

POLICIES FOR THE TREATMENT OF ALCOHOL AND DRUG USE DISORDERS: A RESEARCH AGENDA FOR 2010-2015 (HIGHLIGHTS)

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**SUBSTANCE ABUSE POLICY RESEARCH PROGRAM (SAPRP) IS A
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“The goal of policy research on addiction treatments is to increase access to services, promote utilization of services, and strengthen the quality of addiction treatment services.”

Introduction

This document highlights potential policy research priorities for treatment for drug and alcohol addiction over the next five years. A more detailed discussion of the subject, including all scientific references, is available at http://www.saprp.org/research_agenda.cfm. “Treatment” is defined broadly to include screening and brief interventions in primary care, criminal justice, and health care settings; services provided in specialty drug and alcohol treatment centers; and the ongoing support services provided to help individuals maintain a stable recovery. The goal of policy research on addiction treatments is to increase access to services, promote utilization of services, and strengthen the quality of addiction treatment services.

There are five major topics under treatment for drugs and alcohol. They are (I) organization and delivery of care, (II) quality of care, (III) evidence-based practices, (IV) access to care, and (V) financing and costs of care.



I. Organization and Delivery of Care

Addiction treatment services are often organized and delivered as freestanding services and not integrated into other health, human service, and criminal justice settings. The freestanding nature of these services reflects a general lack of interest in addressing addiction treatment needs and the lack of individuals qualified to provide addiction treatment and support services. The pervasiveness of alcohol and drug disorders in mental health, criminal justice, and health care services requires more attention to and blending of addiction treatment services into all human service environments. Currently, over 11,000 specialty addiction treatment facilities are the foundation for public and private addiction treatment in the United States. During the next five years the nation will struggle with strategies for health care reform. Addiction treatment must be part of that conversation. If policymakers and researchers could focus on only one issue in the coming five years, the most critical is the need to more fully blend addiction treatment with primary care and other medical services.

Priority Research Questions 2010-2015

- 1 | How can policies foster better integration of addiction treatment into primary care?
- 2 | How will federal patient confidentiality regulations impact delivery of addiction screening, intervention, and treatment services in health care settings?
- 3 | Will changes in confidentiality regulations affect patient access to and utilization of care?
- 4 | Can multidisciplinary care teams provide more effective services than individual counselors?

II. Quality of Care

The 2006 Institute of Medicine (IOM) report on quality of care for alcohol, drug, and mental health disorders set the stage for efforts to address six key dimensions of quality of care: making care safe, effective, patient centered, timely, efficient, and equitable. In the coming years, treatment services will be required to measure and account for their performance across these dimensions. The blending of addiction treatment and medical care will add challenges to the definition and monitoring of quality of care.



Priority Research Questions 2010-2015


- 1 | How do specific treatment methods or processes affect quality of care? What are the measures of treatment processes and quality of care?
- 2 | How can the development and implementation of electronic medical records facilitate or inhibit the construction of performance measures and quality indicators?
- 3 | How can outcomes be defined and standardized to permit comparisons across policy environments?
- 4 | Do credentialed and licensed counselors provide higher quality care?

III. Evidence-Based Practices

The 2007 National Quality Forum's Consensus Standards for evidence-based treatment of alcohol, tobacco, and drug use disorders is an initial step toward standards of care that expect appropriate use of behavioral therapies and pharmacological therapies. Clinical trials document an increasing number of empirically valid, efficacious behavioral and pharmacological therapies for the treatment of alcohol and drug disorders.



Priority Research Questions 2010-2015

- 1 | What are the intended and unintended impacts of policy mandates on the implementation and use of evidence-based practices?
 - 2 | What role do health care payers play in the selection and implementation of specific evidence-based practices, and with what unintended consequences?
 - 3 | What systems can be developed to assure treatment fidelity?
 - 4 | How can practitioners integrate behavioral and pharmacological therapies?
 - 5 | What regulatory and financial incentives facilitate and sustain implementation?
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IV. Access to Care

An estimated 23 million individuals in the U.S., or 9% of the population aged 12 years and older, meet criteria for a diagnosis of substance use, abuse, or dependence. However, only about four million people enter care each year. This “treatment gap” is disproportionately large for young adults and for all ethnic minority groups except Asian-Americans.



Priority Research Questions 2010-2015

- 1 | What policy measures in private and public sectors can influence individuals who need treatment but neither seek nor receive services?
- 2 | How can better integration of addiction screening and treatment services increase access to care for individuals in primary care, emergency care, corrections, and courts?
- 3 | Does parity lead to greater use of addiction treatment services, and what is the impact of parity on how treatment services are organized, used, and delivered?
- 4 | Can policy interventions reduce disparities in the utilization of care?

V. Financing, Costs of Care, and Cost-Effectiveness

Public payers dominate and account for about 78% of the total expenditures on treatments for alcohol and drug dependence. In coming years, treatment providers and public policymakers will be under constant pressure to constrain costs of care. Skepticism about the quality and effectiveness of treatment for substance use disorders and the expense of new medications will lead to substantial interest in and demands for cost and cost-effectiveness analyses. Financing of care will continue to evolve.

Priority Research Questions 2010-2015

- 1 | Is documentation of cost-effectiveness and improvements in quality of life measures sufficient to justify expansion of spending for addiction treatment?
- 2 | Is addiction treatment associated with cost savings in other sectors of the economy, and where do the savings occur?
- 3 | What are the long-term costs of pharmacotherapy, and is there a continuing cost benefit over time?
- 4 | How will health care reform affect financing for addiction treatment services and strategies to blend funding streams?

Conclusion

This research agenda is designed to raise numerous critical research questions that need to be answered to improve treatment for alcohol and drug use problems. New and innovative approaches to reduce the burden of these addictions need to be generated and they need to be debated with the support of an evidence base. The authors hope that this research agenda will advance that process. A more detailed discussion of the subject, including all scientific references, is available at http://www.saprp.org/research_agenda.cfm. Three other research agendas (on tobacco control, alcohol prevention, and drug prevention) developed by the Substance Abuse Policy Research Program (SAPRP) are also available at the same URL.



