

NQF

NATIONAL QUALITY FORUM

**Evidence-Based  
Treatment Practices  
for Substance Use  
Disorders**

WORKSHOP  
PROCEEDINGS

NQF

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**Evidence-Based  
Treatment Practices  
for Substance Use  
Disorders**

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*Editors*

WORKSHOP  
PROCEEDINGS

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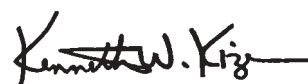
## Foreword

**E**xcessive or inappropriate use of alcohol and drugs (legal and illegal) is a major public health and healthcare problem in the United States and worldwide. Substance use disorders (SUDs) are also a major problem for employers, law enforcement, and social services programs.

In recent years, it has become clear that SUDs, like other chronic health conditions, demand—and respond to—evidence-based therapies, and the knowledge of what constitutes appropriate treatment has grown markedly. Unfortunately, however, we have not witnessed a consistent implementation of proven methods of treatment.

On December 13, 2004, the National Quality Forum (NQF) convened a workshop to discuss evidence-based treatment for SUDs. The workshop, *Evidence-Based Treatment Practices for Substance Use Disorders*, sought to recommend a few high-priority, evidence-based treatment practices that would help focus subsequent consensus and quality measurement efforts. The workshop's 19 stakeholder experts identified 7 core treatment practices that are supported by sufficient scientific evidence to merit widespread implementation and 4 attributes of high-performing SUD treatment programs. In addition, participants identified five barriers to the adoption of evidence-based treatment practices.

We thank the Robert Wood Johnson Foundation for supporting this workshop. We also thank the workshop's participants for their generous time and intellectual input.



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President and Chief Executive Officer

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# Evidence-Based Treatment Practices for Substance Use Disorders

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# Evidence-Based Treatment Practices for Substance Use Disorders

## Executive Summary

**O**ver the past 15 years, scientific knowledge of effective, evidence-based therapies to treat people with substance use disorders (SUDs) has increased substantially. However, as with other aspects of health-care, the increase in scientific knowledge has not been accompanied by the consistent implementation of proven methods of treatment.

The National Quality Forum (NQF) undertook this project, with support from the Robert Wood Johnson Foundation, as a first step toward addressing the need for SUD treatment performance measures and benchmarks of effective treatment for SUDs. NQF convened an expert panel of stakeholders to begin defining and prioritizing evidence-based practices in the treatment of SUDs. A commissioned background paper provided the starting point for discussion (appendix C).

## Recommended High-Priority Evidence-Based Treatment Practices for SUDs

Treatment for SUDs takes place within a care continuum that includes:

- screening, diagnosis, and assessment;
- active treatment, including stabilization, early recovery treatment, and management of comorbidities (such as mental illness); and
- continuing engagement as part of a longer-term chronic care plan.

Despite significant progress in improving the evidence base for SUD treatment, only a fraction of the spectrum of care for SUDs is validated by the most rigorous evidence in the current scientific literature. Nonetheless, workshop participants concluded that seven core

practices for SUD treatment are supported by scientific evidence sufficient to merit widespread implementation.

### **Practice 1. Screening**

**All patients in general and mental healthcare settings (including primary care, urgent care, and emergency care) should be screened for alcohol misuse whenever a care encounter provides the opportunity.** Screening methods should be evidence based and population specific. Providers should employ screening tools specifically shown to be effective for identifying misuse in a given population. Screening is not just for those who meet diagnostic criteria. Participants concluded that although opportunistic screening for drug misuse is likely to be similarly effective in some clinical settings, the evidence to support routine drug screening is less extensive so far.

### **Practice 2. Initial Brief Intervention**

**All patients with a positive screen should receive a brief intervention by a healthcare practitioner trained in this technique.** Brief intervention should include assessment and follow-up care, including referral to specialty services and systematic monitoring as needed.

### **Practice 3. Prescription for Services**

**Each patient assessed and diagnosed with SUDs should receive a written “dosing recommendation” that clarifies the treatment plan (i.e., explicitly prescribes the specific services and the initial duration and quantity of each service) for the patient.** Providers should conduct or arrange systematic patient reassessment and matching of the patient’s problems with appropriate services, including a new prescription for services if a need is identified.

### **Practice 4. Psychosocial Intervention**

**Evidence-based psychosocial treatment interventions should be initiated for all patients referred to specialty care treatment of SUDs.** Studies of trained clinicians using the following interventions have found these therapies to be effective for at least some populations and diagnoses:

- motivational interviewing;
- motivational enhancement therapy;
- cognitive behavioral therapy;

- structured family and couples therapy;
- contingency management (also known as motivational incentives);
- community reinforcement therapy; and
- 12-step facilitation therapy.

### **Practice 5. Pharmacotherapy**

**Addiction-focused pharmacotherapy should be considered for all patients diagnosed with alcohol and/or opioid dependence. Pharmacotherapy, if prescribed, should be provided in addition to, and directly linked with, psychosocial treatment.** Not all patients with alcohol or opioid dependence are good candidates for pharmacotherapy. For appropriate patients, however, there is solid evidence that pharmacotherapy provided by trained clinicians is effective in combination with psychosocial therapy. All patients with SUDs should be assessed, and, if appropriate, pharmacotherapy should be initiated.

**Practice 6. Patient Engagement and Retention** Specialty providers should systematically promote patient engagement and improve retention in SUD treatment. Although evidence regarding the relative effectiveness of different strategies for engaging patients is emerging, some evidence indicates that, overall, engagement and retention are important components of successful treatment for patients with SUDs. Both initial engagement and ongoing retention in treatment can be affected by provider actions and patient readiness to change.

**Practice 7. Recovery/Chronic Care Management** Patients treated for SUDs should be engaged in long-term, ongoing management of their care. Primary medical care providers should support and monitor ongoing recovery in collaboration with the specialty provider who is managing the SUDs. Over the

long term, primary medical care providers should take responsibility for overall care, with referral back to and coordination with specialty treatment when appropriate.

## **Ineffective Practices**

Participants agreed that the evidence suggests that the following practices or treatment approaches are generally ineffective and should not be provided as a routine component of treatment:

- Any of the following as a standalone treatment for SUDs:
  - acupuncture,
  - relaxation therapy,
  - didactic group education, or
  - biological monitoring of substance use;
- detoxification as a standalone treatment for dependence syndrome;
- individual psychodynamic therapy;
- unstructured group therapy;
- confrontation as a principal treatment approach; and
- discharge from a treatment program in response to relapse.

## **Attributes of Evidence-Based Treatment Programs**

Workshop participants concluded that SUD treatment programs that have the following attributes are more likely to implement evidence-based practices successfully than those that do not have them. Programs without these attributes are less likely to successfully translate evidence-based practice to the treatment setting:

- **Organizational structure and culture.** The program has procedures in place to facilitate timely access to care, provide services, measure, monitor, and evaluate care, provide appropriate clinical supervision, foster a collaborative model, and demonstrate ability to provide or facilitate culturally competent care. The organization has appropriate patient/consumer representation and other stakeholder perspectives in the governing structure.
- **Staffing.** The program has a strong process for developing and measuring staff competence, ensuring staff communication, and ensuring availability of appropriately trained nursing and medical staff with relevant clinical competencies. The program has the ability to provide individualized, culturally competent care.
- **Information and clinical care systems.** The program has a clinical information support system that can be used by staff to generate clinically relevant information and that is used to facilitate comprehensive care across a spectrum of providers and services.
- **Strategies for patient engagement.** The program employs strategies to engage patients in self-management as part of recovery management support and includes patient perspectives in program management.

## Accelerating Adoption of Evidence-Based SUD Treatment

Workshop participants identified a number of system-level and individual barriers to adoption of evidence-based SUD treatment practices. Adoption of evidence-based treatment can be encouraged by aligning structure and policy in these identified areas.

### 1. Financial Factors

- Improved insurance coverage and benefit design, including parity in implementation of benefits.
- Increased funding to improve use of and access to evidence-based SUD treatment.
- More precise and consistent reimbursement billing codes for SUD diagnosis and treatment.
- Improved data linkages within and across insurers and insurance products.
- Payment mechanisms and incentives to promote evidence-based practice.

### 2. Legal/Regulatory and Oversight Factors

- Greater alignment of accreditation, legal, and regulatory systems, including licensure and scope-of-practice regulations, with evidence-based practice.
- Mechanisms to reduce discontinuity of services due to financial issues.
- Recognition of a single state-level authority charged with facilitating consensus on and implementation of evidence-based SUD treatment practices.

### **3. Education/Training Factors**

- Improvements in health professional curricula and continuing education.
- Improved training, supervision, and accountability for all levels of SUD treatment providers.

### **4. Healthcare Infrastructure Factors**

- Enhanced networks and communications for SUD providers.
- Development of a standardized nomenclature for SUD diagnosis and treatment.
- Improved identification and retention of qualified staff.
- Increased consensus on outcome goals relating to SUD treatment and the systems required to monitor goals.
- Clearly defined “essential community services” with increased availability.
- Increased collaboration with providers to enhance uptake of evidence-based practices.

### **5. Research and Knowledge Translation Factors**

- Research on the effectiveness of evidence-based practices.
- Improved understanding of how to implement evidence-based practice.

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## Appendix A

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