



## PREVENTION AND TREATMENT OF SUBSTANCE ABUSE DISORDERS USING HEALTH AND PUBLIC POLICY

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders (SUD) occurs when the recurrent use of alcohol and/or drugs causes severe functional and clinical impairment (i.e. health problems, disability, not meeting responsibilities at work, school, or at home). SUDs involving both illegal and prescription drugs are a critical public health issue. The number of drug overdose-related deaths are continuing to increase. SUDs are treated at a much lower rate than other chronic disease states such as, hypertension, diabetes, or major depression. Untreated SUDs lead to medical complications that increase health care systems costs. This issue of *CLIPs* briefly summarizes an article that offers recommendations on expanding SUD treatment options, legalization of marijuana, addressing the opioid epidemic, insurance coverage of SUD treatment, education and workforce, and public health interventions. If you need further information, please contact the Center for Healthcare Innovation and Patient Outcomes Research (CHIPOR) at [chipor@samford.edu](mailto:chipor@samford.edu).

**Crowley R, Kirschner N, Dunn A, and Bornstein S. Health and public policy to facilitate effective prevention and treatment of substance use disorders involving illicit and prescription drugs: an American college of physicians position paper. *Ann Intern Med.* 2017; 166(10):733-736. doi:10.7326/M16-2953.**

### Introduction

- In the past, those addicted to drugs were thought to be morally flawed and lacking any self-discipline.
- This original idea shaped society's response of the treatment of drug abuse to emphasize punishment rather than prevention and treatment.
- SUD is a chronic, relapsing brain disease, with genetic components that affect behavior, and long-term use can lead to altered brain structure and function.
- The past negative stigma that is still associated with SUDs has a harmful effect on those dealing with SUDs, leading to social alienation and higher involvement in risky behaviors. Health care professionals are not immune from harboring the same negative stigma towards those with SUD.
- There has been a paradigm shift from incarceration of SU abusers to the availability of providing treatment for the SUD through the use of drug courts instead of only being punished through incarceration.
- According to the CDC, since 2000, the rate of deaths from drug overdoses increased 137%, including an increase of 200% in the rate of opioid overdose deaths.
- The use of illicit drugs is also a burden on the nation's financial resources. In 2016, the average private insurance claims costs were almost \$16,000 more for those with "opioid abuse or dependence" than the per-patient average cost on all patients' claims.

### Methods

- This paper was drafted by the Health and Public Policy Committee of the ACP, which is responsible for addressing problems that affect the health care of the U.S. public and the practice of internal medicine and its subspecialties.
- Studies, reports, and surveys pertaining to the prevention and treatment of SUD were reviewed and located using PubMed, Google Scholar, web sites, policy documents, relevant news articles, and other sources.
- Sources greater than 10 years old were excluded, except for a few federal government reports that were used for background purposes.

### **ACP Supported Recommendations**

- The recommendations below apply to all SUD involving illicit drugs and prescription drugs, unless stated otherwise. The term “illicit drug” includes the following categories based on the National Survey on Drug Use and Health: marijuana; cocaine; heroin, hallucinogens; inhalants; and the non-medical use of prescription pain killers, stimulants, and sedatives.
- SUD is a treatable chronic medical condition and should be managed through the development of evidence-based public and individual health initiatives to prevent, treat, and support recovery.
  - ACP supports appropriate and effective efforts to decrease all substance use through education, prevention, diagnostic, and treatment efforts.
  - ACP stresses the significance of changing the stigma surrounding SUD of the general public and the health care community.
- ACP supports the implementation of treatment-focused programs as a substitute to criminal penalties or imprisonment for those with SUD found guilty of sale or possession of illicit drugs through the use of drug courts.
- Stakeholders should consider the risks and benefits of eliminating or lessening criminal penalties for nonviolent offenses involving marijuana.
- Multiple stakeholders should collaborate to address the prevalent misuse of opioid prescription drugs, including the following strategies: application of evidence-based guidelines for pain management; increased access to naloxone for opioid users, police officers, and emergency medical workers; enlargement of access to medication-assisted treatment of opioid use disorders; training improvement in the treatment of SUDs, including buprenorphine-based treatment; establishment of a national prescription drug monitoring program (PDMP); and improvement of current monitoring programs. Barriers that impede access to medications to treat opioid use disorder [Table 1] should be lifted.

**Table 1. Medications Used in the Management of Opioid Use Disorders (OUD).**

Medications to Treat OUD	Medication to Prevent Opioid Overdose
Methadone	Naloxone
Buprenorphine	
Naltrexone	

- Mental health conditions should be covered by health insurance plans, including the evidence-based treatment of SUD, and abide parity rules.
- The workforce of professionals qualified to treat SUD should be enlarged through ways such as loan forgiveness programs, mentoring, or increased pay to encourage individuals to train and practice as behavioral health professionals.
- Medical education should embed the training of the screening and treatment of SUD throughout the curriculum.
- The efficacy of public health interventions to fight SUD and prevent associated health problems should be studied.

### **Conclusions**

- The advancements in research regarding the nature of addiction and its effects on brain functions has led to an increased acceptance of the concept that SUD is a chronic disease, like diabetes, that can be treated.
- Physicians and health care professionals can become more educated about SUD, appropriate prescribing practices, and using a national prescription drug monitoring program to decrease opioid misuse to help guide and assist their patients during their treatment.
- Health care professionals can work with other stakeholders to address the prescription drug use disorder epidemic.
- Those with SUD should not only treat the underlying brain disease, but the behavioral and social aspects should also be managed.
- Access to medications that are used to treat opioid use disorders (methadone, buprenorphine, and naltrexone) and medications that prevent opioid overdose (naloxone) should be improved.