

## Guidelines for Prescribing Controlled Psychotropic Medications to Patients with Substance Use

### Purpose:

The following guideline was developed to provide physicians a framework for prescribing controlled psychotropic medications to patients with active or previous substance use. The recommendations are based on:

- American Psychiatric Association Practice Guidelines for Treatment of Substance Use Disorder, the California Medical Board and an extensive literature review including Drug Abuse Warning Network Data (DAWN report).
- Consideration of factors unique to child and adolescent psychiatric patient population.

The guideline was discussed and approved by the county psychiatrists and the contract agency medical directors.

### General Considerations:\*

- \* The Child and Adolescent Psychiatry is excluded from this guideline pending further data collection and literature review.
- I. In patients who meet the DSM4 TR minimum criteria for abuse/dependence or have history of abuse or dependence, certain restrictions are applied to prescribing controlled medications; a higher level of restriction is applied for patients who meet the criteria verses those who have a history of abuse or dependence.
- II. Although caffeine and nicotine are addictive substances; for the purposes of this guideline they are excluded. However, smoking cessation should be aggressively pursued and the discussion routinely documented.
- III. Different strategies are applied to patients currently on controlled medications compared to new starts.
- IV. Substance-induced symptoms should initially be treated with non-controlled medications.
- V. For patients with substance use history, substance relapse should always be considered when symptom onset or exacerbation is noted; order routine or random toxicology screen as index of suspicion rises.
- VI. An "adequate trial" of an approved medication consists of 4-8 weeks duration of adequate dose, with treatment response fully documented.
- VII. Refused or missed urine toxicology screens should be deemed as positive results; therefore, patient considered to be actively using. (Patient should be informed of this agreement prior to requesting screens and the discussion documented).

Santa Clara County Mental Health Department  
Medication Practice Guidelines

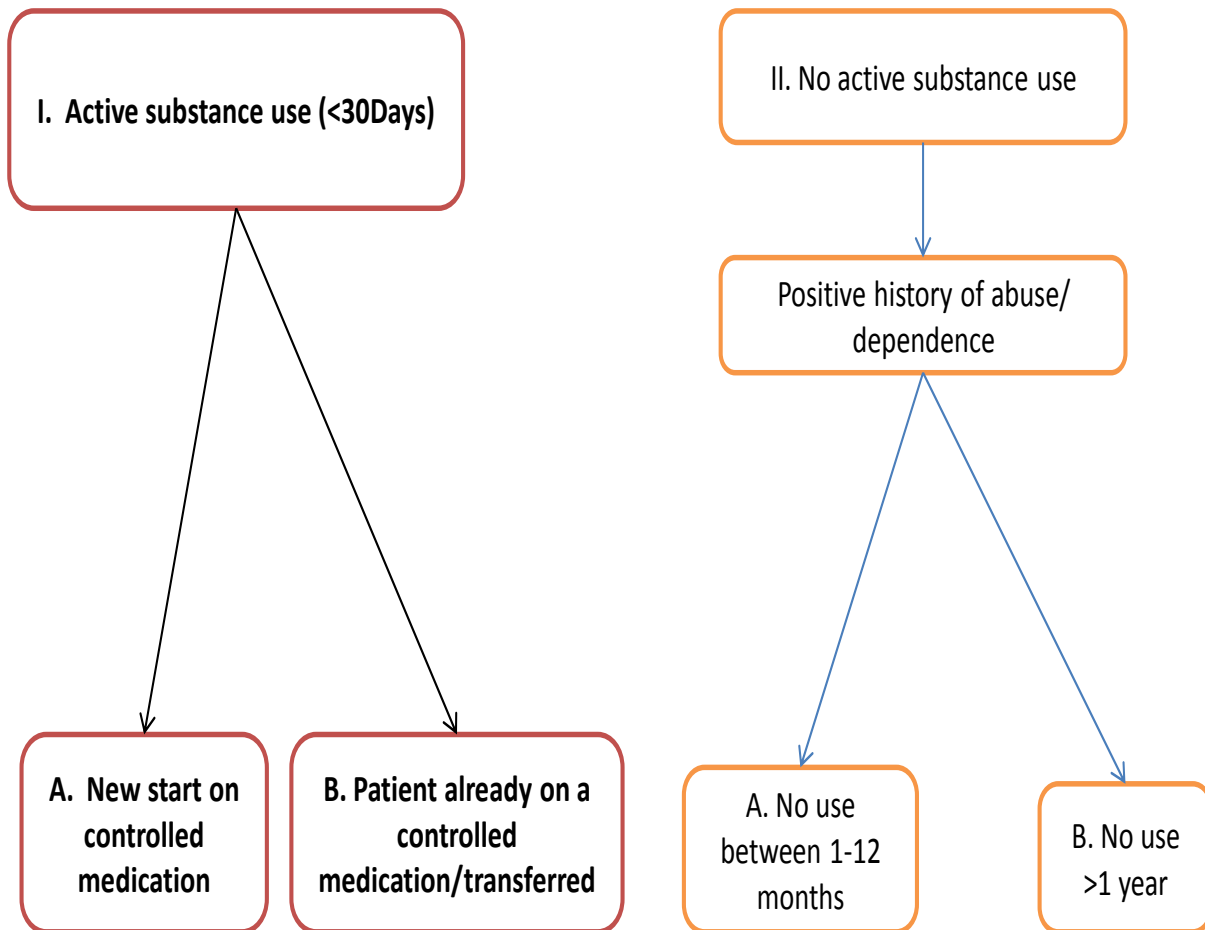
- VIII. Document psychoeducation regarding potential drug-drug, drug-disease interactions.
- IX. Document referral to a substance abuse program (i.e. Gateway, Outpatient Groups).
- X. Schedule II medications are not refillable, and cannot be dispensed in partial amounts. Separate RXs may be written with the fill date specified.
- XI. When limiting RX supply, indicate "no early refills" on the PRESCRIPTION.
- XII. CURES report should be run when suspecting controlled medication misuse.

**Attachments:**

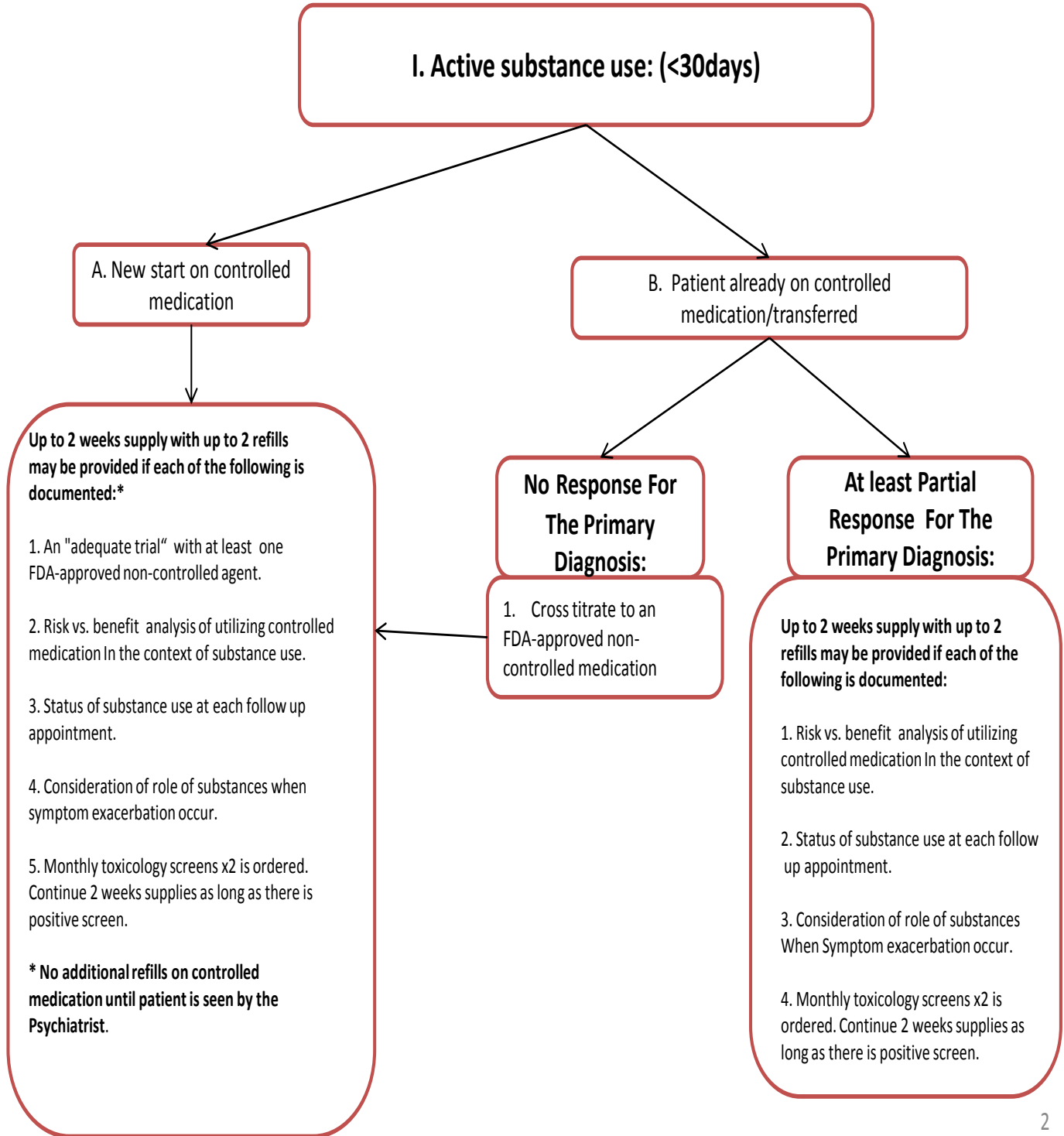
Attachment 1: Flow Diagram

Attachment 2: References

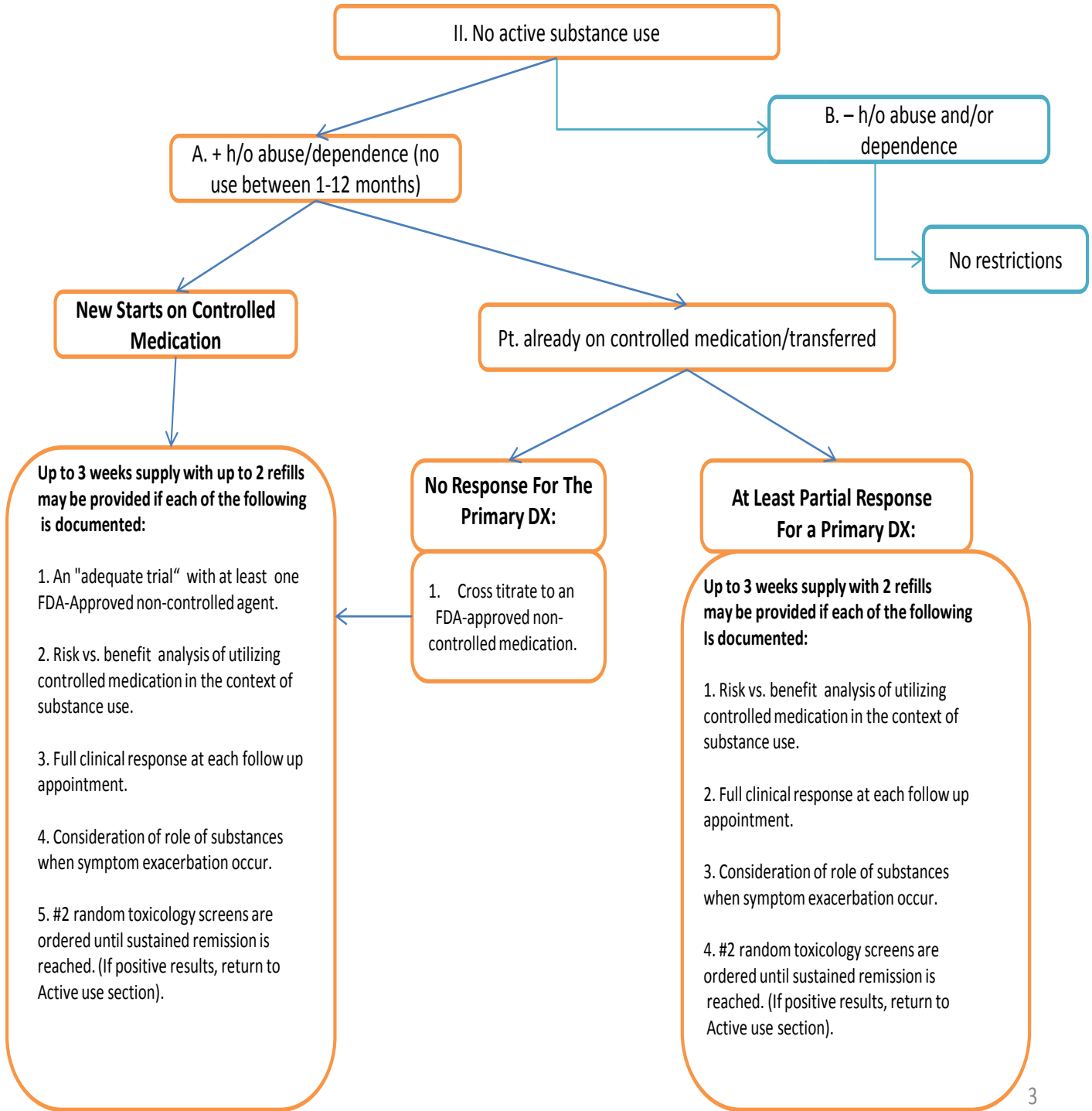
## Guidelines For Prescribing Controlled Psychotropic Medications to Patients With Substance Use (Attachment 1: Flow Diagram)



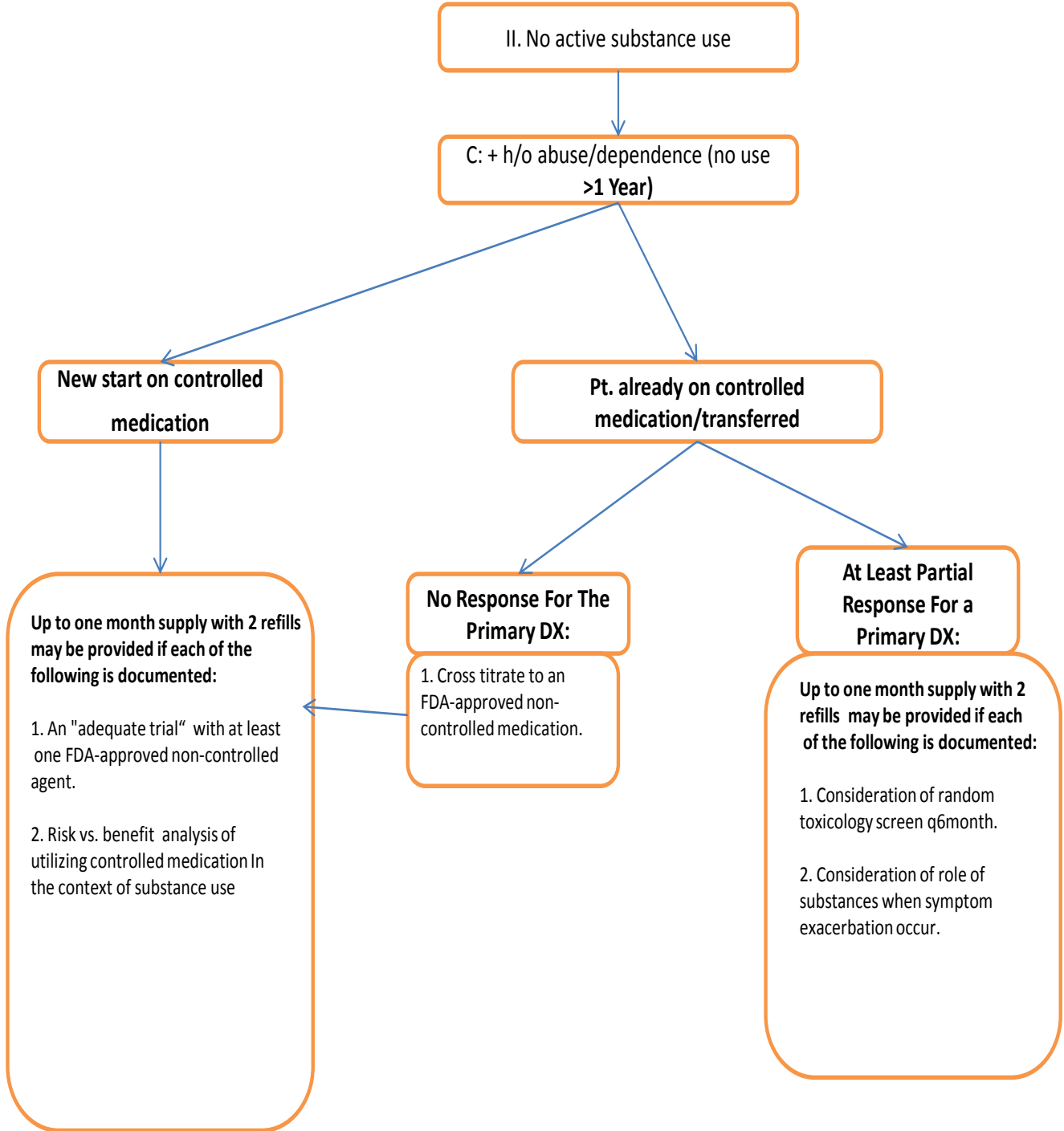
**Guidelines for Prescribing Controlled Psychotropic Medications to Patients with Substance Use (Attachment 1: Flow Diagram Cont'd)**



**Guidelines for Prescribing Controlled Psychotropic Medications to Patients with Substance Use (Attachment 1: Flow Diagram Cont'd)**



**Guidelines for Prescribing Controlled Psychotropic Medications to Patients with Substance Use (Attachment 1: Flow Diagram Cont'd)**



## References: (Attachment 2)

- GuidelineWatch Herbert D. Kleber, M.D. (April 2007): Practice Guideline for the Treatment of Patients With Substance Use Disorders, 2nd Edition, FOCUS Spring 2007, Vol. V, No. 2,
- APA 2006 Practice guideline for the treatment of patients with substance use disorders [http://www.psych.org/psych\\_pract/treatg/pg/SUD2ePG\\_04-28-06.pdf](http://www.psych.org/psych_pract/treatg/pg/SUD2ePG_04-28-06.pdf).
- Medical Marijuana. The Medical Board of California (Department of Consumer Affairs), [http://www.mbc.ca.gov/medical\\_marijuana.html](http://www.mbc.ca.gov/medical_marijuana.html)
- Guidelines for Prescribing Controlled Substances for Pain. The Medical Board of California (Department of Consumer Affairs), [http://www.mbc.ca.gov/medical\\_marijuana.html](http://www.mbc.ca.gov/medical_marijuana.html)
- <http://www.womensmentalhealth.org/posts/breastfeeding-and-benzodiazepines-good-news>
- Vistaril Package Insert
- <http://www.AACAP%20HONORS%20Elaine%20Schlosser%20Riggs1.pdf>
- ADHD, substance use disorders, and psychostim\_\_\_ [J Atten Disord\_ 2008] - PubMed - NCBI.mht
- Attention-Deficit-Hyperactivity Disorder An Update Abstract and Introduction.mht
- ADHD-and-Comorbid-Substance-Use-Disorder-Psych Times 2010.pdf
- Paul Lichtenstein, Ph.D. and et. Al, Medication for Attention Defecit-Hyperactivity Disorder and Criminality, NEJM,367;21, 2006-2014
- Adolescent Drug Use- NIDA overview2011.pdf
- APA substance tx- guideline update 2007.pdf
- APA Substance Use guidelines 2006-quick reference.pdf
- APA Tx Substance Abuse guidelines 2006.pdf
- Benzos and stimulants for substance disorders- Current Psych Online 5-11.pdf
- Beyond Abuse and Exposure-Framing Impact of Prescription Medication Sharing Abstract and Introduction.mht
- Biederman ADHD and Substance Use.pdf
- Comorbidity of Alcohol and Substance Dependence With ADHD, <http://www.medscape.com/viewarticle/574605>
- An evidence based review of acute and long-term effects of cannabis use on executive cognitive functions. [J Addict Med\_ 2011] - PubMed - NCBI.mht

## References: (Cont'd)

- Wilens T, Faraone SV, Biederman J: Attention-deficit/hyperactivity disorder in adults. JAMA 2004; 292:619–623
- Wilens TE: Attention-deficit/hyperactivity disorder and the sub- stance use disorders: the nature of the relationship, subtypes at risk, and treatment issues. Psychiatr Clin North Am 2004; 27:283–301
- Levin FR, Evans S, Kleber HD: Prevalence of adult attention- deficit/hyperactivity disorder among cocaine abusers seeking treatment. Drug Alcohol Depend 1998; 52:15–25
- Biederman J, Wilens T, Mick E, Milberger S, Spencer TJ, Faraone SV: Psychoactive substance use disorders in adults with atten- tion deficit hyperactivity disorder (ADHD): effects of ADHD and psychiatric comorbidity. Am J Psychiatry 1995; 152:1652–1658
- Conners CK, Levin ED, Sparrow E, Hinton SC, Erhardt D, Meck WH, Rose JE, March J: Nicotine and attention in adult attention deficit hyperactivity disorder (ADHD). Psychopharmacol Bull 1996; 32:67–73
- Rush CR, Higgins ST, Vansickel AR, Stoops WW, Lile JA, Glaser PE: Methylphenidate increases cigarette smoking. Psychopharma- cology (Berl) 2005; 181:781–789
- [Klassen LJ](#), [Bilkey TS](#), [Katzman M](#), [Chokka P](#). [Curr Drug Abuse Rev](#). 2012 May 8. Comorbid Attention Deficit/Hyperactivity Disorder and Substance Use Disorder: Treatment Considerations.
- John J. Mriani, MD and Frances R. Levin, MD, NIH- Treatment of Co-occurring SUD and ADHD, Am J Addict. 2007; 16(Suppl 1): 45-56.
- [psychostimulantusecocainedependence.pdf](#)
- [RCT of osmotic release methylphenidate with CBT in adolescents with ADHD and SUD.pdf](#)
- Richard Lawrence Merkle Jr. and Ajay Kuchibhatla, Expert Opinion: Safety of stimulant treatment in attention deficit hyperactivity disorder part I.pdf
- [www.samhsa.gov](#), Quick Guide For Clinicians: Treatment For Stimulant Use Disorders, DHHS Publication No. (SMA)01-3598
- Lilly Hechtman, M.D., Gabrielle Weiss, M.D, and Terrye Perlman, M.S., young adult outcome of hyperactive children who received long- term stimulant treatment, J. of Am. Academy of Child Psych, 23, 3:261-269, 1984
- Timothy E. Wilens, et. Al, Does Stimulant Therapy of Attention-Deficit/Hyperactivity Disorder Beget Later Substance Abuse? A Meta- analytic Review of the Literature, Am. Academy of Pediatrics, Pediatrics 2003; 111;179  
<http://pediatrics.aappublications.org/conten/111/1/179.full.html>
- <http://www.samhsa.gov/data>, The DAWN Report: Drug Abuse Warning Network- summary report 2010, Highlights of the 2010 Drug Abuse Warning Network Findings on Drug-Related Emergency Department Visits.pdf