

Case Scenario

Mr. John Doe is a 27-year-old Caucasian man with a history of opioid misuse who was referred to substance use treatment for heroin use.

Mr. Doe entered an intensive outpatient program (IOP) two weeks ago. Prior to treatment, he had visited a local emergency department, looking for “pills.” He was reported to have been hostile and manipulative after being denied pain pills, and stated “if you don’t give me what I want, I’m going to kill myself.” However, after further evaluation, he said the only reason why he said that was because he “just wanted to avoid withdrawals.” He then reluctantly agreed to enter detox and intensive outpatient (IOP).

After completing detox, he reported that his cravings were still very strong. He also said “I don’t believe in treatment, but I’ll give it a try as long as I have help with these cravings.” He entered an IOP program and was given a referral for medication-assisted treatment (MAT) and was started on buprenorphine. Mr. Doe reported that he has been using opioids for the past three years. He initially began using Vicodin, after it had been prescribed for pain management from a bicycle accident three years ago. He had been hit by a car while riding his bike. He stated that soon he was “using any pill that I could get” and reported using heroin for the past 8 months. He reported drinking alcohol since he was 16 years old; however, he only drinks socially. He reported occasional marijuana use and also that he smokes 2-3 regular cigarettes per day.

Mr. Doe is currently transient and unemployed. He had previously worked in sales, but was unable to function at work due to his increasing substance use. He lost his job approximately one year ago, and also lost his apartment and began “crashing” on friend’s couches. He reported doing “odd jobs” for food and drugs, and reports little social support, stating that his family was “unaware” of his drug use. He reported feelings of sadness, lowered self-worth, and loss of interest since his accident, stating that he did not care if he was sad as long as he could “get high with pills or smack”.

**Note: The questions from the ASAM assessment tool should be used to help determine the most appropriate level of care and treatment services that best meet a client’s current needs. Factors such as prior history, current presentation, and anticipated needs in the immediate future (e.g., withdrawal symptoms that are not currently present, but anticipated as a result of client’s history of use) should be considered when using the ASAM Criteria to determine appropriate care. In contrast, establishing a DSM-5 diagnosis involves assessing for the presence of DSM-5 criteria over the past 12 months. As a result, findings from ASAM Criteria assessments will be more plastic and may shift more readily than DSM-5 diagnoses. Given that substance use disorders are chronic conditions that evolve with time, it is possible that someone may meet the DSM-5 criteria for a severe substance use disorder, but be assessed to have less severe needs according to the ASAM Criteria based on their current presentation.*