



## Prescription for Change Opioid Conference

### Questions & Answers

#### Questions directed to Dr. Daniel Brooks

##### **Question 1:**

Is there a CLIA waived test for Fentanyl that is immediate and can be used in office?  
Does the coroner's office test for Fentanyl, is this on a national level in all states?

**A:** Yes; the state lab and several other labs (including the lab at our Poison Center here in Phoenix) can test for fentanyl. And yes, the Medical Examiner's Office send out samples to a reference lab (in Philadelphia) for comprehensive drug testing that includes fentanyl (and several other novel opioids)

##### **Question 2:**

What are the affects of Naloxone with abuse of benzodiazepines?  
How do we engage/treat individuals coping with substance use disorder and anxiety?

**A:** There is no real effect of naloxone on patients with benzodiazepine toxicity. Cognitive behavioral therapy and group sessions are very important for folks with SUD AND behavioral health issues.

##### **Question 3:**

What does CV mean?  
What is miosis?  
What is the OARS Line?

**A:** CV = cardiovascular. Miosis = small pupils, the OAR Line information (<https://azpoison.com/news/arizona-oar-line>) is in the hand-out (or email me directly or call 888-688-4222 to speak with one of our staff members)

##### **Question 4:**

Are Pharmacists required to check the CSPMP with every refill? What are the requirements of pharmacists now to check the CSPMP?

**A:** Yes, I believe pharmacists are required but I don't think there is any monitoring or, to be honest, repercussions for not checking the CSPMP

**Question 5:**

Any idea on getting Fentanyl tests CLIA waived for use in facilities?  
The lapse of sending out labs for this is crippling to treatment

**A:** This is a great idea but would require work (and money) from each individual facility. I'd like to see this mandatory, but that probably won't happen.

**Question 6:**

What are the consequences for MDs who are prescribing opioids? The same for Emergency Room MDs?  
How safe is MAT? What is the long-term effect of MAT? Is it being pushed by insurance companies?

**A:** Dr. Daniel Brooks is asking that you contact him directly to discuss specific cases. There is no anticipated "consequences" for using opioids appropriately. MAT is very safe and shown to save lives when used appropriately. The OAR Line (888-688-4222) can assist with individual (specific) cases. There are no direct long-term effects of MAT that we are aware of. MAT is being paid for by more insurance companies but some facilities (particularly) nursing homes and rehab facilities are still attempting to not accept patients on MAT, which is not good patient care. This will require changes in laws to stop.

## Questions directed to Dr. Ann Negri

**Question 1:**

What does SIDS mean?

**A:** SIDS: Sudden infant death syndrome (SIDS) is the unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs. Although the cause is unknown, it appears that SIDS might be associated with physical factors such as :

- Brain defects. the portion of the brain that controls breathing and arousal from sleep hasn't matured enough to work properly.
- Low birth weight. Premature birth
- Respiratory infection.

Although sudden infant death syndrome can strike any infant, researchers have identified several factors that might increase a baby's risk. They include:

- Sex. Boys are slightly more likely to die of SIDS.
- Age. Infants are most vulnerable between the second and fourth months of life.
- Race. For reasons that aren't well-understood, nonwhite infants are more likely to develop SIDS.
- Family history. Babies who've had siblings or cousins die of SIDS are at higher risk of SIDS.
- Secondhand smoke. Babies who live with smokers have a higher risk of SIDS.
- Being premature. Both being born early and having a low birth weight increase your baby's chances of SIDS.

Maternal risk factors also include mother is:

- Is younger than 20
- Smokes cigarettes

- Uses drugs or alcohol
- Has inadequate prenatal care

**Question 2:**

Is there a distinction between cannabinoids, as in CBD products versus marijuana (THC)??

**A:** Distinction between cannabinoids vs CBD products and THC Marijuana References

<https://www.cdc.gov/marijuana/index.htm>

<https://www.fda.gov/news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products>

<https://www.cdc.gov/marijuana/nas/therapeutic-benefits.html>

<https://www.healthline.com/health/cbd-vs-thc>

THC is the cannabinoid people think of when they think of marijuana or weed. It is a direct agonist of the endocannabinoid system's cannabinoid 1 receptors (CB1), found primarily in the brain and the central nervous system. The intoxicating effect that most associate with recreational or medical marijuana use exclusively brought about by activating CB1 receptors with THC. CBD doesn't bind with CB1 receptors and is actually considered an antagonist of CB1 agonists. This not only means that CBD can never cause a high, no matter how much is consumed, but that it also acts to suppress the CB1-activating qualities of compounds like THC. Marijuana and THC are both specifically listed in the U.S. Controlled Substances Act and, therefore, prohibited under federal law

**Questions directed to Dr. Maria Manriquez-Sanchez**

**Question 1:**

Can you speak about marijuana use during pregnancy and lactation?

**A:** <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation>

**Question 2:**

What is the importance of importance of the 4 s Plus/Sp5?

**A:** If I am understanding this question correctly, I think it is asking about the sensitivity of validated tools NIDA is great, though not validated in Pregnancy. 3 question with high sensitivity and increasing with the ASSIST questions.

**Objective:**

The purpose of this study is to validate the *4P's Plus* screen for substance use in pregnancy. (Parents, Peers, Partner, Past Pregnancy) [www.ntiupstream.com](http://www.ntiupstream.com)

**Study Design:**

A total of 228 pregnant women enrolled in prenatal care underwent screening with the *4P's Plus* and received a follow-up clinical assessment for substance use. Statistical analyses regarding reliability, sensitivity, specificity, and positive and negative predictive validity of the *4Ps Plus* were conducted.

**Result:**

The overall reliability for the five-item measure was 0.62. Seventy-four (32.5%) of the women had a positive screen. Sensitivity and specificity were very good, at 87 and 76%, respectively. Positive predictive validity was low (36%), but negative predictive validity was quite high (97%). Of the 31 women who had a positive clinical assessment, 45% were using less than 1 day per week.

**Conclusion:**

The *4P's Plus* reliably and effectively screens pregnant women for risk of substance use, including those women typically missed by other perinatal screening methodologies.

**Substance use risk profile-pregnancy**

The Substance Use Risk Profile-Pregnancy includes 3 questions: (1) Have you ever smoked marijuana? (2) In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink? (3) Have you ever believed that you needed to cut down on your drug (including the nonmedical use of prescription medications) or alcohol use?

Individuals are classified into low (score $\leq$ 0), moderate (score $\geq$ 1), or high risk (score $\geq$ 2).<sup>27</sup> More than 1 alcoholic drink equals 1 point, as does any “yes” answer.

The 3-question Substance Use Risk Profile-Pregnancy was developed in a training sample of 1610 pregnant women and cross-validated in a separate validation sample of 1704 pregnant women. In this evaluation, it identified alcohol use with a sensitivity of 48% and specificity of 85% and identified marijuana use with a sensitivity of 68% and specificity of 86%.<sup>27</sup>

Although developed for screening of adolescents, the **CRAFFT** has been preliminarily tested in a small pilot study of young pregnant women as well (n $\approx$ 30).<sup>29</sup> With the use of calendar-based recall as the standard, CRAFFT had a positive predictive value of 90% and a negative predictive value of 80%. Compared with a standard elicited from a diagnostic interview, the positive predictive value was 58% and the negative predictive value was 83%.<sup>29</sup>

**Table 3. Validity Indices for the 4P's Plus, NIDA Quick Screen, and SURP-P**

	4 P's Plus	NIDA Quick Screen ASSIST	SURP-P
Sensitivity*	91.2 (85.7–95.1)	83.5 (76.8–89.0)	93.1 (88.0–96.5)
Specificity*	28.6 (23.7–33.9)	80.8 (76.0–85.0)	21.0 (16.7–25.9)
Positive predictive value*	39.0 (34.0–44.1)	68.4 (61.3–74.9)	37.0 (32.3–41.9)
Negative predictive value*	86.7 (78.6–92.5)	90.8 (86.8–93.9)	85.9 (76.2–92.7)
Sensitivity <sup>†</sup>	94.7 (88.5–97.4)	85.4 (76.4–89.5)	95.4 (90.7–98.4)
Specificity <sup>†</sup>	28.7 (23.8–33.6)	76.1 (71.4–80.6)	21.1 (17.3–26.1)
Positive predictive value <sup>†</sup>	32.6 (28.9–38.8)	56.4 (50.1–64.4)	30.6 (27.3–36.5)
Negative predictive value <sup>†</sup>	93.6 (85.7–96.7)	93.5 (88.8–95.2)	92.7 (84.8–97.3)
Sensitivity <sup>‡</sup>	90.2 (84.5–93.8)	79.7 (71.2–84.2)	92.4 (87.6–95.8)
Specificity <sup>‡</sup>	29.6 (24.4–35.2)	82.8 (78.1–87.1)	21.8 (17.4–27.2)
Positive predictive value <sup>‡</sup>	44.1 (39.7–50.0)	74.0 (67.8–80.4)	42.0 (38.0–47.9)
Negative predictive value <sup>‡</sup>	83.0 (73.4–88.9)	86.9 (81.3–89.7)	82.3 (72.1–90.0)

Data are % (95% CI).

\* Reference standard: hair test results.

<sup>†</sup> Reference standard: urine test results.

<sup>‡</sup> Reference standard: hair and urine test results combined; positive on either urine or hair sample testing.

**Table 1. Pregnancy Drug Screening Tools\***

Screening Tool	Questions
NIDA Quick Screen-ASSIST	
Quick Screen <sup>†</sup>	<ol style="list-style-type: none"> <li>1. In the past year, how often have you used the following?               <ol style="list-style-type: none"> <li>a. Five or more alcohol drinks in a day for men or 4 or more alcohol drinks in a day for women</li> <li>b. Tobacco products</li> <li>c. Prescription drugs for nonmedical reasons</li> <li>d. Illegal drugs</li> </ol> </li> </ol>
ASSIST <sup>‡</sup>	<ol style="list-style-type: none"> <li>1. In your lifetime, which of the following substances have you used? (response options of yes or no)</li> <li>2. In the past 3 mo, how often have you used the substances you mentioned? (response options of never, once or twice, monthly, weekly, and daily or almost daily for items 2–5)</li> <li>3. In the past 3 mo, how often have you had a strong desire or urge to use (each substance)?</li> <li>4. (During the past 3 mo, how often has your use of (each substance) led to health, social, legal or financial problems?</li> <li>5. During the past 3 mo, how often have you failed to do what was normally expected of you because of your use of (each substance)?</li> <li>6. Has a friend or relative or anyone else ever expressed concern about your use of (each substance)?</li> <li>7. Have you ever tried to control, cut down or stop using (each substance)?</li> <li>8. Have you ever used any drug by injection?</li> </ol>
SURP-P <sup>§</sup>	<ol style="list-style-type: none"> <li>1. Have you ever used marijuana?</li> <li>2. How many alcoholic drinks have you consumed in the month before knowing you were pregnant?</li> <li>3. Do you feel the need to cut down on your alcohol or drug use?</li> </ol>

\* 4P's Plus questionnaire not included because it is covered by copyright; the researchers purchased a license to administer to participants.

<sup>†</sup> Response options for each substance are: never, once or twice, monthly, weekly, and daily or almost daily. For purposes of validation, both the Quick Screen and ASSIST were given to all participants to complete.

<sup>‡</sup> Substances assessed are: tobacco products; alcohol; cannabis; cocaine; amphetamine-type stimulants (ATS); sedatives and sleeping pills (benzodiazepines); hallucinogens; inhalants; opioids; and "other" drugs.

<sup>§</sup> Scoring involves classifying the number of alcoholic drinks consumed in the month before pregnancy as none vs any, and then counting the number of affirmative items. Negative responses for all items yields a low-risk individual, one affirmative response yields a moderate risk individual, and two or three affirmative responses yield a high-risk individual.