

IMPROVING ADDICTION TREATMENT



Due to longstanding stigma and misunderstanding around addiction, it is often considered to be a moral failing rather than a disease. As a result, the approach has long been to hold people accountable via the criminal justice system rather than focusing on prevention and treatment in the health care system. This has made care largely inaccessible to millions of people who need addiction treatment. The separation of addiction treatment from the mainstream health care system has also left the health care field unprepared and largely unable to treat addiction. Health care providers do not know how to screen, treat, or manage substance use disorders, missing countless opportunities to help people in need of care through the health care system. Few patients receive care, and many of those who do receive inadequate or substandard care in the addiction treatment system, which emerged to fill the void created by the health care system. This treatment system is largely unregulated, is run by providers who are not medically trained, and typically does not provide evidence-based care. The widespread underutilization of safe and effective medications to treat opioid addiction is the most glaring example. Patients face difficulties finding and paying for care.

21 million people need treatment; only 10% receive specialty treatment, 20% receive any treatment¹

Only 1/3 of individuals receive treatment that meets minimal standards of care²

Every \$1 spent on addiction treatment yields \$4 in health care savings³

In order to effectively manage and treat addiction, addiction treatment must be fully integrated with the mainstream health care system.

Key Recommendations for Improving Addiction Treatment:

- Determine whether the state has adequate treatment capacity (see checklist)
- Increase treatment capacity
- Help patients and families find quality addiction care
- Increase availability of medications for addiction treatment (MAT)
- Improve quality of addiction care
- Improve insurance coverage for addiction care
- Provide comprehensive recovery support services

What does integration of addiction treatment with the health care system look like?

- Screening, brief intervention, and referral to treatment (SBIRT) by health care professionals upon any contact with the health care system
- Mild to moderate substance use disorders managed by mainstream health care system with appropriate training and supports
- Severe addiction treated in specialty treatment system, which is subject to the same mandatory licensing processes as other health care facilities and is required to provide evidence-based care
- Emergency department initiated treatment or “warm hand-offs” to treatment provided for patients who present at a hospital emergency department with a substance use disorder (e.g., overdose)
- Treat co-occurring mental health and substance use disorders
- Provide adequate reimbursement for addiction treatment and eliminate insurance practices that create barriers to care
- Patients and their families can go to their doctor when they are seeking help, instead of the internet

Checklist to Determine Treatment Capacity:

- ✓ Does your state have a mechanism for measuring substance use rates and treatment need?
- ✓ How many treatment facilities are licensed/certified to provide addiction treatment in your state?
- ✓ How many opioid treatment programs (OTPs) are operating in your state?
- ✓ Do OTPs offer only methadone or do they also provide other FDA-approved medications for opioid addiction treatment (i.e., buprenorphine, naltrexone)?
- ✓ How many providers in your state hold Drug Addiction Treatment Act of 2000 (DATA 2000) waivers to prescribe buprenorphine? How many hold waivers for higher patient limits? How many are actually prescribing to patients?
- ✓ How many treatment facilities accept Medicaid? Medicare? Private insurance?
- ✓ Are there areas of the state where treatment is not accessible (e.g., do not meet state’s network adequacy requirements)?
- ✓ Are people going to other states to obtain treatment?
- ✓ Do patients and providers report wait times to enter treatment (i.e., wait lists)?
- ✓ Are treatment facilities well integrated with other health care services, including mental health care?
- ✓ What is the rate of Medicaid participation among existing treatment facilities/providers?
- ✓ What are the Medicaid reimbursement rates for addiction treatment services?
- ✓ Does Medicaid reimbursement cover wrap-around services that are reimbursable under Medicaid waivers and necessary to treat addiction and sustain recovery?
- ✓ What are the barriers to increasing treatment capacity and how can they be overcome?

Additional Resources:

- **Center on Addiction**, [Ending the Opioid Crisis: A Practical Guide for State Policymakers](#) (ch. 4)
- **Center on Addiction**, [Patient Guide](#)
- **Center on Addiction**, [Addiction Medicine: Closing the Gap between Science and Practice](#)
- **U.S. Surgeon General**, [Facing Addiction in America](#) (ch. 4,6)
- **Washington State Institute for Public Policy**, [Benefit-Cost Results for Substance Use Disorders](#)

Sources:

1. Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
2. Substance Abuse and Mental Health Services Administration. (2013). Mental health and substance use disorders: Treatment landscape. In *Behavioral Health, United States, 2012* (HHS Publication No. SMA 13-4797). Rockville, MD: Author. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK174675/>.
3. U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, D.C.: HHS.

