



## **POSITION PAPER**

### **No. 6/212th Legislature**

### **(2006-07)**

#### **ISSUE:**

Requires the Division of Addiction Services (DAS) to develop guidelines for alcohol and other drug addiction prevention and treatment programs based upon the most current evidence-based standards or best practices. The bill requires organizations and agencies that are licensed or approved by DAS to provide alcohol and other addiction prevention and treatment services to implement, to the extent possible, these standards and practices.

#### **BILL NO.**

**S-1831** (Kenney, Lance)

#### **NCADD-NJ POSITION:**

NCADD-New Jersey supports S-1831. The bill requires the Division of Addiction Services to develop the most current evidenced-based standards or best practices. Further, it requires the state's licensed alcohol and other drug addiction prevention and treatment providers to implement these standards and practices as much as possible. It seeks to improve treatment outcomes by ensuring that treatment adheres to evidence-based, research-based, and consensus-based practices.

Evidenced-based or best practices are those strategies and programs that have been shown through substantial research and evaluation to be effective at preventing and treating alcohol and/or drug addiction. They are based on qualitative and quantitative data showing positive outcomes. These standards and practices can then be used to design innovative programs and strategies and improve treatment program capabilities and prevention and treatment outcomes.

There is a growing concern and need for wider use of research-based treatment and community support strategies that produce long term positive outcomes. The current interest in best practice guidelines is related to larger trends in health care to improve consumer outcomes and reduce variation in care and associated costs. The rationale for the development of the best practice guidelines concerning prevention and treatment of alcohol and drug addiction is to achieve long-term outcomes with the most cost efficient intervention. Best practices are usually developed at the service delivery level (e.g., clinical guidelines) but can also be developed at the system level.

In the current economic climate, the substance abuse field is being challenged to give full account of its activities, expenditures and impacts. There is a need to justify treatment activities from a financial perspective. The implementation of data-driven evidence-based standards and best practices combined with measurement and accountability creates credibility and sustainable support for efficient and effective services.

A number of comprehensive reviews of the treatment literature have been undertaken in the past 10 years. Relevant research continues to be undertaken and knowledge concerning the prevention, treatment, and support of people who are at risk of developing or have an addictive disease is rapidly expanding. It is important that these best or most-promising interventions be periodically updated and implemented to reflect new research and opinions.

There are two main models for developing best practices: the scientific evidence-based model, and the expert consensus model. In the scientific evidence-based model, best practice guidelines are extrapolated from a comprehensive literature review. The expert-consensus model



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is typically conceived of as an adjunct to the scientific evidence-based model whereby the opinions of experts and stakeholders (including consumers) are used to fill the gaps in the scientific literature. A mixed methodology is most often used that takes the best information from published research studies and combines some form of expert review and consensus development.

The Washington State Institute for Public Policy was directed by the 2005 Washington Legislature to examine the potential benefits to the state if it adopted an evidence-based approach for alcohol, drug, and mental illness treatment. It examined whether the benefits outweigh costs.

The institute found that the average evidence-based treatment could achieve roughly a 15 to 22 percent reduction in the incidence or severity of these disorders—at least in the short term. They also found that evidenced-based treatment of these disorders could achieve about \$3.77 in benefits per dollar of treatment cost. This is equivalent to a 56 percent rate of return on investment. From a narrower, taxpayer's-only perspective, the ratio is roughly \$2.05 in benefits per dollar of cost. Thus, the potential savings is significant in the implementation of evidence-based policy.

The bill also invokes certification and licensing powers to ensure that professionals in the field are aware of the most current evidence-based standards and best practices. The need of clinicians, managers, and support workers for up-to-date information and advice is critical. These standards and practices hold the key to improving the quality of addiction services delivered to New Jersey residents who are at risk of or have alcohol and/or drug addiction issues.

## CONTACT

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