

DBH Policy Expectations for the Use of Medications for OUD

“10 Do’s and Don’ts of Medical Treatment for OUD”

1. Do **not** initiate a taper or discontinuation of buprenorphine or methadone in response to any client “infraction” (e.g., missing therapy sessions).
2. (Other side of #1) Do **not** mandate participation in individual or group counseling as a requirement for continued medical treatment. See #10.
3. Do **not** set a “time limit” for maintenance medical treatment.
4. Do **not** encourage ‘rapid’ buprenorphine taper protocols with the goal of transitioning to antagonist medications or no medications at all.
5. Do **not** discharge a client based on positive drug test results for illicit substances.
6. Do **not** discharge a client from a residential setting without enough medication to supply them to their first outpatient physician visit.
7. Do **not** withhold medical treatment if the treatment provider does not have staffing capacity to provide psychosocial services at the time the client presents.
8. Do **not** switch a client from Vivitrol to oral naltrexone solely for cost saving purposes.
9. **Do individualize dose decisions based on individual client factors, particularly craving intensity and environmental support** (i.e., be wary of underdosing – most 7 clients do best when stabilized between 16mg-24mg of buprenorphine per day).
10. **Do increase client accountability measures** (e.g., drug testing, frequency of medication/dosing visits) -- if and when adherence to treatment protocols becomes disrupted by client behaviors described above -- **without discontinuing the needed medications**. Use motivational interviewing and make clear the rationale for the recommendation of individualized psychosocial supports. Peer support services can also be effective in helping a consumer engage in needed services.

Compiled from guidelines within the following sources: [American Society of Addiction Medicine \(ASAM\) National Practice Guidelines \(2015\)](#); [SAMHSA’s Clinical Guidance for Buprenorphine Treatment TIPS 63 \(2018\)](#); [The World Health Organization’s \(WHO\) Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence \(2009\)](#); [The FDA Drug Safety Communication \(2017\)](#)