

APA Official Actions

Position Statement on Discharge from Hospital-Based Care to the Community for Substance Use Disorders

Approved by the Board of Trustees, December 2021

Approved by the Assembly, November 2021

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Among individuals with substance use disorders (SUDs), discharge from a higher level of care to the community provides an opportunity for continued evidence-based treatment. However, when patients are discharged from hospitals and emergency rooms without a transitional care plan, they are at a greatly elevated risk for substance use relapse, worsened medical and psychiatric multimorbidity, and mortality from overdose. Furthermore, detoxification without a plan for continued medication-based treatment is insufficient care for SUDs.

APA Position:

Effective care models for SUDs include informing patients of treatment options, adhering to medical guidance and standard of care, providing care extending beyond the acute detoxification period, and engaging both medical treatment including medication, warm hand offs, and peer-support and patient navigator resources to support individuals through the continuum of care.

Specifically, the APA recommends:

- Patients with SUDs must be given information about all available evidence-based treatment options for their specific SUD to facilitate autonomy in informed decision making (for example discussing all appropriate medication options to patients with opioid use disorder.)
- Clinicians use up to date treatment guidelines to present options to patients.
- In the emergency room setting, detoxification strategies can be discussed and should be utilized in conjunction with continued treatment following the cessation of substance use. Medications if indicated as part of a SUD treatment plan should be initiated before the patient is discharged.
- The use of peer providers and patient navigators in providing follow-up contacts with patients with SUD transitions across settings of care and assisting with linkages to other treatment. Treatment team facilitation of referrals, including warm (person-to-person) hand offs and proactive post-discharge outreach are the main recommendation.

The APA recommends, at the institutional level, investments in infrastructure and staff to support the recommended processes above.

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