

**State Associations for Addiction Services
Practice Committee
Definitions of the Treatment of Substance Use Disorders
November 9, 2011**

The following statements were developed by the State Associations for Addiction Services to provide a concise, functional and comprehensive definition of addiction treatment. The purpose of this document is to bring together the addiction treatment field around a common definition of treatment, and to provide stakeholders with a definition that clarifies what can be expected when treating people with substance use disorders. It is not intended to be a final document that defines addiction treatment for all time, but rather a *living document* that can be revised and updated as new research becomes available and evidence-based best practices are identified and input is sought and provided by experts in the field.

Concise Definition of the Treatment of Substance Use Disorders

The treatment of substance use disorders provides specialty medical and psycho-social counseling and interventions to help reduce or discontinue the harmful use of alcohol, tobacco, and other drugs. Treatment addresses the physical, psychological, and social aspects of this disorder inclusive of “harmful or unhealthy use” and the chronic progressive disease of addiction with the goal of helping individuals achieve and maintain a healthy life.

Functional Definition of the Treatment of Substance Use Disorders

The treatment of substance use disorders focuses on the management of care through the implementation of evidenced based practices and treatment modalities individualized and matched in intensity to the patient’s needs, strengths, and readiness to change, co-occurring conditions, continued use potential, severity, and recovery supports. These interventions are intended to effect reduction and abstinence from the use of psychoactive substances, the initiation of recovery and the self management of the diseases/disorder which can be measured by improved functioning in major quality of life domains, including physical, social, psychological, and environmental health and spirituality.

Comprehensive Definition of the Treatment of Substance Use Disorders

Substance use disorders are one of our nation’s top health problems that affect the lives of families, the work force, public safety, and the economy. The Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Drug Abuse (NIDA) research indicate that there are more deaths, illnesses, and disabilities from substance use disorders than from any other preventable condition. These indicators reflect the importance of investing in a comprehensive service system from prevention to treatment to recovery supports, to promote health and reduce negative consequences.

The treatment of substance use disorders includes specialty medical and psycho-social counseling and interventions to help reduce or discontinue the harmful use of alcohol, tobacco, and other drugs. Treatment addresses the physical, psychological, and social aspects of substance use disorders, with the goal of helping individuals achieve and maintain a healthy life. Genetics contribute to the likelihood that an individual will develop an addiction, and the environment in which a person lives will influence the extent to which their genetic predispositions are realized.

The goal of treatment is to provide a full range of high quality services regardless of age, gender, culture, and other special needs. The interventions reflect the knowledge and technology that are available and include evidenced-based practices. Treatment recognizes the critical connection between primary health care and specialty care, and the key role of family and community supports including linkage to housing, employment and other social services and supports. Publicly and privately-funded organizations and managed care components must work well together to produce the desired outcomes.

The integration of primary care and addiction treatment services is integral to the future of the treatment system; addiction treatment can be integrated into primary healthcare or primary healthcare can be integrated into addiction treatment; or referrals between these healthcare systems can be made as long as services are tracked and care is coordinated by the individual's health home. Providing integrated healthcare services is necessary to produce the cost-effective management of co-morbid conditions (Institute of Medicine (2006), *Crossing the Quality Chasm: Improving the Quality of Health Care for Mental and Substance-Use Conditions*).

The care and treatment of individuals with substance use disorders includes assessing their needs, providing treatment for intoxication and withdrawal, and developing a treatment plan that addresses how the patient will achieve abstinence without medical compromise; achieve and maintain abstinence post withdrawal; and gain improvement in functioning in their medical, social and psychological life domains.

The principles of effective treatment are as follows:

1. No single treatment is appropriate for all
2. Treatment needs to be readily available
3. Effective treatment attends to the multiple needs of the individual
4. Treatment plans must be assessed and modified continually to meet changing needs
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness (NIDA Principles of Effective Treatment)

Promising treatment interventions are evidence-based clinical practices that are integrated with quality performance indicators, such as access, engagement, and treatment retention. These practices include screening, brief interventions, and brief treatment. Early screening and intervention are proven to reduce the progression to the unhealthy use of alcohol and/or drugs and substance use disorders.

Other best practices that improve treatment outcomes include behavioral therapies, Motivational Enhancement Therapy, Cognitive Behavioral Therapy, and Family Intervention Services (McLellan, *Evidence Based Clinical Practices Within and Across Continuum of Addiction Treatment, ASAM Principles of Addiction Medicine*, Chapter 25). These effective treatment interventions are delivered in supervised structured programs that may include individual and group counseling in an outpatient setting or intense treatment in a 24 hour inpatient habilitative or rehabilitative residential treatment.

In many cases, the integration of psychosocial rehabilitation with evidence-based Medication Assisted Treatment will provide the best treatment outcomes. While medications can play an important role in treatment and recovery, it is essential that care includes treating the whole person including psycho-social counseling and interventions, psychiatric care, medical care, recovery environment, and supports including family, peer, social, and community support systems (SAMSHA Department of Pharmacological Therapies 2011).

In the preliminary and early recommendations of the yet to be published DSMV under the diagnosis of *substance use disorders* there are criteria to assess varying degrees of use disorders with moderate use being positive on 2 to 3 of the 11 criteria and severe being positive on 4 or more criteria.

Treatment interventions for low risk to harmful use are less intense and typically shorter term. For low risk, at risk, unhealthy, substance use, the interventions include:

- Low risk use: health promotion and primary prevention
- At-risk use: brief counseling and facilitated self change
- Harmful or unhealthy use: brief counseling, facilitated self change (Adapted from Willenbring, 2009)

For severe substance use disorders, the addiction interventions include the use of the chronic care model (Wagner 1966, 2001), which encourages well developed efforts to screen and intervene early and often with patients who have genetic or behavioral indications of incipient illness and with those with disease progression (McLellan, McKay 2009).

Care for chronic illnesses moves from more intensive stages of care involving individualized treatment planning and interventions to stages of declining intensity as severity of symptoms is reduced. As lifestyle changes toward self management have been adopted, care still continues through less invasive intervention and recovery supports by a care team, with the goal of reducing and preventing the return to use risk behaviors or non-adherence (relapse) (McLellan, McKay, 2009). Matching intensity of treatment within the levels of care to the severity of the substance use disorder is a critical determinant of improved health outcomes.

Addiction can be a relapsing brain disease that must be treated as a chronic, primary health condition. Left untreated, its consequences manifest in behaviors and in general health conditions that affect most aspects of society.

Addiction is comparable to other chronic conditions such as hypertension, diabetes (adult onset) and asthma in terms of its management, adherence, and outcomes. All chronic conditions are influenced by genetic, metabolic and behavioral or environmental factors. Non-adherence to addiction treatment plans and relapse to risk behaviors such as using drugs and/or alcohol again are common factors for people with substance use disorders. While no cures are available for most chronic conditions, effective treatments are available (McClellan, 2003).

Treatment and recovery from an addiction requires components of self-management, mutual support, and best practice professional treatments and psychosocial care provided by licensed or credentialed addiction and healthcare professionals. Treatment outcomes can be measured by the reduction of use of psychoactive substances and related risk behaviors, and increasingly sustained abstinence from the use of psychoactive substances. The initiation of recovery and of the self management of the disorder can be measured by improved functioning in major quality of life domains including physical, social, psychological, and environmental health and spirituality.

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