National Association of State Alcohol and Drug Abuse Directors, Inc.
Consensus Statement on the Use of Medications in Treatment of Substance Use Disorders

Numerous studies have shown the effectiveness of including medication in the treatment of some individuals with substance use disorders. For years, there has been limited use of medications for the treatment of substance dependence. Today, however, public and private health insurance plans are including (or at least considering) coverage of medication services along with psychosocial interventions for treatment of substance use disorders. A growing body of research substantiates that the use of FDA-approved medications can play an important role in the treatment of substance use disorders, especially for people with alcohol, opioid, or nicotine dependence, with continued research being done on medications for other substance use disorders. These studies demonstrate the efficacy of treating addiction as a chronic disease.

A review of current standards and principles of effective treatment demonstrates that:

- Dependence on alcohol and drugs is a complex but treatable disease that affects brain function and behavior.[1]
- No one treatment protocol is appropriate for everyone.[2]
- For some individuals, use of medication is recommended as a recovery tool.[3]
- Where clinically appropriate, use of medication as a recovery resource should be utilized as an adjunct to other treatment services.
- Medications such as methadone, buprenorphine, and naltrexone (both oral and extended release injection) have been shown to reduce opioid use; and naltrexone, disulfiram, and acamprosate have been shown to be effective in the treatment of alcohol dependence. The appropriate use of these medications allows individuals to experience sustained recovery from opioid and alcohol dependence, including through long-term management using medication maintenance. They should be made available to individuals who could benefit from them.[4][5][6][7][8]
- It is recommended that any medication assisted treatment be combined with psychosocial and behavioral strategies that are clinically matched to the severity of the individual's addiction.
- Longitudinal studies show that treatment initiated in the criminal justice system and continued in the community garners lasting reductions in criminal activity and drug abuse. This includes medication-assisted treatment (e.g., methadone, buprenorphine/naloxone, and injectable naltrexone) for some prisoners with opioid dependence.[9]

Additionally, the National Quality Forum's "National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence-Based Treatment Practices (p.VII)"[10] recommends that pharmacotherapy should be made available to all adult patients diagnosed with opioid dependence, alcohol dependence, and nicotine dependence, as long as there are not medical contraindications.

Finally, the American Society for Addiction Medicine (ASAM) has taken an affirmative position on the use of medications for the treatment of alcohol use disorders in their ASAM Patient Placement Criteria: Supplement on Pharmacotherapies for Alcohol Use Disorders.[11]

Conclusion: Individuals seeking treatment for substance use disorders should be educated about all treatment options, including the use of medications, so that they may make informed decisions about their care. For some people, medication will be unnecessary. For others, it may be a helpful tool for recovery. For still others, medication will be a crucial component of treatment without which the prognosis for recovery is very poor. In all cases, the use of addiction medications should be considered and supported as a viable treatment strategy in conjunction with other evidenced based practices and as a path to recovery for individuals struggling with substance use disorders. In addition, NASADAD recommends that public and private health insurance plans cover medications for the treatment of opioid, alcohol, and nicotine dependence.

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