



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



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

Preamble

The National Association of Addiction Treatment Providers (NAATP) and its member facilities believe and endorse the concept that alcoholism and chemical dependence are complex family illnesses in which an individual's ingestion of alcohol and/or chemicals seriously and repeatedly interferes with health, job performance, family welfare, and interpersonal relations.

We believe that a person with alcoholism and or chemical dependence cannot return to the use of alcohol or other mood altering chemicals. Return to such use is viewed as a relapse in the recovery process. Primary goals in treatment are to help assure that the individual strives for sustaining abstinence and together with family members, seeks a more meaningful, satisfying and productive way of life in recovery.

Just as personal responsibility and accountability are underscored in treatment for the recovery process, NAATP treatment providers shall assume such responsibility and accountability in their provision of treatment services, in their management practices, in their staff relationships, in their relationships with other publics, and in their marketing. Further, NAATP members will engage and do business only with other like-minded partners and organizations who themselves also abide by these basic ethical practices and standards.

To help assure such responsibility and accountability, NAATP has this Code of Ethics. This code of generally acceptable ethical practices is a dynamic statement that has the acceptance of each member upon joining the association.

Section I: Treatment

- A. Specific admission and referral criteria are developed and adhered to for every level of service provided.
- B. Quality treatment services are provided that appropriately meet the physical, emotional, social, and spiritual needs of the patient and family.
- C. Treatment programs enhance the dignity and protect the human and legal rights of the patient and family.

- D. Continuing care (or “aftercare”) services are considered essential to the continuum of care.

Section II: Management

- A. Governing authority clearly states organizational goals and objectives.
- B. Staff members who subscribe to the professional standards of their respective fields provide interdisciplinary team treatment.
- C. Treatment facilities develop relationships with other health care providers to assure they are an integral part of a community’s health care services system.
- D. Fee structures are made available to the public.
- E. Treatment facilities do not discriminate against any person for any services provided on the basis of race, creed, sex, or national origin.
- F. Treatment facilities recognize that ongoing internal evaluation of care is essential.

Section III: Facilities

- A. All applicable local, state and federal life safety, occupational safety, health, and fire codes are met.
- B. When a facility serves the handicapped, they are assured accessibility and maneuverability.
- C. The treatment facility’s environment enhances the human dignity and rights of patients.
- D. Positive community relationships are developed and nurtured.
- E. There is cultivation of good relationships and communications with related public and private agencies, associations, and institutions.

Section IV: Marketing

- A. Financial rewards for patient referrals
 - 1. No financial rewards or substantive gifts are offered for patient referrals.
 - 2. Treatment providers may refer families or individuals to a variety of treatment or recovery support professionals, including interventionists, continuing care providers, monitoring agencies, and/or referral sources that offer services to patients prior to or after outpatient or residential treatment. However, in no case should treatment providers make payment or compensation to these individuals or organizations in exchange for patient referrals – neither in the form of direct

payment, consulting contracts, large gifts, nor other forms of remuneration or compensation.

B. Deceptive advertising or marketing practices

1. Treatment providers will not engage in deceptive or misleading advertising or marketing practices.
2. NAATP members will provide information in their advertising, on their websites, and in their collateral marketing materials about the general location of their facility or facilities, the credentials of their staff, and the length of stay in their programs.
3. In addition, NAATP members and member organizations will not utilize any form of false or misleading advertising, will not engage in patient brokering, will not exploit patients and or families, particularly for the purpose of promoting their programs, and will not engage in competitive practices that are unduly predatory and/or destructive to a collaborative marketplace.

C. Exposing Clients' Identities for Marketing Purposes

1. Treatment providers will not exploit their clients' rights to privacy for the purpose of promoting or marketing their programs.
2. NAATP members hold sacred the shared value of our patients' rights to privacy. Clients' identities may not be revealed by a treatment provider – neither in the form of photographic images, video images, media coverage, nor in marketing testimonials – at any time during the client's engagement in treatment.

Section 5: Advertising

Member advertising shall not include representatives, including unsubstantiated representations, that would be false or deceptive within the meaning of Section 5 of the Federal Trade Commission Act, 15 USC Section 45 (1982).

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APPENDIX B

Values Statement



NATIONAL ASSOCIATION
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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 assesses the efficacy of treatment interventions.
7. We value education and training that promotes understanding of a continuum of care that embraces these values.