NNEPQIN
NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK

Section 2: Facilitating Treatment for Opioid Use Disorders

SCREENING AND DIAGNOSIS OF OPIOID USE DISORDER

1. Screening for substance use in pregnancy

All pregnant women should be screened for drug and alcohol use at the first prenatal visit and subsequently (WHO, 2013). Screening should be done with a validated screening instrument (ACOG, 2012), and positive screens should be followed up with brief intervention to determine a woman's use pattern, motivation, and level of need for substance use treatment services (SAMHSA, 2018).
All healthcare professionals should feel empowered to respond to disclosure of prenatal drug or alcohol use with concern and assist women to obtain further evaluation and/or treatment.

2. Criteria for a presumed diagnosis of Opioid Use Disorder

- Definition of Opioid Use Disorder: "A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period." (DSM-V)

- The following criteria are used to diagnose Opioid Use Disorder:

DSM-V Diagnostic Criteria	Present/date	Comments	
1. Opioids are often taken in larger amounts or over a longer period than was intended.			
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.			
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.			
4. Craving, or a strong desire or urge to use opioids.			
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.			
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.			

7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.			
8. Recurrent opioid use in situations in which it is physically hazardous.			
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.			
10. Tolerance, as defined by either of the following: a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect. b. A markedly diminished effect with continued use of the same amount. (This may also be true for those taking prescribed opioids, in which case this should not be considered diagnostic of opioid use disorder)			
11. Withdrawal, as manifested by either of the following: a. The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal). b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms (see above – this may also hold true for those taking prescribed opioids).			

- The severity of Opioid Use Disorder can be estimated from this table, using the levels described below:

  Mild: Presence of 2–3 symptoms

  Moderate: Presence of 4–5 symptoms

  Severe: Presence of 6 or more symptoms

- The clinical opioid withdrawal scale (COWS) may be used to measure severity of symptoms in patients who present in acute withdrawal from opioids. A copy of the COWS checklist can be downloaded here: http://pcssmat.org/wp-content/uploads/2015/03/Clinical-Opiate-Withdrawal-Scale.pdf

3. Levels of care for the treatment of Opioid Use Disorders

Pharmacotherapy for OUD is strongly recommended during pregnancy, due to high rates of relapse and poor outcomes when pharmacotherapy is *not* used (SAMHSA, 2018).

However, the decision to enter treatment for opioid use disorder is not an easy one for pregnant and parenting women, due to stigma and other potential consequences of disclosure. The 2018 SAMHSA *Clinical Guidance* states that "Pregnant women should receive counseling and education on the medical and social consequences of pharmacotherapy for OUD," noting that "owing to differing state, county, and local laws and regulations, there is no universal approach to assessing the social and legal consequences of legitimate pharmacotherapy for OUD or other substance use during pregnancy" (SAMHSA, 2018, p. 17). Providers counseling women about options should be knowledgeable about the regulatory environment in which their patients live.

Supporting evidence and expert clinical guidance for initiating and managing pharmacotherapy for OUD during pregnancy can be found in Factsheets 2-4 of *Clinical Guidance for Treatment of Pregnant and Parenting Women with Opioid Use Disorder and Their Infants* (SAMHSA, 2018, pp 25-41).

Treatment for opioid use disorders during pregnancy may occur at several levels of intensity and duration described below. Access to pregnancy-specific treatment varies widely by region. Some programs may not accept pregnant women, and many do not allow children to accompany their mothers.

Office-based treatment

Combines behavioral treatment with buprenorphine/naloxone or buprenorphine monotherapy. Physicians can complete special training to be eligible for a waiver to prescribe buprenorphine for this purpose. Recent changes in Federal legislation allow Nurse Practitioners and Physicians Assistants to undergo similar training to obtain a buprenorphine waiver, starting in 2017.

Methadone maintenance programs

Combine behavioral treatment with daily observed treatment with methadone. In the United States, methadone can only be provided for the treatment of addiction at Opioid Treatment Programs certified by the Substance Abuse and Mental Health Services Administration.

Intensive Outpatient Program

Usually consists of 9 hours of treatment for substance use disorders per week, although programs vary. Clients often begin treatment in IOP/IOT programs and graduate to weekly office-based treatment once doing well.

Residential Treatment Program

Substance use treatment programs which offer daily treatment in a residential setting. Residential programs may or may not be gender-specific. A few residential programs are also equipped to accommodate children whose mothers are seeking treatment.

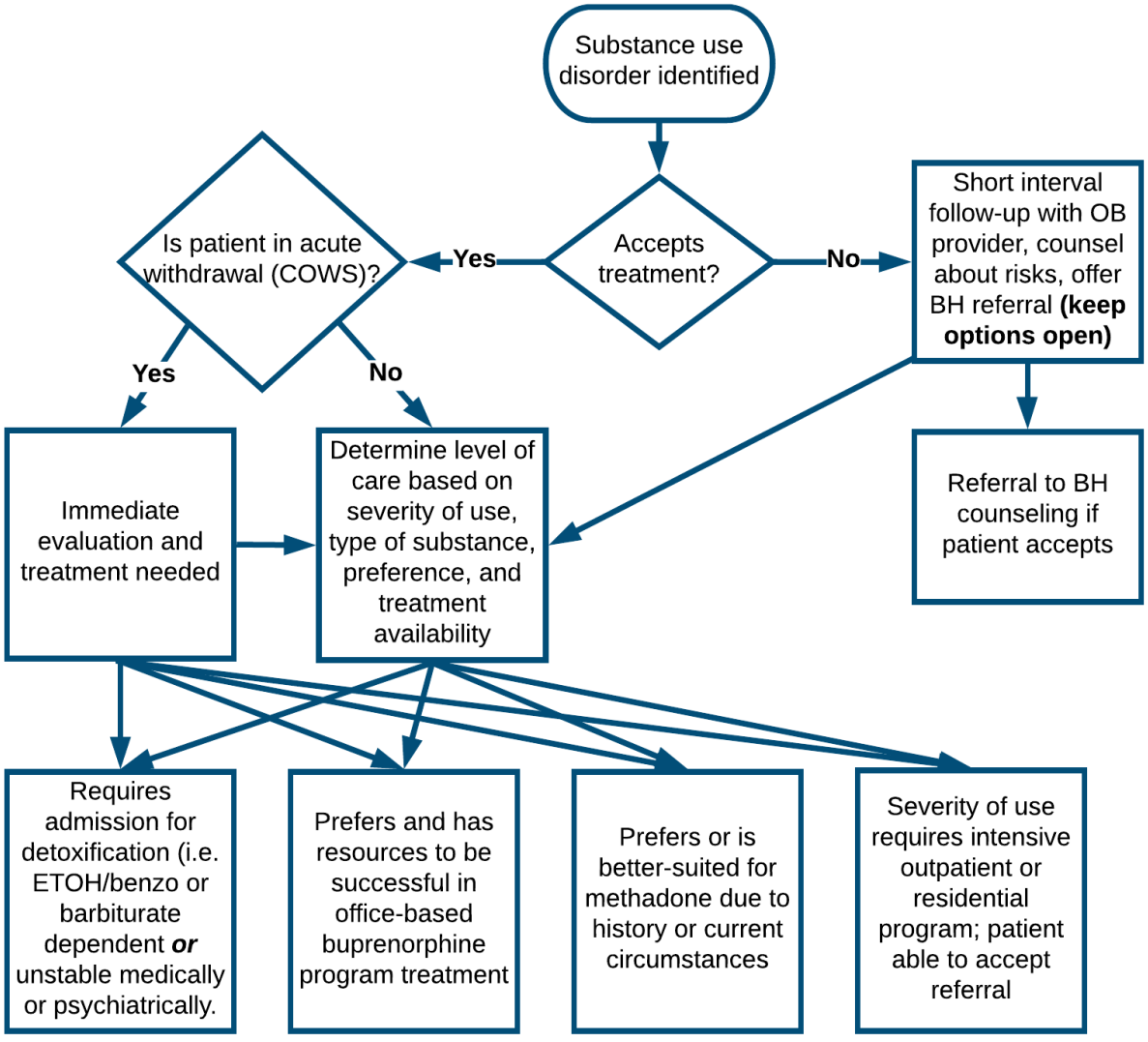
Additional information about levels of treatment for opioid use disorders may be obtained from:
http://asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/
https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone
https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine

Pocket Summary of Medication Assisted Treatment for Opioid Use Disorders for Healthcare Providers
http://store.samhsa.gov/shin/content//SMA16-4892PG/SMA16-4892PG.pdf

4. Choosing the right level of care

The severity of a woman's use, availability of treatment, resources, and a woman's conflicting responsibilities and preferences are all factors which will determine the appropriate level of care for a pregnant woman in need of treatment for opioid use disorder. A shared decision making approach will improve the likelihood that the treatment plan will be acceptable to a woman (Friedrichs, et al, 2015; SAMHSA, 2018; WHO, 2014). Providers should be sensitive to the prevalence of trauma history among women with substance use disorders, which may influence what feels safe for a woman (Poole and Greaves, 2012). Most women are highly motivated to seek treatment during pregnancy (Boyd and Marcellus, 2009). The following simple algorithm outlines several key steps in this discussion.

Figure 1. Algorithm for discussing levels of care during pregnancy (BH= Behavioral Health clinician)



5. Consent to share information with Treatment Providers

Once OUD has been diagnosed and a patient referred or treatment started, consent to share information between members of the care team is essential. Additional federal rules protect the privacy and confidentiality of substance use treatment records.
A summary of these rules and a sample consent form may be accessed from PCSS-MAT and the American Osteopathic Academy of Addiction Medicine
http://c.ymcdn.com/sites/www.aoaam.org/resource/resmgr/Clinical_Tools/Sample_Consent_for_release_o.pdf
A fillable electronic version of the same form is available through PCSS-MAT
https://www.pdffiller.com/en/project/88623518.htm?f_hash=f7ab01&reload=true

Additional Resources for Providers

The Providers' Clinical Support System for Mediation Assisted Treatment (PCSS-MAT) is a national training and mentoring project for the education of medical professionals about opioid use disorders and pharmacotherapies to address them, developed in collaboration with leading Addiction Medicine organizations and the American Psychiatric Association. "The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, substance use disorder treatment, and pain management settings." (http://pcssmat.org)
Resources and trainings are free of charge, and available through the PCSS-MAT website
http://pcssmat.org/education-training/

General Information about Opioid Use and Pregnancy for Patients

Opioid use and pregnancy
http://pcssmat.org/wp-content/uploads/2013/10/WAGBrochure-Opioid-Pregnancy_Final.pdf

Opioid use, labor, and childbirth
http://pcssmat.org/wp-content/uploads/2013/10/ASAM-WAGBrochure-Opioid-Labor_Final.pdf