I. PURPOSE:

To provide safe, effective, and optimum guidelines for individuals receiving services from the Agency who are also either presently active or have a history of substance abuse.

II. APPLICATION:

Community Mental Health Services of Muskegon County prescribers (Physicians, Physician's Assistants, and Nurse Practitioners).

III. DEFINITIONS:

Abstinent: Not currently using non-prescribed pharmacologic, dietary, or otherwise ingestible agents having a potential for habituation or abuse.

Non-Habituating Psychotropic Medications: All psychotropic medications which are not listed as controlled substances by the Drug Enforcement Administration (DEA).

Substance Abuse Disorders: Disorders included in the DSM-IV-TR under the heading of “Substance-Related Disorders.”

Sobriety: The state of abstinence. (See “Abstinent” definition above.)

IV. PROTOCOL:

A. Assessment

1. Initial psychopharmacologic treatment in mental health settings does not require individuals receiving services to be abstinent.

2. Initial psychopharmacologic evaluation in substance abuse disorder treatment occurs as early in treatment as possible, and incorporates the capacity to maintain currently in-use non-habituating psychotropic medications.

3. Diagnostic assessment of individuals with co-occurring disorders is ideally based on a complete history obtained from the individual, family members, and former treatment and legal records.
4. Diagnostic and treatment decisions regarding psychiatric illness are best made when co-morbid substance abuse disorders are in remission.

5. Diagnostic and treatment decisions regarding substance abuse disorders are best made when co-morbid psychiatric illnesses are in remission.

B. General Principles of Psychopharmacologic Treatment

1. Psychopharmacology for persons with co-occurring disorders is not an exact science. It is best performed in the context of an ongoing, empathetic, clinical relationship that emphasizes continuous re-evaluation of both diagnoses and medications.

2. Psychopharmacologic providers (prescribers) need to have ready access to peer review or consultation (easily-arranged second opinion evaluations) regarding individuals presenting with complex issues.

3. For diagnosed psychiatric illness, the individual receives the most clinically effective psychopharmacologic strategy available, regardless of the co-morbid substance abuse disorder.

4. In general, psychopharmacologic providers will prioritize the following tasks, in order:
   a. Establish medical and psychiatric safety in acute situations.
   b. Maintain stabilization of severe and/or established psychiatric illness.
   c. Use medication strategies to promote or establish sobriety.
   d. Diagnose and treat less serious psychiatric disorders, e.g., affective, anxiety, trauma-related, attentional, and/or personality disorders that are not serious or disabling) that may emerge once sobriety is established.
   e. Individuals receiving services will be encouraged to participate in services and supports that will lead to recovery.

V. REFERENCES:

Washtenaw Community Health Organization Guidelines, 2005
Minkoff, 1998