



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 regarding some of the wide range of issues that impact addiction treatment.

The policy positions articulated in this document help fulfill the NAATP mission “to provide leadership, advocacy, training, and member support services to ensure the availability and highest quality of addiction treatment.” Additional information regarding the positions of NAATP can be found in NAATP’s Code of Ethics¹ and Values Statement².

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.

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¹ The NAATP Code of Ethics is included as Appendix A to this document and is found at naatp.org/resources/addiction-treatment-provider-ethics/code-ethics.

² The NAATP Values Statement is included as Appendix B to this document and is found at naatp.org/about-us/values.

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.

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.

Code of Ethics



Preamble

The National Association of Addiction Treatment Providers (NAATP) is a nonprofit professional membership association comprised of addiction treatment providers and entities that support addiction treatment. Founded in 1978, the mission of NAATP is to provide leadership, advocacy, training, and member support services to ensure the availability and highest quality of addiction treatment.

The National Association of Addiction Treatment Providers and its members believe that Substance Use Disorder (a/k/a SUD or Addiction) is a primary and chronic disease of the brain accompanied by psychological and social conditions. Substance Use Disorder is a potentially fatal disease that negatively impacts an individual's and a family's life the areas of physical health, mental health, employment, and legal and personal relationships. Substance Use Disorder is treatable through a comprehensive integrated system of health care that addresses an individual's biological, psychological, social, and spiritual condition.

NAATP members provide SUD treatment and support. In so doing, NAATP members must adhere to the highest levels of professionalism and ethical conduct through the entire continuum and spectrum of clinical and business services, including development and marketing, admissions, treatment services, management, human resources, and relationships with the public, press, and policy makers. To ensure that NAATP members adhere to such responsibility and accountability, NAATP has adopted this Code of Ethics (Code). All NAATP members agree to abide by all provisions of the Code as a condition of membership and further agree to removal from membership for violating the Code based upon such a determination by NAATP. NAATP also offers this Code as an ethical conduct guide for addiction treatment providers outside NAATP membership.

Section I: Treatment

- A. Specific admission, treatment, continuing care, and referral criteria must be developed and followed for every level of service provided.
- B. Competent treatment services that address the physical, emotional, social, and spiritual needs of the patient, and where applicable the family, must be provided.
- C. Treatment must enhance the dignity and protect the human and legal rights of the patient and family.
- D. NAATP members must engage the patient in treatment planning and decision-making throughout the continuum of care.
- E. NAATP members must be licensed for all services for which their regulatory body provides licensure and must comply with all such licensure requirements.

Section II: Management

- A. Organizational structure, guiding principles, mission, and services must be available and stated clearly.
- B. NAATP members must employ professional and credentialed staff, where credentialing is applicable, who subscribe to the professional and ethical standards of their disciplines.
- C. NAATP members must foster relationships with other health care providers to ensure that they are an integral part of a community's health care services system.
- D. Fee structures must be reasonable, transparent, and available to the public.
- E. NAATP members must prohibit and not engage in any way in discrimination against or harassment of any employee, applicant for employment, or patient because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status, or any other characteristic protected under applicable federal or state law.
- F. NAATP members must conduct ongoing internal evaluation of their operations as part of a commitment to ongoing improvement.

Section III: Facilities

- A. All applicable local, state, and federal life safety, occupational safety, health, and fire codes must be met.
- B. NAATP members must be in compliance with all applicable provisions of the Americans with Disabilities Act and any state or local statutes, rules, ordinances, or regulations governing access to real property for persons with disabilities.

- C. A facility's environment must honor the human dignity and rights of patients.
- D. Facilities must be maintained and operated in a manner that enhances and integrates the local community.
- E. NAATP members must collect reasonable fees and rent from the patient for sober living and other non-clinical or ancillary services provided alongside outpatient services.

Section IV: Marketing

A. Financial Rewards for Patient Referrals

1. Patient brokering is prohibited. No financial rewards, substantive gifts, or other remuneration may be offered for patient referrals. NAATP members must not provide compensation for a patient referral. A NAATP member must not charge or receive compensation for providing a referral.
2. NAATP members may refer families or individuals to treatment or recovery support professionals, including interventionists, continuing care providers, monitoring agencies, and referral sources that offer services to patients prior to or after residential or outpatient treatment. NAATP members must not compensate such individuals or organizations in exchange for referrals, either in the form of direct payment, consulting contracts, fee splitting, or other compensation.
3. An NAATP member may not engage in the buying and selling of patient leads. Any collection or aggregation of leads for compensation is prohibited.
4. Offering inducements and non-clinical amenities to prospective patients is prohibited.
5. Routine waiver of patient financial responsibility related to deductibles and co-pays is prohibited. Waivers must not be provided except in the case of demonstrable financial hardship based on written objective criteria.

B. Deceptive Advertising or Marketing Practices

1. NAATP members must not engage in false, deceptive, or misleading statements, advertising, or marketing practices, including but not limited to, predatory web practices, payment kickbacks, services, and license and accreditation misrepresentation. Facilities operating under a "Florida model" providing outpatient clinical services along with a housing component must label clearly their program as such, and distinguish themselves from licensed residential facilities.

2. NAATP members must be transparent regarding their identity and services. NAATP members must provide prominent-information in all their advertising, on their websites, and in their collateral marketing materials about the type and model of services, corporate entity, treatment program brand, licensing, accreditation, location of facility or facilities, and staff credentials.
3. NAATP members must not utilize any form of false or misleading advertising, must not exploit patients and or families, and must not engage in competitive practices that are predatory or destructive to a collaborative marketplace.
4. Web directories that use facilities images, name, logos, and trademarks that do not clearly identify that facility's direct phone number and website are prohibited. Banners and borders on websites that utilize a web directory's call center number, especially when conveying an appearance of being a consultant or independent specialist, are prohibited.
5. Advertising must not include representations, including unsubstantiated representations, that are false or deceptive within the meaning of the Federal Trade Commission Act.

C. *Exposing Clients' Identities for Marketing Purposes*

1. NAATP members must not exploit patients' dignity and rights to privacy for any purpose at any point of marketing, admissions, or care, and must adhere to patient rights, law, and regulation.
2. NAATP members must respect patients' rights to privacy. Patients' identities must not be revealed by a treatment provider, either in the form of photographic images, video images, media coverage, or in marketing testimonials, at any time during the client's engagement. Use of a patient's identity is permitted only following the completion of treatment and only with the patient's written informed consent.

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APPENDIX B

Values Statement



NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

1. We value the history of significant contributions made by Twelve-Step abstinence-based treatment to the sobriety of over twenty million Americans in recovery.
2. We value residential treatment's vital, necessary, and essential place in the full continuum of care as a viable choice for the treatment of the disease of addiction.
3. We value a comprehensive model of care that addresses the medical, bio-psycho-social and spiritual needs of individuals and families impacted by the disease of addiction.
4. We value research driven, evidence-based treatment interventions that integrate the sciences of medicine, therapy, and spirituality. (For example, pharmaceutical interventions including medications for reducing craving and withdrawal symptoms; psychosocial interventions including cognitive behavioral therapy and motivational interviewing; spiritual interventions including Twelve-Step facilitated therapy and mindfulness meditation; behavioral interventions including nutrition and exercise).
5. We value abstinence from all abusable drugs as an optimal component of wellness and lifelong recovery. Depending on bio-psycho-social and economic factors, there may be persons who require medication assisted treatment for extended periods of time and perhaps indefinitely. However, medication alone is never sufficient to maintain long term recovery.
6. We value outcome data that assess the efficacy of treatment interventions.
7. We value education and training that promotes understanding of a continuum of care that embraces these values.