Guiding Principles for Consideration on Treatment & Recovery for the Biden Administration

Scope of the Problem - Addiction and its consequences are arguably our greatest domestic challenge, costing lives, breaking up families with devastating community and economic consequences across our entire society.

- The COVID-19 pandemic is exacerbating the dynamics of deaths of despair and will eventually eclipse it.
- Historically, our treatment & recovery has been acute focused and fragmented. Stigma against persons experiencing addiction has resulted in a care system built on low expectations of recovery. Even the concept of abstinence as defined as not using addictive drugs in ways not prescribed has been stigmatized by some.
- Despite the reality that 85% of persons who sustain recovery over five years remain in recovery for the rest of their lives, our care system is not designed around this overarching goal.

The Goal - Our entire social service and behavioral health system should be aligned towards a long-term recovery orientation to focus on restoring individuals, families and communities to full functioning and freedom from addiction.

Treatment and Recovery Support Services - Addiction is a **bio-psycho-social-spiritual** disorder impacting diverse communities. We need to equitably address all aspects of it and not solely focus on biological and medical dimensions.¹

- We believe in and support the **NIDA Principles of Effective Treatment**². Federal funding should follow these principles and guide who and what is funded in an equitable manner that meets actual needs.
- The **five-year recovery model** currently only used in professional monitoring programs, should be scaled and modified to be available to everyone with an addiction, to replicate these remarkable recovery rates for persons using MAT and non-MAT pathways in order to expand recovery opportunities for millions of Americans.³
- Care must address polysubstance use and not be single drug focused as this is how addiction occurs in real life.
- Study and implement **Cascade of Care for OUD** as a framework to bridge the divide between harm reduction, prevention, treatment, and recovery and effectively build out a comprehensive continuum of care for everyone.⁴
- Full implementation and enforcement of parity for addiction treatment with other chronic conditions is essential.

Many Paths to Recovery - Recovery is a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship⁵.

- People should receive individualized care with fully informed consent. No single pathway is best for everyone.
- There is robust evidence to support **Twelve Step Facilitation**⁶ and federal funding should be available to programs that utilize this as their treatment modality as well as other effective strategies including and beyond medication.
- Recovery builds resiliency to overcome trauma and as a result, we get better than well⁷.

Recovery in Criminal Justice While we must work towards getting people help prior to involvement with the criminal justice system, we recognize that this does not always happen. As a result, addiction care should be provided before, during and after involvement with the criminal justice system, including pre-arrest diversion programs.⁸⁹

Education & Workforce - All helping professionals must receive mandatory education on addiction care and recovery.

- The addiction professional workforce has a special skill set that needs to be recognized as a specialty with compensation to match¹⁰
- National credentialing standards need to be created <u>by and for the addiction professionals</u> they will guide.

Research - Published research should consider **"real world"** conditions such as polysubstance use and longer-term outcome measures focused on the bio-psycho-social-spiritual aspects of addiction and recovery.

Payment Reform - We need to incentivize long-term recovery and move away from our historically acute, fragmented care that yields poor outcomes such as continuum of care models such as the Addiction Recovery Medical Home Alternative Payment Model (ARMH-APM)¹¹

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https://www.asam.org/asam-criteria/about

² NIDA. 2020, September 18. Principles of Effective Treatment. Retrieved from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment on 2020, December 3

³ Dupont, R. L., Compton, W. M., & McLellan, A. T. (2015). Five-year recovery: A new standard for assessing the effectiveness of substance use disorder treatment. Journal of Substance Abuse Treatment, 58, 1-5.

 $^{^4 \,} https://www.drugabuse.gov/news-events/news-releases/2019/01/cascade-of-care-model-recommended-for-opioid-crisis$

⁵ Betty Ford Institute Consensus Panel. What is recovery? A working definition from the Betty Ford Institute. J Subst Abuse Treat. 2007 Oct;33(3):221-8. doi: 10.1016/j.jsat.2007.06.001. PMID: 17889294.

⁶ Kelly JF, Humphreys K, Ferri M. Alcoholics Anonymous and other 12-step programs for alcohol use disorder. Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880Hibbert LJ,

⁷ Best DW. Assessing recovery and functioning in former problem drinkers at different stages of their recovery journeys. Drug Alcohol Rev. 2011 Jan;30(1):12-20. doi: 10.1111/j.1465-3362.2010.00190.x. PMID: 21219492.

⁸ Butzin CA, Martin SS, Inciardi JA. Evaluating component effects of a prison-based treatment continuum. J Subst Abuse Treat. 2002 Mar;22(2):63-9. doi: 10.1016/s0740-5472(01)00216-1. PMID: 11932131. 9 https://ptaccollaborative.org/about/

¹⁰ https://aspe.hhs.gov/pdf-report/substance-use-disorder-workforce-issue-brief

¹¹ https://www.incentivizerecovery.org/