



# ASAM

American Society of Addiction Medicine

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## Public Policy Statement on Treatment for Alcohol and Other Drug Addiction<sup>1</sup>

### I. General Definitions of Addiction Treatment

**Addiction Treatment** is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug addiction, and which is designed to enable the affected individual to achieve and maintain sobriety, physical, spiritual and mental health, and a maximum functional ability.

**Addiction Treatment services** are professional healthcare services, offered to a person diagnosed with addiction, or to that person's family, by an addiction professional. Addiction professionals providing addiction treatment services are licensed or certified to practice in their local jurisdiction and may be nationally certified by a professional certification body for their professional discipline.

**Addiction Medicine services** are offered to a patient by an allopathic or osteopathic physician who devotes a significant portion of his or her practice to addiction medicine; such a physician should be board certified in addiction medicine or addiction psychiatry.

**Addiction Medicine services** also include those services provided to a patient by a professional treatment team under the guidance of an addiction medicine physician who oversees and assures the quality of the patient's individualized treatment plan.

**Addiction Treatment services** can be provided on an outpatient basis by an individual clinician working with patients and families as described in the *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*<sup>2</sup> as Level I treatment services. Addiction Treatment services may also be provided by multidisciplinary teams working with patients and families in intensive outpatient/partial hospitalization, residential, or inpatient treatment programs, as described in the *ASAM PPC-2R* as Level II, III or IV treatment services.

### II. Components of Treatment Programs

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<sup>1</sup> Formerly "Public Policy Statement on Treatment for Alcoholism and Other Drug Dependencies."

<sup>2</sup> ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised (ASAM PPC-2R). April 2001.

Addiction Treatment programs should be structured to give patients the choices, resources and support to take responsibility for addressing their medical, social and psychological needs. Addiction Treatment should utilize therapeutic approaches that include sensitivity to age, gender, ethnicity and other personal characteristics when these factors generate special treatment needs. Frequency and intensity of services and length of stay at each level of care should be individualized to the least invasive, effective intensity and duration for each patient. Progress meeting these goals and standards should be regularly assessed. Addiction Treatment programs should include the following services:

- A. A thorough history, physical examination, screen for psychiatric illness and psychosocial evaluation.
- B. Medical management of withdrawal ('detoxification'), as indicated: that is, the achievement of a state free of alcohol and other addicting drugs (except those described in paragraph II D below). Using the *ASAM Patient Placement Criteria* and its principles, withdrawal management ('detoxification') may be accomplished on an inpatient or outpatient basis, and with or without the use of psychoactive drugs, depending on the physical, psychological and social needs of the patient.
- C. Counseling, including education on: the nature of alcohol and other drug addiction as biomedical and chronic diseases; the need for long term abstinence; the need for a program of rehabilitation, including family involvement; the dangers of cross addiction to other drugs, and/or to other addictive behaviors
- D. Medical treatment of the chronic disease of addiction ('addiction management') addressing the abnormalities in brain structure/functioning that appear in addiction as well as biological brain accommodations to chronic substance use. Medical management of addiction may include maintenance therapies and other pharmacological therapies of addiction as indicated.
- E. Medical treatment of the other physical concomitants and complications of addiction including attention to nutritional needs.
- F. Psychological assistance for the patient and family through psychotherapy and/or counseling, along with involvement in self-help groups, depending on the needs and characteristics of the patient and the family. This assistance is aimed at establishing and sustaining motivation for sobriety, and helping the patient find alternative, healthier ways of coping with personal, work, family, spiritual and social problems without resumption of alcohol or other drug use. It is aimed at helping the family develop healthier, more satisfying patterns of interaction which will in turn facilitate and reinforce the patient's abstinence. This includes help for the children of patients with these disorders aimed also at prevention of the disease in this high-risk group.
- G. Treatment of any psychiatric illnesses which may accompany the alcohol or other drug addiction such as mood disorders, anxiety disorders, personality disorders, etc.
- H. Referral for help with social, legal, child care, vocational, spiritual or other associated problems to appropriate community resources.

### III. Providers of Treatment

- A. Physicians, nurses, counselors, psychologists, social workers, other health care professionals, and treatment facilities can all be involved in providing treatment for alcohol and other drug addiction within the scope of their respective licensing and practice acts (see paragraph III E below).
- B. Physicians involved as consultants in and/or supervising addiction medicine specialty treatment should be credentialed in the treatment of addiction and educated in the various modalities of medical treatment including pharmacotherapies and psychosocial therapies. Certification in Addiction Medicine by the American Society of Addiction Medicine; a Certificate of Added Qualification in Addiction Medicine conferred by the American Osteopathic Association; subspecialty certification in Addiction Psychiatry conferred by the American Board of Psychiatry and Neurology; or board certification in Addiction Medicine by the American Board of Addiction Medicine are the recommended physician credentials. (See the ASAM Public Policy Statement on *How to Recognize a Physician Recognized for Expertness in Diagnosis and Treatment of Addiction and Substance-related Health Conditions*, January 2010.)<sup>3</sup>
- C. Addiction credentialed physicians working in addiction treatment programs should be involved in initial patient evaluation and treatment planning, medically necessary ongoing patient contact and in consultation involving examination of the patient upon request by counselors and other professionals working in the treatment program. Addiction physicians should provide medical care by reviewing overall treatment planning and discharge planning activities.
- D. Physicians who are not addiction medicine specialists, especially primary care and emergency medicine physicians, are in a unique position to diagnose and address addiction, often much earlier in the illness than other professionals. The physician is an essential part of the treatment of addiction, and identification and treatment of addiction are integral parts of general medical practice. Physicians should be educated in Motivational Interviewing and be capable of referring to appropriate treatment professionals and/or certified treatment facilities when more intensive treatment is indicated.
- E. Non-physician licensed health care professionals can assess and treat appropriate substance use disorders independently and/or participate as a member of a professional Treatment Team. (See *A Guideline for Credentialing and Privileging of Clinical Professionals for Care of Substance-related Disorders: a Joint Statement of the American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association*, February 2000.)<sup>4</sup>
- F. Peers and sponsors in self-help organizations are not considered to be providers of professional treatment. (See the *Public Policy Statement on The Relationship between Treatment and Self-Help: A Joint Statement of the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, and the American Psychiatric Association*, December 1997.)<sup>5</sup> Professional treatment is by definition offered by treatment

<sup>3</sup> <http://www.asam.org/HowToIdentifyaPhysicianRecognizedforExpertness.html>

<sup>4</sup> <http://www.asam.org/GuidelineforCredentialingandPrivilegingofClinicalProfessionals.html>

<sup>5</sup> <http://www.asam.org/RelationshipBetweenTreatmentAndSelfHelpAJointStatement.html>

professionals: individuals providing treatment should be trained within their professional discipline regarding substance use disorders and addiction.

- G. Treatment facilities should be licensed by appropriate governmental agencies and accredited by qualified accreditation agencies. All states should be encouraged to include in their requirements for certification of Addiction Treatment Programs that treatment programs have a medical director who is a physician who is credentialed in Addiction Medicine or Addiction Psychiatry.
- H. In jurisdictions where certification or licensure of addiction counselors is available, counselors should be certified or licensed.

#### **IV. Duration of Treatment**

Many factors may influence the duration of treatment including but not limited to the age of the patient, the stage of illness, the existence of co-occurring addictions, the degree of associated physical and psychiatric disability, the extent of social, family, vocational and legal problems, and the patient's readiness to change. Therefore, the length of the treatment and rehabilitation process will necessarily vary widely from case to case. In all cases, however, a continuum of care and a structural social support system (e.g. self-help groups, professional therapy and medical supervision) are needed because of the severe nature of the illnesses and potential for relapse. Addiction is a chronic disease. Relapse prevention efforts are ongoing, especially during the first months to two years. Maintenance of disease remission is a life-long process and should be followed as with all other chronic relapsing illnesses such as diabetes and hypertension. (For a description of the levels of care that should be available to patients over the course of their illness and recovery, based on medical necessity, see the *ASAM Public Policy Statement on Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Other Drug Abuse and Dependence*, April 1993.)<sup>6</sup>

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<sup>6</sup><http://www.asam.org/CoreBenefit.html>

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