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| **MONTCALM CARE NETWORK PROCEDURE 611 North State Street, Stanton, MI 48888** |
|
| SUBJECT: Medication Procedures for Persons Dually Diagnosed with Mental Illnesses and Substance Abuse Disorders | Section: 8305H |
| Effective Date: September 25, 2007 | Revised Date:  |
|  Version: 1 |  Status: Current |

1. Effective treatment of persons who are dually diagnosed with mental illnesses and substance abuse disorders requires that both disorders are treated as primary disorders and that strategies are designed to promote dual recovery.
2. Access to treatments for both disorders should be facilitated and treatments for both disorders integrated.
3. There should be no arbitrary barriers to treatment with medications with low or no abuse potential for person with dual disorder based on quality or duration of sobriety.
4. There should be no barriers to the access to substance abuse treatment to the persons with dual disorders based on the use of psychotropic medications for mental illnesses.
5. Medications to treat substance abuse disorders should be made available to persons with dual disorders as medically appropriate.
6. Priority treatment considerations
	1. Consumer safety
		1. Arrange for detoxification treatments if needed and ensure that the provider has the capacity to continue psychotropic medications for mental illnesses during this process.
		2. Ensure that the provider can assure the availability of and access to medications needed to ensure safety from harm during the detoxification process.
	2. Initiate or re-establish and maintain non-addictive fixed (not prn) doses of medication for the treatment of known or probable mental illnesses. Avoid the use of medications used for the purpose of avoiding feelings.
	3. Promote sobriety
		1. Treatment providers will educate consumers about the ancillary nature of the use of medication for the treatment of addictions and that a full recovery program requires personal work in addition to medication.

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* 1. Avoid use of potentially addictive drugs
		1. Sedative/hypnotic or other potentially addictive drugs should not be used without careful consideration of risks and benefits and treatment team review. Medical consultation should be pursued as needed.
		2. Persons using opiates for a nonspecific pain disorder should be afforded education related to pain management alternatives and referred for pain management specific treatments.
		3. If indicated, plans for the withdrawal of addictive drugs should be incorporated in the plan of service.
	2. Psychotropic medication treatments of persons who also receive pain management treatments or other health care services should occur in collaboration and coordination with all physicians and treatment providers providing care. All providers involved in the care of the consumer should be fully apprised of the status of the substance abuse and psychiatric disorder.