

The Shatterproof National Principles of Care for Addiction Treatment® are evidence-based practices which improve outcomes for individuals with a substance use disorder.

Addiction treatment should follow best practices for other chronic diseases — it should be individualized, feedback-informed and encompass all 8 of these principles.



**#1**

## Universal screening for substance use disorders across medical care settings

### What it means:

Screening for substance use disorders (SUDs) should be routine in primary care and other medical and behavioral settings—such as emergency, obstetric, geriatric, pediatric, and others—especially among those with known risk and few protective factors. This should be followed by informed clinical guidance on reducing the frequency and amount of substance use, family education to support lifestyle changes, and regular monitoring. People with symptoms of a substance use disorder should receive a personalized clinical diagnosis and treatment plan from a clinician.

### Why it matters:

Similar to care for other chronic diseases, screening for SUDs should be integrated into routine primary care. Screening is effective in preventing, reducing, treating, and sustaining recovery from substance misuse and SUDs.



**#2**

## Personalized diagnosis, assessment, and treatment planning

### What it means:

Personalized, comprehensive evaluation prior to treatment, including diagnoses of substance use, mental and general health problems; and full evaluation of the nature and severity of family, social, and environmental problems that could affect the course of care and potential for relapse.

### Why it matters:

No single “program” or course of care is effective for all. Personalized care is the standard in the rest of chronic illness care because it has been shown to increase initial patient engagement, continuing patient adherence, and better outcomes.



## #3

### Rapid access to appropriate substance use disorder care

**What it means:**

Ability to rapidly engage individuals in the type and intensity of services that promptly meets their needs.

**Why it matters:**

Brain circuits associated with motivation, inhibition, and stress tolerance are often severely affected among individuals with an SUD. Thus, periods of motivational readiness rarely sustain and rapid access to appropriate care is critical.



## #4

### Engagement in continuing long-term outpatient care with monitoring and adjustments to treatment

**What it means:**

Virtually all people with an SUD will need a personalized program of continuing care in an outpatient setting, which includes regular monitoring to adjust the intensity and content of care.

**Why it matters:**

While individuals may need a period of intensive detoxification or residential care to stabilize the craving and critical health problems associated with SUDs, this type of acute care is rarely adequate to initiate or sustain recovery. This is because drug-induced brain changes do not return to normal function for an extended period following drug cessation. Sustained engagement in long term treatment is best accomplished in the local outpatient setting. Moreover, because patient needs change as recovery initiates, regular monitoring of care is necessary to track the course of those changes and to adjust the nature and intensity of the care accordingly.



## #5

### Concurrent, coordinated care for physical and mental illness

**What it means:**

Access to concurrent medical and mental health services either within a fully integrated healthcare system, or carefully coordinated across different systems and providers.

**Why it matters:**

Many people who enter treatment for a SUD also have a co-occurring mental and/or physical illness. Common physical health problems include chronic pain, sleep disorders, infectious illnesses (e.g. HIV, HCV, TB), diabetes, and hypertension. Common mental health problems include depression, anxiety, and PTSD. The most effective and efficient way to manage these problems is with concurrent, coordinated care, ideally within a fully integrated healthcare system.



## #6

### Access to fully trained and accredited behavioral health professionals

**What it means:**

Individual evidence-based behavioral therapies from providers who have been appropriately trained and supervised. Some of the behavioral therapies that have been shown to be effective in changing problematic behaviors and relationships include Cognitive Behavioral Therapy, Individual Supportive Psychotherapy, Families and Couples Therapy, and Motivational Enhancement Therapy.

**Why it matters:**

Evidence-based behavioral health interventions have been reliably shown to improve patient recognition and acceptance of their SUD, increase patients' sustained motivation for change and adherence to treatment, as well as enhance long-term recovery outcomes. However, the benefits and value of these therapies are best shown when providers have been fully trained and supervised in how to provide them.



## #7

### Access to FDA-approved medications

**What it means:**

Access to FDA-approved medications and products based on the diagnosis and medical necessity. The appropriate medications or products will vary by patient-specific need.

**Why it matters:**

Not all people with an SUD will require medications; and approved medications are not available for all substance use disorders. However, when appropriately prescribed and monitored, medications have been shown to save lives (prevent overdose) and sustain positive outcomes for individuals with an SUD. Medications are most effective as part of a broader program including behavioral health interventions and monitoring (for adherence and effectiveness) and other health and social services.



## #8

### Access to non-medical recovery support services

**What it means:**

Recovery support services include peer services (such as mutual aid groups) and community services (such as housing, education, employment, and family support) that can provide continuing emotional and practical support for recovery.

**Why it matters:**

As is true for treatment of other chronic medical illnesses, SUD treatment is enhanced when the individual's relationships and living situation supports the healthcare objectives. Put differently, sustained recovery is difficult without addressing housing issues, employment problems, and damaged family or social relationships. While most of these services cannot be provided directly in healthcare settings, access, referral to, and engagement in these social and community services are an important part of discharge and recovery planning during the course of SUD treatment.

**Learn more about the Treatment Task Force's work to improve access & quality of addiction treatment in America at [shatterproof.org](https://shatterproof.org).**