

The Separation Between Addiction Treatment and Healthcare

History

For much of the 20th century, the primary social response to addiction was confinement (e.g., jails, asylums).

In the 1960s, drug use became more common and mainstream. By the 70s, it was clear that we needed a system to provide addiction treatment.

The existing health care system was neither trained to care for, nor especially eager to accept, patients with addictions.

Starting in the 70s, new addiction treatment programs were created, expanding to more than 14,000 locations across the US. With the exception of detoxification in hospitals, virtually all addiction treatment was delivered by programs that were *geographically, financially, culturally, and organizationally separate from mainstream health care.*



This Separation Is Not Working

Fatalities

Tragedies occur when patients complete addiction treatment and the health care system fails to provide adequate follow-up and coordination of services and supports necessary to help them maintain their recovery, leading to relapse.



People Are Dying



Health Care Costs Are Rising

Stigma Persists



Care is Hard to Access



Costs

On average, individuals with chronic medical conditions incur health care costs 2-3 times higher when they have a comorbid substance use disorder compared with individuals without this comorbidity.

Stigma

Separate systems for substance use disorder treatment and other health care needs may have exacerbated the negative public attitudes toward people with substance use disorders.

Treatment Access

Health care professionals have been hesitant to provide medication-assisted treatment (such as buprenorphine) for opioid use disorders, which reduces patients' access to effective addiction treatment.

"It no longer makes sense to keep substance use disorders segregated from other health issues."

Surgeon General Vivek Murthy

What Does Better Integration Look Like?

New or Improved...

Organizational Structures



E.g., medical homes, health homes, and Accountable Care Organizations

Health IT



E.g., Electronic Health Records and Prescription Drug Monitoring Programs

Clinical Approaches in Primary Care



E.g., addiction medications and screening/brief interventions

Source: Chapter 6 of Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health
<https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>