

# Helping Women Get Treatment

## 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.			

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DSM-V Diagnostic Criteria	Present/date	Comments	
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>