



## Public Policy Statement

### Purpose

The purpose of this Public Policy Statement is to describe the positions of the National Association of Addiction Treatment Providers (NAATP) relative to issues of law, policy, funding, and regulation that impact the delivery of addiction treatment. It is intended to inform the reader and to guide policy advocacy within NAATP and the addiction treatment field. The policy positions articulated in this document help fulfill the NAATP mission “to provide leadership, advocacy, training, and member support services to ensure the equitable availability and highest quality of addiction treatment.”<sup>1</sup>

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### Addiction

1. Addiction, also called Substance Use Disorder (SUD), is a primary, chronic, and potentially fatal brain disease characterized by biological, psychological, social, and spiritual manifestations.

### Addiction Treatment

2. Addiction is best treated by an integrated and comprehensive model of care that addresses the medical, biological, psychological, social, and spiritual needs of individuals impacted by the disease of addiction.

### Continuum of Care

3. Best practices in the treatment of addiction occur along a continuum of care wherein an individual’s needs are addressed for biological, psychological, social, and spiritual care from assessment and diagnosis to stabilization and detoxification, primary residential and outpatient treatment, and the options for long term recovery maintenance.

### Residential Treatment

4. Residential treatment is vital, necessary, and essential in the full continuum of care as a choice for the treatment of the chronic disease of addiction.

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<sup>1</sup> Additional NAATP statements of position are found in the following documents.

- NAATP Code of Ethics: <https://www.naatp.org/programs/ethics>
- NAATP Values Statement: <https://www.naatp.org/mission-values>
- NAATP Quality Assurance Guidebook: <https://www.naatp.org/sites/naatp.org/files/QualityAssuranceGuidebook.pdf>
- NAATP Strategic Plan: <https://online.fliphtml5.com/xqpok/hhtt/>

### Abstinence

5. Abstinence from all addictive drugs is an optimal component of wellness and lifelong recovery. Depending on bio-psycho-social and medical factors, there may be persons who require medication assisted treatment for extended periods of time, as medically indicated. However, medication alone is never sufficient to maintain long-term recovery.

### Twelve-Step Methodology

6. Twelve-Step Addiction Treatment is an effective method of addiction treatment.

### Outcome Measurement, Surveys, Research, and Education

7. Outcomes data that assess efficacy of treatment interventions are essential.

8. Rigorous scientific research and public and professional education and training that promote understanding of a continuum of care are essential.

9. Research-driven and evidence-based treatment interventions that integrate the sciences of medicine, therapy, and spirituality are necessary components of addiction care.

### Components of Comprehensive Addiction Care

10. Pharmaceutical interventions, sometimes called MAT - Medication Assisted Treatment - including medications for reducing craving and withdrawal symptoms, are appropriate components of comprehensive addiction care.

11. Psycho-social interventions, including cognitive behavioral therapy and motivational interviewing, are appropriate, evidence-based components of comprehensive addiction care.

12. The spiritual components of integrated addiction treatment, including Twelve- Step groups and mindfulness meditation, are appropriate components of comprehensive care.

13. Behavioral interventions including nutrition and exercise are appropriate components of comprehensive addiction care.

### Pharmacology

14. Advances in brain science and pharmacology have improved the industry's ability to treat addiction. As the fields of neuroscience and pharmacology continue to grow, our best practices shall evolve to ensure the best treatment possible for SUD. This includes pharmacological interventions as needed as a part of the continuum of care.

### Family

15. Families typically have had the most influence on the individual with SUD and are

greatly impacted by the person with SUD. Therefore, family treatment and family recovery are essential in addiction treatment. Family influence, health, and stability are crucial in the process of recovery from SUD, and family should be supported along the continuum of care for the identified SUD patient.

#### ASAM Criteria

16. The placement criteria from the American Society of Addiction Medicine (ASAM) give treatment providers a guideline for offering the appropriate level of care for the appropriate stage of the Substance Use Disorder (SUD).

#### Harm Reduction

17. The primary goal of recovery is typically a life without drugs or alcohol, but we realize that for some individuals that might not be attainable. We, therefore, support the use of harm reduction strategies for those individuals. The process of harm reduction allows those who otherwise are unwilling or unable to participate in abstinence-based recovery the opportunity to take steps toward a recovery process.

#### Chronicity

18. SUDs are chronic in nature but are often inappropriately treated as acute diseases. The person with SUD requires ongoing support to recover from the chronic disease of addiction. There is evidence that long-term support provides individuals with SUDs long-term recovery.

#### Relapse

19. As is the case with chronic disease, relapse is a component of SUD as well. Relapse prevention and treatment, therefore, are essential components of addiction treatment.

#### Education, Training, Compensation of Professional Staff

20. NAATP supports the professionalization of the addiction field.
  - a. Developing education systems to support all areas of the field is critical. This includes health care professionals, legal professionals, and addiction professionals.
  - b. Continued training and education keep staff informed of best practices, changes in recommendations, and ensures ethical work across the field.
  - c. Appropriate compensation ensures quality care for the population we serve.

### Co-Occurring Disorders

21. A significant number of individuals presenting for SUD treatment also exhibit signs of mental health issues. Screening, assessment, and treatment of co-occurring issues are appropriate components of comprehensive addiction treatment.

### Marijuana

22. NAATP addiction treatment provider members regularly see the harmful effects of marijuana on patients. As with all intoxicants, marijuana is harmful to some users and addictive to some users. Young people are particularly vulnerable to harmful effects of marijuana because of ongoing brain development during use. Additionally, the younger a person uses a mood or mind-altering substance, the greater is the likelihood of addiction. Expanded acceptance of marijuana may result in more use and more harm. The cannabis plant has potential medicinal qualities, and we support further research. We oppose the use of marijuana as a medicine without U.S. Food and Drug Administration approval.

### Parity

23. NAATP believes in the principle of parity for the treatment of addiction/substance use disorder (SUD). NAATP supported the passage and continues to endorse the Mental Health Parity and Addiction Equity Act (MHPAEA). We believe that SUD is a disease and that people suffering from SUD must not be discriminated against or treated, relative to health care delivery or insurance coverage, differently than those suffering from any other disease. NAATP is committed to full implementation and enforcement of parity law, policy, and regulations as promulgated in the MHPAEA.

### Diversity, Equity, Inclusion, and Belonging (DEIB)

24. NAATP is committed to DEIB and recognizes the inequities of the past and existing institutional discrimination. We promote policies to provide access to the full continuum of care for all Americans regardless of ability/disability, age, gender, race, sexual orientation, and socio-economic background. Additionally, we affirm, support, and promote inclusion of all unrepresented populations as professionals in the field.
25. We encourage additional funding for culturally specific community education groups to reduce stigma around SUD, treatment/medications, and recovery.

### Workforce

26. The substance use disorder and mental health treatment workforce shortage has been exacerbated by the COVID-19 pandemic – providers and people with lived experience face record-high overdose rates and a continued lack of access to care.

27. NAATP will support policy choices that promote an adequate and diverse workforce for the field.
28. The workforce committee will focus on creating solutions, collaborating with community partners, influencing public policy, development of a more diverse workforce and work on ideas-for retention, advancement, education, career placement assistance and recruitment. We will research resources and tools to advance workforce development nationally and on state levels.

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