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Substance Use Disorder in Pregnancy

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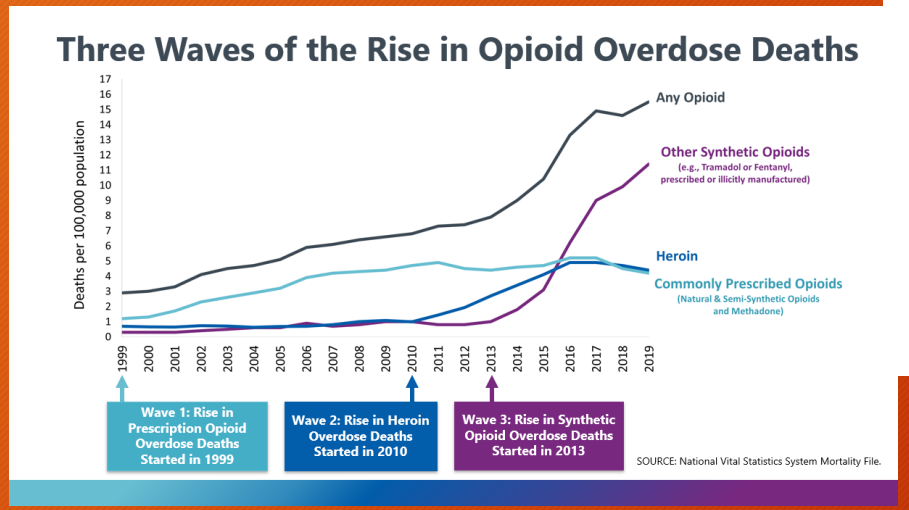
Objectives

- Quick Review of the Opioid Epidemic
- Discuss stigma in the Pregnant Population
- Review Recovery Based Language
- Understand Biology of Addiction
- Understanding Prescribing Best Practices
- Reviewed Medications Available
- Harm Reduction for Pregnancy
- Neonatal Opioid Withdrawal Syndrome
- Northern Michigan Treatment Options


Three Waves of the Rise in Opioid Overdose Deaths
Deaths per 100,000 population
Any Opioid
Other Synthetic Opioids
(e.g., Tramadol or Fentanyl, prescribed or illicitly manufactured)
Heroin
Commonly Prescribed Opioids
(Natural & Semi-Synthetic Opioids and Methadone)
Wave 1: Rise in Prescription Opioid Overdose Deaths Started in 1999
Wave 2: Rise in Heroin Overdose Deaths Started in 2010
Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013
SOURCE: National Vital Statistics System Mortality File.

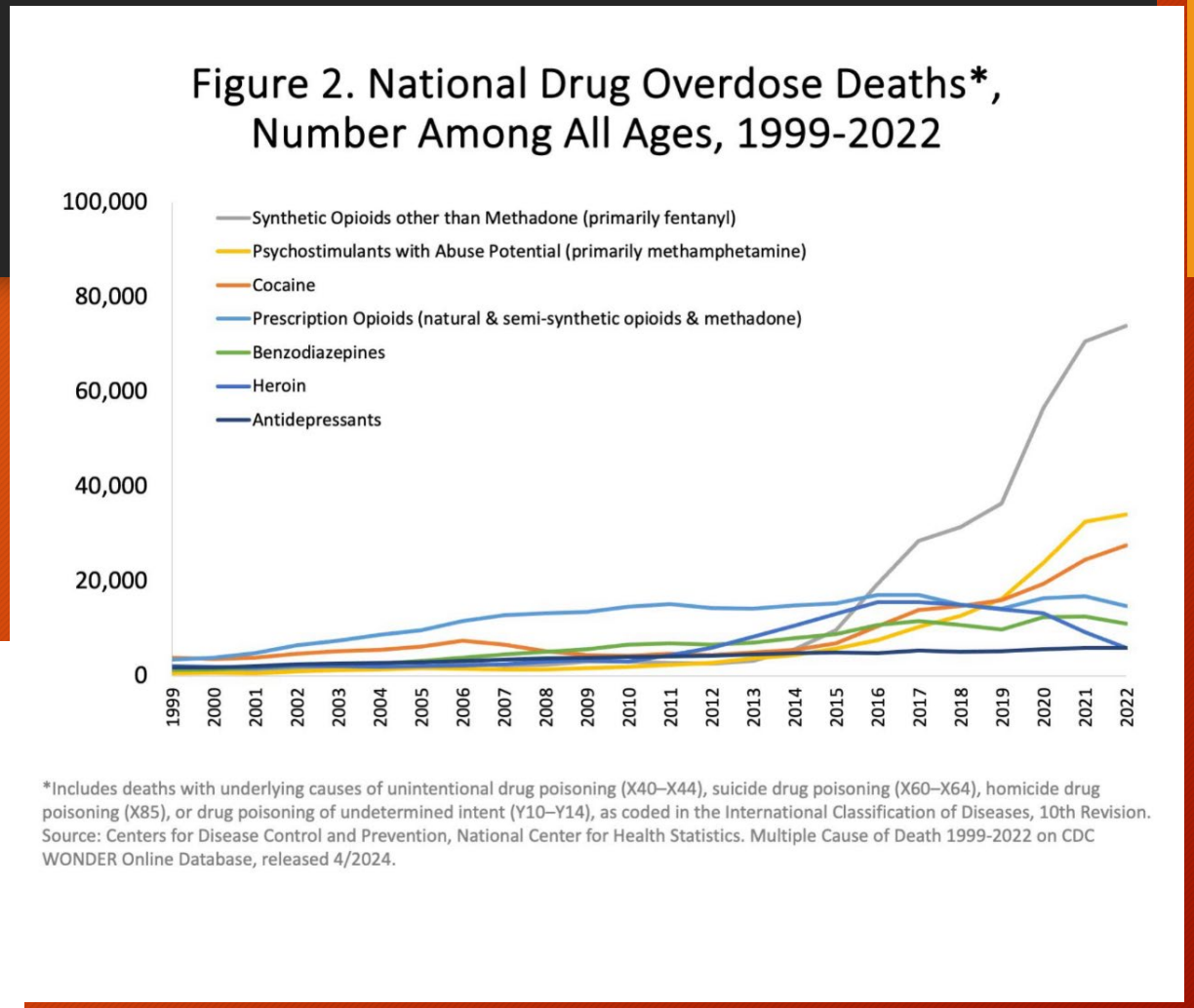


Figure 2. National Drug Overdose Deaths*, Number Among All Ages, 1999-2022
Synthetic Opioids other than Methadone (primarily fentanyl)
Psychostimulants with Abuse Potential (primarily methamphetamine)
Cocaine
Prescription Opioids (natural & semi-synthetic opioids & methadone)
Benzodiazepines
Heroin
Antidepressants
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.


136
PEOPLE
die every day from
an opioid overdose
(including Rx and illicit opioids).


220
PEOPLE
died each day from
an opioid overdose
in 2021.
www.cdc.gov

Pregnant Opioid Use

- Opioid use among pregnant women increased 131% 2010-2017-CDC
- Record high in 2020 drug overdose of all population and pregnant women in 2020.
- Methamphetamine, cocaine, and synthetic opioid fentanyl. - death certificates of 7,642 people who died or had just given birth 2017-2020, 1249 deaths. [1]

Stigma Kills

stigmas affect

Secrecy

Keeping secrets
“the new people in my life don't know I'm on Suboxone ... I don't want to be associated that way”

Self Doubt

inability to recover
“Alot of people doubt me and say that I always get clean and go back”

Resignation

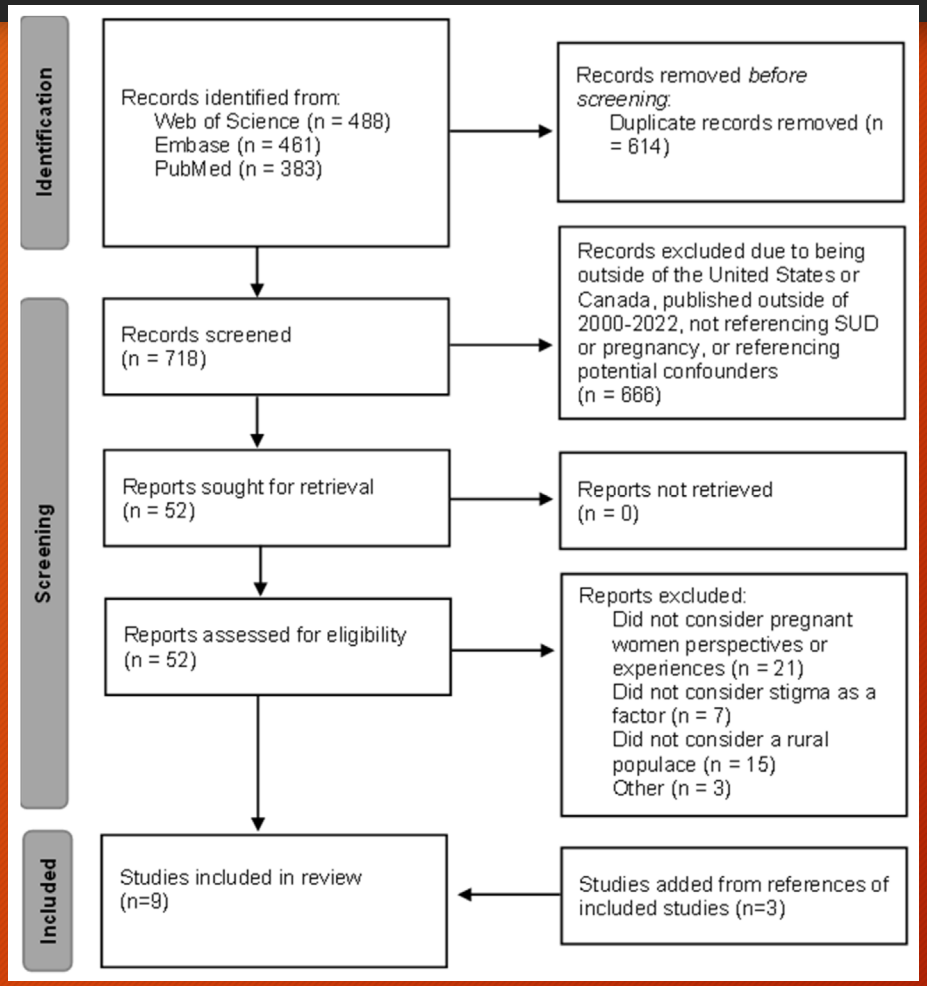
acceptance of something undesirable
“People judge you. Why try my best to stay clean when you get no support ”

Fear

emotion cause by anticipation or danger
“I was scared that DHHS was going to come in and take my baby”

igure 1. Stepwise literature review. Flow chart adapted from the Preferred Reporting Items for Systematic Reviews [2].

Stigma experienced by rural pregnant women with substance use disorder: A systematic review and qualitative synthesis



Conclusions

- The stigma that pregnant women with SUD experience infiltrate communities in social and medical settings.
  - Viewed as “fallen women”
  - Medical personnel saying use of IV drugs why would they care about a needle poke.
  - Discontinuation of treatment if they became pregnant.
  - Feelings that they will be see as drug seekers.
  - Distance of facilities that care for SUD patients
- While such stigma does not seem specific to rural populations, unique considerations complicate the effects of stigma on prenatal and SUD treatment, such as accessibility to treatment, lack of anonymity, and acceptability of treatment options available. [2]

Interviews with pregnant/postpartum women

- **Melinda**: I would *never* advise somebody to have a child [at the hospital]. I thought I was helping my child by being honest during my pregnancy, I thought I was helping him if I was honest with my doctors. No, I wasn't. All I did was damage that relationship and our early bonding by letting them have that "in" to keep him from us. We could've, and we would have, taken better care of him than what they did, leaving him in his bassinet with a million other babies in there and not enough people to take care of all the babies. [3]

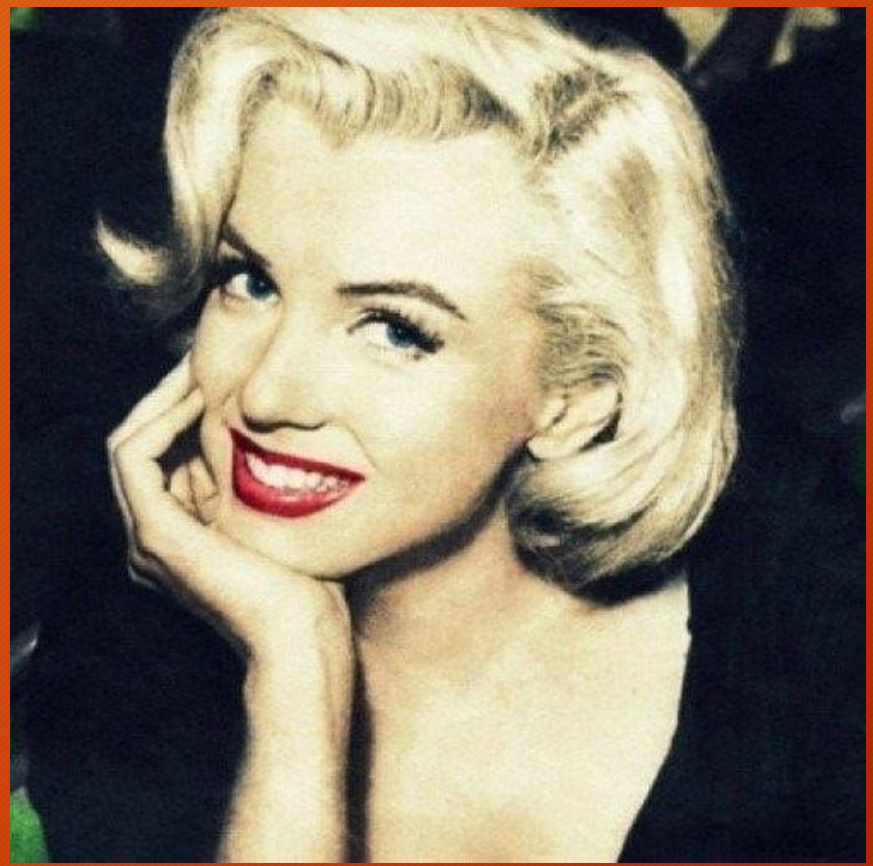
Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.

"Person first" language focuses on the person, not the disorder.

When Discussing Addictions...

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.



Biology of addiction

- Multifaceted
- Lose control over their actions- rewires the brain
- Feel anxious/bad when not using.
- Repeated use damages the pre-frontal cortex
- Some genes maybe linked to addiction
- Younger people start increase risk as frontal cortex not fully developed and reward centers are in overdrive
- Trauma increases risk of addiction
- NOT A MORAL ISSUE

Symptoms of addiction

- sleep difficulties
- anxiety or depression
- memory problems
- mood swings (temper flare-ups, irritability, defensiveness)
- rapid increases in the amount of medication needed
- frequent requests for refills of certain medicines
- a person not seeming like themselves (showing a general lack of interest or being overly energetic)
- “doctor shopping” (moving from provider to provider in an effort to get several prescriptions for the same medication)
- use of more than one pharmacy
- false or forged prescription

How is a diagnosis made?

Taking the substance in larger amounts or for longer than you're meant to.	Wanting to cut down or stop using the substance but not managing to.	Spending a lot of time getting, using, or recovering from use of the substance.	Cravings and urges to use the substance.
Not managing to do what you should at work, home, or school because of substance use.	Continuing to use, even when it causes problems in relationships.	Giving up important social, occupational, or recreational activities because of substance use.	Using substances again and again, even when it puts you in danger.
Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.	Needing more of the substance to get the effect you want (tolerance).	Development of withdrawal symptoms, which can be relieved by taking more of the substance.	6

What do we do?

Stop cold turkey

Wean down

Begin medication treatment

Offer harm reduction

COMPREHENSIVE WELLNESS CENTER

WHAT IS NALTREXONE?

NALTREXONE

Naltrexone was originally approved by the U.S. Food and Drug Administration (FDA) as a treatment for alcohol dependence, but people who are addicted to opioids may also benefit from this medication.

The medication is an opiate antagonist, meaning it works in the brain to prevent the euphoric effects of opioids. At the same time, it also decreases the desire to take opiates or drink alcohol.

REVIA

Revia is taken once daily by mouth

VIVITROL

once-monthly extended-release naltrexone injection

Methadone

What is Methadone?

Methadone is a long-acting opioid medication that is used as a pain reliever and, together with counseling and other psychosocial services,
is used to treat people addicted to heroin and certain prescription drugs.

What is Methadone Maintenance Treatment (MMT)?

MMT helps normalize your body's neurological and hormonal functions that have been impaired by the use of heroin or misuse of other short-acting opioids.

Opioids are a group of drugs that act on the central nervous system. They include substances such as:

- codeine
- morphine
- heroin
- synthetic drugs such as:
    - oxycodone
    - oxycontin
    - hydrocodone
    - methadone

Appropriate Methadone Maintenance Treatment provides several benefits:

- Reduces or eliminates cravings for opioid drugs
- Prevents the onset of withdrawal for 24 hours or more
- Blocks the effects of other opioids
- Promotes increased physical and emotional health
- Raises overall quality of life

Buprenorphine/Naloxone

- Indications:
- Buprenorphine is a life-saving medicine. Strong evidence supports that it reduces death (overdose and all-cause mortality) by over two times.
- Buprenorphine's effects include pain relief, decreased withdrawal symptoms, and decreased opioid cravings. It does not tend to produce a high, and it is much less likely than other opioids to produce respiratory depression.
- At an effective dose, buprenorphine enables stabilization of neurobiologic brain processes and supports all the activities needed for recovery.
- When buprenorphine supports a person with an opioid use disorder to not use other opioids (except in specific cases of need with medical supervision), and go forward with recovery and responsible life activities, that person is in recovery, not active addiction.

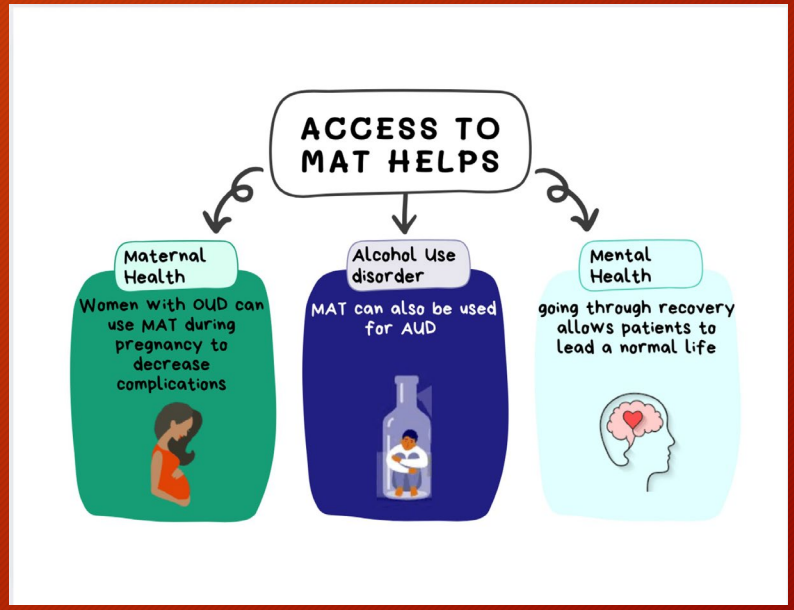
Buprenorphine/Naloxone

- Pharmacology:
- Buprenorphine is a partial opioid agonist at the mu receptors. It is often combine with naloxone
- (buprenorphine-naloxone) to deter people from misusing it. The naloxone (aka narcan) is not active when given sublingually or swallowed. (It is added only to discourage people from crushing the drug and injecting. If injected, it would cause precipitated withdrawal.)
- 9

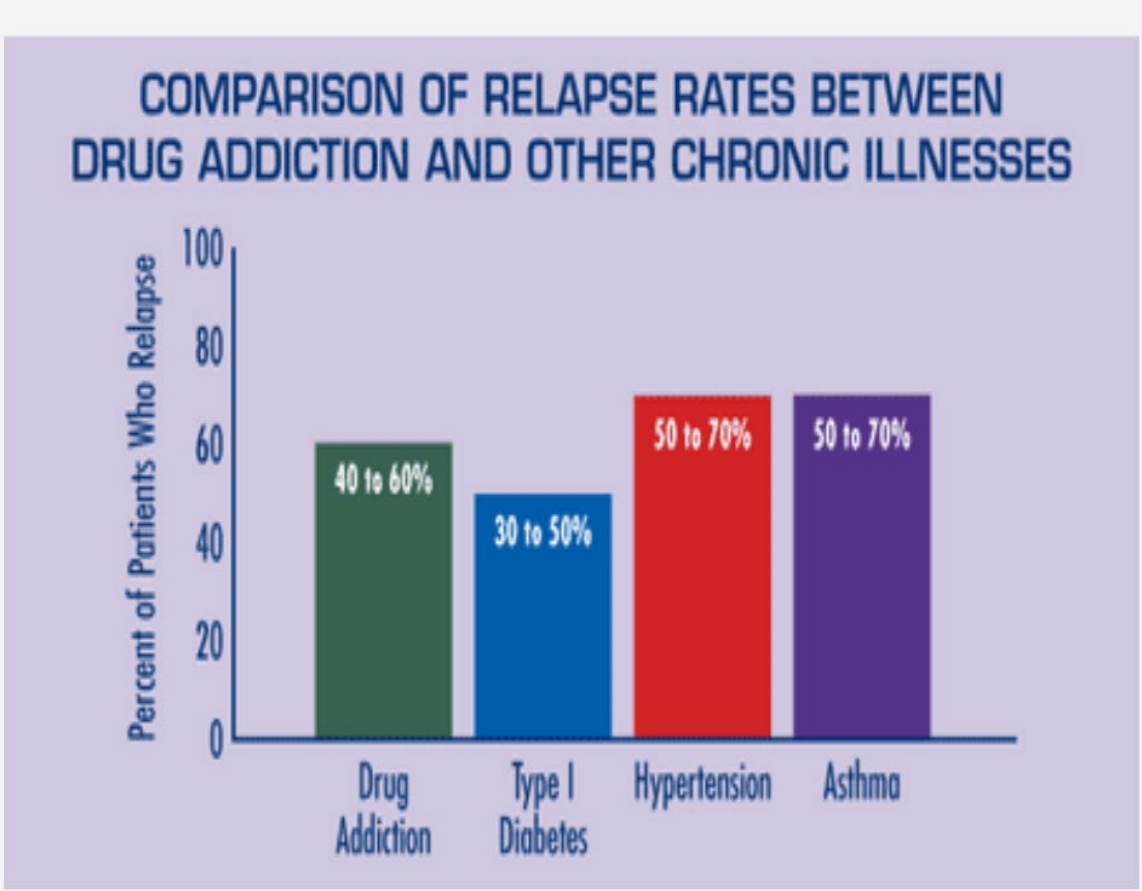
Summary of Medication

Medication assisted treatment

- Pharmacotherapy, combined with behavioral interventions, helps people who misuse opioids avoid experiencing withdrawal symptoms or overwhelming cravings when the opioid misuse is stopped.
- By blocking cyclic withdrawal symptoms associated with the misuse of short-acting opioids, methadone or buprenorphine can provide a more stabilized intrauterine environment.
- In addition, starting on pharmacotherapy can help the pregnant woman stop injecting drugs, a primary route of infection for people who use drugs.
- By controlling the symptoms of OUD (e.g., withdrawal, cravings), the pregnant woman can regain control, reengage in important obligations and activities in her life, and rebuild a stable social environment for herself and her family. Behavioral interventions are also recommended to provide maximum support for long-term recovery.
- Additional information o www.SAMHSA.gov/treatment. 10

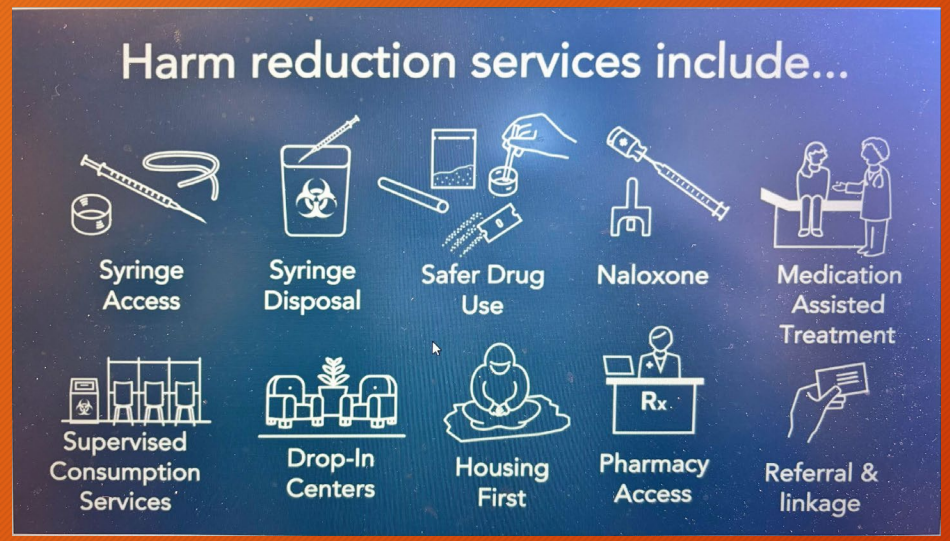


Before	After
far away treatment/ no transportation	Treatment through doctor
Less connection to Family	Participating in family events
Overdose	Says he'd be dead without treatment
Moderate dependency	No use or withdrawal symptoms
Risk of losing job	Stable job + Promotion



Source: JAMA, 284:1689-1695, 2000

Harm Reduction



- Accepting that drug use (illicit and legal) is part of our world and that we can minimize harm instead of condemning it.
- Understand drug use as a complex, multi-faceted phenomenon and acknowledge that some ways of using drugs are clearly safer than others.
- Prioritize quality of life (at the individual and community level) over the cessation of drug use when evaluating intervention and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs (PWUD) in order to assist them in reducing harm.

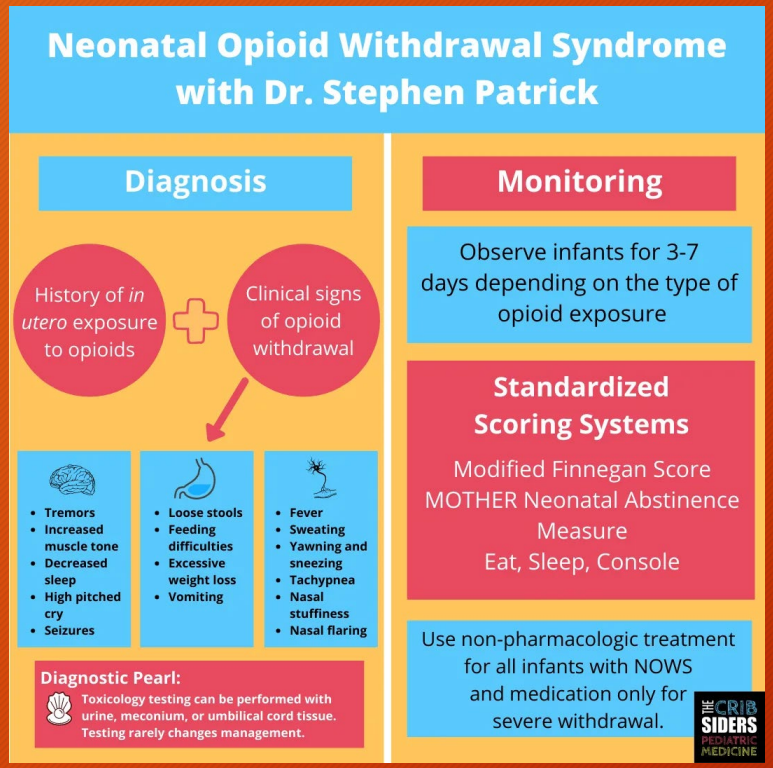
Ensuring that people who use drugs have a real voice in the creation of programs and policies designed to serve them

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.

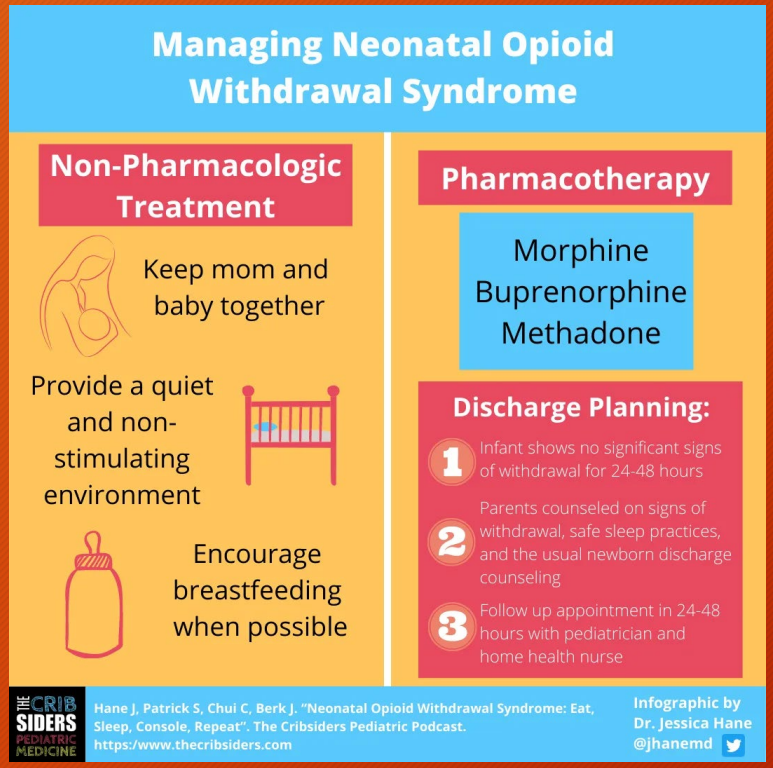
Recognizes that the realities of poverty, class, racism and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use. 11

Neonatal Opioid Withdrawal Syndrome



Managing Nows



Eat Sleep Console

- A total of 1305 infants were enrolled. In an intention-to-treat analysis that included 837 infants who met the trial definition for medical readiness for discharge, the number of days from birth until readiness for hospital discharge was
- 8.2 in the Eat, Sleep, Console group and 14.9 in the usual-care group (adjusted
- mean difference, 6.7 days; 95% confidence interval [CI], 4.7 to 8.8), for a rate ratio
- of 0.55 (95% CI, 0.46 to 0.65; P<0.001). The incidence of adverse outcomes was similar in the two groups. 12

Grand Traverse Women's Clinic

- Medication treatment specifically with Buprenorphine and Buprenorphine/Naloxone products and Naltrexone
- Offices in Traverse City, Beulah and Kalkaska
- Complete Obstetric Care
- Work with Munson Behavioral Health for Recovery Coaching, Psychiatry, and Counseling
- NICU has video describing treatment and NAS
- Do primary care and depression/Anxiety treatment
- Continue to work with women postpartum.
- Primary Care for Women
- Community health worker
- SUDHH health home

Munson Behavioral Health

- Medication treatment with Buprenorphine/Naloxone and Naltrexone
- Onsite counseling, recovery coaching, case management, Psychiatry
- Intensive out patient treatment
- Men and women
- Limited primary care
- SUDHH health home

NMSAS Recovery Center

- Medication treatment with all modalities including methadone
- Onsite counseling, recovery coaching, case management
- Men and women
- Limited primary care
- SUDHH health home

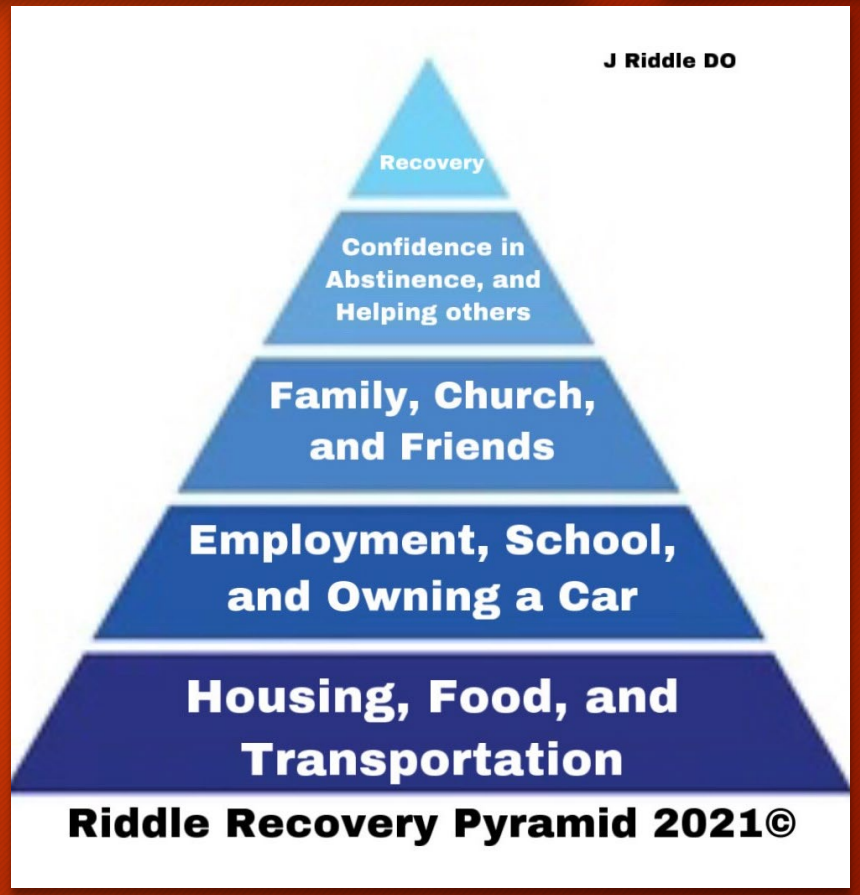

Daddy's
U
Girl

Summary of Michigan's attempt at COMBATING THE OPIOD EPIDEMIC

- Treatment Programs
- Syringe Service Programs (SSPs)
- Better Prescribing
- MAPS for Providers
- Drug Take-Back Locations
- Naloxone
- Michigan's Good Samaritan Law

Goals

- Health—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- Home—having a stable and safe place to live.
- Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- Community—having relationships and social networks that provide support, friendship, love, and hope.



Conclusions

- Stabilizing fetal levels of opioids, help reduce repeated prenatal withdrawal
- Prenatal care appointments provide practitioners the opportunity to connect women to needed resources, to screen them for dangerous illnesses or injuries, to screen for intimate partner abuse victimization, and to implement many other public health interventions.
- Linking mothers to treatment for infectious diseases (e.g., HIV, HBV, HCV), reducing likelihood of transmittal to the unborn baby
- Providing opportunity for better prenatal care
- Improving long-term health outcomes for the mother and baby

Conclusions

- By adopting policies that scare women away from treatment, clinics and health organizations lose the opportunity to intervene and promote maternal and infant health.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