**Shatterproof National SUD Principles of Care**

<https://www.shatterproof.org/national-principles-care>

Sixteen health insurers, responsible for a combined 248 million consumers, recently announced that they are adopting eight National Principles of Care for Substance Use Disorder (SUD) Treatment, as developed by the non-profit, Shatterproof

Shatterproof’s Substance Use Disorder Treatment Task Force is dedicated to creating a universal standard of care for addiction. That standard starts with eight essential criteria. Backed by research, proven to improve outcomes for individuals with a substance use disorder.

The National Principles of Care for substance use disorder treatment (the Principles) outline high-level aspects of quality addiction treatment. The Principles are a foundation for [the Task Force’s initiatives](https://www.shatterproof.org/substance-use-disorder-treatment-task-force):

* to change payment by **health insurance companies** to incentivize quality care
* to engage **providers** and support them to provide quality care
* and to educate **consumers** to identify and demand high-quality care.

Treatment should always be individualized, feedback-informed, and encompassing of all eight of these Principles.

# #1: Routine screenings in every medical setting

During check-ups and in the ER, from pediatric to geriatric care—screenings for an SUD should be as common as measuring blood pressure.

**#1: Universal screening for substance use disorders across medical care settings**

**What that 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: A personal plan for every patient

One size doesn’t fit all. Treatment must consider unique social, mental, biological, and environmental needs—with frequent check-ins and adjustments.

**#2: Personalized diagnosis, assessment, and treatment planning**

**What that 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 likely to be 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: Fast access to treatment

Addiction alters brain chemistry. So when an individual is able to seek treatment, that moment must be seized.

**#3: Rapid access to appropriate substance use disorder care**

**What that 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: Disease management, rather than 28 days

While inpatient treatment may be appropriate for some based on disease severity, this isn’t the best option for all. And it’s not enough for sustained success. Long-term outpatient care is key to recovery.

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

**What that means:** Virtually all people with an SUD will need a personalized program of continuing outpatient care in a program or office-based setting, which includes regular monitoring to adjust the intensity and content of that care based on the monitoring results.

**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: Coordinated care for every illness

Many people with addiction also suffer from other mental or physical disorders. Treatment for all illnesses should be coordinated and integrated into the SUD treatment plan.

**#5: Concurrent, coordinated care for physical and mental illness**

**What that 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:** The majority of 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: Behavioral health care from legitimate providers

Behavioral interventions help individuals manage their disease and sustain recovery—and should be offered by properly trained, accredited, and well-supervised providers.

**#6: Access to fully trained and accredited behavioral health professionals**

**What that 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: Medication-assisted treatment

Just like with any other chronic disease, [medication](https://www.shatterproof.org/treatment/importance-of-medication-assisted-treatment) is appropriate for treating some addictions. It should be destigmatized and easily accessible.

**#7: Access to FDA-approved medications**

**What that 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: Support for recovery outside the doctor’s office

Recovery requires emotional and practical support from family members, the community, and peer groups.

**#8: Access to non-medical recovery support services**

**What that 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.