Motivation/Readiness to Change	Degree to which the client acknowledges that substance use behaviors are a problem and is willing to confront them honestly
Physical, Sensory, or Mobility Limitations	Physical conditions that may require specially designed facilities or staffing
Relapse History and Potential	Historical relapse patterns, periods of abstinence, and predictors of abstinence; client awareness of relapse triggers and craving
Substance Abuse/Dependence	Frequency, amount, and duration of use; chronicity of problems; indicators of abuse or dependence
Developmental and Cognitive Issues	Ability to participate in confrontational treatment settings, and benefit from cognitive interventions and group therapy
Family and Social Support	Degree of support from family and significant others, substance-free friends, involvement in support groups
Co-Occurring Psychiatric Disorders	Other psychiatric symptoms that are likely to complicate the treatment of the substance use disorder and require treatment themselves, concerns about safety in certain settings (note that assessment for co-occurring disorders should include a determination of any psychiatric medications that the patient may be taking for the condition)
Dependent Children	Custody of dependent children or caring for noncustodial children and options for care of these children during rehabilitation
Trauma and Violence	Current domestic violence that affects the safety of the living environment, co-occurring posttraumatic stress disorder or trauma history that might complicate rehabilitation
Treatment History	Prior successful and unsuccessful rehabilitation experiences that might influence decision about type of setting indicated
Cultural Background	Cultural identity, issues, and strengths that might influence the decision to seek culturally specific rehabilitation programs, culturally driven strengths or obstacles that might dictate level of care or setting
Strengths and Resources	Unique strengths and resources of the client and his or her environment
Language	Language or speech issues that make it difficult to communicate or require an interpreter familiar with substance abuse

Settings for Treatment

Just as with settings for detoxification, settings where substance abuse treatment is provided often are confused with the level of intensity of the services. It is increasingly clear that although level of intensity of services and setting are both critical to successful recovery, they are two separate dimensions to be considered when linking clients to treatment. This process has been called "de-linking" or "unbundling" and generally involves determining the need for social services independently from the clinical intensity.

Treatment and maintenance activities are offered in a variety of settings. These include settings specifically designed to deliver substance abuse treatment, such as freestanding substance abuse treatment centers, as well as settings operating for other purposes, including mental health centers, jails and prisons, and community corrections facilities. Descriptions of these settings appear in the section titled "Setting for Treatment" in the original guideline document.

Provide Linkage to Treatment and Maintenance Activities

Approximately half of those making an appointment for treatment do not appear for their first appointment and another 20 percent or more fail to appear for the second. As patients near completion of detoxification, whether they take the next step and enter treatment is dependent on a number of variables.

Research indicates that patients are more likely to initiate and remain in rehabilitation if they believe the services will help them with specific life problems. Figure 3-8 in the original guideline document suggests strategies that detoxification personnel can use with their patients to promote the initiation of treatment and maintenance activities.

Provide Access to Wraparound Services

Patients are more likely to engage in treatment if they believe the full array of their problems will be addressed, including those needs typically addressed by wraparound services (e.g., housing, vocational assistance, childcare, transportation). Moreover, patients receiving needed wraparound services remain in substance abuse treatment longer and improve more than people who do not receive such services.

As the individual passes through acute intoxication and withdrawal, it is important to ensure that the basic needs of the patient are met after discharge. These needs include access to a safe, stable, and drug-free living environment if possible; physical safety; food and clothing; ongoing health and prenatal care; financial assistance; and childcare. Ensuring access to these basic needs may be problematic, and staff must be flexible and creative in finding the means to meet the basic needs of the patient.

Clearly, services planning should extend beyond the issues of substance dependence to other areas that may affect compliance with rehabilitation. Detoxification providers should be familiar with available resources for legal assistance, dental care, support groups, interpreters, housing assistance, trauma treatment, recovery-sensitive parenting groups, spiritual and cultural support, employment assistance, and other assistance programs for basic needs. Family and other support systems also can be helpful to the patient in accessing services

and should take part in the services planning as often as possible, always with the patient's consent.

To address the needs of homeless and indigent patients, detoxification providers should be familiar with emergency shelters, cash assistance, and food programs in their communities and should have established referral relationships. Assessing women, teenagers, older adults, and other vulnerable individuals for victimization by another member of the household also is important. Patients should be linked with prenatal and primary health care for domestic violence. Ideally, linkage to these programs includes more than a phone number; detoxification staff should assist patients in scheduling initial appointments and arranging for transportation.

Linkage to primary health and prenatal care as well as to community resources is essential for individuals with substance use disorders. Linkages can be an effective mechanism to assist the patient in accessing these services if they are not available as a part of the detoxification program. Formalized referral arrangements through contracts or memoranda of understanding can be useful to specify organizational obligations.

Minimize Access Barriers

An integral part of the process of linking an individual with rehabilitation and treatment resources is to address access barriers. Transportation, child care during treatment, the potential for relapse between detoxification discharge and treatment admission, housing needs, and safety issues such as possible domestic violence should be addressed through an individualized plan prior to discharge.

The problem of a patient's placement on a waiting list presents a special barrier to treatment. The solution lies in developing strategies to maintain motivation for treatment during the waiting period.

For pregnant women and patients with dependent children, the threat of Child Protective Services removing their children for abuse and neglect due to drug use can be a barrier to entering a treatment program.

Additionally, interacting with hostile or unfriendly practitioners and encountering resistance from family, partners, or friends can be barriers to treatment entry.

Detoxification staff should be knowledgeable about State laws regarding drug use during pregnancy and definitions of child abuse and neglect in order to be able to reassure and encourage women to enter treatment.

People who identify as having a physical or cognitive disability also face special barriers to treatment. The reader is referred to TIP 29, Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities, and TIP 36, Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues, for more information on these topics.

For racial/ethnic minorities, access barriers can be compounded by language, cultural, and financial factors. The ability of programs to develop culturally specific interventions, train staff and interpreters to respond to the specific needs of these

individuals, and be aware of cultural differences in the manifestation of symptoms is critical to improving access to care. Supervision of staff and training in cross-cultural issues is equally important to all programs serving diverse patient populations.

Use Case Management

Case management presents an opportunity to tailor services to individual client needs and to minimize barriers to these services. Case management is a set of services managed to assist the client in accessing needed resources. It is a useful strategy to ensure that access to wraparound services such as employment, housing, health care, and basic needs are met along with minimizing barriers to accessing substance abuse treatment. As outlined in TIP 27, Comprehensive Case Management for Substance Abuse Treatment, the common functions of case management are defined as assessment, planning, linkage, monitoring, and advocacy. Case managers can facilitate the critical linkage between detoxification services and rehabilitation by providing transportation to the rehabilitation facility, arranging for childcare, or assisting with housing needs. Additionally, case management is a widely used strategy to integrate mental health and substance abuse treatment for those with co-occurring conditions.

Linkage to Ongoing Psychiatric Services

Although it is important to make referrals for ongoing psychiatric attention, the presence of psychological symptoms should not prevent detoxification staff from referring patients to substance abuse treatment. Individuals with co-occurring psychiatric conditions appear to be able to initiate and benefit from substance abuse treatment like individuals without psychiatric conditions.

Since some psychiatric illnesses may affect drug cravings in patients who are substance dependent, it is important to ensure that both the psychiatric condition and the substance use disorder are addressed in rehabilitation. Individuals who are taking psychotropic medications should be counseled about the importance of continuing on these medications. Whenever possible, discharge from the detoxification services should be coordinated with the patient's mental health provider in the community, and the patient should have an appointment scheduled at the time of discharge from the detoxification facility. Detoxification providers should request that the patient sign appropriate releases of information to provide assessment and other material to the mental health provider to promote continuity of care. This should only occur when the patient is medically stabilized and is in such a state of mind that he or she can make coherent decisions in this regard (e.g., while intoxicated, patients should not be permitted to sign releases).

For individuals with serious co-occurring psychiatric conditions, integrated treatment for substance use disorders and mental illness is recommended. Case management services as described above may be especially important for individuals with severe mental illness impeding their ability to access services on their own. Increasingly, substance abuse and mental health providers are implementing models using clinicians trained to deliver both substance abuse and mental health treatment concurrently. For more information, see the NGC

summary of SAMHSA's TIP 42, Substance Abuse Treatment for Persons With Co-Occurring Disorders.

Linkage to Follow-up Medical Care

The patient's consent should be sought to involve her or his primary healthcare provider in the coordination of care. Patients with chronic medical conditions and those in need of follow-up care should have an appointment made for follow-up medical care before leaving the detoxification setting.

Considerations for Individuals With Chronic Substance Dependence

For individuals with substance abuse problems who detoxify regularly but have limited periods of abstinence, traditional treatment approaches may not be effective. In some cases, addressing other needs may provide an avenue to engage the individual with chronic substance dependence in treatment. Case management approaches can be successful at addressing the need for housing, health care, and basic needs even though the individual is not yet willing to confront the issue of drinking or other drug use. TIP 27, Comprehensive Case Management for Substance Abuse Treatment, provides additional information about delivery of case management services to homeless individuals with substance use disorders and those with other complex problems. Documentation of repetitive inappropriate use of voluntary detoxification services may help pave the way for civil commitment to involuntary treatment where this is an option, and, where detoxification resources are limited, treatment systems need to be creative in designing care plans for patients seeking frequent detoxification without evidence of any therapeutic benefit.

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

Research indicates that addressing psychosocial issues during detoxification significantly increases the likelihood that the patient will experience a safe detoxification and go on to participate in substance abuse treatment.

POTENTIAL HARMS

Not stated

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.

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
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

An overview of psychological and biomedical issues during detoxification. 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. 19-41. (Treatment improvement protocol (TIP); no. 45).

ADAPTATION

Not applicable: The guideline was not adapted from another source.

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

Panel Members: Norman S. Miller, MD, FASAM (*Chair*), Professor and Director of Addiction Medicine, Department of Psychiatry, Michigan State University, East Lansing, Michigan; Steven S. Kipnis, MD, FACP (*Co-Chair*), Medical Director, Russell E. Blaisdell Addiction Treatment Center, New York State Office of Alcoholism and Substance Abuse Services, Orangeburg, New York

Workgroup Managers and Co-Managers: Anne M. Herron, MS, Director, Division of State and Community Assistance, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration Rockville, Maryland;

Ronald J. Hunsicker, D.Min., FACATA, President/Chief Executive Officer, National Association of Addiction Treatment Providers, Lancaster, Pennsylvania; Robert J. Malcolm, Jr., MD, Professor of Psychiatry, Family Medicine, and Pediatrics, Associate Dean for Continuing Medical Education, Center for Drug and Alcohol Programs, Institute of Psychiatry, Medical University of South Carolina, Charleston, South Carolina; Anthony Radcliffe, MD, FASAM, Chief of Addiction Medicine, Kaiser Permanente, Southern California Permanente Medical Group, Fontana, California; Carl Rollynn Sullivan, III, MD, Professor, Director of Addiction Program, Department of Behavioral Medicine and Psychiatry, School of Medicine, West Virginia University, Morgantown, West Virginia; Nancy R. VanDeMark, MSW, Director of Colorado Social Research Associates, Arapahoe House, Inc., Thornton, Colorado

Panelists: Louis E. Baxter, Sr., MD, FASAM, Executive Director, Physicians Health Program, Medical Society of New Jersey, Lawrenceville, New Jersey; Kenneth O. Carter, MD, MPH, Dipl.Ac., Psychiatrist, Acupuncture Detoxification Specialist, Carolinas Medical Center, Charlotte, North Carolina; Jean Lau Chin, MA, EdD, ABPP, President, CEO Services; Alameda, California; Charles A. Dackis, MD, Assistant Professor, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania; Sylvia J. Dennison, MD, Chief/Medical Director, Division of Addiction Services, Department of Psychiatry, University of Illinois, Chicago, Illinois; Patricia L. Mabry, PhD, Health Scientist Administrator/Behavioral Scientist, Office of Behavioral and Social Sciences Research, Office of the Director, National Institutes of Health, Bethesda, Maryland; Hendree E. Jones, MA, PhD, Assistant Professor, CAP Research Director, Department of Psychiatry and Behavioral Sciences, Johns Hopkins University Center, Baltimore, Maryland; Frances J. Joy, RN, CD, CASAC, Manager, Alcohol and Drug Abuse Unit, State of Missouri Department of Mental Health, Fulton State Hospital, Fulton, Missouri

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.

NGC STATUS

This NGC summary was completed by ECRI on June 29, 2006. The information was verified by the guideline developer on July 25, 2006.

COPYRIGHT STATEMENT

No copyright restrictions apply.

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx .

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

© 1998-2008 National Guideline Clearinghouse

Date Modified: 9/29/2008