Ending Addiction
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RECOMMENDATIONS FOR HEALTH CARE PROVIDERS

CRITICAL ADDICTION PREVENTION, TREATMENT AND MANAGEMENT SERVICES TO INCLUDE IN ROUTINE HEALTH CARE PRACTICE

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In the report, *Addiction Medicine: Closing the Gap between Science and Practice*, CASAColumbia® identified the following list of critical addiction services that have been proven by research to effectively prevent risky substance use and treat and manage addiction:

- **Routine Screening and Brief Intervention (SBI) in Health Care Settings, Including Primary and Urgent Care.** All patients should be routinely screened for all forms of risky substance use—including tobacco, alcohol, illicit drugs and controlled prescription drugs. Screening should be conducted at the initial visit to a primary care (including family and internal medicine and pediatric), obstetric, mental health or specialty care physician, and then routinely thereafter, and upon admission into a hospital, emergency department or trauma care center. Age- and gender-appropriate screening should be done. As part of these services, patients (and their families if appropriate) should be educated about the health consequences of risky substance use, the disease of addiction and risk factors for both.

  For those who are risky users but do not meet the threshold of clinical addiction, a brief intervention (typically involving motivational interviewing techniques and substance-related education) is an effective, low-cost approach to reducing risky substance use.[1]

- **Diagnostic Evaluation, Comprehensive Assessment and Treatment Planning.** For individuals who screen positive for risky substance use, a diagnostic evaluation should be done to determine the presence or absence of addiction and, if present, determine its stage and severity.

  If the disease of addiction is present, a comprehensive assessment must be performed to evaluate the complete history of substances used, previous addiction treatment and outcomes, co-occurring medical (including psychiatric) conditions and personal circumstances that may affect treatment success. The results of the diagnostic evaluation and comprehensive assessment create the foundation for an effective treatment plan that is individualized and tailored to the patient, identifies the pharmaceutical and psychosocial therapies needed and the appropriate level/setting of care. Diagnosis and treatment planning should be conducted using standardized and validated instruments. Providing treatment, including specialty care as needed, is critical to managing the condition and preventing further health and social consequences.[2]

- **Stabilization.** As a precursor to treatment, the patient's condition should be stabilized via cessation of substance use, including medically-supervised withdrawal management ("detoxification") when necessary. Stabilization alone is not treatment for addiction; after stabilization, connecting patients with services to treat and manage their addiction is a critical step in assuring that stabilization services are clinically and financially effective.

  All patients should be evaluated to: a) determine the presence and severity of withdrawal symptoms using standardized instruments, b) assess potentially complicating co-occurring medical (including psychiatric) conditions, c) detect (through the use of drug testing) any substances present or recently used in the patient's body and d) establish the patient's withdrawal history. A trained physician

should determine the appropriate setting (e.g., patient's home, physician's office, non-hospital treatment facility, hospital, intensive outpatient/partial hospitalization program) for stabilization based on the results of the diagnosis and evaluation. Patients should be supported through withdrawal (with the use of medication when necessary) to re-establish a state of physiological stability. Once stabilized, all patients should receive addiction treatment immediately.

- **Addiction Treatment.** Qualified health care professionals should deliver evidence-based addiction treatments, accompanied by treatment for co-occurring health (including psychiatric) conditions. Depending on the severity of the patient's disease and the general health status of the patient, the use of medications, psychosocial therapies, or both in combination may be necessary. Providers should coordinate addiction treatment with other health care services.

    - ***Pharmaceutical Therapies.*** Pharmaceutical therapies can be an important component of addiction treatment.[3] Individual factors, including genetic and biological characteristics and environmental and psychological risk factors, may determine how effective a certain type of pharmaceutical intervention will be for an individual with addiction.

      FDA-approved medications to treat addiction include, but are not limited to:
        1. Campral (acamprosate), naltrexone formulations and Antabuse (disulfiram) for addiction involving alcohol
        2. Zyban (bupropion), Chantix (varenicline), and the five FDA-approved forms of nicotine replacement therapy (NRT), including patch, gum, lozenge, nasal spray and inhaler for addiction involving nicotine
        3. Naltrexone formulations, methadone and buprenorphine formulations (including Suboxone) for addiction involving opioids

      Physicians, using their clinical judgment, have the authority to prescribe medications that are not FDA-approved specifically to treat addiction, just as is the case when physicians treat other illnesses.

    - ***Psychosocial Therapies.*** Psychosocial therapies are critical components of almost every treatment regimen; when combined with pharmaceutical treatments they enhance treatment efficacy.[4] Psychosocial therapies must be tailored to individual patient characteristics, such as age, gender and sexual orientation.

      Evidence-based psychosocial therapies include, but are not limited to:
        1) Cognitive-Behavioral Therapy (CBT)
        2) Motivational Interviewing (MI) and Motivational-Enhancement Therapy (MET)
        3) Community Reinforcement Approach (CRA)
        4) Contingency management/motivational incentives
        5) Behavioral couples/family therapy
        6) Multidimensional family therapy
        7) Functional family therapy

    - ***Level/Setting and Length of Treatment*.** The appropriate level/setting of care should be determined by the results of a diagnostic evaluation and a

comprehensive assessment, and should be documented in an individual treatment plan.

The levels/settings of care that are appropriate for addiction treatment include:

1) Outpatient treatment
2) Intensive outpatient treatment
3) Partial hospitalization
4) Inpatient hospitalization
5) A range of non-hospital residential treatment environments (including low-intensity, high-intensity and population specific)

The medically-indicated length of treatment varies depending on the severity and complexity of the patient's disease and other factors. Length of treatment should be flexible, contingent on periodic evaluation of the patient's progress.

Physicians also should keep in mind that many people with addiction have co-occurring health (including psychiatric) conditions; often these co-occurring conditions must be treated concurrently for any treatment to be successful. For patients with co-occurring conditions, the appropriate level/setting of care must allow for concurrent treatment of all health conditions. [5]

- **Monitoring, Support and Continuing Care.** Because addiction can be a chronic, relapsing disease, monitoring, support and continued care services are essential to help the patient maintain the progress achieved during the initial phase of addiction treatment and to prevent relapse. Ongoing pharmaceutical and psychosocial therapies are often indicated to manage the disease, as for persons with other chronic conditions like diabetes or hypertension. Follow-up appointments to monitor progress and disease management services to promote patients' adherence to a treatment regimen and management of their disease contribute to positive outcomes. As is the case with other chronic diseases (e.g., various cancers), periodic revisits to monitor the patient's status and to assure that a state of remission remains (or, alternately stated, to assure that there are no early/undetected signs of relapse not well-appreciated by the patient) are essential.

  The full range of services required to manage a chronic condition should be offered, including continued pharmaceutical and psychosocial therapy services, supervised by a physician and follow-up appointments to monitor progress; disease management services to promote patients' adherence to a treatment regimen; and case management services to connect patients with resources, including peer support (e.g., AA/NA/Smart Recovery/etc.), auxiliary services—such as legal, educational, vocational, housing, child care and family supports as well as nutrition and exercise counseling. Peer support programs, like AA and NA, are an important adjunct to treatment; however, these programs do not constitute treatment themselves.

  For more information about risky substance use and addiction, best practices for prevention, treatment and disease management, and the consequences of failing to address this disease adequately please see our reports:

  Addiction Medicine: Closing the Gap between Science and Practice
  Adolescent Substance Use: America's #1 Public Health Problem

Notes

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