

Alaska Court System Anchorage Wellness Court Policy & Procedures	Date Revised: 2/16, 5/16, 6/18	Section: Program	Policy No.	Pages 3
	Effective Date: 2/16	Subject: MEDICATION-ASSISTED TREATMENT		

I. POLICY

It is the policy of the Alaska Therapeutic Courts to incorporate evidenced based practice for drug courts which includes the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

II. PROCEDURES

Initial Case Plan/Rule 11/Conditions of Release

All programs are required to have language in the legal documents identifying the potential use of medication assisted treatment as one potential component of the TC Program.

Assessment – As part of the assessment process the contracted substance abuse treatment provider will screen a participant for the potential use of adjunctive medication. The screen is based on current and past patterns of substance use, level of cravings, current level of stress, age, history of post-acute withdrawal, past use of adjunctive medication, and motivation for recovery

At the time of the final multi-disciplinary team review the treatment provider will identify if use of adjunctive medication has been screened and deemed appropriate for further medical evaluation.

For TC programs that do not involve a contracted substance abuse treatment provider. We should still be able to ask for a screening as part of the assessment.

If the assessment indicates the participant is a good candidate for use of adjunctive medication a referral to a community provider will be made. The purpose of the medical referral is to rule out any contraindication for use of adjunctive medications and to obtain a prescription.

If a medical provider does not find any contraindication for use of medications then a participant will be required to use adjunctive medication for a period of time defined by the medical provider. The court will enforce this as a condition of the program. If a participant refuses to comply with the medical recommendations it may result in discharge from the TC program.

Referral – The ASAP PO/CM will access community providers to determine the appropriate referral and establish funding options. The ASAP PO/CM will provide

additional collateral information to ensure the medical provider is aware of the TC program expectations, the participant's substance use history and other information as needed.

Monitoring – The ASAP PO/CM along with team input will determine the level of medication monitoring that will be most beneficial to a participant. Per the ASAP Medication Management Policy several methods of monitoring can occur for oral medication ranging from random pill counts to storing and administering medications on a daily basis.

For injectable medication monitoring will consist of verifying the injection was received and ensuring future appointments.

The ASAP PO/CM will work with the participant to ensure that refills or monthly injections are ongoing until such a time that the participant is approved to discontinue the medication.

For some programs, the contracted substance abuse treatment provider may be an alternative agency to monitor medication.

Discontinuing Medication – Any participant that indicates some form of side effect from the medication will be referred to talk to their medical provider.

Current research varies on the length of time a person should utilize medication and will vary by provider. TC programs when possible should work toward a minimum of nine to ten months of consistent use before allowing a participant to discontinue the medication. Most research indicates 12 months as a minimum for opiate users.

Re-evaluation – Any participant that experiences relapse during their participation in the program should be re-evaluated for use of adjunctive medications.

Education/Training – The contracted treatment provider and the ASAP PO/CM will work together to inform the participant of the benefits for use of adjunctive medication. This process is designed to be an objective overview of the information and any questions that cannot be answered with the provided materials will be directed to the medical provider.

All contracted substance abuse providers and ASAP PO/CM staff are required to participate in identified (and ongoing) training regarding information on medication-assisted treatment.

Effective Medication Treatment for Opioid Dependence

Methadone and buprenorphine have been approved by the U.S. Food and Drug Administration (FDA) to treat opioid dependence.

Extended-release injectable naltrexone (Vivitrol) is approved for the prevention of relapse to opioid use. For a participant that has completed the detox process, methadone and buprenorphine are not preferred by the TC programs. These medications serve to prevent withdrawal symptoms and can be difficult to monitor compliance.

Extended-release injectable naltrexone (Vivitrol) is an antagonist which blocks the receptors from being activated or felt. This is a non-addictive medication and proves to be easier for the TC programs to monitor.

Effective Medication Treatment for Alcohol Dependence

In April 2006, the FDA approved Vivitrol for the treatment of alcohol dependence.

In pill form, Naltrexone is usually prescribed to be taken once a day. Generally, it is prescribed for 12 weeks to help people who have stopped drinking to reduce the craving for alcohol during the early days of abstinence when the risk of a relapse is the greatest.

Naltrexone does not help someone stop drinking; it is used to help people who have already stopped maintain abstinence. It does not treat alcohol withdrawal symptoms. The U.S. Food and Drug Administration has approved acamprosate for treating alcohol dependent individuals seeking to continue to remain alcohol-free after they have stopped drinking.

Antabuse, or disulfiram as it is also known, was the first medicine approved for the treatment of alcohol abuse and alcohol dependence by the U.S. Food and Drug Administration.

Antabuse is prescribed to help people who want to quit drinking by causing a negative reaction if the person drinks while they are taking antabuse.