

California Society of Addiction Medicine

Blueprint for Treating Drug and Alcohol Addiction in California

BY DAVID PATING, MD, PRESIDENT, CSAM

1. ADDICTION IS A BRAIN DISEASE

Research shows that addiction begins in the brain's disordered response to drugs, leading to craving, loss of control, and resultant family and social disruption.

- CSAM supports a public health approach to addiction.
- California's approach to addictive disease should be guided by scientific principles and evidence-based practices.

2. TREATMENT SAVES LIVES

Addictions are chronic, relapsing disorders, with treatments that are as effective as those for other chronic medical diseases. Even methamphetamine addiction is as responsive to treatment as diabetes and hypertension.

- CSAM supports effective evidence-based treatments.
- Successful addiction treatment may require multiple episodes of intervention and care.
- FDA-approved medications exist for reducing relapse rates to alcohol and to opiates; however, no medications to date have been approved for primary treatment of stimulant abuse.

3. FULL ACCESS TO TREATMENT

Large-scale studies have demonstrated that parity for chemical dependency treatments does not significantly increase premiums. CSAM believes that limiting full access to treatment is unfair to consumers and discriminates against those suffering from addiction.

- CSAM supports insurance parity to end discrimination in medical care.
- CALPERS should lead the nation in redesigning the benefits for all state employees covered by its plans.
- Lifetime benefit limits should be similar to medical/surgical limits.

4. TREATMENT, NOT PRISON

Our courts and prisons are overburdened by nonviolent drug-related offenders. CSAM believes that the social disruptions caused by disease are best ameliorated by medical treatment.

- Evidence proves that treatment is more effective in reducing recidivism and more economical than incarceration.
- CSAM advocates annual (cost of living) budget increases for Proposition 36 (Substance Abuse and Crime Prevention Act, Public Initiative 2000).
- CSAM opposes proposed 2007 state funding cuts to Prop 36 disguised as county matching plans.
- CSAM supports stratification of courts and treatment providers, with clinical case management for high utilizers and drug courts for more intensive supervision of chronic relapsers and recidivists.

5. EARLY DIAGNOSIS AND INTERVENTION

Emergency rooms are heavily burdened by addicts needing treatment. Withholding insurance reimbursement following positive drug screening is counterproductive.

- California ERs need to screen for alcohol and drugs when clinically indicated.
- Toxicology results should be confidential and lead to treatment referrals rather than to criminal justice sanctions.
- CSAM supports repeal of the Uniform Policy Provision Law (UPPL), which allows insurers to refuse to pay the costs for patients injured while under the influence.

6. INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS

CSAM supports access to integrated treatment for patients with co-occurring medical, psychiatric and substance use disorders. There should be “No Wrong Door” into treatment.

- Public programs in California need to reimburse community programs for services rendered, not for diagnoses.
- Significant Proposition 63 resources should be directed to demonstration programs for integrated care.
- California should take steps to maintain an appropriately trained substance abuse treatment workforce.

7. SPECIAL POPULATIONS REQUIRE OUTREACH

CSAM supports a full range of comprehensive and individualized programs to meet the special needs of adolescents, women, the homeless, and the incarcerated.

- Publicly-funded residential treatment programs are needed for adolescents and women.
- Payee systems for the marginally-housed receiving public benefits need to expand to protect benefits for the provision of shelter and food.
- California prison and probation populations need improved medical and psychiatric services, including diagnosis and treatment of co-occurring mental health disorders, Hepatitis C, HIV and injection needle use.

8. METHADONE WORKS

CSAM supports methadone and buprenorphine treatment as the Gold Standard for opiate addiction in all settings, including prison and probation programs.

- Rural counties without methadone maintenance clinics need to support office-based opiate agonist treatment utilizing buprenorphine.

9. GOOD TREATMENT REQUIRES GOOD SCIENCE

Addiction treatment should be subject to the same level of outcome studies required by other medical diseases. “Magic bullet” cures, however highly touted initially by testimonials, are generally not effective, and should not be supported until positive results are scientifically proven.

- Publicly funded agencies should explore reimbursement based on demonstrable treatment outcomes.
- Consumers should be informed about effective treatment options and advised not to support unproven or risky treatments.

10. RECOVERY TAKES COMMUNITY

Stigma creates an invisible barrier that hinders patients and families from seeking addiction treatment. Communities must work to overcome the public stigma of addiction. Hope is realistic. Treatment works and can restore the health of patients, families and their communities.

- CSAM supports prevention and education to reduce barriers to treatment.
- CSAM supports community efforts to foster hope and recovery among patients, friends and families touched by addiction.



California Society of Addiction Medicine (CSAM)
575 Market Street, Suite 2125, San Francisco, CA 94105
415-927-5730 (phone) - 415-927-5731 (fax)
<http://www.csam-asam.org>