KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY & PROCEDURE 44.03

Subject: Treatment Using Medication for Addictive Illnesses	**Section:** Psychiatric Services	
Applies To: ☒ KCMHSAS Staff ☒ KCMHSAS MH Contract Providers ☒ KCMHSAS SA Contract Providers		**Page:** 1 of 4
Approved: (Jeff Patton, Chief Executive Officer)		
Revised: 04/10/2014	**Supersedes:** 07/25/2012	**First Effective:** 01/28/2008

PURPOSE

KCMHSAS is committed to offering services for person receiving services with single or co-occurring illnesses within our priority population in an integrated and welcoming manner. Toward that end, as new treatment options become available to treat addictive illnesses, KCMHSAS will develop protocols to make these treatments available to person receiving services who would benefit.

DEFINITIONS

Full Agonists
Drugs that bind to receptors in the brain; the higher the level of agonist, the more receptors are activated, producing greater effect. For mu receptors; Heroin, Oxycodone, and Methadone are examples of full agonists.

Partial Agonists
Drugs that bind to receptors and activate them but to a lesser degree than full agonists. Additionally, at a certain point, increases in an amount of partial agonist cease to create greater effects. A ceiling is reached, making high dose partial agonists act at times as an antagonist, blocking and not activating receptors. For the mu receptor, Buprenorphine is an example of a partial agonist.

Antagonists
Block receptor molecules, with no activation or effect. Antagonists also prevent other drugs from binding, or supersede other molecules if already present. For the mu receptor, Naloxone and Naltrexone are examples of antagonists.

Naltrexone is an Opiod antagonist for opiate and alcohol dependence.

Properties compared to partial agonists include:

- Virtually no abuse potential
- No physical dependence
- Utility in overdose as it cannot be displaced by full agonists and displaces full agonists already bound to receptors, blocking their effects
- Slow Dissociation Rate: its effects persist for a long period of time

Naltrexone can be used to address cravings and decrease alcohol use in dependent clients in a monthly IM or daily oral dose.

POLICY

KCMHSAS may offer prescription service for addiction medications as one of the treatment options for person receiving services who meet clinical criteria for medication use, who have been fully evaluated by a treating provider who is licensed to provide said medications, and as part of a comprehensive treatment plan in which medication for substance use disorders and/or mental illnesses are one component.

PROCEDURE

I. NALTREXONE PROGRAM REQUIREMENTS

A. Person receiving services must have a Diagnostic Statistical Manual (DSM-IV) impression of alcohol dependence which is determined through the Access Management System and the person receiving services will have demonstrated need for alcohol management treatment through the application of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria.

B. Naltrexone treatment must be adjunct component to substance use disorder counseling. Coordination of care must include the substance use disorder treatment program, the prescribing physician and the pharmacy chosen to fill the prescription.

C. A toxicology screen must be done at intake and then at minimum, at random weekly until the person receiving services has (3) consecutive negative toxicology screens. Thereafter, toxicology screens must be performed randomly on a monthly basis. Toxicology panels must include: opioids, cocaine, amphetamines, cannabinoids, benzodiazepines and methadone metabolites.

II. PRESCRIBING

A. Naltrexone must be indicated in the person receiving services' individualized treatment plan as an adjunctive component to substance use disorder treatment.

B. Populations for which MDCH and therefore KCMHSAS recognizes may be likely

to receive the most benefit from Naltrexone is:

1. person receiving services transferring out of alcohol treatment centers or detox programs
2. person receiving services with more than one year documented alcohol dependency and appear that medication assisted therapy would be beneficial

C. Naltrexone is not currently FDA approved for pregnant women.

D. Naltrexone is the only medication approved for use under this policy. MDCH and therefore KCMHSAS does not allow for "off-label" or experimental use of Naltrexone.

III. EVALUATION OF ASSESSMENT AND DETERMINATION OF APPROPRIATENESS FOR ADDICTION MEDICATION TREATMENT

A. Certain conditions may preclude a person receiving services from office-based addiction medication treatment:

1. Dependence on high dose benzodiazepine or other CMS depressants
2. Untreated mental illness
3. Active suicidal or homicidal ideation

Contraindications for Naltrexone treatment include:

1. Use of Opiods
2. HIV Treatment
3. Hepatitis and impaired liver function
4. Pregnancy
5. Use of sedative/hypnotics or benzodiazepines
6. Use of alcohol (while using Naltrexone)

IV. TREATMENT PROTOCOLS

During the course of treatment with Naltrexone, measures of on-going treatment effectiveness are:

A. Absence of illicit drug use or problem alcohol use that might compromise person receiving services safety

B. Absence of toxicity

C. Absence of adverse medical effects

D. Absence of behavioral adverse effects

E. Responsible handling of medications by person receiving services

F. Adherence of the person receiving services to all elements of the treatment plan

(e.g., seeing a therapist, attending mutual help groups, compliance with treatment of co-occurring illnesses)

REFERENCES

- Addiction Medication Education

- American Psychiatric Association. (2013).*The Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition, Washington, DC.

- American Society of Addiction Medicine. (2013). The *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions,* Third Edition, Chevy Chase, Maryland.