THIRTEEN PRINCINPLES
Of
Drug Addiction Treatment: NIDA's Research-based Guide

Principle #1

No single treatment is appropriate for all individuals: Practitioners much consider: Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

- Matching settings appropriate for the client
- Matching approaches & interventions
- Matching ancillary & additional services
- Matching client characteristics to treatment

Matching settings

- Proper client placement is dependent upon screening and assessment of client needs.
- Settings historically are viewed as a continuum of care that vary according to the intensity of care, techniques and strategies associated with care, and duration of the treatment experience.
- Typically, the chemically dependent client may enter a system of care requiring detoxification or have biomedical conditions, or complications. Many have emotional/spiritual and/or behavioral complications. Some are resistant to treatment or are returning to primary care after a relapse episode. Some return as a consequence of an non-supportive family/recovery environment.
- Each client experiences a level of severity or personal level of current functioning that may differ from other clients and may require a different approach for quality care.
- Current thinking on the subject of proper client placement is best embraced by the ASAM Patient Placement Criteria, focusing on a system of care not a program or philosophy of care.
- Chemical dependency treatment settings include:
    - Inpatient, hospital based
    - Residential, non-hospital based
    - Partial hospitalization, day treatment
    - Transitional care, including halfway houses
    - Intensive outpatient
    - Outpatient
- Client-treatment matching is not new
- There are more than 30 studies in the literature
- Some examining interaction between approaches and client characteristics
- Some exploring variations in type of treatment results
- Three important reasons for treatment matching are:

- Improved successes bases on responsiveness to treatment, retention in treatment
- Programmatic efficiency, the use of limited resources in the most pragmatic manner
- Better use of limited resources

Matching settings: Alcohol
Client factors Programs factors

- Low alcohol dependence and high social support: Brief treatment that are informal
- Low dependence, high supports, low psychiatric problems: Outpatient
- Mid to high dependence, mid to high social support, low to medium psychiatric problems: Inpatient
- High social stability, married, not depressed, conceptual abilities, high self-image: Group therapy

Matching settings: Drugs
Type of drug use

- First treatment for drug use, treatment follow-up: Outpatient
- Extended drug use with criminal history: Therapeutic community or residential
- Outpatient treatment failures: IOP, Inpatient, partial hospitalization or residential.

Principle #2

Treatment needs to be readily available: Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

- Available means, does it exist in the service delivery system in the community.
- Accessible means can someone get in with some immediacy. Does one have to meet admission criteria? What are the funding issues?

Availability & Accessibility

- Location of service is a critical factor, particularly in rural or frontier settings.
- Gaps in the service delivery system must be identified and combinations of existing services must be employed.
- We must move toward a system of care as opposed to the traditional model of continuum of care.

Accessibility Issues: Accessibility issue include barriers to treatment beyond availability such as language difference, ADA access and mobility concerns, treatment of the homeless, and other challenges. Example: Hearing impaired etc..

- Immediacy of service provision
- Resistance to or readiness for treatment

Principle #3

Effective treatment attends to multiple needs of the individual, not just her of his drug use: To be effective, treatment must address the individual's drug use and any associated (spiritual, added) medical, psychological, social, vocational, and legal problems.

- Addiction is a complex bio-psycho-social problem requiring engagement in many different modalities of service.
- Multi-disciplinary treatment has been the preferred model for care.

Multiple needs of individuals: Some of the more common area of focused treatment beyond medical issues include:

- Spiritual needs
- Emotional issues
- Legal concerns
- Social/recreational needs
- Vocational counseling
- Life skills and coping skills training

Principle #4

An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs: A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

It is important that the client be able to move within a system of care in order to access the "right service" at "the right time."

Service combinations:

- The right service at the right time is founded on the principle of client need.
- Some of the services may include medical services, family therapy, social or legal services, vocational counseling and the like.
- The treatment approach must be appropriate to the individual's age, gender, ethnicity, and culture. Treatment must be sensitive to the client's immediate need and be congruent with other practitioners in a multi-disciplinary approach.

Principle #5

Remaining in treatment for an adequate period of time is critical for treatment effectiveness: The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

- Research indicates that for most individuals, significant improvement is reached at about 3 month in treatment.
- Research also shows the longer an individual is in treatment, the probability relapse decreases. Encouraging an individual in treatment for at least one year has shown the most effective way to increase the chance for long-term recovery.

Time in treatment:

- Blending existing services into a system of care best attends to the intent of Principle 5.
- Combinations of services, based on ASAM's Patient Placement Criteria would appear to provide the optimal service delivery system.
- Counselor willingness to adapt approach becomes critical to successful intervention.

Principle #6

Counseling (individual and/or group) other behavioral therapies are critical components of effective treatment for addiction: In counseling, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

- An integrated approach to counseling appears to offer best results.
- Strategies addressing motivation, resistance, behavior, life-skills, problem-solving, and relationships are necessary.
- Research Based Approaches:
    - Support Groups(Step approaches)
    - Cognitive-behavioral approaches
    - Strategic-inter-actional approaches
    - Family therapies
    - Group approaches
    - Motivational approaches

Principle #7

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies:

Principle #8

Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way: Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

- Best results occur when services for addiction and emotional illness are provided concurrently, simultaneously.
- Requires counselor to be sensitive to and embracing both disorders.

Counseling dually diagnosed:

- Services should reflect the needs of the clients and families served.
- Needs are varied and complex, the level of sophistication of the counselor about assessment issues increases. Knowledge of both chemical dependency and emotional illness treatment strategies is essential.

Principle #9

In some cases medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use: Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

- Safety managed medical detoxification can produce the condition of abstinence, not recovery.
- Long-term recovery has a greater likelihood the longer an individual remains abstinent.

Abstinence vs. Sobriety

- Abstinence is the precursor to effective treatment.
- Recovery implies a willingness on the part of the individual to explore the cognitive, affective, behavioral, belief, and spiritual components of addiction and make necessary changes.
- Sobriety is a hopeful consequence of recovery.

Principle #10

Treatment does not need to be voluntary to be effective: Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

- Voluntary admissions are seldom voluntary. Family, employers, criminal justice, or other significant people promote referral.
- Involuntary admissions are not always coercive. Referrals provide impetus for the client to seek care that is often welcomed.

Principle #11

Possible drug use during treatment must be monitored continuously: Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

- Be mindful that we're accepting sick people into treatment, usually at their sickest moment. We should expect them to repeat their sick behavior.
- Drug use should seldom, if ever, be used as the sole reason for termination of treatment.

Monitoring

- Objective monitoring is prudent and responsible during treatment.
- Serves as a deterrent to use, supporting the client in his or her effort to abstain.
- Important element of feedback to the client.
- Counselor able to distinguish with the client the difference between relapse in program of recovery or relapse to disease.

Principle 12

Treatment programs should provide assessment for HIV/AIDS, Hepatitis B & C, Tuberculosis, and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection: Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

Principle #13

Recovery from drug addiction can be long-term process and frequently requires multiple episodes of treatment: As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

- Addiction is a primary, chronic, progressive, prone relapse, potentially fatal sickness.
- Addicted individuals may require prolonged or continuous treatment and social support.