

1. Substance use disorders are complex: physical, social, spiritual and emotional. Treatment and prevention respond to the whole person.

Vulnerability to addiction can be affected by individual characteristics as well as by families, communities, environments and public policy. Addiction affects brain function, behavior, acquisition of life skills, relationships, employment, education and housing – in other words, all life domains. Individual characteristics, family and friends, community and environmental factors can hinder or promote both prevention and recovery.

[National Institute on Drug Abuse \(NIDA\) Principles of Addiction Treatment](#) recognize that no single treatment is appropriate for everyone and that effective treatment attends to the multiple needs of the individual, not just his or her drug abuse. National Quality Forum (NQF) [standards](#) state that treatment of severe substance use disorders requires comprehensive services with multiple interventions.

[National Institute on Drug Abuse Prevention Principles](#) recognize that risk of and protection from substance use disorders arises from an array of factors. Effective prevention efforts combine approaches that target multiple levels, such as families, school systems and community governance.

2. Prevention and treatment recognize substance use disorders as chronic, requiring both life span and life style approaches (i.e., a continuum of healing).

Risk of substance use disorders, including risk of relapse, can be affected by stage of life, experiences, health and environmental factors such as community norms. Onset of substance use disorders can happen anytime: early, in children or youth, in mid-life, or late in life. [NQF standards](#) recognize that prevention and treatment of substance use disorders involve a continuum of care based on understanding these disorders as persistent, continuing illnesses.

Effective prevention programs address all forms of alcohol, tobacco and other drug use, as well as potentially addictive activities such as gambling. Programs recognize the synergistic effect of one substance or activity on others. Effective programs are tailored to the ages, resources, and environments of populations at risk, and are long-term, using repeated interventions.

Long-term recovery is built on effective initial stages of treatment, which establish a foundation for continued development of a recovery-based life style. Treatment is sensitive to the possibility of relapse and promotes integration into communities that support recovery.

3. Care is guided by the individual's needs and recognizes that needs change as the individual develops and progresses in treatment and recovery.

The Institute of Medicine (IOM) establishes general principles, embraced by NQF, stating that the individual is the source of control and that care is customized according to individual needs and values. NIDA treatment principles state that the individual's treatment and service plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.

4. Prevention and treatment are equitable and do not vary in quality because of personal characteristics, such as gender, gender identity, ethnicity, age, sexual orientation, geographical location, socioeconomic status or drug/alcohol use history.

IOM principles call for care that is respectful and responsive to individual preferences, needs and values, and that ensures the individual's values guide all treatment decisions. National Standards on Culturally and Linguistically Appropriate Services (CLAS) state that healthcare organizations should ensure that the individual receives from all staff members effective, understandable, and respectful care that is provided in a manner compatible with the individual's cultural health beliefs and practices and preferred language.

5. Prevention and treatment are safe.

Individuals should be free from harm or injury resulting from involvement in prevention or treatment services. IOM principles call for safety as an evident property of the care system, where individuals are safe from harm caused by the system itself. Safe systems reduce risk and ensure safety by assessing their practices and incorporating mechanisms that prevent and mitigate errors.

6. Program design and operating decisions are based on evidence of effectiveness.

IOM principles state that effective services are based on scientific knowledge and decisions are based on evidence. Further, research has established that a variety of factors influence risk and that not every approach is effective with every individual. Therefore, evidence and knowledge should guide prevention strategies, treatment therapies and treatment plans for individuals, including referrals and collaboration.

7. Treatment is transparent. Knowledge and information is shared freely between the individual and treatment provider. Prevention strategies and goals are explicitly stated.

Individuals should have unfettered access to their own medical information and to clinical knowledge. Clinicians and individuals should communicate effectively and share information.

8. Prevention and treatment are provided by staff who are well-trained and well-supervised.

Social, behavioral and physical approaches to prevention and treatment of substance use disorders based on evidence require knowledge and understanding of the theoretical basis and clinical applications of therapies used. Safe, effective and equitable care requires that management have knowledge – and exercise oversight – of staff practice and ensure ongoing professional development through regular supervision and training.

9. Cooperation among service providers is a priority.

Individuals, families and communities facing risk of substance use disorders, as well as individuals with substance use disorders, present a complex array of service needs, requiring a network of providers who actively coordinate care with each other. [NQF Standards](#) call for treatment that is coordinated with general and mental healthcare settings.

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