

**CHAPTER 75-09.1-08
SOCIAL DETOXIFICATION ASAM LEVEL III.2-D**

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75-09.1-08-01. Definitions.

1. "CIWA-Ar" means the revised clinical institute withdrawal assessment for alcohol scale published in the archives of general psychiatry 48:442-447, May 1991, which is a 10-item scale for clinical quantification of the severity of alcohol withdrawal syndrome.
2. "Detoxification" means the process of interrupting the momentum of compulsive use in an individual diagnosed with substance dependence and the condition of recovery from the effects of alcohol or another drug, the treatment required to manage withdrawal symptoms from alcohol or another drug and the promotion of recovery from its effects.
3. "Social detoxification" means detoxification in an organized residential non-medical setting delivered by appropriately trained staff who provide safe, 24-hour monitoring, observation, and support in a supervised environment for a client to achieve initial recovery from the effects of alcohol or another drug. Social detoxification is characterized by its

emphasis on peer and social support and it provides care for clients whose intoxication or withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support but the full resources of a medically monitored inpatient detoxification are not necessary.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

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75-09.1-08-02. Program Criteria. A social detoxification program must provide:

1. Hospital affiliation providing 24-hour medical backup;
2. A trained staff member familiar with complications associated with alcohol and other drug use and with community resources awake on all shifts;
3. A quiet, positive atmosphere;
4. Use of detoxification time as preparation for referral to another level of care; and
5. Recognition of the chronic nature of the disease of substance dependence and the fact that some clients will require multiple admissions.

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75-09.1-08-03. Provider Criteria. A social detoxification provider shall:

1. Maintain a safe, comfortable, positive environment in a residential setting;
2. Have an agreement with local medical providers that ensure readily accessible emergency care when needed;
3. Implement a protocol so that the nature of the medical interventions required are developed and supported by a physician knowledgeable in addiction medicine;
4. Have available specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems;
5. Have awake staff 24-hours a day to monitor clients' conditions;
6. Have staff trained in admission, monitoring skills, including signs and symptoms of alcohol and other drug intoxication and withdrawal as well as appropriate treatment of those conditions, supportive care, basic cardiopulmonary resuscitation technique, assessment and referral procedures;

7. Have services including close observation, supportive staff-client interaction, provision for proper fluid and nutritional components, and provision for client space that offers low to moderate sensory stimulation;
8. Implement a clearly defined policy for admission, care, discharge, and transfer of a client to another level of care;
9. Develop a method of documentation of care and train staff in documentation procedures;
10. Develop linkage with providers of other levels of care so the client may begin a therapeutic process as soon as the client is physically and mentally able to do so;
11. Administer a range of cognitive, behavioral, medical, mental health, and other therapies on an individual or group basis designed to meet the client's ability participate in order to enhance the client's understanding of addiction, the completion of the detoxification process, and referral to an appropriate level of care for continuing treatment;
12. Develop a preliminary individualized treatment plan with the client that includes problem identification in ASAM PPC dimension two through six

and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives; and

13. Implement a policy for medication storage, security, and self-administration to assure that the client receives the client's medication and for observation of the medication taking behavior.

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75-09.1-08-04. Admission and Continued Stay Criteria. Before a client may be admitted to a social detoxification program, the client must meet the diagnostic criteria for a substance-induced disorder of the current DSM and current clearance by a physician or a CIWA-Ar score of less than eight and the presence of any of the following:

1. Diffuse mild central nervous system symptoms such as:
 - a. Cerebral symptoms including slow responses to questions, difficulty in following complicated instructions, mild impairment of immediate memory, slurred speech, and mild disorientation to time but not to place or client;

- b. Coordination symptoms including mild abnormality in movement or gait, difficulty in finger-to-nose or finger-to-finger testing and rapid movements;
 - c. Reflex abnormalities including normal or slightly depressed but symmetrical; or
 - d. Motor abnormalities are normal or slightly depressed but symmetrical.
- 2. Onset of any stated symptoms listed in subsection one over a few hours;
- 3. Intoxication;
- 4. The absence of other more serious symptoms including medical or psychiatric histories of significant problems and the absence of suicidal ideations or suicidal ideation of low lethality without plan or means;
- 5. Presence of any one of the following physical findings:
 - a. A temperature of 97 degrees to 100 degrees Fahrenheit (36.1 to 37.6 degrees Celsius) taken orally;

- b. Tachycardia up to 120 beats per minute;
 - c. Blood pressure of up to 160 over 120 at rest;
 - d. Respiration of 12 to 26 breaths per minute;
 - e. Flushed skin color;
 - f. Pupils have a sluggish reaction to light;
 - g. Other, such as alcohol odor on breath; or
6. Ability to comprehend and function in an ambulatory setting.

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75-09.1-08-05. Referral to Acute Care Criteria. A social detoxification program shall refer a client to an acute care facility or consult with a physician upon an increase in score to greater than a seven CIWA-Ar score scale or when a client has any one or more of the following symptoms:

- 1. Seizures or a history of seizures;

2. Current persistent vomiting or vomiting of blood;
3. Current ingestion of vomit into lungs;
4. Clouded sensorium such as gross disorientation or hallucination;
5. A temperature higher than 100.1 degrees Fahrenheit (38.1 degrees Celsius) taken orally;
6. Abnormal respiration such as shortness of breath or a respiration rate greater than 26 breaths per minute;
7. Elevated pulse such as a heart rate greater than 120 beats per minute or arrhythmia;
8. Hypertension such as blood pressure greater than 160 over 120;
9. Sudden chest pain or other sign of coronary distress or severe abdominal pain;
10. Recent head injury or any trauma other than minor;
11. Unconscious and not arousable; or

12. Other ~~sign~~ signs of significant illness such as jaundice, unstable diabetes, acute liver disease, severe allergic reaction, progressively severe Antabuse reaction, poisoning, progressively worsening tremors, chills, severe agitation, exposure, internal bleeding, shock, uncontrollable violence, suicidal or homicidal ideations.

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75-09.1-08-06. Criteria to Determine that Social Detoxification is not

Necessary. Social detoxification will not be necessary if:

1. The client exhibits no withdrawal symptoms at a blood alcohol level of 0.0 percent;
2. The client has no medical complications present;
3. The client's nutritional status is moderate to good;
4. The client has a relative, friend, or other support system who can stay with the client for the time necessary to complete detoxification; or
5. The client prefers outpatient detoxification.

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