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AN EVALUATION OF SERVICE PROVISION BY COMMUNITY DRUG TREATMENT SERVICES FOR OPIOID DEPENDENT PREGNANT DRUG USERS IN ENGLAND AND WALES

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Introduction: Over the last decade a series of guidelines and recommendations have been published in the UK by the Department of Health, the Home Office, Professional and Non-Professional bodies. However, an optimal strategy and consensus in the management and care of opioid dependent pregnant users has yet to be established.

Objectives: Determination of existing methods for identifying and managing pregnancy in opioid users prescribed methadone by NHS Treatment Services and regional differences.

Aim: To survey the management, treatment and follow-up of pregnant opioid users prescribed methadone by Drug Treatment Services in England and Wales.

Methods: In 2006 a POSTAL survey was conducted among 223 Community Drug Treatment Services (CDTS).

Results: Sixty-six percent of CDTS responded to the survey (n=154/233). A Chi-square, Mann-Whitney U Test and/or Kruskal-Wallis analysis revealed significant differences in the composition of CDTS and service provision across regions. Half of CDTS (55.3%) provided a methadone dosage regime lower than that recommended for non-pregnant drug users. There were also significant variations on how professionals approached the management of pregnant opioid users. CDTS with an addiction specialist were significantly more likely ($p < .01$) to advocate high doses of methadone whereas those with a midwife, obstetrician or social worker involved were more likely ($p < .05$) to suggest low dose methadone and/or detoxification.

Conclusions: Service provision for pregnant opioid users is comprehensive but there is still variability in some aspects of the treatment received. The way in which methadone is prescribed is not always optimal. Further work is required in this area.