

SAN MATEO COUNTY HEALTH SYSTEM  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: November 24, 2015

BHRS POLICY: 15-01

SUBJECT: Medication Assisted Treatment Guidelines for Adult Regional Clinics

AUTHORITY: Divisional

AMENDED: 1/4/16

ATTACHMENT:

A. Algorithm for Pharmacologic Treatment to Reduce Heavy Alcohol Use

PURPOSE

To describe treatment options and the proper use of select medications to treat chronic alcoholism and substance use disorders in adults.

POLICY

All regional BHRS clinics will assess and identify adult clients/consumers with chronic alcohol use and implement appropriate treatment as described below. In addition, adult clients with other identified substance use disorders will be treated by their regional team and referred to AOD providers as needed.

PROCEDURES

- Regional staff will assess adult clients for chronic alcohol abuse and use the Algorithm for Pharmacologic Treatment to Reduce Heavy Alcohol Use Flowchart (Attachment A).
- Regional clinics will provide the recommended treatment and the MD/NP or RN will deliver identified treatments, including injections.
- If needed, staff may consult with the Integrated Medication Assisted Treatment (IMAT) Physician and team for assistance with the guidelines; clients will remain on the regional clinics' caseloads.
- Regional clinics may refer clients to contracted AOD providers for additional services while continuing to provide medication assisted treatment.
- Additional resources for substance use disorders are located at the BHRS Medical and Pharmacy Information site: [smchealth.org/bhrs/providers/pharm](http://smchealth.org/bhrs/providers/pharm)

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# Algorithm for Pharmacologic Treatment to Reduce Heavy Alcohol Use

Evaluate alcohol use, number of drinks, and motivation

On Opioids?

Alcohol withdrawal symptoms?

Alcohol withdrawal symptoms?

Topiramate or Gabapentin

Topiramate, Gabapentin, or Acamprosate

Topiramate or Gabapentin

Topiramate, Gabapentin, Acamprosate, or Naltrexone

Outcomes, adherence issues?

Responding and improving

Poor or no response

Adherence problem

Maintain on medication for at least one year

Switch to a different agent

Combine agents

Depot Naltrexone (if not on opioids)

Naltrexone + Gabapentin (if not on opioids)

Naltrexone + Acamprosate (if not on opioids)

Notes:  
 1. Gabapentin may be best for patients with high anxiety.  
 2. If expect adherence problems from outset, may start with depot Naltrexone (if not on opioids).