CSAM CALIFORNIA SOCIETY OF ADDICTION MEDICINE

"The Voice for Treatment"

Standards For Access To Addiction Medicine Services

By Roderick Shaner, MD, Angella Barr, MD, Py Driscoll, MD, Matthew Goldenberg, D.O, Brian Hurley, MD, MBA, Lori Karan, MD, Dagmar Liepa, MD, Patricia Ordorica, MD, Gary Tsai, MD, Sharone Abramowitz, MD, (IASC Chair)

Sponsored by: California Society of Addiction Medicine Integration and Access to Systems of Care (IASC) — Other Systems of Care work group (incarcerated settings, certified addiction treatment programs, community-based behavioral health systems). IASC works to achieve access to patient-centered, evidence-based, treatment for all patients at risk for substance use disorders, including a focus on access to treatment for the historically underserved.

Adopted by the California Society of Addiction Medicine Board of Directors, February 2018

ASAM policy statements foundation: www.asam.org/advocacy/find-a-policy-statement

INCARCERATED SETTINGS

GENERAL ACCESS STANDARDS:

1. Circumstances of individuals in custody of law enforcement and/or criminal justice authorities (arrest, detention, jailing, or imprisonment) should not preclude effective access to medically necessary assessment and treatment by appropriately qualified clinician for addiction and related medical problems.
2. Necessary care for addiction and related medical problems should be provided to individuals who are detained in jails or prisons.
3. Individuals detained in jails and prisons should not receive adverse consequences from custody staff or judicial authorities for disclosure of an addiction or a desire for treatment.

SCREENING:

All individuals taken into custody by law enforcement or criminal justice authorities must be screened for substance-related medical problems within 8 hours for:

1. Active addiction (by history)
2. History of substance related withdrawal syndromes
3. Current use of opioids, alcohol, and sedative-hypnotic medications
4. Current use of addiction pharmacotherapies
5. Current signs and symptoms of substance intoxication or withdrawal

ASSESSMENT:

With timeliness based upon results of screening, but in no cases longer than 24 hours, individuals detained in the custody of criminal justice authorities must receive timely and appropriate medical assessment for substance-related medical problems by qualified clinicians with access to supervision and consultation from addiction medicine professionals. The assessment should include physical examination, urine toxicology screens, PDMP check, and basic lab work. The following areas should be specifically addressed:

History:

a. Past and current addiction
b. Past and current use of medication-assisted treatment, including addiction pharmacotherapies
c. Past and current presence of addiction-associated medical complications, including HIV, Hepatitis B and C, cirrhosis, pancreatitis, portal hypertension and esophageal varices, seizures, cardiac insufficiency, malnutrition, infections and abscesses

Signs and symptoms related to:

a. Intoxication and/or withdrawal syndromes related to alcohol, cannabis, opioids, cocaine and amphetamines and other psychostimulants, sedative-hypnotics, hallucinogens, and tobacco.

b. Addiction-associated medical complications, including HIV, Hepatitis B and C, cirrhosis, pancreatitis, portal hypertension and esophageal varices, seizures, cardiac insufficiency, malnutrition, infections and abscesses.

TREATMENT:

1. Individuals detained by law enforcement or judicial authorities should have access to medically necessary treatment provided by appropriately trained clinicians with access to supervision and consultation by addiction medicine specialists for the treatment of addiction and related conditions.
2. Jails and prisons should have policies and procedures that ensure that detainees receive all medically necessary and appropriate health care services related to addiction and related disorders as appropriate for their conditions, including withdrawal management, treatment of addiction-related medical conditions, treatment of addiction that includes evidence based psychosocial treatments, a comprehensive range of medication-assisted treatments and opioid replacement, and education related to harm reduction and abstinence.
3. Patients on agonist treatment who are incarcerated should have access to their medication.

ACCESS TO TRANSITION SERVICES:

1. Inmates with histories of addiction prior to incarceration should be evaluated by appropriately trained clinicians prior to release to evaluate the risk of imminent relapse when discharged.
2. Inmates who are at high risk of addiction relapse immediately after release must be evaluated by appropriately trained clinicians for pre-release initiation of relapse prevention strategies, including oral and long-acting intramuscular administration of medication for this purpose.
3. Inmates with addiction should be linked to evidence based post-discharge relapse prevention and recovery maintenance programs, with date and time specific intake appointments and transfer of relevant medical information about their condition, consistent with applicable privacy regulations.

CERTIFIED ADDICTION TREATMENT PROGRAMS

GENERAL ACCESS STANDARDS:

1. Treatment programing in fully certified addiction treatment programs must include timely access to medically necessary assessment and treatment by addiction medicine specialists for the treatment of addiction and related medical problems.

SCREENING:

Screening for admission to certified addiction treatment programs must include:

1. Active addiction behavior (by history)
2. History of substance related withdrawal syndromes
3. Current use of alcohol, cannabis, opioids, cocaine and amphetamines and other psychostimulants, sedative-hypnotics, and hallucinogens, as well as screening for tobacco use
3. Current use of opioid addiction pharmacotherapies
4. Current signs and symptoms of substance intoxication or withdrawal

ASSESSMENT:

With timeliness based upon results of screening, individuals admitted to certified addiction treatment programs must receive timely and appropriate medical assessment addiction and related medical problems by qualified clinicians with access to supervision and consultation from addiction medicine professionals. The assessment should include physical examination, urine toxicology screens, PDMP check, and basic lab work. The following areas should be specifically addressed:

History:

a. Past and current addiction
b. Past and current use of medication-assisted treatment including opioid addiction pharmacotherapies
c. Past and current presence of addiction and related medical complications, including HIV, Hepatitis B and C, cirrhosis, pancreatitis, portal hypertension and esophageal varices, seizures, cardiac insufficiency, malnutrition, infections and abscesses

Signs and symptoms related to:

a. Intoxication and/or withdrawal syndromes related to alcohol, cannabis, opioids, cocaine and amphetamines and other psychostimulants, sedative-hypnotics, hallucinogens, and tobacco.
b. Addiction-associated medical complications, including HIV, Hepatitis B and C, cirrhosis, pancreatitis, portal hypertension and esophageal varices, and seizures, cardiac insufficiency, malnutrition, infections and abscesses.
c. Addiction-associated psychiatric complications, including mood, anxiety, and psychotic disorders.

TREATMENT:

1. Certified addiction treatment programs must provide medically necessary treatment that is provided by appropriately trained clinicians with access to supervision and consultation by addiction medicine specialists for the treatment of addiction and related conditions.
2. Certified addiction treatment programs must have policies and procedures that ensure that enrollees receive all medically necessary and appropriate health care services related to addiction-related disorders as appropriate for their conditions, including withdrawal management, treatment of addiction-related medical conditions, treatment of addiction that includes evidence based psychosocial treatments, a full range of medication-assisted treatments and opioid replacement, and education related to harm reduction and abstinence.

ACCESS TO TRANSITION SERVICES:

1. Individuals discharged from certified addiction treatment programs must be evaluated by appropriately trained clinicians prior to discharge to assess the risk of imminent relapse.
2. Individuals at high risk of imminent relapse immediately after discharge from certified addiction treatment programs must be evaluated by appropriately trained clinicians for pre-discharge initiation of relapse prevention strategies, including oral and long-acting intramuscular administration of anti-craving medication.
3. Individuals discharged from certified addiction treatment programs should be linked to evidence based post-discharge relapse prevention and recovery maintenance services, including transfer of relevant medical information about their condition, consistent with applicable privacy regulations.

COMMUNITY-BASED BEHAVIORAL HEALTH SYSTEMS

GENERAL ACCESS STANDARDS:

1. Treatment planning and practice in community-based behavioral health systems must include integrated and timely access to medically necessary assessment and treatment by or under the supervision of addiction medicine specialists for the treatment of addiction and related medical problems.
2. Individuals with addiction receiving services in community-based behavioral health systems must have access to necessary addiction medicine services for the treatment of addiction and related medical problems.

SCREENING:

Screening for admission to community-based behavioral health systems must include:

1. Active addiction behavior (by history)
2. Risk of substance withdrawal
3. Current use of addiction pharmacotherapy treatment

ASSESSMENT:

With timeliness based upon results of screening, individuals receiving services in community-based behavioral health systems must receive timely and appropriate medical assessment for substance-related medical problems by qualified clinicians with access to supervision and consultation from addiction medicine professionals. The assessment should include physical examination, urine toxicology screens, PDMP check, and basic lab work. The following areas should be specifically addressed:

History:

a. Past and current addiction
b. Past and current use of medication-assisted treatment including opioid addiction pharmacotherapies
c. Past and current presence of addiction-associated medical complications, including HIV, Hepatitis B and C, cirrhosis, pancreatitis, portal hypertension and esophageal varices, seizures, cardiac insufficiency, malnutrition, infections and abscesses

Signs and symptoms related to:

a. Intoxication and/or withdrawal syndromes related to alcohol, cannabis, opioids, cocaine and amphetamines and other psychostimulants, sedative-hypnotics, hallucinogens, and tobacco.
b. Addiction-associated medical complications, including HIV, Hepatitis B and C, cirrhosis, pancreatitis, portal hypertension and esophageal varices, seizures, cardiac insufficiency, malnutrition, infections and abscesses.

TREATMENT:

1. Community-based behavioral health systems must provide medically necessary treatment by appropriately trained clinicians with access to supervision and consultation by addiction medicine specialists for the treatment of addiction and related conditions.
2. Community-based behavioral health systems must have policies and procedures to ensure that enrollees receive all medically necessary and appropriate health care services related to addiction and related disorders as appropriate for their conditions, including withdrawal management, treatment of addiction-related medical conditions, treatment of addiction that includes evidence based psychosocial treatments, a comprehensive range of medication-assisted treatments and opioid replacement, and education related to harm reduction and abstinence.

ACCESS TO TRANSITION SERVICES:

1. Individuals discharged from programs within community-based behavioral health systems must be evaluated by appropriately trained clinicians prior to discharge to evaluate the risk of imminent relapse to active addiction when discharged.
2. Individuals at high risk of imminent addiction relapse immediately after discharge from programs within community-based behavioral health systems must be evaluated by appropriately trained clinicians for pre-discharge initiation of relapse prevention strategies, including oral and long-acting intramuscular administration of anti-craving medication.

Individuals discharged from programs within community-based behavioral health systems should be linked to evidence based post-discharge relapse prevention and recovery maintenance services, including transfer of relevant medical information about their condition, consistent with applicable privacy regulations.

CSAM

California Society of Addiction Medicine (CSAM)
575 Market Street, Suite 2125, San Francisco, CA 94105
p: 415-764-4855 f: 415-764-4915