Treatment at Need: 
Policy Recommendations for Maryland

Treatment at Need, also known as Treatment on Demand, contrasts with punitive policies to address substance use disorders by allowing any individual seeking substance use disorder treatment immediate entry into a program. Services provided might include screening and evaluation, counseling, and/or entry into medication-assisted treatment.

Summary of current Maryland state law
Treatment at Need requires a re-allocation of existing or commitment of new resources. From 2009 to 2013, less than 12 percent of people with substance use disorders in Maryland received any treatment. From 2008 to the first half of 2009, the Baltimore Substance Abuse System received 3,878 requests for treatment from callers throughout Maryland. Only 64 percent of callers who were Baltimore City residents received appointments, while the remaining 36 percent were placed on waiting lists, with an average wait time of eight days. These individuals represent only a small portion of people seeking treatment in Baltimore, and in Maryland. For individuals involved in the criminal justice system, the wait time for methadone treatment or residential treatment has been weeks or months.

No statutory or regulatory laws exist that would impede Treatment at Need options.

Research evidence
Treatment at Need expands on recent nationwide and statewide efforts to integrate physical and behavioral health care.

Screening, Brief Intervention, Referral, and Treatment (SBIRT) may be used to facilitate Treatment at Need. SBIRT is an early intervention practice designed to identify, reduce, and prevent problematic use and dependence on alcohol and illicit drugs. Research suggests that the SBIRT approach reduces substance use. Meta-analyses of randomized control trials and systematic reviews demonstrate the effectiveness of SBIRT in reducing alcohol use among at-risk individuals in a cost-effective manner. SBIRT is effective in primary care, emergency departments and trauma centers.

A systematic review and meta-analysis found that screening and brief interventions reduced emergency department utilization.

Research on a Treatment on Demand program in San Francisco found that the program increased admissions to substance use disorder treatment programs and increased utilization of standard outpatient treatment and comprehensive care programs.

Drug use disorder treatment is cost effective. According to the National Institute on Drug Abuse, drug use costs the US over $600 billion annually. Treatment reduces health and social costs associated with drug use. Conservative estimates show every $1 spent on treatment returns approximately $12 in criminal justice costs, drug-related crimes and health care costs.

Policy recommendations
1) Expand and/or protect block grants to cover case management and substance use disorder recovery support. This includes, but is not limited to expansion and sustainment of the current SBIRT pilot program in Maryland.
2) Require hospitals to report on the use of community dollars and invest in treatment programs.
3) Increase capacity for treating substance use disorders by requiring hospitals to undergo behavioral health and addiction training programs with staff and by offering incentives for providers and medical students to specialize in the field.
4) Ensure Medicaid enrollment among individuals in prisons, jails and detention centers with assistance from a navigator or peer recovery specialist, who may also
connect individuals to substance use disorder treatment programs and other healthcare services upon release.

5) Require hospitals to have an addiction treatment counselor available or on-call 24/7 and to have defined arrangements to provide appropriate and immediate detoxification and rehabilitation care services for patients.

Implementation considerations
- Effective training for providers is needed before SBIRT becomes routine and staff can administer it efficiently.11
- Capacity building is essential for Treatment at Need to effectively reduce waiting times for those willing to participate in a treatment program.12