

Mother & Baby Substance Exposure Toolkit

The Current State of the Addiction Treatment Ecosystem

A part of the California Medication Assisted Treatment Expansion Project

This version was published on 2020-10-08



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The treatment of addiction is no different than any other chronic illness. Treatment should be approached from the basic framework of screening, assessment, level of care determination, treatment and monitoring. The evaluation of the most appropriate level of care is very important to successful recovery. In most of medicine, we use the framework of:

1. Self-care
2. Outpatient
3. Inpatient
4. Intensive care

For addiction, the concept is the same; however, the levels of care are numbered and standardized as to intensity and array of service.

1. Early intervention (0.5)
2. Outpatient (1 and 1 OTP)
3. Intensive outpatient (2.1 and 2.5)
4. Residential (3.1, 3.3, 3.5 and 3.7)
5. Medically managed intensive inpatient (4)

While it is out of the scope of this document to detail each level of care, we must be cognizant that the location of care matters and directly impacts outcomes.

The specialty of Obstetrics and Gynecology has been around since 1889; however, addiction medicine is early in its development and thus lacking in both numbers and formal structure within the “house of medicine.” Given this, some communities will have all levels of care for addiction treatment, while some will have only one. In the most rural parts of the United States there will be no specialty treatment available. Therefore, it is of the utmost importance that all providers who care for pregnant and parenting women have a working knowledge of both the disease and the available treatments.

Proper addiction treatment also differs from most medical conditions, in that it requires access to focused behavioral health treatment and support for standard social services, such as housing, transportation, and communication.