Position Statement on Substance Use Disorders

Approved by the Board of Trustees, July 2012
Approved by the Assembly, May 2012

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – APA Operations Manual.

Substance use disorders are widespread among the general public and lead to significant problems for individuals, families, and communities. Psychiatrists have an important role in the clinical care, research, teaching, and advocacy of issues related to substance use. It is the position of the American Psychiatric Association that:

1. The diagnosis and treatment of substance use disorders should be recognized as an essential part of medical care. Screening and brief intervention for substance use disorders, which frequently co-occur with other psychiatric disorders, should be a routine part of medical assessment. Patients with identified substance use disorders should be educated about the condition and offered or referred for appropriate treatment.

2. Treatment of substance use disorders is effective as well as cost-effective and should be accessible on the same basis as other medical care; treatment for substance use disorders should be covered by all third-party payers on a parity basis with treatments for other diseases. Availability of treatment for substance use disorders should be increased to meet the needs of all patients. Efforts should continue to offer substance use disorders treatment as an alternative to, or as part of, penalties for criminal behavior related to substance use.

3. Psychiatry should increase its efforts to ensure adequate training and clinical experience at the medical school, residency, and fellowship levels to develop competence in the diagnosis, treatment, and prevention of substance use disorders.

4. Because substance use disorders are disorders of the brain and behavior, psychiatrists should continue to take leadership roles in all areas related to substance use disorders, including prevention, treatment, research, and public policy and continue educating colleagues in various specialties about the nature and treatment of substance use disorders.

5. Legislative bodies and law enforcement should continue efforts to limit access to substances with a high potential for abuse.

6. Efforts should continue to reduce the advertisement and positive depiction of substance use in media, particularly when youth are likely consumers of the media.

7. Psychiatrists should continue to support further research into the causes, manifestations, treatment, and prevention of substance use disorders, their familial and social consequences, and the cost-effectiveness of efforts directed at prevention, treatment, regulation, and law enforcement.

Approved by APA Council on Addiction Psychiatry, Sept. 9, 2011.
Substance use and substance use disorders represent a major public health and societal problem. Two extensive surveys of the adult general population found substance-related disorders to be the most common diagnostic group among those diagnosed with mental disorders (Regier, Farmer et al. 1990; Kessler, McGonagle et al. 1994). The Epidemiologic Catchment Area (ECA) study (Regier, Farmer et al. 1990) found a lifetime prevalence of alcohol abuse or dependence of 13.5% and a lifetime prevalence of other drug abuse or dependence (exclusive of nicotine) of 6.1%. The National Comorbidity Study (Kessler, McGonagle et al. 1994) found a lifetime prevalence of 26.6% for substance abuse/dependence and a 12-month prevalence of 11.3%.

Problems deriving from the misuse of alcohol, tobacco, and other drugs create suffering in affected individuals, their friends and families, and society at large. Substance use disorders are associated with numerous physical and mental health problems, early death, accidents, crime, and many other negative consequences. The annual financial burden of addictive disorders on the national economy is over $240 billion (Harwood, Fountain et al. 1999), exclusive of costs related to tobacco and prescription drug use. Included here are costs within the health care and social service systems, estimates of lost productivity, and costs related to crime. Societal costs related to tobacco use have been estimated at an additional $150 billion per year (CDC 2002).

Stigmatization of patients with substance use disorders has been well-documented and has also been associated with poor outcomes (Luoma, Twohig et al. 2007). Although there is ample evidence that treatment of these disorders is both effective and cost-effective (Gerstein, Johnson et al. 1994), support for treatment is still subject to unreasonable restraints in such areas as health insurance coverage and benefit programs (APA 1995).

Empirical studies in animals and humans, using a variety of techniques, have helped uncover the biological origins and processes of substance use disorders. For instance, numerous studies confirm the high heritability of substance use disorders, which is approximately 0.5 (Enoch and Goldman 2001). Some of the non-genetic factors important in risk for substance use disorders are trauma, parental and peer influence, access to and use of substances, and media depictions of substance use (Robertson, David et al. 2003; Bahr, Hoffmann et al. 2005; Wellman, Sugarman et al. 2006). Data from imaging and other studies have helped demonstrate the specific brain regions and systems involved in substance use disorders (London, Broussolle et al. 1990; Koob and Nestler 1997; Volkow, Fowler et al. 2004).

Despite their well-documented prevalence in psychiatric and medical/surgical populations in all age groups, substance-related disorders are often under-diagnosed, leading to a failure of intervention and/or referral (Cleary, Miller et al. 1988; Moore, Bone et al. 1989; Buchsbaum, Buchanan et al. 1991). Thus, it is important that all medical/surgical and psychiatric patients be routinely screened for substance-related disorders.

The treatment of substance-related disorders should be individualized with regard to the modalities used, the intensity of treatment, and the settings in which treatment is delivered. Treatment should be appropriate to the various stages of illness and recovery, and it should address treatment of coexisting physical, psychiatric, and psychosocial problems. Addictions must be seen as chronic, relapsing illnesses, rather than acute disorders. Chronicity and severity in many patients necessitates flexibility in treatment planning and continuity of care.

Although relapse is common, numerous studies have shown that treatment of substance use disorders is highly effective (SAMHSA 2004) and is cost-effective in terms of cost offsets within the health care system (Holder and Blose 1987; Medicine 1989; Cartwright and Kapel 1991; McLellan, O’Brien et al. 1992; Gerstein, Datta et al. 1997). Treatment includes many types of psychosocial interventions in a variety of treatment settings. Many approaches have empirical support and may be delivered in both individual and group-based formats. While not usually called treatment, community based self-help support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), et al., provide another important resource in promoting recovery from substance use disorders (Project Match Research Group 1997; Galanter 2006).

Pharmacologic treatments also have an important role in treating substance use disorders. Effective medication treatment of withdrawal symptoms improves patient safety, comfort, and engagement in further treatment (Williams and McBride 1998; Fingerhood, Thompson et al. 2001; Brigham, Amass et al. 2007). Ongoing maintenance treatment with medications also improves outcomes (O’Brien 2005; Gonzales, Rennard et al. 2006). Medications with FDA approval for substance dependence include those for alcohol dependence (naltrexone, acamprosate, and disulfiram); opioid dependence (buprenorphine, methadone, LAAM, and naltrexone); and nicotine dependence (nicotine replacement products, bupropion, and varenicline). Other medications can be helpful adjuncts to treatment as well by reducing substance use and treating co-occurring psychiatric disorders (Biederman, Wilens et al. 1999; Nunes and Levin 2004; O’Brien 2005).

Prevention at all levels should remain a high priority. Effective prevention programs aimed at reducing substance use and other relevant risk factors have been developed for children and adolescents (Robertson, David et al. 2003). Continuing education of the public will help with early identification. In the health care setting, increased emphasis on screening and brief interventions will improve identification and appropriate treatment of substance use disorders. Thus, inquiry about substance use should be a routine part of psychiatric and other medical assessments for all patients. Psychiatrists can promote prevention through education of and collaboration with other health care providers and various sectors of the community. Media is often an important source of exposure to substance use and its contexts. Media should reduce their emphasis on and positive depictions of substance use, including alcohol and nicotine use. In addition, advertisements and other media formats should continue to inform the public of the risks and consequences of alcohol, nicotine, and illicit drug use. Finally, within their own practice, psychiatrists can help prevent new substance problems through appropriate, safe prescribing practices.

From medical school through psychiatric residency and beyond, there has been increasing exposure to training in the care of patients with substance use disorders. The individual psychiatrist may assess and diagnose a patient, develop a comprehensive treatment plan, and deliver the
appropriate treatment either directly or as a leader/member of a clinical team. The range of knowledge and training that psychiatry brings to bear on substance use disorders allows for an informed selection of the most appropriate interventions. Of equal importance, psychiatry, with its firm grounding in the methods used in the development of new psychopharmacological agents, is equipped for, and committed to continual testing of innovative treatments that may prove even more effective than those currently available. The American Board of Psychiatry and Neurology, through its examinations that demonstrate a psychiatrist’s added qualifications in addiction psychiatry, has demonstrated the profession’s ongoing commitment to state-of-the-art care for patients with substance use disorders.

References


© Copyright, American Psychiatric Association, all rights reserved.