

## Neonatal Abstinence Syndrome

Arizona Department of Health Services hosted a two-day workshop on neonatal abstinence syndrome (NAS) July 17-18, 2015 for health care providers. On the afternoon of July 18, the attendees were assigned to small work groups to discuss opportunities and next steps for Arizona. Below are the recommendations developed by the attendees during the breakout sessions.

### RECOMMENDATIONS

#### *Prescribers/Healthcare Providers*

It is recommended that:

- All prescribers utilize the CSPMP every time they prescribe an opiate.
- Evidence-based practice guidelines be established for Neonatal Abstinence Syndrome.
- The Arizona Perinatal Trust (APT) encourage hospitals to have protocols and policies in place.
- Hospitals utilize a valid screening instrument with high inter-rater reliability when caring for an infant suspected of NAS.
- When prescribing opiates to women of child bearing age, prescribers conduct Screening, Brief Intervention, and Referral to Treatment (SBIRT). The Substance Abuse and Mental Health Services Administration defines SBIRT as “a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders” (<http://www.samhsa.gov/sbirt/about>).
- Substance abuse screening (e.g., SBIRT) be built into existing electronic health records.
- Women of childbearing age receive counseling prior to receiving opiate prescription medication.
- Communication is improved between the Department of Child Services (DCS) and the hospitals. Concern was voiced that staff caring for the infant are not included in the discharge planning process. A meeting was suggested to bring together the key players on this issue to include: the hospital associations, DCS, APT, and the Arizona chapter of the American Academy of Pediatrics (AAP).

#### *Treatment*

- More information on alternative pain treatment modalities for chronic pain (e.g., chronic disease self-management, chiropractors) be addressed and AHCCCS consider covering alternative treatment services.
- There is a need to increase perinatal substance abuse treatment capacity in the state.
- A list of local level treatment resources is created. (<http://substanceabuse.az.gov/>)

#### *Education*

- A NAS collaborative is created. The Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs already serves in this capacity.
- There is an increase education on NAS. The task force has a speaker's bureau and some messaging that already exists on this topic.
- NAS is addressed at appropriate conferences around the state. (perinatal, public health, education, behavioral health)
- Public awareness is raised through public service announcements. A potential funding source for the PSA's could be partnering with Behavioral Health Services and use the SAMHSA grant.

- A slide is added dedicated to NAS in the Rx360 training. Rx360 are three community presentations for parents, youth, and communities developed from the Rx Misuse and Abuse Initiative pilot sites and from The Partnership for Drug-Free Kids PACT360 suite of educational presentations to help raise awareness of prescription drug misuse.