Consensus Standards Reached on 11 Evidence-Based Practices for Substance Abuse Conditions

Consensus on evidence-based practices to treat substance abuse disorders

**SUMMARY**

The National Quality Forum used its consensus development process to identify evidence-based practices to treat substance use conditions that should receive high priority for widespread implementation.

The National Quality Forum is a Washington-based not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting.

**Key Results**


- The report contains voluntary consensus standards on 11 evidence-based practices that fall into four broad categories:
  
  — Identification of Substance Use Conditions
  
  — Initiation and Engagement in Treatment
  
  — Therapeutic Interventions to Treat Substance Use Illness
  
  — Continuing Care Management of Substance Use Illness

**Funding**

The Robert Wood Johnson Foundation (RWJF) provided the National Quality Forum with a grant of $325,506 from December 2005 to September 2007 to support this solicited project.
THE PROBLEM

Scientific knowledge has increased substantially regarding the use of effective, evidence-based therapies for treating people with substance use conditions. However, the increase in scientific knowledge has not been accompanied by the consistent implementation of proven methods of treatment.

With RWJF funding, the National Quality Forum convened a workshop in December 2004 on evidence-based treatment practices for substance use conditions. (See Program Results Report on ID# 049909.) During the meeting, experts in the fields of addiction research, treatment and policy made recommendations for evidence-based practices that should receive a high priority for widespread implementation.

CONTEXT

RWJF has funded two programs focused on substance abuse treatment and increasing the use of evidence-based treatments:

- **Advancing Recovery: State/Provided Partnerships for Quality Addiction Care.** This program supports partnerships between states and treatment provider organizations that deliver care. (See Program Results Report.)

- **Paths to Recovery: Changing the Process of Care for Substance Abuse Programs.** This program, which ends in December 2008, has sought to strengthen the addiction treatment system's ability to use process improvement techniques to increasing patients' access to and retention in addiction treatment programs. (See Program Results Report.)

Future funding in this area is focused on vulnerable populations and is managed by that program management team.

THE PROJECT

The National Quality Forum used its consensus development process to identify evidence-based practices to treat substance use conditions that should receive high priority for widespread implementation.

The project built upon the recommendations made during the National Quality Forum's December 2004 workshop. (See Program Results Report.)
Activities

To produce consensus standards on the treatment of substance use conditions, the National Quality Forum conducted a number of activities, including:

- Convening a 22-member steering committee representing key health care constituencies including consumers, providers, purchasers, researchers and quality improvement organizations.

- Convening a 10-member technical advisory panel to review and evaluate the evidence and, along with the steering committee, to make recommendations for practice.

- Meeting with representatives from RWJF, the federal Substance Abuse and Mental Health Services Administration and the National Institute on Drug Abuse to agree on the level of detail that would be included in the consensus standards.

- Performing an initial review of potential consensus standards and making recommendations to the steering committee.

- Holding three in-person public meetings in Washington and 10 conference calls with members of the steering committee and the technical advisory panel.

- Completing a draft report of the proposed voluntary consensus standards and making it available for review to National Quality Forum members and the public during a 30-day comment period.

Following the comment period, the standards were approved in a vote by National Quality Forum members and endorsed by the organization's board.

RESULTS


- The report contains voluntary consensus standards on 11 evidence-based practices in four broad categories of treatment:

  Identification of Substance Use Conditions

  — During new patient encounters and at least annually, patients in both general and mental health care settings should be screened for at-risk drinking, alcohol use problems and illnesses and any tobacco use.

  — To identify patients who use drugs, health care providers should employ a systematic method that considers epidemiologic and community factors and the potential health consequences of drug use for their specific populations.
— Patients who have a positive screen for—or an indication of—a substance use problem or illness should receive further assessment to confirm that a problem exists and to determine a diagnosis. Patients diagnosed with a substance use illness should receive a multidimensional biopsychosocial assessment to guide patient-centered treatment planning for substance use illness and any coexisting conditions.

**Initiation and Engagement in Treatment**

— All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a health care worker trained in this technique.

— Health care providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.

— Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.

**Therapeutic Interventions to Treat Substance Use Illness**

— Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses.

— Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.

— Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.

— Pharmacotherapy should be recommended and available to all adult patients diagnosed with nicotine dependence (including those with other substance use conditions) and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with brief motivational counseling.
**Continuing Care Management of Substance Use Illness**

Patients with substance use illness should be offered long-term, coordinated management of their care for substance use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress.

**AFTERWARD**

The project concluded with the publication of the consensus standards.

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**Prepared by: Eve Shapiro**  
Reviewed by: Richard Camer and Molly McKaughan  
Program Officer: Elaine F. Cassidy  
Grant ID# 52638

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**Reports**