PRACTICE GUIDANCE: INTEGRATING MEDICATION IN BEHAVIORAL TREATMENT

Prevent • Treat • Recover • For Life

I. RATIONALE:

BSAS is committed to ensuring that treatment services respond effectively and equitably to the complex challenges faced by individuals whose substance use or mental health disorders require pharmacological interventions. Individuals' behavioral health rests on an array of inter-dependent strengths and needs, affected by countless variations of life experiences. BSAS principles hold that treatment should respond to this complexity by treating the whole person, using proven methods, including effective integration of medication.

Ample evidence supports rationale for integration of medication into treatment, and the importance of access to effective treatment for those who are prescribed medication. The Substance Abuse and Mental Health Services Administration reports that 50% to 75% of persons being treated for substance use disorders have co-occurring mental disorders, while 20% to 50% of persons treated in mental health settings have co-occurring substance use disorders.[1] Treating one while neglecting the other is a disservice to the individual, and undermines success in treatment.[2] Substance abuse itself can create long lasting, sometimes permanent, changes to the brain and central nervous system. Combined approaches to complex disorders, including co-occurring disorders, are linked to improved post-treatment recovery[2].

Medication-assisted treatment coupled with behavioral treatment provides the most effective treatment for some substance use disorders. National Qualify Forum (NQF) Standards of Care[3] state that individuals diagnosed with opioid, alcohol and/or nicotine dependence should be offered pharmacotherapy. NIDA's Principles of Drug Addiction Treatment[4] state that medications are an important element of treatment for many individuals, a conclusion echoed in William White's comprehensive study, Recovery Management and Recovery Oriented Systems of Care: Scientific Rationale and Promising Practices.[6] However, White reports, public and professional attitudes continue to limit access to medications proven effective in treating addictions and co-occurring disorders.

---

[1] TIP 42 *Substance Abuse Treatment for Persons with Co-Occurring Disorders*, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Available at: http://www.ncbi.nlm.nih.gov/books/NBK64197/. Accessed May 2015. [2] See BSAS Practice Guidance: Effective Treatment for Co-Occurring Disorders, available at: http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/program-licensing/principlesof-care-and-practice-guidance.html. Accessed May 2015.

[2] W. L. White. (2008) Recovery Management and Recovery Oriented Systems of Care: Scientific Rationale and Promising Practices. Northeast Addiction Technology Transfer Center, the Great Lakes Addiction Technology Transfer Center, and the Philadelphia Department of Behavioral Health/Mental Retardation Services. Available at: http://my.ireta.org/node/359. Accessed May 2015.

[3] Available at: http://www.qualitymeasures.ahrq.gov/content.aspx?id=27958. Accessed May 2015

[4] Available at: http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-thirdedition/principles-effective-treatment. Accessed May 2015. [6] White, op cit.

These attitudes contribute to individuals' ambivalence about accepting pharmacotherapy in the treatment of addiction.

This Practice Guidance is intended to support capacity of behavioral treatment providers to understand and integrate properly prescribed medication as effective components of treatment plans. Medication includes: agonist and antagonist medications which support abstinence, such as methadone, buprenorphine, naltrexone, Vivitrol and naloxone; medications which serve as replacements through withdrawal, such as nicotine replacement therapy; and medications which mitigate effects of mental or emotional conditions which could undermine recovery, such as anti-depressants.

II. GUIDANCE:

A. Organization:

Policy:

- Policies recognize that medications can promote recovery.
- Policies prohibit denial of service on the solely because an individual takes a prescribed medication.
- Policy clearly identifies criteria and process for safeguarding against abuse of medications.

Operations:

- Orientation material includes information about program's system of integrating substance abuse treatment with mental health services.
- Substance abuse treatment agencies have Qualified Service Organization Agreements (QSOAs) with providers of mental health services, medication assisted services, and emergency psychiatric back-up. QSOAs identify individuals to serve as liaison (point person) for both agencies.
- Providers establish working relationships with each other, including specifying methods of referral and providing cross-training.

Supervision, Training & Staff Development:

- Staff are trained in effective methods of making referrals and following up on referrals, and in making contact and building relationships with other providers, including prescribers.
- The organization ensures staff are trained and supervised to support them in observing and describing behavior in behavioral terms, and in communicating with prescribers about possible medication problems.

B. Service Delivery and Treatment:

Assessment:

- Assessment includes understanding what medications mean to an individual (e.g. fears about effects of not taking anti-anxiety medications).

Planning:

- Treatment plans include information about individual's medical providers, medications and potential side effects/interactions.

Service Provision:

- Agencies providing medication assisted treatments follow proper dosing procedures based on established protocols.
- Individuals can discuss medication without fear of judgment or denial of service.
- Individuals on appropriate medication for substance use or psychiatric disorder are not impaired.
- Symptom improvement is observable.
- Staff are able to identify/flag possible impairment which may be related to medication.
- Administrative discharges include referral to more appropriate level of care and include discussion with about best level and combinations of treatment.

Education of Individuals:

- Staff are able to discuss medications based on evidence of effects and appropriate uses, and when staff are not knowledgeable, can direct individuals to reliable sources of information.
- Individuals are assisted in making informed choices about medication and provider assists individuals in understanding evidence.
- Individuals are provided information about what has been shown to be effective.
- Individuals are assisted in understanding possible risks of medications, i.e. in relation to relapse potential.

III. MEASURES:

Programs can assess their effectiveness by formulating questions specific to their goals in applying standards. Some examples of questions related to medication assisted treatment are:

- Admission data: is program admitting more people on medication? Is program admitting a more diverse population in terms of substance use and treatment history?
- Training Topics: what topics have been offered related to knowledge, attitudes, and beliefs about medications?

- Length of Stay and retention: are individuals staying longer; are more people completing treatment?
- Referrals for medication: have more referrals been initiated?

IV. Resources:

All links accessed February 2017

BSAS Resources:

BSAS has issued a Practice Guidance on: Responding to Relapse, Ensuring Effective Treatment for Persons with Co-Occurring Disorders, Integrating Opioid Overdose Prevention Strategies into Treatment, among others. These are available at: http://www.mass.gov/eohhs/gov/departments/dph/programs/substanceabuse/providers/program-licensing/principles-of-care-and-practice-guidance.html

Massachusetts Opioid Overdose Prevention Program: http://www.mass.gov/eohhs/gov/departments/dph/programs/substanceabuse/prevention/opioid-overdose-prevention.html

SAMHSA Resources:

Tip 28 *Naltrexone and Alcoholism Treatment*, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Available at: http://www.ncbi.nlm.nih.gov/books/NBK64400/

TIP 40 *Clinical Guidelines for Use of Buprenorphine in the Treatment of Opioid Addiction*, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Available at: http://www.ncbi.nlm.nih.gov/books/NBK64245/

TIP 42 *Substance Abuse Treatment for Persons with Co-Occurring Disorders*, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Appendix F provides useful guides for communicating with prescribing physicians, as well as effects and side effects of commonly prescribed medications. Available at: http://www.ncbi.nlm.nih.gov/books/NBK64197/.

TIP 43 *Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Available at: http://www.ncbi.nlm.nih.gov/books/NBK64164/

Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide. HHS Publication No. (SMA) 14-4892R. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Available

at: http://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R.

Resources for assessing effectiveness:

Addiction Technology Transfer Center provides an extensive list of resources, including links to White's Recovery Management and Recovery Oriented Systems of Care: Scientific Rationale and Promising Practices which lists recovery-oriented performance measures. Available http://attcnetwork.org/resources/search.aspxat: http://attcnetwork.org/resources/search.aspx.

Evidence for Effectiveness of Naltrexone in the Treatment of Alcohol Dependence, Addiction Treatment Forum, 2002, available at: http://www.dpt.samhsa.gov/pdf/NTXWPFinalPDF.pdf.

Network for Improvement of Addiction Treatment provides a variety of forms and guides for assessing performance, designing change, and tracking improvement. Website: http://www.niatx.net/Home/Home.aspx

Network for Improvement of Addiction Treatment: Medication Assisted Available at: http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=256

V. Forms

Consents and Treatment Agreements: Many SAMHSA TIPs contain guidelines for consents to treatment as well as for releases of information. For a list of these guidelines and sample consent forms, visit the NCBI Bookshelf page on consents, at http://www.ncbi.nlm.nih.gov/books/NBK64250/.

Specific consent form samples are available as follows:

Consent to Opioid Treatment from TIP 43, available at: http://www.ncbi.nlm.nih.gov/books/NBK64165/#A82905

Sample Treatment Agreement for Buprenorphine Treatment from TIP 40, available at: http://www.ncbi.nlm.nih.gov/books/NBK64238/

42 CFR Consent to Release Information, available at: http://www.ncbi.nlm.nih.gov/books/NBK64250/

Medication List Forms: The Joint Commission has created a wallet card for patients' listing of prescription and over the counter medications: Speak Up-My Medication List Wallet Card, available at: https://www.jointcommission.org/speakup.aspx.

BSAS welcomes comments and suggestions. Contact: BSAS.Feedback@state.ma.us