

ASAM Criteria Dimension 1-6 Risk Rating Summary Table

Risk Rating	Dimension 1 Acute Intoxication and/or Withdrawal Potential	Dimension 2 Biomedical Conditions and Complications	Dimension 3 Emotional, Behavioral, or Cognitive (EBC) Conditions and Complications	Dimension 4 Readiness to Change	Dimension 5 Relapse, Continued Use, or Continued Problem Potential	Dimension 6 Recovery/Living Environment
0	Fully functioning, “no signs of intoxication or withdrawal present”.	Fully functioning, no biomedical symptoms or signs are present. Biomedical conditions are stable.	Patient has no mental health (MH) diagnosis or MH disorder (d/o) is stable. Good coping skills. No interference with recovery, no impairment in social functioning or self-care ability.	Patient shows willingness and commitment to both SUD and mental health (MH) treatment. Patient is proactive and responsible.	Low relapse potential. Good coping skills.	“The patient has a supportive environment or is able to cope with poor supports.”
1	Mild to moderate intoxication interferes with daily functioning but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Biomedical signs/symptoms are mild to moderate that may interfere with daily functioning.	MH d/o (shows mild to moderate symptoms) needs intervention but isn’t affecting recovery significantly. Impulse control and coping skills are adequate. Some impairment in social functioning.	Patient shows willingness and commitment to both SUD and MH treatment but feels ambivalent with the need for change.	Minimal relapse risk. Relapse prevention skills and self-management skills are fair.	Patient is able to cope even with passive support or limited support from loved ones.
2	Intoxication may be severe but responds to support; not posing a danger to self or others. “Moderate risk of severe withdrawal”.	Biomedical conditions may interfere with recovery and mental health treatment. Neglecting serious biomedical conditions. Presence of acute but non-life-threatening medical symptoms and signs. Shows some “difficulty tolerating and coping with physical problems.”	Presence of chronic EBC conditions and cause significant interference with recovery. Absence of imminent risk to safety. Impairment in social functioning and has minimal skills to function independently.	Patient is reluctant to enter treatment. Aware of negative consequences of substance use but has “low readiness to change and is passively involved in treatment. May be inconsistent with treatment and self-help group attendance.	Patient is capable of self-management with prompting but has “impaired recognition and understanding of” relapse.	Patient is able to cope with clinical structure even though their environment is not supportive of SUD recovery.

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Risk Rating	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
3	“Severe signs/symptoms of intoxication indicates... an imminent danger to self or others”. Risk of severe but manageable withdrawal; or withdrawal is worsening.	“Poor ability to tolerate and cope with physical problems.” Poor health condition. Neglecting serious medical problems but health is still stable.	Severe EBC symptoms, but sufficient control that does not require involuntary confinement. Impulses to harm self or others are frequent, but no imminent risk in a 24-hr setting.	Patient does not follow through treatment consistently and has limited insight to need for treatment. Not aware of the need to change.	Limited understanding on relapse and has poor coping skills. Limited relapse coping skills.	Patient struggles with coping even with clinical structure due to unsupportive recovery environment.
4	“Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death).”	Presence of serious medical problems. “Patient is incapacitated.” Requires medical stabilization and medication management in a hospital setting.	Severe EBC symptoms that requires involuntary confinement. MH d/o is severe causing threat to self and others. Unpredictable, disorganized, and violent psychotic symptoms. Gravely disable.	Inability to follow through treatment recommendations and see the connection between substance use and negative consequences. Blaming others for their SUD and unwilling to explore change. Requires immediate action if patient shows imminent risk to harm self/others due to SUD or MH conditions.	No relapse prevention skills to reduce relapse. Repeated treatment has little effect on improving the patient’s functioning. Requires immediate action if patient shows imminent risk to harm self/others due to SUD or MH conditions.	Patient’s surrounding environment is hostile and not supportive of SUD recovery. Patient struggles to cope with the environment. Requires immediate action if the environment is posting imminent threat to patient’s wellbeing and safety.

Adapted from Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gasfriend, D. R., & Miller, M. M. (Eds.). (2013). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). Carson City, NV: American Society of Addiction Medicine. pp.74-89.

Vignette-Courtney

39-year-old female-referred by Employee Assistance Program

She works as a CNA in a medical group work-positive urine drug screen at work (was tested due to concerns with erratic behavior and poor performance)

Was in a car accident 6 years ago and has been using Norco to manage the chronic pain. She uses 3-5 times per week and 2 -4 pills at a time (prescribed 1 -2 pills at a time). Last use 5 days ago

Almost daily Cannabis use for the past 15 years (reports for sleep) (usually around 2.5-5mg of edible). Last use 2 days ago

Has borderline high blood pressure and Dr has recommended medication (she is not consistent with medication usage).

Joint custody of 2 children (ages 11 & 8) with ex-husband. Poor relationship with ex-husband and Courtney doesn't have any family living in the area.

She reports having some friends, but due to COVID doesn't feel safe going out to socialize (she is fully vaccinated).

She currently lives alone in a rented apartment.

Often feels frustrated, low energy, tired, and doesn't know how to enjoy life and has been having chronic insomnia, with decreased appetite.

She fluctuates between Pre -Contemplation and Contemplation Stages of Change.

She has history of seeing individual therapist and reports that it was helpful in managing her depression and anxiety, but doesn't feel like it would do anything for her now.

ASAM Criteria – Multidimensional Assessment

Dimension #1: Acute Intoxication and/or Withdrawal Potential

Risk Rating:

Rationale:

Dimension #2: Biomedical Conditions and Complications

Risk Rating:

Rationale:

Dimension #3: Emotional, Bx. or Cog. Conditions and Complications

Risk Rating:

Rationale:

Dimension #4: Readiness to Change

Risk Rating:

Rationale:

Dimension #5: Relapse, Cont. Use, or Continued Problem Potential

Risk Rating:

Rationale:

Dimension #6: Recovery/Living Environment

Risk Rating:

Rationale:

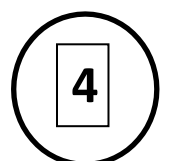
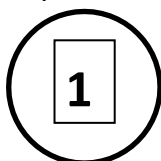
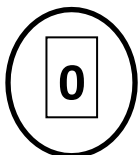
Non-issue
Very low Risk

Mild difficulty
chronic issues
Likely to resolve

Moderate difficulty
Persistent chronic issues

Serious Issue
Near Imminent
danger

Utmost severity
Imminent Danger



Case Vignette- Andrea

- 27-year-old African American female with opioid use disorder, severe.
- She has been using prescribed opioids for medical complications following a surgical procedure a few years ago. When her physician refused to refill her prescription for misusing the prescription, she smoked heroin, then started to inject heroin shortly after.
- Prior to the surgery, Andrea was living independently, working for a local tech start-up after receiving her BA in business.
- Andrea lost her job, then her apartment, and moved in with her sister.
- Andrea reported some depressive symptoms due to substance use and unemployment. She is not sure about receiving psychological services.
- Andrea stated that she has anemia and she has stopped taking iron pills.
- Andrea has just completed LOC 3.2 withdrawal management with no prior SUD treatment history.

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Risk Rating:

Rationale:

Dimension #6: Recovery/Living Environment

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Imminent Danger

