#1. Routine screenings in every medical setting
During check-ups and in the ER, from pediatric to psychiatric care — screenings for a SUD should be as common as measuring blood pressure.

#2. A personal plan for every patient
One size doesn’t fit all. Treatment must consider unique social, mental, biological, and environmental needs — with frequent check-ins and adjustments.

#3. Fast access to treatment
Addiction alters brain chemistry, making moments of motivation to seek treatment fleeting. So when an individual is ready, it is essential that they have access right away.

#4. Disease management, rather than 28 days
While inpatient treatment may be appropriate for some based on disease severity, this isn’t the best option for all. And it’s not enough for sustained success. Long-term outpatient care — similar to the management of other chronic diseases — is key to recovery.

#5. Coordinated care for every illness
Many people with addiction also suffer from other mental or physical disorders. Treatment for all illnesses should be coordinated and integrated into the SUD treatment plan.

#6. Behavioral health care from legitimate providers
Behavioral interventions help individuals manage their disease and sustain recovery — and should be offered by properly trained, accredited, and well-supervised providers.

#7. Medication-assisted treatment
Just like with other chronic diseases, medication is appropriate for treating some individuals. It should be destigmatized and easily accessible.

#8. Recovery support services beyond medical care
Practical and emotional support from family members, the community, and peer groups improves outcomes for individuals with substance use disorders.

Learn more about the Treatment Task Force’s work to improve access & quality of addiction treatment in America at shatterproof.org.

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