



Addiction Medicine Primer

An Overview of Treatment of Substance Use Disorders

Introduction

According to the 2021 National Survey on Drug Use and Health (NSDUH), 46.3 million Americans, aged 12 or older, had a substance use disorder (SUD) in the past year.¹ Substance use disorders continue to be an important health issue in our country.

A person is diagnosed with a SUD when patterns of symptoms resulting from the substance use are identified.² For example, a person with a SUD might experience intense cravings for the substance because of neurobiological changes that prompt them to continue seeking and using the substance in physically hazardous situations. However, research in addiction science and treatment has produced evidence-based treatment methods to help those with a SUD recover and live healthier lives.³





For more information on substance use disorders and addiction, see the following:

- [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#)
- [Drugs, Brains, and Behavior: The Science of Addiction Drugs and the Brain](#)
- [Treatment of Substance Use Disorders: An Overview of Addiction Medicine](#)

What Are Substance Use Disorders?

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) describes a key feature of a substance use disorder (SUD) as “a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.”² According to the DSM-5, a diagnosis of a SUD can be applied to nine classes of drugs: alcohol; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics or anxiolytics; stimulants; tobacco (nicotine); and other (or unknown) substances.² For certain substance classes, some symptoms are less prominent, and in some cases, not all symptoms apply. For example, withdrawal symptoms are not specified for inhalant use disorder. In addition, the DSM-5 describes effects of potential long-term behavioral brain changes from SUDs as shown in the following excerpt:

“An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. These persistent drug effects may benefit from long-term approaches to treatment.”²

What is Addiction?

The American Society of Addiction Medicine (ASAM) states, “Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that



become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.”⁴ According to the DSM-5, the word addiction “... is omitted from the official DSM-5 substance use disorder (SUD) diagnostic terminology because of its uncertain definition and potentially negative connotation.”² While the term *addiction* is commonly used to describe serious conditions involving compulsive and habitual substance use and has historic usage in some disciplines, including addiction medicine, employing the term *addiction* in clinical practice or even casual conversation can worsen stigma. Tips on modeling appropriate, non-stigmatizing language are included in the section on stigma in this primer.

Addiction Medicine as a Specialty

The American Board of Medical Specialties (ABMS) recognizes two medical subspecialties that focus on providing care for patients with substance use disorders (SUDs): addiction psychiatry and addiction medicine.⁵

The American Board of Medical Specialties describes a practitioner of the subspecialty of addiction psychiatry as “a psychiatrist who focuses on the evaluation and treatment of individuals with alcohol, drug, or other substance-related disorders and of individuals with the dual diagnosis of substance-related and other psychiatric disorders.”⁶ Addiction psychiatrists are specifically trained to give evidence-based treatment to their patients, which involves not only addressing addiction but also addressing any mental disorders that contribute to behaviors associated with addiction. Addiction psychiatrists aim to address the underlying causes of addiction.

Addiction medicine specialists provide evidence-based prevention, evaluation, diagnosis, treatment, and medical management services for patients with unhealthy substance use or substance-related health



For more information on the addiction medicine specialty, see the following:

- [About the Addiction Medicine Subspecialty](#)
- [Addiction Medicine Certification](#)
- [American Board of Preventive Medicine Certification Requirements for Addiction Medicine Subspecialty](#)
- [Treatment of Substance Use Disorders: An Overview of Addiction Medicine](#)



conditions. Family members who are affected by a loved one's substance use or addiction can also seek help from addiction medicine specialists.⁷ Addiction medicine specialists are trained in addiction neurobiology and how to use screening and assessment tools, diagnosis and treatment planning tools, and communication strategies, including motivational interviewing. They generally have extensive experience working with patients with SUDs and have been trained in how to communicate effectively with these patients. Addiction medicine specialists work closely with other clinicians to ensure coordination of care.

Why Refer to an Addiction Medicine Specialist?

If you have a patient who might have one or more substance use disorders (SUDs), you may want to consider whether to consult with or refer your patient to an addiction medicine specialist. There are several good reasons to do so, which include the following:

- **Expertise:** Credentialed addiction medicine specialists have clinical expertise in prevention, evaluation, diagnosis, and treatment of patients with one or more SUDs and associated health conditions. Addiction medicine specialists provide education to patients, other providers, community members, and policy makers.
- **Experience:** Addiction medicine specialists are experienced with the various levels of care and treatment options available to help patients with one or more SUDs and are familiar with when to apply them.
- **Network:** Addiction medicine specialists routinely collaborate with other clinicians in specialized fields to provide coordinated care. They generally have well-developed networks



that enable them to coordinate services to patients and their families and share appropriate information to achieve safer and more effective care.

Diagnosis and Treatment Decisions

Diagnosing a substance use disorder (SUD) requires a comprehensive evaluation of a patient's cognitive, behavioral, and physiological symptoms. For example, a clinician may ask the patient questions about their life, addictive behavior, and patterns of misuse. It's also important to address SUDs in a non-stigmatizing manner, using language that respects the dignity of all people who use substances. An evaluation may also include obtaining the results of urine toxicology tests and data from prescription drug monitoring program (PDMP) reports. A urine toxicology test is a common tool used in assessment and treatment monitoring. The PDMP should also be reviewed to identify any additional prescriptions for controlled substances including opioids, benzodiazepines, and stimulants. Clinicians can use the diagnostic information to determine whether a patient is experiencing symptoms consistent with a SUD and, if so, in what range of severity.

No single approach to treatment of a SUD successfully enables every individual to reach recovery; however, evidence-based guidelines can help clinicians guide their patients to the best treatment options for their specific recovery needs. These guidelines help clinicians systematically evaluate a patient's clinical needs and situation to match them with the right level of care in the most appropriate available setting. The American Society of Addiction Medicine (ASAM) levels of care continuum can be used to determine which treatment options are appropriate based on individual risks and needs as well as strengths, skills, and resources.



For more information on diagnosis and treatment, see the following:

- [The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition \(DSM-5\)](#)
- [National Institute on Drug Abuse \(NIDA\): Screening Tools and Prevention](#)
- [American Society of Addiction Medicine \(ASAM\): The ASAM Criteria](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Evidence-Based Practices Resource Center](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings](#)
- [Treatment Options for Substance Use Disorders](#)



Effective Communication

To treat a substance use disorder (SUD) with the goal of recovery, clinicians must communicate effectively with their patients. Talking to patients and families about a SUD can be a difficult topic to address. It is important to establish trust and express empathy.

Acknowledging that a SUD is a chronic but treatable medical disorder can be the first step to reducing the stigma often associated with SUDs and can facilitate open and honest communication between patients and their clinicians. Addressing a patient as a whole person when talking about a SUD can provide them with hope and a more positive outlook.

Demonstrate empathy and understanding. Remember to let patients know that recovery is possible and that paths to recovery look different for different people. Here are a few techniques that convey empathy:

- Actively listen to the patient.
- Engage with the patient in a nonjudgmental way.
- Treat the patient with respect and address their SUD as the medical disorder that it is.
- Help the patient understand that you intend to help them get the treatment they need. This reinforces the possibility of recovery.



For more information on effective communication, see the following:

- [Office of National Drug Control Policy Changing the Language of Addiction](#)
- [Words Matter - Terms to Use and Avoid When Talking About Addiction](#)
- [Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an “Addiction-ary”](#)
- [Recommended Use of Terminology in Addiction Medicine](#)
- [Breaking Through the Wall of Stigma](#)
- [Effective Communication in Treating Substance Use Disorders](#)



Stigma

A person with a substance use disorder (SUD) is unfortunately still regarded by many as having a moral failing and problems that any strong individual should be able to overcome. The associated shame felt by patients and families can create a significant barrier to treatment access and effectiveness. Patients may see acknowledging and receiving treatment for their illness as a sign of personal failure and weakness. This can make pursuing and accepting treatment very difficult.

As a clinician, you can set an example and reduce stigma around SUD with simple changes in language. Model appropriate, non-stigmatizing language for your patients, their families, and fellow healthcare professionals by avoiding slang and using clear, clinically accurate language. For example:

- Use person-first language. Describe people as having a condition or illness, not *being* a condition. Say, “person with a substance use disorder (or refer to the specific disorder such as opioid or alcohol use disorder).” Don’t say “addict,” “junkie” or “user.” Such slang can be dehumanizing.
- Say “drug use” or “unhealthy use” if referring to prescription medications. Don’t say “drug abuse.”
- Say “substance use disorder.” Don’t say “drug habit.” Using the word “habit” undermines the seriousness of a SUD. It also inaccurately implies that a person is choosing to use substances or can choose to stop.

- Avoid terms with negative implications, like “abuse” and “abuser.” They can impact the quality of medical care while also reducing the patient’s willingness to self-disclose or engage in treatment.
- Avoid the term “addiction” when caring for and communicating with patients. Instead, consider language that frames every SUD as a health problem and shows respect for people affected by it.
- When discussing screening results, say “tested negative for a particular substance” or “tested positive for a particular substance.” Depending on what the patient has shared regarding their use, the results could be described as “expected” or “unexpected.” Don’t say “dirty” or “clean,” which can diminish a patient’s sense of empowerment for change.

Stigma among healthcare professionals may contribute to the problem. Discomfort with discussing a SUD may lead to inadequate screening and diagnosis. Education in the science of addiction coupled with training in patient communication will help reduce stigma.

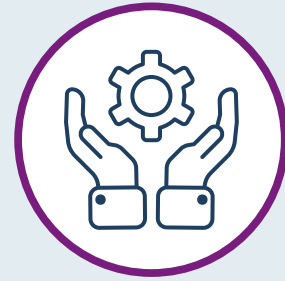
Care Coordination

Care coordination is critical in treating a substance use disorder (SUD) to achieve positive patient outcomes. Coordinating treatment for related and unrelated comorbidities, including mental health conditions, is an integral part of treating a SUD. For example, medications are available to treat possible mental health disorders, such as depression or anxiety, that may be co-occurring with the person’s SUD.

In *Treatment Approaches to Drug Addiction Drug Facts*, the National Institute on Drug Abuse (NIDA) lists principles of effective treatment including:

- Effective treatment addresses all the patient’s needs, not just his or her drug use.
- Treatment should address other possible mental disorders.
- Treatment programs should test patients for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as teach them about steps they can take to reduce their risk of these infections.⁸

Addiction medicine specialists generally have extensive networks with different types of healthcare professionals that enable them to develop treatment plans that address the wider needs of patients and their families. This network may include licensed clinical social workers, behavioral specialists, counselors, psychologists, psychiatrists, addiction psychiatrists, state health workers, community and faith-based programs, and treatment centers.



For more information on care coordination, see the following:

- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Care Coordination for Certified Community Behavioral Health Clinics \(CCBHCs\)](#)
- [National Institute on Drug Abuse \(NIDA\) Treatment](#)
- [Care Coordination in Treatment of Substance Use Disorders](#)

About the Addiction Medicine Toolkit

The *Addiction Medicine Primer* is one of several products designed to provide education and resources for the treatment of substance use disorders (SUDs). Other products in the Addiction Medicine Toolkit include the following:

- **E-learning modules and patient cases:**
 - ▶ Treatment of Substance Use Disorders: An Overview of Addiction Medicine
 - ▶ Treatment Options for Substance Use Disorders
 - ▶ Effective Communication in Treating Substance Use Disorders
 - ▶ Care Coordination in Treatment of Substance Use Disorders
 - ▶ Interactive Patient Case: Ronya M.
 - ▶ Interactive Patient Case: Robert Z.
 - ▶ Interactive Patient Case: Luis A.
 - ▶ Interactive Patient Case: Allison H.
- **Conversation starters:** Short guides that offer strategies for communication surrounding treatment of SUDs including motivational interviewing techniques, the use of non-stigmatizing language, and patient anxiety reduction:
 - ▶ Motivational Interviewing to Help Your Patients Seek Treatment
 - ▶ Remove Stigma – Talk with Your Patients About Substance Use Disorder
 - ▶ Empathy—Talking to Patients About Substance Use Disorder
- **Addiction medicine checklist:** A checklist that clinicians can use to build a reference document to help treat patients with SUDs. The checklist consists of three sections: Treatment Considerations, Patient Confidentiality Considerations, and Harm Reduction Considerations. Within each section, a list of reminders gives the clinician specific items to consider when treating a patient. Clinicians can customize the information to meet their clinical needs and the needs of their patients.

References

- ¹ Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>
- ² American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
- ³ National Institute on Drug Abuse. (2018, Jan). *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) Preface*. Retrieved April 9, 2021, from <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>
- ⁴ American Society of Addiction Medicine. *Definition of Addiction*. Retrieved April 9, 2021, from <https://www.asam.org/Quality-Science/definition-of-addiction>
- ⁵ Nunes, E. V., Kunz, K., Galanter, M., & O'Connor, P. G. (2020). *Addiction Psychiatry and Addiction Medicine: The Evolution of Addiction Physician Specialists*. *The American Journal on Addictions*, 29(5), 390–400. <https://doi.org/10.1111/ajad.13068>
- ⁶ American Board of Medical Specialties. (2020). *ABMS Guide to Medical Specialties*. <https://www.abms.org/wp-content/uploads/2021/12/ABMS-Guide-to-Medical-Specialties-2022.pdf>
- ⁷ National Institute on Drug Abuse. (2018). *About the Addiction Medicine Subspecialty*. Retrieved August 20, 2021, from <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/adm-fellow-toolkit/about-addiction-medicine-subspecialty>
- ⁸ National Institute on Drug Abuse. (2019, January). *Treatment*. Retrieved April 26, 2021, from <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

Resources

Title	Synopsis	Link
Addiction Medicine		
About the Addiction Medicine Subspecialty	National Institute on Drug Abuse (NIDA) overview of the addiction medicine subspecialty role, its importance, and routes to certification.	https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/adm-fellow-toolkit/about-addiction-medicine-subspecialty
Addiction Medicine Certification	The American Society of Addiction Medicine (ASAM) website with information about addiction medicine subspecialty certification and links to resources to help with earning and maintaining addiction medicine certification.	https://www.asam.org/education/addiction-medicine-certification
American Board of Preventive Medicine Certification Requirements for Addiction Medicine Subspecialty	American Board of Preventive Medicine overview of the addiction medicine subspecialty, general requirements, and pathway requirements to certification.	https://www.theabpm.org/become-certified/subspecialties/addiction-medicine/
American Board of Psychiatry and Neurology Certification Requirements for Addiction Psychiatry Subspecialty	American Board of Psychiatry and Neurology overview of the addiction psychiatry subspecialty, general requirements, and information about the initial certification exams.	https://www.abpn.com/become-certified/taking-a-subspecialty-exam/addiction-psychiatry/
Addiction Medicine Toolkit	The Addiction Medicine Toolkit features an addiction medicine primer, addiction medicine checklist, training modules, patient cases, and conversation starters. It is designed to promote collaboration between clinicians and addiction medicine specialists to support more effective patient treatment. Clinicians can select tools to meet their needs, follow flexible learning paths, and access additional resources.	https://www.cdc.gov/overdose-prevention/hcp/toolkits/addiction-medicine.html

Title	Synopsis	Link
Care Coordination		
Care Coordination for Certified Community Behavioral Health Clinics (CCBHs)	The Substance Abuse and Mental Health Services Administration (SAMHSA) webpage discusses care coordination within CCBHs. It describes what services and facilities may be involved in care coordination and provides links to additional information on establishing and supporting care coordination.	https://www.samhsa.gov/section-223/care-coordination
Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders: State and Community Profiles	This document provides state by state information on implementation of intensive care coordination using a wraparound approach for children and youth with complex mental and substance use disorders.	https://store.samhsa.gov/product/Intensive-Care-Coordination-for-Children-and-Youth-with-Complex-Mental-and-Substance-Use-Disorders-STATE-AND-COMMUNITY-PROFILES/PEP19-04-01-001
TIP 27: Comprehensive Case Management for Substance Abuse Treatment	This guide presents an overview of case management for substance use disorder treatment clinicians. It discusses models, program evaluation, managed care issues, referral and service coordination requirements, and clients with special needs.	https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA15-4215
CDC Clinical Practice Guideline		
<i>CDC Clinical Practice Guideline for Prescribing Opioids for Pain— United States, 2022.</i>	The 2022 <i>CDC Clinical Practice Guideline for Prescribing Opioids for Pain</i> is a clinical tool to improve communication between clinicians and patients and empower them to make informed, person-centered decisions related to pain care together. It includes 12 recommendations for clinicians providing pain care for outpatients aged 18 years or older.	https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm
Health Care Provider Trainings	This CDC website provides trainings to assist clinicians and other healthcare personnel in providing patient-centered care. Many of the trainings offer continuing education (CE).	https://www.cdc.gov/overdose-prevention/hcp/trainings/index.html

Title	Synopsis	Link
Naloxone		
Naloxone	<p>This website from the Substance Abuse and Mental Health Services Administration (SAMHSA) defines naloxone, discusses its side effects, and offers resources for learning more about opioid overdose. It also gives information about SAMHSA's efforts to expand the use of naloxone, including a link to the Opioid Overdose Prevention Toolkit – 2018 that equips communities and local governments with material to develop policies and practices to help prevent opioid-related overdoses and deaths. There is also a section on naloxone training, as well as links to additional resources and publications pertaining to naloxone.</p>	<p>https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone</p>
Naloxone Toolkit	<p>This website offers training modules, patient cases, fact sheets, and conversation starters to promote the importance of naloxone to mitigate risks associated with opioid-involved overdose, increase naloxone dispensing in communities, and reduce the stigma surrounding naloxone in clinical settings through effective communication.</p>	<p>https://www.cdc.gov/overdose-prevention/hcp/toolkits/naloxone.html</p>
Prevention and Treatment of Substance Use Disorders		
Providers Clinical Support System	<p>Program intended to increase healthcare clinicians' knowledge and skills in the prevention, identification, and treatment of substance use disorders with a focus on opioid use disorder. This program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).</p>	<p>https://pcssnow.org/</p>
Opioid Response Network	<p>National coalition that receives partial funding from Substance Abuse and Mental Health Services Administration (SAMHSA) and has local consultants in all 50 states and nine territories to respond to local needs by providing free educational resources and training to states, communities, and individuals in prevention, treatment, and recovery of opioid use disorder and stimulant use.</p>	<p>https://opioidresponsenetwork.org/</p>

Title	Synopsis	Link
FindTreatment.gov	The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed clinicians who specialize in treating substance use disorders, addiction, and mental illness. FindTreatment.gov enables individuals to search for local clinicians and services, as well as find information on addiction and mental health, treatment options, and paying for treatment. This website also provides a national helpline for assistance with finding treatment: 1 800 662 HELP (4357).	https://findtreatment.gov/
Opioid Treatment Program Directory	Resource from The Substance Abuse and Mental Health Services Administration (SAMHSA) to locate opioid treatment programs by state.	https://dpt2.samhsa.gov/treatment/
Medications for Substance Use Disorders	Substance Abuse and Mental Health Services Administration (SAMHSA) website with information on how medications for substance use disorders are used to treat substance use disorders as well as sustain recovery and prevent overdose.	https://www.samhsa.gov/medications-substance-use-disorders
Screening Tools		
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool	The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool consists of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive.	https://www.drugabuse.gov/taps/#/
Stigma		
Office of National Drug Control Policy: Changing the Language of Addiction	In 2016, the Obama Administration drafted this document addressing ways that nonstigmatizing terminology can be used when discussing substance use and substance use disorders. Now located in the archives, the draft sent out for comment provides a succinct overview of then-current attitudes and understandings of addiction that may still be relevant. It includes examples of stigmatizing language and suggested alternative language.	https://obamawhitehouse.archives.gov/ondcp/changing-the-language-draft

Title	Synopsis	Link
Words Matter - Terms to Use and Avoid When Talking About Addiction	A National Institute on Drug Abuse (NIDA) webpage on the origin of stigma around substance use disorders, how it affects people, and the importance of using non-stigmatizing language and behaviors. Downloadable PDF available. This resource also includes links for CME/CE activities available until expiration date on July 15, 2022.	https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction
Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an “Addiction-ary”	Abstract for a “perspectives” article by Kelly, Saitz, and Wakeman and published in a 2016 issue of the journal <i>Alcoholism Treatment Quarterly</i> . The authors detail the concepts, evidence, and conclusions underlying their argument that an updated vocabulary for discussing addiction is necessary.	https://www.tandfonline.com/doi/full/10.1080/07347324.2016.1113103
Breaking Through the Wall of Stigma	National Institute on Drug Abuse (NIDA) “Research Spotlight” describing a variety of efforts aimed at preventing stigma from remaining a barrier to treatment for individuals and families. Features links to several video interviews.	https://www.heal.nih.gov/news/stories/breaking-through-the-wall-on-stigma
Ending the Stigma of Addiction	The Shatterproof webpage shares information on learning what stigma is, how stigma affects the opioid epidemic, and guidance on how reducing stigma through language choices. A PDF of the Addiction Language Guide is available.	https://www.shatterproof.org/our-work/ending-addiction-stigma
Substance Use Disorders		
Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health	As the first ever Surgeon General’s Report on this important topic, this 2016 report aimed to shift societal thinking about substance misuse and substance use disorders while defining actions that can be taken to prevent and treat these conditions.	https://www.hhs.gov/sites/default/files/facing-addiction-in-america-surgeon-generals-report.pdf

Commonly Used Terms

Term	Definition
Abstinence	Refraining from use of a substance or behavior.
Addict	A stigmatizing slang term for a person with a substance use disorder.
Addiction	A treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. ¹
Addiction medicine specialists	Addiction medicine specialists provide evidence-based prevention, evaluation, diagnosis, treatment, and medical management services for patients with unhealthy substance use or substance-related health conditions. Addiction medicine specialists are trained in the neurobiology of addiction, as well as the use of tools for screening and assessment, diagnosis and treatment planning, and communication strategies such as motivational interviewing.
Addiction psychiatrists	Psychiatrists with special training to provide their patients with evidence-based treatment that focuses on addiction and the mental illnesses that may have contributed to the addictive behavior. Their goal is to treat the root cause of addiction. ²
Addiction treatment	Services and programs intended to help individuals recover from conditions including one or more substance use disorders. Treatment can involve medication, psychotherapy, motivational interviewing techniques, and other approaches in both inpatient and outpatient settings.
Assessment	In the context of addiction medicine, assessment refers to the evaluation of an individual's risk for or severity of pain, substance use disorder, state of mental health, and other medical and behavioral health conditions. Also referred to as screening, assessments can be self- or clinician-administered. Examples include the Clinical Opiate Withdrawal Scale and the NIDA Drug Use Screening Tool: Quick Screen .
Buprenorphine	Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat opioid use disorder (OUD). It is an opioid partial agonist that, when taken as prescribed, is safe and effective. Buprenorphine has unique pharmacological properties that help: <ul style="list-style-type: none"> • Diminish the effects of physical dependency to opioids, such as withdrawal symptoms and cravings • Lower the potential for misuse³

Term	Definition
Care coordination	Information sharing and organization of patient care activities by all providers involved with a patient's care to achieve safer and more effective results. ⁴
Clinical opiate withdrawal scale (COWS)	Method used by clinical practitioners to determine the severity of an individual's opioid withdrawal symptoms.
Craving	In the context of addiction medicine, craving refers to a powerful urge for a substance (or activity). Cravings occur because of abnormal brain adaptations that result in addiction.
Harm Reduction	A proactive and evidence-based approach to reduce the negative personal and public health impacts of behavior associated with alcohol and other substance use at both the individual and community levels.
Medications for opioid use disorder (MOUD)	Medications for opioid use disorder (MOUD) includes the use of one of three FDA-approved medications to treat OUD: methadone, naltrexone, and buprenorphine. ⁵
Motivational interviewing	A counseling style in which the counselor uses empathic listening initially to understand the client's perspective and minimize resistance. The emphasis is on creating an atmosphere of constructive conversation about behavior change. ⁶
Naloxone	A prescription drug that can temporarily reverse the effects of opioid overdose and can be lifesaving if administered in time. The drug is often sold under the brand names Narcan or Evzio.
Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Stigma	Discrimination against an identifiable group of people. For people with substance use disorders (SUDs), stigma may stem from beliefs that people with SUDs are at fault for their disease and are incapable of being treated. ⁷ People with SUDs may internalize this stigma leading to a reluctance to seek help.
Substance use disorders (SUD)	The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. ⁸

References

- ¹ American Society of Addiction Medicine. *Definition of Addiction*. Retrieved April 9, 2021, from <https://www.asam.org/Quality-Science/definition-of-addiction>.
- ² American Academy of Addiction Psychiatry. (2021). For Families and Patients. Retrieved May 27, 2021, from <https://www.aaap.org/education/resources/patients/>
- ³ Substance Abuse and Mental Health Services Administration (SAMHSA). (2021, May 14). *Buprenorphine*. Retrieved May 27, 2021, from <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>
- ⁴ PEW. (2020, April 23). *Care Coordination Strategies for Patients Can Improve Substance Use Disorder Outcomes*. Retrieved May 27, 2021, from <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/04/care-coordination-strategies-for-patients-can-improve-substance-use-disorder-outcomes>
- ⁵ Substance Abuse and Mental Health Services Administration. (2021). *Medications for Opioid Use Disorder*. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. Rockville, MD. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-002.pdf
- ⁶ Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23(4), 325–334. DOI: <https://doi.org/10.1017/S135246580001643X>
- ⁷ National Institute on Drug Abuse. (2021, May 25). *Words Matter – Terms to Use and Avoid When Talking About Addiction*. Retrieved May 27, 2021, from <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- ⁸ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA, American Psychiatric Association, 2013.