In an effort to improve care for those affected by addiction and its comorbidities, ASAM is committed to the advancement of education and research in the field. Here, Stuart Gitlow, MD, MPH, MBA discusses the Society’s activities to develop resources, build awareness and advocate for this chronic brain disease.

Building awareness, ending dependency

Dr Stuart Gitlow
President, American Society of Addiction Medicine
Could you summarise the primary objectives of the American Society of Addiction Medicine (ASAM)?

ASAM is a professional medical society dedicated to increasing access and improving the quality of addiction treatment, educating healthcare professionals and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. The Society has over 3,200 members who are primarily physicians, but we have recently expanded to include associated professionals such as nurse practitioners, physician assistants, Master’s trained counsellors, and PhD clinicians and researchers. In addition to its national office, ASAM has 39 active chapters covering 41 states as well as the District of Columbia.

How has your background in addiction and psychiatry facilitated your responsibilities as President?

People come into the field of addiction medicine through many pathways. I chose psychiatry, primarily because 20 years ago it appeared that there was a shift taking place from addiction as a primary disease entity to addiction as a psychiatric subspecialty. In fact, that shift never fully materialised and the bulk of addiction specialists come from backgrounds other than psychiatry. Nevertheless, I continue to feel that there are aspects of mental health that are critical to the knowledge and understanding of addiction and its treatment. I therefore draw upon my background as a psychiatrist on a daily basis both in terms of patient care and managing my role within ASAM.

What main areas of addiction does the Society focus on?

ASAM’s activities cover all areas of diagnosis, treatment and recovery from addiction and its comorbidities, whether related to substance use or behaviour. The content of our annual conference strongly reflects this diversity, where sessions range from topics such as clinical drug testing, neuropsychiatric complications of hepatitis C among drug users, evidence-based approaches to alcohol detoxification, and medication and non-medication approaches to recovery.

Our advocacy efforts also reflect a broad diversity of topics. At the federal level, our priorities include: health reform, parity implementation and managing my role within ASAM.

How does ASAM ensure its activities are influencing policy makers and advancing the treatment and prevention of addiction?

The Society has two very active groups – the Public Policy Committee and the Legislative Committee – which are the foundation for ASAM’s efforts to influence policy makers and advance the treatment and prevention of addiction. The Public Policy Committee develops board-approved policies on topics ranging from prescription drug abuse, misuse and diversion, to the legalisation of marijuana. These policies form the basis of ASAM’s federal and state-level advocacy efforts. We have full-time professional staff and lobbyists who work with policy makers to advocate ASAM’s positions. The Society also participates in numerous coalitions of other medical and addiction-related organisations to bring national attention to important policy positions.

At present, there remains a stigma attached to addiction within society. How does ASAM seek to raise awareness of addiction as a chronic, and often relapsing, disease?

In addition to releasing the ASAM definition of addiction in 2011 – the most visited page of our website – we have also recently developed media training for our organisation’s leadership that includes messaging around addiction being a chronic brain disease. We strive to reinforce this message through media outreach and other communications. We even sell bumper stickers that say: ‘Addiction is a chronic brain disease’.

Are there any other challenges ASAM faces within the field of addiction?

Public and private healthcare insurance policies limit patient access to treatment, especially medications to treat opioid addiction, which have been a significant challenge facing ASAM and its members. In 2012, we launched an initiative to address these obstacles and increase national awareness. We released research on the barriers in state Medicaid programmes as well as barriers in the private sector, and have recently updated our state Medicaid analysis. Addressing these challenges has to be taken up on a state-by-state basis, which can be hard – particularly in states with small chapters. Therefore, we are planning to enhance our committee and staff efforts to specifically address issues with the payer – the insurance company, health plan sponsor or government financing the costs of medical care – since we expect problems to be ongoing as more patients have access to health insurance coverage.

In what ways is the Society improving education and resources for physicians and other healthcare professionals in the area of dependence?

ASAM is engaged in numerous activities to improve resources for physicians and other healthcare professionals to deliver quality addiction treatment. In 2014, ASAM released the Standards of Care: For the Addiction Specialist Physician. They address the unique responsibilities borne by a physician who manages or oversees the care of a patient with addiction and addiction-related disorders, and apply to any physician assuming this responsibility, even if such a physician does not hold a specialty in addiction medicine.
certification in addiction medicine or addiction psychiatry. The Society has identified performance measures linked to these standards and will be specifying and testing a subset of them over the coming year.

ASAM is also in the process of developing practice guidelines on medications to treat opioid use disorder. This will be the first publication of its kind that addresses all of the available medications to treat opioid use disorder in a single edition. We are on track to complete this project next spring and then will plan dissemination and education to help bring this valuable resource to clinical practice.

What have been the Society’s greatest accomplishment in your time as President?

Increasing the visibility of addiction medicine as a medical specialty capable of addressing the building marijuana crisis as well as the opioid use epidemic are important achievements. We have taken on both individual state and federal issues in these regards, and our outspoken advocacy for public health interests has taken a front row seat in ongoing national discussions.

How much progress has been made in advancing treatment and prevention of dependency in recent years, and what areas still need improving?

Treatment for addictive illness has been quite effective for many decades, yet we lack sufficient numbers of physicians in the field with the expertise necessary to address this highly prevalent condition. Prevention has taken enormous strides with the decline in tobacco use secondary to wide-ranging restrictions and recognition of dangers. Now we need to take the same steps with alcohol. We need to improve the focus on alcohol and tobacco, the two leading substances utilised by those with addictive illness, and do everything we can to reduce the potential dangers from adding a third illicit substance to this group.

Are there any new activities or projects that ASAM will be implementing in the near future?

In early 2015, ASAM will be releasing the ASAM Criteria Software nationally – a standardised computer-assisted implementation of the decision rules in The ASAM Criteria textbook. Construction of this software began in the 1990s with funding from the National Institutes of Health (NIH). It was finalised for national release with support from the Substance Abuse and Mental Health Services Administration and its Center for Substance Abuse Treatment, and has undergone 20 years of controlled research including international validation.

With this software, ASAM is taking steps to address subjective interpretation in patient assessment that has plagued the addiction field. Its release comes at a time when current policy intersections in health IT, parity and healthcare reform create a watershed moment for the addiction field.

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DESTROYING DEPENDENCY

In order to better understand the global extent of drug and alcohol use, WHO is prioritising the continual monitoring of health, socioeconomic and security impacts, and providing technical support and guidance for health systems. Working in collaboration with other organisations, such as the United Nations Office on Drugs and Crime, WHO is establishing policies to reduce the demand for illicit substances, relieve suffering and decrease drug- and alcohol-related harm to individuals, families and societies.

Objectives include:

- Improving coverage and quality of treatment and care services for drug use disorders in low- and middle-income countries
- Comprehensive and integrated treatment systems to deliver a continuum of care
- Policy and legislation revisions to support prevention and treatment
- Promote research and training on drug dependence
- Expand and enhance regional networks of quality service providers