What are the differences between opioid use, opioid misuse, and opioid use disorder?

**Opioid Use**

- Refers simply to the act of taking an opioid. For example, a patient with sickle cell disorder may require the use of opioids during her pregnancy for a pain crisis.
Opioid Misuse

- Denotes that the opioid is being used in a problematic manner but does not rise to the level of a diagnosed disease.
- Misuse includes using medications without a prescription or using medications not as prescribed (e.g., higher doses, longer duration, for conditions different than the original prescribed condition).

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:

- Opioids are often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- Craving, or a strong desire or urge to use opioids.
- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations in which it is physically hazardous.
- 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.

Tolerance, as defined by either of the following:

- A need for markedly increased amounts of opioids to achieve a desired effect or decrease the intensity of opioid withdrawal symptoms.
- A markedly diminished effect with continued use of the same amount of an opioid.

Withdrawal, as manifested by either of the following:

- The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
- Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

How common is opioid use disorder in pregnancy?

- 22.8% of women enrolled in Medicaid programs in 46 states filled an opioid prescription during pregnancy (Desai, 2012)
- Maternal opioid use increased nearly fivefold from 2000-2009 (Patrick, 2012)
- Pregnancy-related deaths due to opioid misuse more than doubled between 2007 and 2016
  - Increased from 4% to 10% (Gemmill et al, 2016)
Risk factors for OUD in pregnancy

- Adverse childhood experiences (ACE)
  - Women with 5+ ACEs are 7-10x more likely to engage in illicit drug use, addiction, and IV drug use (Dube, 2003)
  - Childhood sexual abuse
    - 3x more likely to report drug dependence in adulthood (Anda, 2009)

- Genetics
  - 40-60% vulnerability of substance use disorders (Kendler, 2000)

- Hormones may influence the effects of drugs and result in an accelerated progression to dependency
  - Known as telescoping (Greenfield, 2010)

OUD Effects on Maternal Outcomes

- Less likely to receive adequate prenatal care
- Increased odds of experiencing:
  - Cardiac arrest
  - Cesarean section
  - Increased length of hospital stay
- Mental Health Outcomes
  - 30% of pregnant women enrolled in opioid use treatment programs have moderate to severe depression
  - 40% have postpartum depression

- Tobacco use disorder
  - 85-96% of pregnant women receiving pharmacotherapy for OUD also have a tobacco use disorder

- Legal ramifications of violence, prostitution, and theft

OUD Effects on Neonate

Stay tuned for Dr. Zoucha!
ACOG Screening Recommendations

- Apply equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status.
- Routine screening can be accomplished by way of validated questionnaires or conversations with patients.
- Routine laboratory testing of biologic samples is NOT required.
- The core ethical purpose of routine screening for substance use disorder is the beneficent provision of timely and effective care, rather than stigmatization or punishment.

What are non-judgmental ways to discuss substance use during pregnancy?

- Ask in a confidential setting
- Ask universally
- Listen with empathy and respect
- Discuss addiction as a chronic disease
- Avoid stigmatizing words such as "abuse," "addict," "rehab," "relapse," or "dirty" or "clean" (in reference to drug screens). Try instead more value neutral words like "substance use disorder," "substance misuse," "risky use," "addiction," "individual with substance use disorder," "treatment," "recovery," "recurrence of use," "positive" drug screen results, etc.
- Use motivational interviewing techniques when making treatment plans

Validated Screening Tools

- 4 P's
- National Institute of Drug Abuse (NIDA) Quick Screen
- CRAFFT Substance Abuse Screen for Adolescents and Young Adults
4 P's

1. P = Parents: Did any of your parents have a problem with alcohol or other drug use?
2. P = Partner: Does your partner have a problem with alcohol or other drug use?
3. P = Past: In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?
4. P = Present: In the past month, have you drunk any alcohol or used other drugs?

• Scoring: Any "yes" should trigger further questions.

National Institute on Drug Abuse (NIDA) Quick Screen

• Step 1: Ask patient about past year drug use. The NIDA Quick Screen.
• Step 2: Begin the NIDA-Modified ASSIST
• Step 3: Determine risk level.
• Conduct a Brief Intervention.
• Step 4: Advise, Assess, Assist, and Arrange.

CRAFFT Substance Abuse Screen for Adolescents and Young Adults

• C – Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
• R – Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
• A – Do you ever use alcohol or drugs while you are by yourself or AUDIT?
• F – Do you ever FORGET things you did while using alcohol or drugs?
• F – Do your FAMILY or friends ever tell you that you should cut down on your drinking or drug use?
• T – Have you ever gotten in TROUBLE while you were using alcohol or drugs?

• Scoring: Two or more positive items indicate the need for further assessment.
SBIRT

• **Screening**
  - A health care professional assesses a pt for risky substance use behaviors using standardized screening tools. Screening can occur in any health care setting.

• **Brief Intervention**
  - A health care professional engages a pt showing risky substance use behaviors in a short conversation, providing feedback and advice.

• **Referral to Treatment**
  - A health care professional provides a referral to brief therapy or additional treatment to pts who screen in need of additional services.

Comprehensive treatment approach

• Psychosocial interventions

• Medication for Addictions Treatment (MAT)

Psychosocial interventions

• Psychosocial interventions
  - Contingency management (CM)
    - Contingency management has the greatest evidence base for the reduction of opioid use in pregnant women. However, implementation of reinforcements, particularly financial incentives, can be challenging.
  - Motivational interviewing based (MI) techniques
  - Family therapy
  - Cognitive behavioral therapy (CBT)
    - Has good evidence base for treatment of substance use disorders in perinatal period
Medications for Addictions Treatment (MAT)

- Methadone or Buprenorphine
  - Pharmacotherapy for perinatal OUD should be offered to all women.
  - Medically supervised withdrawal is not recommended
    - High rates of return to substance use

- Methadone versus Buprenorphine?
  - Patient preference
  - Feasibility
  - Prior treatment response

Considerations for MAT in pregnancy

- Due to the physiological changes in pregnancy, the dose will often need to be increased in order to prevent the emergence of withdrawal symptoms or increased cravings.

- The dose is NOT associated with the likelihood of Newborn Opioid Withdrawal Syndrome (NOWS) or severity of NOWS.
  - Tobacco use is associated with the degree of NOWS

Labor and Delivery

- MAT should not be stopped or decreased prior to delivery
- Women should receive the same pain management regimens as other women that deliver or have a cesarean section
- Many hospitals now offer long-lasting local anesthetic blocks
- Scheduled ibuprofen and acetaminophen use postpartum also helps decrease opioid requirements
- Use of heating pads, abdominal binders, adequate family support, and non-pharmaceuticals should also be strongly considered
Postpartum management

- It is also important to plan for how and where MAT will be continued postpartum
- Breastfeeding should be encouraged among all women who are not actively using other substances and do not have HIV.
  - Can reduce the need for newborn opioid withdrawal treatment potentially due to skin-to-skin contact

Conclusions

- Opioid use is common in pregnancy.
- All pregnant women should be screened for opioid use.
- Women with OUD should be offered MAT and psychosocial treatment.
- Women should continue to be monitored postpartum and beyond.

Questions?