Substance Use: Opioid Use Disorder, Alcohol Use Disorder, Tobacco Use

Opioid Use Disorder

- Opioid use has escalated dramatically in recent years. In 2012, U.S. health care providers wrote more than 259 million prescriptions for opioids, more than twice as many as in 1998. To combat this epidemic, all health care providers need to take active roles. A coordinated multidisciplinary approach without criminal sanctions has the best chance of helping infants and families.

<table>
<thead>
<tr>
<th>Effects</th>
<th>Screening Tools</th>
<th>Behavioral Therapy</th>
<th>Medications</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired parenting</td>
<td>Early universal screening recommended</td>
<td>Cognitive behavioral therapy</td>
<td>Methadone* (individually titrated dose)</td>
<td>Prescription drug monitoring program</td>
</tr>
<tr>
<td>Associated depression and mental health disorders</td>
<td>SBIRT: Screening, Brief intervention, Referral to Treatment <a href="http://www.spirit.case.edu">http://www.spirit.case.edu</a></td>
<td>Multidisciplinary approach most effective</td>
<td>Naltrexone (50 mg/day)*</td>
<td>Substance use and treatment, and relapse prevention program</td>
</tr>
</tbody>
</table>

*Considered safe in breastfeeding
*CRAFFT: A mnemonic acronym behavioral health screening tool for use in women younger than 21 years. The tool consists of six questions developed to screen adolescents for high risk alcohol and drug use.

Alcohol Use Disorder

- Third leading cause of preventable death in United States
- Less than 10% of women with alcohol use disorder are treated
Table 2. Alcohol Use Disorder

<table>
<thead>
<tr>
<th>Alcohol Effects</th>
<th>Screening Tools</th>
<th>Nonpharmacologic Treatment</th>
<th>Pharmacologic Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired parenting, infant care</td>
<td>Universal screening recommended</td>
<td>Motivational enhancement therapy (MET) 12-step facilitation</td>
<td>Acamprosate (666 mg/day)*</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Reduces consumption</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Best for maintaining abstinence</td>
</tr>
<tr>
<td>Breastfeeding contraindicated with heavy alcohol consumption</td>
<td>SBIRT: Screening Brief Intervention, and Referral sbirt.care/tools.aspx</td>
<td>Cognitive–behavioral coping skills therapy</td>
<td>Naltrexone (50mg/day)†</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Reduces consumption</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Increases abstinence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Not in opiate dependent patients</td>
</tr>
<tr>
<td>Poor decision-making abilities, irresponsible behaviors</td>
<td>AUDIT 10 or Audit <a href="https://pubs.niaaa.nih.gov/publications/Audit.pdf">https://pubs.niaaa.nih.gov/publications/Audit.pdf</a></td>
<td>Reflective listening therapy</td>
<td>Disulfiram (125–500 mg per day)*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Short treatment duration</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Must be abstinent &gt;12 hours</td>
</tr>
<tr>
<td>Associated depression and mental health disorders</td>
<td>NIDA Quick Screen <a href="https://bup.clinicalencounters.com/">https://bup.clinicalencounters.com/</a></td>
<td>Individual or group therapy</td>
<td>Combination therapy*</td>
</tr>
<tr>
<td>Risks for future pregnancies</td>
<td></td>
<td></td>
<td>- Acamprosate plus naltrexone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- May benefit if monotherapy fails</td>
</tr>
</tbody>
</table>

*Not recommended in breastfeeding
†Considered safe in breastfeeding

Tobacco Use

- Cigarette smoking is a major modifiable health risk factor in the United States
- It is estimated that 17.5% of women in the United States smoke regularly

Box 1. Tobacco Use

**Increased Risk to Children**

- Sudden infant death syndrome (SIDS)
- Ear infections
- Asthma
- Dangers of second- and third-hand smoke

**Nonpharmacologic Treatment**

- 5 As Framework: Ask, Advise, Assess, Assist, Arrange [https://mdquit.org/cessation-programs/brief-interventions-5](https://mdquit.org/cessation-programs/brief-interventions-5)
- Hypnotherapy
- Acupuncture
- Internet-based interventions [www.smokefree.gov](http://www.smokefree.gov)
- Smokers’ quit line 1(800) QUIT-NOW

(continued)
Substance Use and Opioid Use Resources

American College of Obstetricians and Gynecologists Clinical Guidance


Obstetrician–gynecologists should be aware of the reporting requirements related to alcohol and drug abuse within their state.


Guidance on early universal screening, brief intervention (such as engaging a patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder.

Health Care Provider Resources for Patient Care


Provides literature-based guidelines for the evaluation and treatment of the woman with substance use or a substance use disorder who is considering breastfeeding.


Information on improving opioid prescribing, reducing exposure to opioids, preventing misuse, and treating opioid use disorder.

Box 1. Tobacco Use (continued)

Pharmacologic Treatment

• Nicotine Patches* 21 mg, 14 mg, 7 mg
  – use 8–10 weeks with taper

• Nicotine Inhaler* 6–16 cartridges/day
  – use 6–12 weeks
  – taper dose 6–12 weeks

• Bupropion† 150mg/day
  – may use for up to 6 months

• Varenicline* 0.5–2mg
  – may use for 12–24 weeks

*Breastfeeding: Benefits considered to outweigh risks
†Breastfeeding: Caution advised—case reports of infant seizures
Alcohol Use Disorder Resources

American College of Obstetricians and Gynecologists Clinical Guidance


Proposes an ethical framework for incorporating such care into obstetric and gynecologic practice and for resolving common ethical dilemmas related to substance use disorder.

Health Care Provider Resources for Patient Care


Tobacco Use Resources

Health Care Provider Resources for Patient Care


Coding

See Coding for Substance Use: Opioid Use, Alcohol Use, Tobacco Use