



EDUCATION REGARDING SUBSTANCE USE DISORDER

Presentation by Lorena Watson, FNP

MOTHER & BABY SUBSTANCE EXPOSURE INITIATIVE:

THE OLD WAY
No Bonding
No Treatment

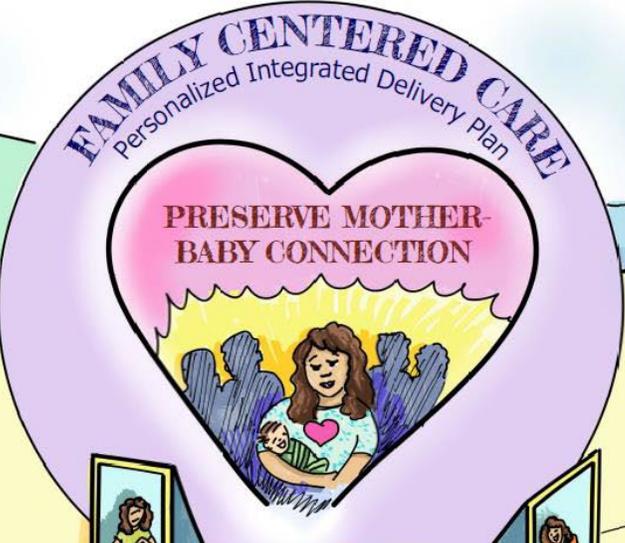
HMA
HEALTH MANAGEMENT ASSOCIATES

CMQCC
California Maternal
Quality Care Collaborative

CPQCC
california perinatal
quality care collaborative

CARING BETTER

- ★ Optimal Recovery & Support
- ★ Optimal Infant Growth & Development



- Identify & Treat Addiction
- Initiate MAT Treatment

COMPREHENSIVE WELL CHILD CARE

- Plan of Safe Care
- Moms' Recovery Treatment Pathway



Learning Collaboratives * Technical Assistance * Resource Library

EXPAND TREATMENT AND COMMUNITY CAPACITY

EDUCATE STAFF ABOUT OPIOID USE DISORDER

- Treatment of substance use disorder (SUD) is often eclipsed with misperception that SUD is a personal weakness or willful choice.
- Whether or not these misconceptions are consciously employed, they can have a dramatic impact on patient outcomes and adherence to treatment during recovery.

- Stigma can be experienced across several domains: self, social, and structural stigma.
- Stigma can come from all staff interactions at all contact points.
- It is not uncommon for health professionals to show unconscious bias whether or not they explicitly report negative attitudes.



PERFORM LANGUAGE AUDITS

Evaluate all materials distributed or posted regarding Sud to address stigma-perpetuating language

Diagnosis:

Replace “abuse” “drug habit” “dependence”

with “Substance use disorder or opioid use disorder”

Person-first language:

Replace “Abuse”, “abuser”, “addict” “druggie”

With “Person with SUD” or “person experiencing” or “person struggling with”

Testing and Toxicology:

Replace “clean” and “dirty” urine toxicology screens

With “positive”, “negative”, “consistent with prescribed medications”

Maternal and Newborn:

Avoid “crack baby”, “drug-addicted baby”

With “neonatal abstinence syndrome (NAS)” and “in utero exposure to...”

UNIVERSAL SCREENING

Perinatal Providers EAST BATON ROUGE PARISH
 INITIAL SCREEN REPEAT SCREEN 4Ps Plus Screen for Perinatal Substance Abuse and Domestic Violence

Physician: _____ Case #: _____
 Patient Name: _____ Date: _____
 Date Of Birth: _____ Race: _____ Age: _____
 Address: _____
 Patient's Phone #: _____

| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide Domestic Violence Assessment | Provide Substance Abuse Prevention/ Education | Provide Tobacco Intervention and/or Substance Abuse Assessment |
|-----------|--|---|--------------------------------------|---|--|
| Parents | Did either of your parents have any problem with drugs or alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Does your partner have any problem with drugs or alcohol? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Partner | Is your partner's temper ever a problem for you? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | Have you ever felt out of control or helpless? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | Does your partner threaten to hurt you or punish you? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | Have you ever drunk beer/wine(wine cooler)/daiquiri/liquor? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Past | Have you ever felt down, depressed or hopeless? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | Have you lost interest in things that used to be fun to you? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | In the month before you knew you were pregnant, how many cigarettes did you smoke? | <input type="checkbox"/> None <input type="checkbox"/> Any | | | |
| Pregnancy | In the month before you knew you were pregnant, how much wine/beer/liquor did you drink? | <input type="checkbox"/> None <input type="checkbox"/> Any | | | |

© NTI Upstream 2015. Sample form. Not for distribution or reproduction without written consent.

If Yes, complete the follow-up questions

Follow-up Questions to 4Ps Plus

- Sometimes a woman feels depressed, nervous, or stressed out. When this happens to you, do any of the following help you feel better or to relax?
 - a. Talk things over with friends or relatives? No Yes
 - b. Smoke cigarettes? No Yes
 - c. Smoke marijuana or pot? No Yes
 - d. Have a drink of beer, wine or other alcohol? No Yes
 - e. Take some type of pill or medication? No Yes
2. And last month, about how many days a week did you usually drink beer, wine, a daiquiri or liquor?
 - Did not drink
 - Every day
 - 3 to 6 days a week
 - 1 or 2 days a week
 - Less than 1 day a week
- 3a. During the month before you knew you were pregnant, about how many days a week did you usually use marijuana?
 - Did not use any drug
 - Every day
 - 3 to 6 days a week
 - 1 or 2 days a week
 - Less than 1 day a week
- 3b. During the month before you knew you were pregnant, about how many days a week did you usually use any drug such as cocaine, heroin or meth?
 - Did not use any drug
 - Every day
 - 3 to 6 days a week
 - 1 or 2 days a week
 - Less than 1 day a week
- 4a. And last month, about how many days a week did you usually use marijuana?
 - Did not use any drug
 - Every day
 - 3 to 6 days a week
 - 1 or 2 days a week
 - Less than 1 day a week
- 4b. And last month, about how many days a week did you usually use any drug such as cocaine, heroin, or meth?
 - Did not use any drug
 - Every day
 - 3 to 6 days a week
 - 1 or 2 days a week
 - Less than 1 day a week
5. And last month, about how many days a week did you usually smoke cigarettes?
 - Did not smoke
 - Every day
 - 3 to 6 days a week
 - 1 or 2 days a week
 - Less than 1 day a week

Intervention and Referrals Made: Check all that apply

| | |
|--|--|
| Referral | Referral Accepted? |
| <input type="checkbox"/> Brief Intervention | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tobacco Cessation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Refer for further evaluation

Date: _____ Signature: _____
 Circle: MD RN MSW LPN NP MA RD BCSAC Other: _____
 Screening Site: _____

EDUCATE PATIENTS AND FAMILIES ABOUT OPIOID USE DISORDER

Addiction is a chronic, relapsing condition. Pregnancy can motivate women to discontinue drug abuse, but abrupt discontinuation of opioids during pregnancy can have deleterious effects for both mother and fetus. Patients and their families may not be aware that medication assisted treatment (MAT) is the standard of care for opioid use disorder during pregnancy.

- Patients need to be educated on different types of opioids to understand how they will affect their body.
- Understanding types of opioids opens a discussion about withdrawal symptoms, warning signs to look for, and when to obtain medical help for withdrawal.
- Patients and their families need to fully understand the nature of addiction, potential impact of continued use during pregnancy and recommended treatment for OUD during pregnancy and beyond.