The Center for Therapeutic Interventions (CTI)

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OPIOID TREATMENT PROGRAM ORIENTATION HANDBOOK

WELCOME

Congratulations on taking the first step into treatment and long-term recovery!

At this point, you may be unsure of how our program works and what to expect. This book provides you and your loved ones with answers to questions concerning treatment. Please note that this book is a reference tool for a better understanding of CTI's opioid treatment program. If you have specific questions after reading the book, please make sure to ask a staff person.

The information provided in this handbook is a road map to success for opioid program treatment clients. This handbook guides clients through often difficult to understand State and Federal regulations. This book does not provide rigid answers, except in areas where State or federal laws exist. Please refer to individual clinic policies and procedures if you have questions about medication-assisted treatment.

-Janet Cizek, CEO Program Sponsor

Introduction

Now more than ever, patients must know about opioid safety and the steps they can take to protect themselves and their communities. This book helps patients meet that need by providing valuable information about medication safety and recovery. Read this material thoroughly. Learn more and always remember, when it comes to any medication, think safety first!

-Dr. Subera, CTI Medical Director

OTP ORIENTATION HANDBOOK

HANDBOOK CONTENTS

OPIOID TREATMENT PROGRAM HANDBOOK

CTI's outpatient Opioid Treatment Program provides medication and counseling to an individual addicted to an opioid. This handbook describes CTI's treatment philosophy regarding Opioid Addiction and the treatment of opioid use disorders, program expectations, and rules. It is intended to answer questions you may have and to help you maximize treatment benefits. It is both an introduction to the program and a resource you can refer to whenever you have questions.

Nature of Addictive Disorders-Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are as successful as those for other chronic diseases.

Addiction is a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. It is considered both a complex brain disorder and a mental illness. Addiction is the most severe form of a full spectrum of substance use disorders and is a medical illness caused by repeated misuse of a substance or substances.

The DSM-5 diagnostic criteria for Opioid Use Disorder are as follows:

- The substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful effort to cut down or control the use of the substance.
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- Craving, or a strong or urge to use the substance, occurs.
- Recurrent use of the substance results in a failure to fulfill key role obligations at work, school, or home.
- The use of the substance continues despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
- Important social, occupational, or recreational activities are given up or reduced due to use of the substance.
- The use of the substance is recurrent in situations in which it is physically hazardous.
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- Tolerance, as defined by either of the following:
    - A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    - A markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal, as manifested by either of the following:
    - The characteristic withdrawal syndrome for a substance (specified in DSM-5 for each substance)
    - The use of a substance (or a closely related substance) to relieve or avoid withdrawal symptoms.

Addiction is a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long-lasting and can lead to harmful, often self-destructive behaviors. The use, misuse, and abuse of and addiction to opioids such as heroin, morphine, and prescription pain relievers is a serious global problem that affects the health, social, and economic welfare of all societies. The consequences of this abuse have been devastating and are on the rise. There is also growing evidence to suggest a relationship between increased non-medical use of opioid analgesics and heroin abuse in the United States.

To address the complex problem of prescription opioid and heroin abuse in this country, we must recognize and consider the special character of this phenomenon, for we are asked not only to confront the negative and growing impact of opioid abuse on health and mortality but also to preserve the fundamental role played by prescription opioid pain relievers in healing and reducing human suffering. Scientific insight must strike the right balance between providing maximum relief from suffering while minimizing associated risks and adverse effects. Several factors are likely to have contributed to the severity of the current prescription drug abuse problem. They include drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and aggressive marketing by pharmaceutical companies. Together, these factors have helped create the broad "environmental availability" of prescription medications in general and opioid analgesics.

The Benefits of Treatment

Medication-assisted treatment (MAT) uses medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. Medication-Assisted Treatment (MAT) provides a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. Learn about many of the substance use disorders that MAT addresses. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the harmful effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient's needs. Combining medications used in MAT with anxiety treatment medications can be fatal. Types of anxiety treatment medications include derivatives of Benzodiazepine, such as Xanax or valium.

Benefits of Medication Assisted Treatment

- Proven effective.
- Affordable treatment for opiate addiction
- Less painful withdrawal, fewer drug cravings
- Better family stability
- Ability to work, go to school.
- Reduced criminal activity.
- Reduced risk of overdose and disease transmission
- Healthier pregnancies
- A balanced life free from illegal drugs
- Safe for treatment duration

Most patients find that after about two weeks, the medication is "working" for them, and they are no longer feeling sick or having cravings to use heroin or other opiates. Patients feel like they can think more clearly, and it is at this time that counseling becomes the primary focus of treatment. The medication is a useful tool, but only part of the journey to recovery.

The CTI program is committed to providing treatment of the highest quality at an affordable price by a well-trained and deeply caring staff of experienced professionals. By assisting one individual/ family at a time, we build a community of sobriety. As this community grows, it becomes easier to choose sober, healthy living over substance abuse and dependency.

In 2013, an estimated 1.8 million people had an opioid use disorder related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.

The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach:

- Improves patient survival.
- Increases retention in treatment.
- Decreases illicit opiate use and other criminal activity among people with substance use disorders.
- Increases patients' ability to gain and maintain employment.
- Improves birth outcomes among women who have substance use disorders and are pregnant.

Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to HIV, AIDS, Viral Hepatitis, and other common comorbidities that occur with substance use disorders. Unfortunately, MAT is underused. For instance, according to SAMHSA's Treatment Episode Data Set (TEDS) 2002-2010, the proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010. The slow adoption of these evidence-based treatment options for alcohol and opioid dependence is partly due to misconceptions about substituting one drug for another. Discrimination against MAT patients are also a factor, despite state and federal laws prohibiting it. Other factors include lack of training for physicians and negative opinions toward MAT in communities and healthcare professionals.

SERVICE PHASES OF MEDICATION ASSISTED TREATMENT (MAT)

General Information- MAT services at an Opioid Treatment program are provided on a phased system with fewer restrictions implemented as indicated on the stability of the individual. Advancement in phases cannot occur without progress toward all current treatment goals, including consistent and consecutive negative urine drug screens for all substances, except medications prescribed through the OTP.

CTI's OTP allows for unsupervised take-home doses of medications. Take-home doses are a privilege given only to those who will benefit from them and meet a minimum reference point by taking medications as prescribed and meeting the specific required time frames (phase of treatment) may be considered for take-home privileges or SMA exceptions (state emergencies, vacations up to two weeks).

Prior to take-homes, persons served must understand and agree to adhere to safe transportation and storage of medications as well as emergency procedures in case of accidental ingestion, including brining a medication lockbox at each medical and dispensing visit to ensure for the safe and secure transportation of medication and home storage. Persons served must also return used methadone take-home bottles with intact labels.

The OTP participant must agree to submit and comply with call-backs and call-returns to verify the adherence to prescribed medication use and the absence of diversion. A call-back is when a CTI staff member notifies you of the need to return to CTI, at least one hour before closing for the day with your lockbox and having your medications counted. Regardless of the time in treatment, the medical director or treatment team, using reasonable judgment, may deny or rescind the take-home medication privileges of an OTP participant.

Other Medications

If you are started on a Buprenorphine product, you will receive an initial dose determined by the physician. You will be asked to stay for two hours to see how you are tolerating the medication. Vivitrol® is administered via injection (shot) into the buttocks. The injection is given only once a month. You may have a prescription sent to a pharmacy, or you may be dispensed medications at CTI. If you are provided with a prescription from a CTI medical provider, you will still be expected to attend regular and frequent medical and counseling appointments at CTI.

Phases 1: Acute / Induction "Start Low and Go Slow"

Methadone distributed at an opioid treatment clinic is in liquid form. You will be asked to stay at the clinic after your initial dose for a few hours. At that time, it will be determined if additional medicine is needed to address continued withdrawal symptoms. During this first induction stage of methadone maintenance treatment, your dosage will be adjusted until you feel a comfortable level and have a reduction for drug cravings. It takes from two weeks to 30 days to reach an effective and therapeutic dose.

Some people may wake up sick during the first few days of methadone treatment and become convinced that he/she needs to increase their dose when more time is needed for the body to become used to methadone. (Methadone stores in the fatty tissues of the body.) However, if you wake up sick after the first week of treatment when your body has become used to the methadone, you may need an increase in your methadone dose. During this first stage of treatment, you will be participating in the recommended counseling services. Federal law requires that methadone be given daily under observation for either six or seven days per week. (A take-home dose is allowed for patients if the clinic is closed on Sundays or holidays.) As you progress in treatment, you may become eligible for more take-home doses with less frequent visits.

At each visit before receiving any medication:

- Your vital signs will be taken & you will be asked to provide a sample for drug screening.
- You will check in at a kiosk to the dispensing system.
- Only as needed, medical visits to check and adjusted medications by a clinic physician as needed.
- Medication, except take-home doses, must be ingested under the direct observation of clinic medical staff.
- You must bring your medication lockbox for every visit.

During Phase I the following can be expected:

- Phase I will last a minimum of 90 days but can last until adherence to medications has been attained and stability is maintained. Stability is defined as:

- absence of alcohol and other drug abuse,
    - regular program attendance,
    - absence of significant behavior problems,
    - absence of recent criminal activities, and
    - employment, actively seeking employment or attending school if not retired, disabled, functioning as a homemaker, or otherwise producing evidence of economic stability.
- Drug screens and testing will be frequent. For safety purposes, medication may be withheld, or dosages may be decreased if clinic medical staff believe that you are intoxicated or under the influence of other drugs.
- You will be subjected to possible "call-backs" and medications counts.
- Counseling & medical visits will be mandated, typically IOP level counseling is recommended.
- Your treatment plan at CTI will be reviewed and updated at least monthly.
- You are eligible to have one take-home dose per week.

Phase II: Very Early Recovery: Learning & Increasing Stability

Once you have stabilized on your medication and are no longer experiencing withdrawal symptoms, you will continue to take your medication dose daily at the clinic during the rehabilitative/maintenance phase of care. As you demonstrate program compliance, as evidenced by program appointment attendance, adhering to medical and counseling agreements, and positive lifestyle changes, you may be allowed to increase the number of take-home doses per week.

Counseling attendance, medical appointments, and verification of medication adherence via call-backs still occur during the rehabilitative/maintenance phase. Call-backs are the process of being randomly selected to return to the clinic with your medication dose in their original bottles. The clinic staff will check to make sure that all the medication bottles and medication are accounted for. If the bottles are missing or the medication was not taken as directed, you may lose take-home privileges or have your phase rescinded.

At each medical visit before receiving any medication:

- Your vital signs will be taken & you will be asked to provide a sample for drug screening.
- You will check in at a kiosk to the dispensing system.
- Only as needed, medical visits to check and adjusted medications by a clinic physician as needed.
- Medication, except take-home doses, must be ingested under the direct observation of clinic medical staff.
- You must bring your medication lockbox for every visit.

During Phase II, the following can be expected:

Phase II is for those who have been in treatment for at least 90 days and have successfully completed criteria for phase I. Phase II will last a minimum of three months but can last until adherence to medications has been attained and stability is maintained. Stability is defined as:

- absence of alcohol and other drug abuse and regular program attendance,
- absence of significant behavior problems,
- absence of recent criminal activities, and
- employment, actively seeking employment or attending school if not retired, disabled, functioning as a homemaker, or otherwise producing evidence of economic stability.

- Drug screens and testing will continue. For safety purposes, medication may be withheld, or dosages may be decreased if clinic medical staff believe that you are intoxicated or under the influence of other drugs.
- If signs of instability or a relapse occurs a return to phase, I may occur.
- A certain amount of counseling sessions and medical visits will be mandatory, and a person typically is no longer in IOP services.
- Your treatment plan at CTI will be reviewed and updated at least every three months.
- You will be subjected to possible "call-backs" and medications counts.
- You are eligible to have two take-home doses at a time.

Phase III: Early Recovery & Focus on Change & Shifting

Addiction is a disease that can happen quickly (in some cases, after the first use of some drugs) or develop only after long-term substance abuse. Though there are certain similarities among individuals struggling with addiction, each case is unique and is influenced by myriad biological, psychological, and social factors such as age, gender, prior drug use, the abused substance, and family history.

Early recovery is a time of both great significance and significant risk. On the positive side, those in early recovery have stopped using the substance(s) to which they were addicted, are stable on medication, and they have also begun learning how to live healthier for the long term. On the less-than-positive side, early recovery is also a time of great vulnerability**.** The individual in early recovery is in the process of abandoning people, activities, and behaviors that have been significant parts of their lives. They have yet to establish the foundation of their new recovery lifestyle completely.

Relapse is more common during early recovery. Slipping back into drug abuse during this period can be particularly problematic because those continuing to attain recovery may not yet have developed the knowledge and skills to prevent them from backsliding into a full-blown addiction. An individual who relapses, especially on opioids, is at substantial risk of a fatal overdose. For this reason, everyone participating in CTI's opioid treatment program is given a free box of Narcan. Narcan is an opioid reversal medication used to prevent death from an opioid overdose.

Some of the most important steps learned in phase III are developing new coping skills and healthy habits and rebuilding damaged relationships. This may be an excellent time to begin to explore the reasons you misused and abused drugs/alcohol in therapy. Counseling sessions may also focus on past trauma and patterns in your life that are unhealthy.

At each visit before receiving any medication:

- Your vital signs will be taken & you may be asked to provide a sample for drug screening.
- You will check in at a kiosk to the dispensing system.
- Only as needed, medical visits to check and adjusted medications by a clinic physician as needed.
- Medication, except take-home doses, must be ingested under the direct observation of clinic medical staff.
- You MUST bring your medication lockbox with you on each visit to CTI.

During Phase III, the following can be expected:

- Phase III is for those who have been in treatment for at least six months and have completed the criteria for phase II. Phase III will last a minimum of three months but can last until adherence to medications has been attained, and stability is maintained. Stability is defined in previous phases.
- Drug screens and testing continue. For safety purposes, medication may be withheld, or dosages decreased if clinic medical staff believe that you are intoxicated or under the influence of other drugs.
- If signs of instability or a relapse occurs a return to phase, I or phase II may occur.
- A certain number of counseling sessions and medical visits will be mandatory.
- You will be subjected to possible "call-backs" and medications counts.
- Your treatment plan at CTI will be reviewed and updated at least every six months.
- You are eligible to have four take-home doses at a time, plus clinic closed days and holidays.

Phase IV: Active Recovery

Quitting drugs or alcohol is just the first step in the long journey that is recovery. The first year in recovery is the most tumultuous, and everyone's recovery is unique. There is no exact formula that works for everyone. There are, however, many things that can be expected regarding your first year in recovery.

Once you've gotten through the initial physical withdrawal symptoms, post-acute withdrawal symptoms (PAWS) are more consistent concerns throughout your first year in recovery. PAWS can last from six months to two years, and they occur as your brain continues to repair itself from the damage your addiction caused. PAWS include difficulty in thinking, managing emotions, recognizing stress, and sleeping restfully, as well as difficulty with physical coordination and memory.'

PAWS are some of the main reasons why it is important to build a strong support network and trust the advice of addiction professionals and people who have been in recovery longer than you. Support can come from understanding family members and friends, addiction fellowships, group counseling, therapy, and doctors. You are not used to handling life without drugs or alcohol, so you must be willing to ask for help when you need it.

There are many emotions that you'll experience during your first year in recovery, but depression and overconfidence are two emotions that are particularly important to expect and address. Depression is common, especially in the first few weeks of recovery. If it lasts much longer than that, or if it is so severe that you are having thoughts of suicide or self-harm, you should talk to your therapist or another mental health professional as soon as possible. Several months into your first year in recovery, you might start feeling overconfident and thinking that you are doing so well that you do not need to follow a program or work on your recovery anymore. Overconfidence is dangerous, because you can take your focus from your recovery, and you will be more likely to relapse. During your first year in recovery, it is helpful to have a routine.

Scheduling your days (including therapy, fellowship meetings, time for meditation, etc.) will help you adjust to your new life in recovery. Planning rather than being spontaneous is a critical skill to learn. You should also be careful not to take on more responsibilities than you can handle. The best advice for people in their first year in recovery is to avoid making unnecessary major life changes (unless a major change is necessary for your safety or recovery), like moving or changing jobs. It is common for people to regret major changes during their first year in recovery before they were thinking more clearly. You need to learn and practice healthy decision-making, which often starts by deciding to avoid people, places, or things that you associate with drugs or alcohol, and that could threaten your recovery.

At each visit before receiving any medication:

- Your vital signs will be taken & you may be asked to provide a sample for drug screening.
- You will check in at a kiosk to the dispensing system.
- Only as needed, medical visits to check and adjusted medications by a clinic physician as needed.
- Medication, except take-home doses, must be ingested under the direct observation of medical staff.
- You MUST bring your medication lockbox with you on each visit to CTI.

During Phase IV, the following can be expected:

- Phase IV is for those who have been in treatment for at least nine months and have completed the criteria for phase III. Phase IV will last a minimum of three months but can last until adherence to medications has been attained and stability is maintained. Stability is defined as in previous phases.
- Drug screens and testing will continue. For safety purposes, medication may be withheld, or dosages may be decreased if clinic medical staff believe that you are intoxicated or under the influence of other drugs.
- If signs of instability or a relapse occurs a return to phase I, II or III may occur.
- A certain number of counseling sessions and medical visits will be mandatory.
- You will be subjected to possible "call-backs" and medications counts.
- Your treatment plan at CTI will be reviewed and updated at least every six months.
- You are eligible to have one week of take-home doses at a time, plus clinic closed days and holidays.

Phase V: Recovery & Maintenance

After three-quarters of a year and moving on up to the one-year mark in recovery, things should be smoothed out quite a bit. By now, you know the danger signs, the people, places, and things you must avoid because of their association with addiction. You know when you have pushed yourself too hard and need to back off a bit, recognizing that your recovery always comes first. You might start thinking that you have this whole recovery thing licked, that you can slack off a little and forego meetings. Do not succumb to this thought.

One quick way to derail your recovery is to stop doing the work you need to be doing. When you are focusing more on getting ahead, making more money, all those other plans that interfere with the business of your recovery, you are doing yourself a huge disservice. For one thing, your recovery could stall. You may not make any progress in working the steps, or you could even slip and relapse. Sure, you might not be going to as many meetings each week. That is perfectly understandable. There is a tendency to need the frequency of meetings less as time goes on. But you still need to go to your weekly meeting. Do not let this become a casualty of your new life. You are in recovery, and you will always be in recovery. If not for recovery, where would you be?

Another benefit of continuing to go to meetings is the reinforcement such support brings. No matter how many years you are in recovery, there will always come a time when you have a crisis. You might think you've left cravings and urges far behind, having weathered them time and time again. Then a major situation comes up, one which taxes you emotionally, psychologically, and even physically. Suddenly you forget what to do, or your formerly successful coping mechanisms do not work this time. It happens, and more often than you think. Even your sponsor has times of crisis. Just because he or she is your sponsor does not mean these things do not happen. Many in recovery continue to attend regular – at least weekly – 12-step meetings for many years. It is like maintenance to them, keeping them where they need to be, and always with their recovery first. After you conclude your first year in recovery, if you've worked all through the Twelve Steps, you might be at the point where you begin to think of being of service to others – those who are new to recovery, as you once were.

Remember, positive and consistent routines are going to be important for your first year in treatment.

At each visit before receiving any medication:

- Your vital signs will be taken & you may be asked to provide a sample for drug screening.
- You will check in on a kiosk if you are dispensed medications.
- Only as needed, medical visits to check and adjusted medications by a clinic physician as needed.
- Medication, except take-home doses, must be ingested under the direct observation of medical staff.
- You MUST bring your medication lockbox with you on each visit to CTI.

During Phase V the following can be expected

- Phase V is for those who have been in treatment for at least one year and have completed the criteria for phase IV. Phase V will last indefinitely, or until you decide to titrate and withdrawal from the medication that you have been obtaining in treatment. But it can last until adherence to medications has been attained and stability is maintained. Stability is defined as in previous phases.
- Drug screens and testing will continue. For safety purposes, medication may be withheld, or dosages may be decreased if clinic medical staff believe that you are intoxicated or under the influence of other drugs.
- If signs of instability or a relapse occurs a return to phase, I-IV may occur.
- A certain number of counseling sessions and medical visits will be mandatory.
- You will be subjected to possible "call-backs" and medications counts.
- Your treatment plan at CTI will be reviewed and updated at least every six months.
- You are eligible to have a maximum of two weeks of take-home doses at a time.

There is no question that the first year of sobriety can be alternately a time of elation, depression, delight, or confusion. You may go from being completely thrown away by events and challenges to being better able to cope with daily stresses and opportunities. Learning how to deal with anger, overcome isolation, find joy in learning new things, and meeting new people, even learning how to experience and appreciate overwhelming – and completely unexpected – happiness takes quite a bit of doing. Bottom line: when you have made it to your first-year anniversary of sobriety, it is time to celebrate the milestone and keep working the steps. Recovery is all about continuity, doing what works, learning how to be of service to others once you have found your footing. Rejoice in your sobriety and live in the present, happy, and joyful in each day of recovery.

Phase VI: Tapering & Withdrawal

Phase VI is for individuals who voluntarily seek medically supervised withdrawal and abstinence from all medications, including the MAT medications. An individual may enter this phase at any time in the treatment process.

Although most doctors advise at least a year of medicated assisted treatment, an individual may begin tapering their medication dosage at any time. Tapering can take weeks but preferably months because slower tapering schedules, with longer intervals between more gradual dose reductions, are more comfortable than faster tapering.

Withdrawal symptoms will occur when you stop taking methadone. When methadone is tapered gradually and slowly, withdrawal symptoms are lessened. Your physician may prescribe other short-term medications that can help reduce withdrawal symptoms.

Characteristics of people who may be ready to begin tapering**:**

- Are committed to recovery principles and living a drug-free and sober lifestyle.
- Are abstinent from the use of alcohol and other drugs.
- Have a stable home and family life, with a reliable income.
- Show a lengthy history of adherence to maintenance treatment.
- Have a Multi-disciplinary treatment team in support of the timing and readiness of withdrawal.
- Are committed to returning to maintenance treatment in the event of a relapse.

Tapering is very individualized and geared to the unique needs of the person. It is strongly recommended that persons who are planning to stop medication meet with a CTI medical provider to discuss a medically supervised taper.

At each visit before receiving any medication:

- Your vital signs will be taken & you may be asked to provide a sample for drug screening.
- You will check in on a kiosk if you are dispensed medications.
- During medical visits to check and adjust medications by a clinic physician will occur as needed.
- Medication, except take-home doses, must be ingested under the direct observation of medical staff.
- You MUST bring your medication lockbox with you on each visit to CTI.

During Phase V the following can be expected:

Phase VI is for those who have been in treatment for at least one year and have completed the criteria for phase IV. Phase V will last indefinitely, or until you decide to titrate and withdraw from the medication you have been obtaining in treatment. It can last until adherence to medications has been attained, and stability is maintained. Stability is defined as in previous phases.

- Drug screens and testing will continue. For safety purposes, medication may be withheld, or dosages decreased if clinic medical staff believe that you are intoxicated or under the influence of other drugs.
- If signs of instability or a relapse occur, medication adjustments will be provided.
- Counseling sessions and medical visits will be mandatory, and recovery supports will be increased.
- You will be subjected to possible “call-backs” and medications counts.
- Your treatment plan at CTI will be reviewed and updated at least every six months.
- The medical director will determine take-home doses based on stability.

PROGRAM RULES & REGULATIONS

POLICY: The Center for Therapeutic Interventions (CTI) is committed to providing a safe treatment environment for persons served, personnel, and visitors. Persons served must actively participate in their treatment and demonstrate a commitment to recovery to remain in treatment at CTI.

PROCEDURE: Engaging in any of the following behaviors may result in administrative action and revision of the consumer's treatment plan. These actions fall into three categories:

Action which will result in *immediate* treatment termination (no more access to program premises, no appeal, no readmission for at least one year):

- Threats or actual physical violence against any program staff member or other person served.
- Theft or damage to the clinic, staff, or treatment participant's property.
- Bringing any kind of weapon onto the program site.

Actions which *will* result in administrative action:

- Verbal abuse of staff or other treatment participants.
- Continued use of alcohol/drugs.
- Possessing, passing, trading, consuming, or selling alcohol/drugs at CTI or in its visible vicinity.
- Smoking or vaping at CTI or in its visible vicinity.
- Falsifying or tampering with a urine specimen (with no readmit for one year).
- Loitering in or around the program site.
- Failure to participate in required treatment activities.
- Failure to attend OTP Orientation Group.
- Failure to attend HIV/AIDS Education Group.

Anyone placed on administrative action will be notified in writing of this action.
It is up to staff to determine if any violation of these rules has occurred.

Security Protection

- Failure to act in a professional manner while on CTI property, especially with surrounding businesses.
- Failure to conduct yourself in a safe manner and treat others at CTI with respect.
- Our security procedure is here for your safety and protection. Please feel free to ask questions.
- Wandering about on CTI property, including inside the buildings, is prohibited. CTI staff will escort you or notify you where to go within the clinic.
- Loitering in or around the premises is prohibited.

OUTPATIENT PROGRAM TREATMENT RULES:

- Non-Compliance/No Contact: Consumers who do not participate in their minimum required treatment activities may be placed on administrative action/discharge.
- Loitering/Dealing-like Behavior = Possible administrative action/discharge.
- No Show Appointments: Any consumer who has two consecutive no-show appointments in any time period during their treatment may be placed on administrative action.
- Financial: Consumers unable to fulfill their financial obligations may be placed on administrative action/discharge.
- Weapons, Threats, or Physical Abuse: = *IMMEDIATE DISCHARGE*
- Verbal Abuse: = Incident report and team appearance.
- Overdose: =Possible administrative action/ discharge.
- Falsifying a U/A: = Possible administrative action/discharge.
- Forging or altering any documents that CTI is responsible for filling out or maintaining, or any documents required by CTI during the time a consumer is in treatment: = Possible administrative action/discharge.
- Four Consecutive Positive U/As, or Five Non-Consecutive Positive U/As within a 180-day period: = Possible administrative action/discharge.
- Failure to attend Orientation Group or failing to make an appointment with your counselor for Orientation (if you are working) and failure to attend Risk and Health Class (HIV/AIDS, Hepatitis, Blood Borne Pathogens) = possible administrative action.

Fees & Billing Procedures

Participation in treatment at the clinic is a privilege. *You* or the *clinic* may terminate services at any time. You do not have a natural right to treatment at CTI. To continue the program, you must adhere to the clinic policies and requirements. Failure to do so may result in discontinuation of medications, a referral to another treatment facility and/or dismissal from CTI.

The cost of services will be explained to you during a pre-screen or intake appointment. Failure to pay clinic fees may result in administrative discontinuation of your medication, a referral to another treatment facility, and termination from the service.

CTI charges a fee for services rendered. Fees are due at the time of service. Acceptable payment is in the form of **cash, credit card or money order.** Fee rates may vary according to the specialized services that you need. It is the responsibility of the consumer to make financial arrangements through the financial office. The CTI financial office will assist you in applying for Medicaid, if eligible, filing insurance claims, and making financial payment plans. It is the consumer's responsibility to ensure that their fees are paid per the policy.

Medications -Side Effects -Common Myths- Expected Outcomes

Methadone

Under a physician's supervision, methadone is administered orally daily with strict program conditions and guidelines. When taken daily, methadone suppresses narcotic withdrawal for 24 to 36 hours. Because methadone is effective in eliminating withdrawal symptoms, and it is used to treat patients with opioid dependency. It is only effective in cases of addiction to heroin, morphine, and other opioid drugs. It is not an effective treatment for other drugs of abuse.

Methadone does not impair cognitive functions. It has no adverse effects on mental capability, intelligence, or employability. It is not sedating or intoxicating, nor does it interfere with ordinary activities such as driving a car or operating machinery. Patients can feel pain and experience emotional reactions. Methadone reduces the cravings associated with opioid use and blocks the height from heroin, but it does not provide the euphoric rush. Consequently, methadone patients do not experience the extreme highs and lows that result from the waxing and waning of heroin in blood levels.

Possible Adverse Effects and Side Effects of Methadone

- CAUTION: Methadone can cause death if too much is taken, or if other drugs, such as alcohol, Xanax®, or Valium®, are combined with methadone. All are central nervous system depressants, and due to methadone's long-acting ability, complications can occur long after methadone is ingested. If you are taking

other medications, including natural supplements, it is important that you report this to the medical staff at the clinic when you begin treatment.

- Abrupt withdrawal from methadone may cause immediate adverse effects, i.e., sweating, irritability, and extreme discomfort.
- At a medically therapeutic dose, Methadone produces no severe side effects, although some patients experience minor symptoms. The most common adverse reactions are:
  - Constipation – Laxatives such as Metamucil may help; and
  - Excessive sweating.

Other side effects may include:

- Insomnia or early awakening.
- Decreased interest in sex or sexual performance issues such as impotence or premature ejaculation.
- Loss of menstrual period in women
- Nausea, vomiting, and upset stomach – eating before dosing may help with these symptoms.
- Weight gain.
- Anorexia.
- Dry mouth
- Low blood pressure.
- Skin rash and itching.
- Water retention – drinking water or other liquids may help alleviate fluid retention.
- Drowsiness on high doses of methadone – once methadone dosage is adjusted and stabilized or tolerance increases, these symptoms usually subside; or
- Like any controlled substance, there is a risk of abuse

Any requests for increases or decreases of methadone should be discussed with your primary counselor. The request is then reviewed by medical staff for approval or denial. They need to know what physical, psychological, or social pressure is prompting your request.

Drugs that are dangerous to take when taking methadone: Talwin®, Nubain®, opioid antagonists (Trexan®, Ultram®). These medications can block the effect of your methadone medication. Also, muscle relaxers, like Soma®, and sedatives, like benzodiazepines (Xanax®, or Valium®,) can combine with methadone to cause fatal respiratory depression and death.

Drugs that may reduce the effect of methadone: Dilantin®, Rifampin®, some over the counter stomach medications. Please ask the medical staff if you have any questions. Additional literature regarding Methadone is available from the dispensary staff. Medications prescribed for mental health can also increase methadone accumulation and risk of toxicity (overdose).

Suboxone®

Suboxone® is the trade name of a medication that contains buprenorphine and naloxone., which virtually eliminates cravings for heroin or opiates in most persons addicted to these substances. It can be taken once per day, and like methadone will stop the cravings & withdrawal symptoms associated with heroin/opiate addiction.

Possible Adverse Reactions and Side Effects to Suboxone®

- Headache
- Stomach pain
- Constipation
- Vomiting
- Difficulty falling asleep or staying asleep.
- Sweating

Unlikely but Serious Side Effects – Notify your Doctor Immediately

- Hives
- Skin rash
- Itching
- Difficulty breathing or swallowing.
- Slow breathing.
- Upset stomach.
- Extreme tiredness
- Unusual bleeding or bruising
- Lack of energy
- Loss of appetite

- Pain in the upper right part of the stomach
- Yellowing of the skin or eyes
- Flu-like symptoms
- Mental/mood changes (such as agitation, confusion, hallucinations)
- Stomach/abdominal pain

Rare Side Effects
- Liver Disease
- Allergic Reaction – rash, itching/swelling, especially of face/tongue/throat, severe dizziness, or trouble breathing. (**Seek immediate medical attention.)**
- Withdrawal Symptoms if you use it soon after using narcotics such as heroin, morphine, or methadone OR if you have abruptly, stopped taking this medication.

Vivitrol®
Vivitrol® is a medication containing naltrexone administered via injection once a month to patients addicted to alcohol or opiates. Vivitrol® is also indicated for the prevention of relapse to opioid dependence, following opioid detoxification.

Possible Adverse Reactions and Side Effects of Vivitrol®
- Nausea
- Vomiting
- Diarrhea
- Stomach pain
- Decreased appetite
- Dry mouth
- Headache
- Difficulty falling asleep or staying asleep.
- Dizziness
- Tiredness
- Anxiety
- Joint pain or stiffness
- Muscle cramps
- Weakness
- Tenderness, redness, bruising, or itching at the injection site.

Unlikely but Serious Side Effects – Notify your Doctor Immediately
- Pain, hardness, swelling, lumps, blisters, open wounds, or a dark scab at the injection site
- Coughing
- Wheezing
- Shortness of breath
- Hives
- Rash
- Swelling of the eyes, face, mouth, lips, tongue, or throat
- Hoarseness
- Difficulty swallowing
- Chest pain
- Excessive tiredness
- Unusual bleeding or bruising
- Pain in the upper right part of your stomach that lasts more than a few days.
- Light-colored bowel movements
- Dark urine
- Yellowing of the skin or eyes

Opioid Overdose
<u>Symptoms of an opioid overdose include:</u>

- Confusion, delirium, or acting drunk.
- Mood swings
- Nausea or vomiting
- Extreme constipation
- Pinpoint pupils
- Extreme sleepiness, or the inability to wake up.
- Breathing problems, including slowed or irregular breathing
- Stopped breathing.
- Cold, clammy skin
- bluish skin around the lips or under the fingernail

Depressed breathing is the most dangerous side effect of an opioid overdose. Lack of oxygen to the brain can cause other organ systems, like the kidneys or heart, to shut down. If a person suffering an opioid overdose is left alone and falls asleep, the person could die due to depression, and eventually cessation of breathing. If someone is exhibiting signs and symptoms as indicated above, call 911 and use an emergency Narcan kit that you were provided if needed.

Storing Medication "Take-Home" Doses

Prior to receiving take-home doses, your counselor will inform you about the rules and safety of "take-home" doses. Each person is responsible for the safe storage of "take-home" doses of methadone and other prescription drugs. This medication has been prescribed for you and your medical condition only.

IT MUST BE KEPT OUT OF THE REACH OF CHILDREN.
Any take-home doses must be stored securely, typically in a metal lockbox, and kept in a storage area that is not easily accessible to others. If you store your methadone in the refrigerator, it must always be kept in the metal lockbox and kept locked. Please, keep the key or combination to the lockbox in a secure undisclosed location.

TAKE-HOMES: The agency is closed on Sundays and most holidays. On Saturdays, you will be given a take-home bottle containing your Sunday dose. You must have a **LOCKBOX** for all carry bottles that are taken out of the clinic----***NO BOX, NO CARRY, NO EXCEPTIONS***. It is your responsibility to check your bottle for the proper name and date and to see that the cap on the bottle is secure. Take-home medication is not routinely replaced.

Lost or Stolen Take-Home Dose
No replacement will be given for a loss of a single dose of methadone. Loss of multiple doses of take-home medication may be replaced at the discretion of the provider. If your take-home dose(s) are lost or stolen, take-home privileges will be suspended until treatment clinic staff meet with you and hold a treatment team meeting. After the treatment team meeting, a final decision about your future privileges will be made.

Network Consultants: CTI has agreements to exchange information within a network of consultants and referral organizations.

Nonadherence & Administrative Withdraw
An infraction of program rules by a patient may result in administrative medical withdrawal from methadone or buprenorphine and termination from treatment. All patients will be notified of this policy. The program developed specific program requirements to address nonadherence to program rules that may result in dismissal.

- Threats of violence or actual bodily harm to staff or another patient, including abusive language or behavior.
- Disruptive behavior, loitering.
- Diversion of methadone, selling, distributing, using, or otherwise "dealing" in any illicit drug or chemical, including positive urine tests for non-prescribed medications and drugs.
- Continued unexcused absences from counseling and other support services.
- Involvement in criminal activities.
- Any other serious rule violations

CONFIDENTIALITY
Federal and state regulations protect the confidentiality of alcohol and drug abuse consumer records maintained by this program. Generally, CTI may not tell a person outside the program that a consumer attends the program, or disclose any information identifying a consumer as alcohol or other drug involved (i.e., abuse or dependency) unless:

- The consumer consents in writing.
- The disclosure is allowed by a court order; or

- The disclosure is made to medical personnel in a medical emergency or to qualified authorized personnel for research, audit, or program evaluation.
- To make a report as mandated reporter regarding child abuse, elder abuse, homicidal or suicidal threats.

Violation of the Federal and State regulations by a program is a crime. Suspected violations may be reported to appropriate authorities per Federal law.
Federal and State regulations do not protect any information about a crime committed by a consumer either at the program or against any person who works for the program or about any threat to commit such a crime.
Federal and State regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)
There are three serious situations in which CTI must and will release information about you* without *your written authorization:

- **MEDICAL EMERGENCY:** If a physician or hospital calls the clinic and states a need-to-know information about a consumer to provide that person with emergency medical services, we will release information about the consumer, limiting our release to only the information necessary for care. This usually means information concerning psychiatric (psychotropic) medications**.**
- **COURT ORDER:** If CTI is presented with a **properly drawn court order, we must obey that order and give all of the required information.**
- **CHILD ABUSE/NEGLECT:** In a situation where any staff member has reason to believe that a consumer is currently abusing or neglecting a child, CTI is *required* by state law to report the situation to the Child Abuse Hotline (DHS CW). **Our report may have to include information about your treatment at this agency.**
- **ELDER ABUSE:** In a situation where any staff member has reasonable suspicion that an elderly or aging adult is being abused/neglected, CTI is required by state law to report the case to adult protective services. **Our report may have to include information about your treatment at this agency.**
- **HOMICIDAL/SUICIDAL:** In situations where staff members have reasons to believe that consumers may harm themselves or others, CTI is required by state and federal laws to report this intent to the local law enforcement to be evaluated for the lethality of harm.

TOXICOLOGY AND TESTING PROCEDURES
As a consumer, you must provide an **observed** urine sample or take a breath test anytime you are requested to do so by a staff member. The schedule and frequency of urine collection/breath tests may vary; you can expect to provide a minimum of one urine screen per month. Additional urine tests may be required as part of your specialized treatment program and as mandated by outside referral sources.
Utilizing other substances, including alcohol or other prescription narcotic medications, is not permitted unless it has been authorized by our program medical provider. If urinalysis detects an unauthorized drug, the urine sample will be considered positive. Positive urinalysis/breathalyzer results obtained post-stabilization (generally 30 days) are perceived by staff as indications of poor treatment progress.
It is our goal to assist you in the development of relapse prevention skills through individual and group counseling. However, if you continue to use alcohol/drugs, we must enforce the following consequences (these consequences are not applicable during your stabilization period): Consumers who receive a positive UA must see their counselor within seven working days and revise their treatment plans, as necessary. Urine testing for drugs is a tool to help the counselor and consumer address ongoing substance abuse issues. These tests show progress towards or progress away from the goal of stability and recovery.
Random breathalyzer testing is conducted to screen for alcohol use/abuse. If it is determined that you have a problem with alcohol, you must address this problem to continue treatment. A blood alcohol level of .01% or higher will count as a positive breathalyzer test. *****Breathalyzer/urine testing will be conducted with respect. ** **The first 30 days of treatment is considered the stabilization period. *****

OTHER SCREENING/TESTING
To provide good healthcare service, CTI requires testing for HIV/AIDS, HEP C, sexually transmitted infections, Tuberculosis, and any others specific to your needs within 14 days of admission to the OTP. If you do not have insurance or an ability to pay for these screens/tests, CTI can facilitate referrals to free or low-cost

testing/Screening services.

OTHER PRESCRIPTIONS
You must immediately notify CTI medical personnel of any prescriptions you have obtained. Prescriptions must be registered with CTI within three days of the issue date (including refills of previously approved prescriptions). A CTI physician reviews all medication orders to prevent:

- Over-medication,
- To ensure compatibility of prescribed medication with our treatment philosophy; and,
- To assess the medications' compatibility with your substance abuse recovery program.

Sample medications from your outside medical providers cannot be registered; this program does not condone the use of samples from outside the program. Our clinic providers may need to consult with the prescribing doctor/dentist/health care provider before considering approval of a prescription medication. Drugs with high abuse potential (i.e., benzodiazepines, barbiturates, and opioids) will be approved in rare circumstances. The use of any medication before authorization for use by our medical staff may result in an unexcused positive urine result.

Prescription Monitoring Program
CTI utilizes the PMP database to check a patient's current and previous narcotic prescriptions. CTI patients must be honest about reporting the medications they are currently prescribed to all clinical and medical personnel. CTI patients admitted to the OTP must sign a consent to release information for any medical professionals providing care for the individual in CTI's OTP. This will allow for consultation between medical providers and ensures the most effective measures in treatment.

Central Registry
CTI is mandated to utilize the Central Registry database to report patient identifying information about individuals who are applying for or undergoing medically supervised withdrawal or maintenance treatment on an approved opioid agonist to a central record system approved by the ODMHSAS Commissioner or designee. A consumer receiving methadone at CTI will sign a Release of Information to communicate with multiple parties to ensure individuals are not dosing at more than one location.

HIV/AIDS & other Communicable Disease
CTI protects the confidentiality of information related to HIV/AIDS. Discrimination of any kind, including persons having or thought to have HIV/AIDS, is prohibited. Our goal is to educate individuals and the community regarding basic health information. CTI requires attendance of an HIV/AIDS/Communicable Disease educational groups. Referrals to Regional Aids Interfaith Network (R.A.I.N.) or Tulsa CARES are facilitated if requested by the treatment participant. Please see the General CTI Consumer Handbook for more comprehensive information about communicable disease and referrals for testing and treatment services.

HEALTH AND SAFETY ISSUES
CTI maintains a healthy environment to allow maximum growth opportunities for our treatment participants. Verbal and physical aggression of any kind including but not limited to threats or actual physical violence against any program staff member or consumer, theft or damage to the clinic, staff, or consumer property or bringing any kind of weapon onto the program site is prohibited and will result in immediate discharge.

APPEAL TO TREATMENT TEAM

- Consumers have the right to appeal treatment decisions via the Treatment Team.
- If a consumer wishes to appeal the Treatment Team's decision, they can do so by writing a letter of appeal to the Program Sponsor. This letter must be submitted within three days of the Treatment Team meeting.
- The Program Sponsor will respond to the consumer's written appeal within five working days.
- If the consumer requires an additional appeal, see our Consumer Grievance Procedure.

READMISSION
You are eligible for readmission to the CTI Opioid Treatment Program if you have completed the following:

- Participated in prior treatment at CTI and completed treatment.
- Completed a higher level of care at another facility and requires aftercare treatment.
- Have not been discharged due to violent or threatening behavior.

In the case where discharge from treatment is due to violent or threatening behavior, the consumer will not be considered for readmission for a minimum of six months to one year. The treatment team will make decisions regarding readmission. We reserve the right to refuse readmission for any reason.

AFTERCARE TREATMENT SERVICES
Aftercare is an essential part of the recovery process. CTI offers aftercare services following the successful completion of the outpatient program. We recommend that you participate in aftercare services to maintain your recovery lifestyle. Ask your treatment provider about individualized aftercare services.

OUTSIDE REFERRAL SOURCES
CTI strives to ensure that all consumers' needs are met. Referrals are given to assist consumers with financial needs, daycare, routine medical care, mental health services, etc. Your primary counselor, a recovery support specialist, or a case manager will assist you in the referral process.

PREGNANCY AND FETAL DRUG EXPOSURE
Women of childbearing age with the ability to become pregnant, who are struggling with addiction, should consider long-acting reversible contraceptives (LARC). CTI will refer those women who potentially can become pregnant to free or low-cost services to obtain well-woman check-ups and contraceptives. CTI does conduct pregnancy tests once monthly on all women of childbearing age who can become pregnant who are receiving OTP services at CTI. People are also provided condoms upon request to prevent pregnancy and the spread of sexually transmitted infections and diseases. If you think you might be pregnant, please let a CTI staff member know as soon as possible.
CTI facilitates a specialized OTP for pregnant women called Safely Advocating for Families Engaged in Recovery-S.A.F.E.R. Project Program. If you are pregnant and taking methadone or Subutex, you will want to be referred to SAFER program to prepare and create a Plan of Safe Care before the birth of your baby. Due to federal and state law, at the time of the birth of your baby, the hospital staff will notify DHS that your baby has narcotic medications in the cord blood and DHS will open an investigation.

Prenatal drug exposure is associated with a variety of effects on the fetus. When a mother uses drugs, her unborn or nursing infant is also affected. During gestation, most drugs cross the placenta and enter the bloodstream of the developing baby. Breast-feeding mothers' milk also contains the drugs she takes.
Women, who smoke cigarettes, drink alcoholic beverages, or use illicit drugs during pregnancy increase their risks for obstetrical complications and premature labor and delivery. They are also more likely then abstaining mothers to suffer fetal losses through spontaneous abortions, miscarriages, and stillbirths.
Prenatal drug-exposed infants may be at risk for a variety of adverse consequences, including death before their first birthdays. Prenatal drug exposure is additionally associated with an increased rate among newborns of:

- **Low birth weight with small-for-gestational-age length and head size.**
- **Central Nervous System damage that may delay or impair neurobehavioral development:**
- **Mild to severe withdrawal effects: and**
- **Certain congenital physical malformations.**

After the eighth week of pregnancy, maternal drug use is more frequently associated with growth retardation, prematurely, and neurological damage to the infant. Drug use near the time of delivery may precipitate labor and can be hazardous. Both premature and low birth rate are related to serious problems in young infants, including increased rates of respiratory illness, sudden infant death syndrome, infections, and developmental delays.

A variety of genetic factors in the unborn baby and maternal characteristics, as well as differences in the chemical structure of drugs and their use patterns, interact to influence the unborn baby's vulnerability. Many women do not even realize they are pregnant during the early weeks of pregnancy when the major skeletal and organ systems are forming and are most vulnerable to toxic effects from drug exposure.

FETAL SUBSTANCE EFFECTS:
Drug-related effects may worsen if the mother has a poor diet, little exercise, medical illness, inadequate prenatal care, or other complications of pregnancy.

***OPIOIDS*:**
A well-confirmed risk to the newborns from a mothers' opioid use during pregnancy is intrauterine growth retardation (IUGR) and small size for gestational age. Birth weight in opioid-exposed infants may also be related to the amount of prenatal care their mothers receive.

***COCAINE*:**
Several studies have suggested an association between prenatal cocaine exposure and structural abnormalities, notably the genitourinary tract, cardiovascular system, central nervous system, and extremities. Cocaine exposure is most clearly a risk factor for decreased birth weight and small-for-gestational-age babies and is frequently associated with abruption placenta and premature birth.

***BARBITURATES*:**
Long-acting barbiturates (Phenobarbital) taken as anti-seizure medication have also been associated with congenital disabilities resembling FAS. Even short-acting barbiturates (Seconal and Tuinal) have been related to increases in congenital disabilities and are not considered safe for use during pregnancy.

***BENZODIAZEPINES*:**
All the benzodiazepines (minor tranquilizers) have been associated with increased reproductive risks. Use of sedatives by pregnant women may complicate delivery and leave newborns lethargic with respiratory difficulties, apnea spells (episodes of not breathing), poor muscle tone and decreased sucking ability.

***METHADONE*:**
Methadone is associated with low birthrates, premature births, and newborn addiction. Signs and symptoms of addiction range from tremors, high–pitched cry, frantic sucking, poor sleeping, poor feeding, and loose stools to severe dehydration and frequent convulsions. Fetal effects are evaluated by using Finnegan scoring.

***ALCOHOL*:**
Alcoholic women have more obstetrical complications and high rates of spontaneous miscarriages. Alcohol use can cause Fetal Alcohol Effects of Fetal Alcohol Syndrome including intellectual disabilities, central nervous disorders, chromo facial disorders, and other abnormalities.