# Shasta Perinatal Substance Exposures Summit: A Different Paradigm for Care

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Opioid Response Network
STR-TA

# Working with communities to address the opioid crisis.

- SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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# Disclosures

Conflict of Interest:
In accordance with continuing education guidelines, the speakers and planning committee members have disclosed commercial interests/financial relationships with companies whose products or services may be discussed during this program.

Speaker: Candy Stockton, MD, FASAM has nothing to disclose.

# Timeline of an Addiction Specialist

- 2002: "Offer to call a refill to their pharmacy" [Orlando, FL]
- 2004: The California Pain Patient Bill of Rights with mandatory 12 hours of training for CA license [HMO, Redlands CA]
- 2006: My "worst patients" [Trinity Rural Health Center]
- 2008: No state or National Guidelines [Shingletown Medical Center]
- April, 2009: DATA-2000 Waiver

# Problem Solved

- Everybody who wants a bunch of opioids is addicted
- I'll give them all buprenorphine for 6-12 months and taper them off
- People who are "ready for change" will get better. Some may need to hit rock bottom first.

# Timeline of an Addiction Specialist

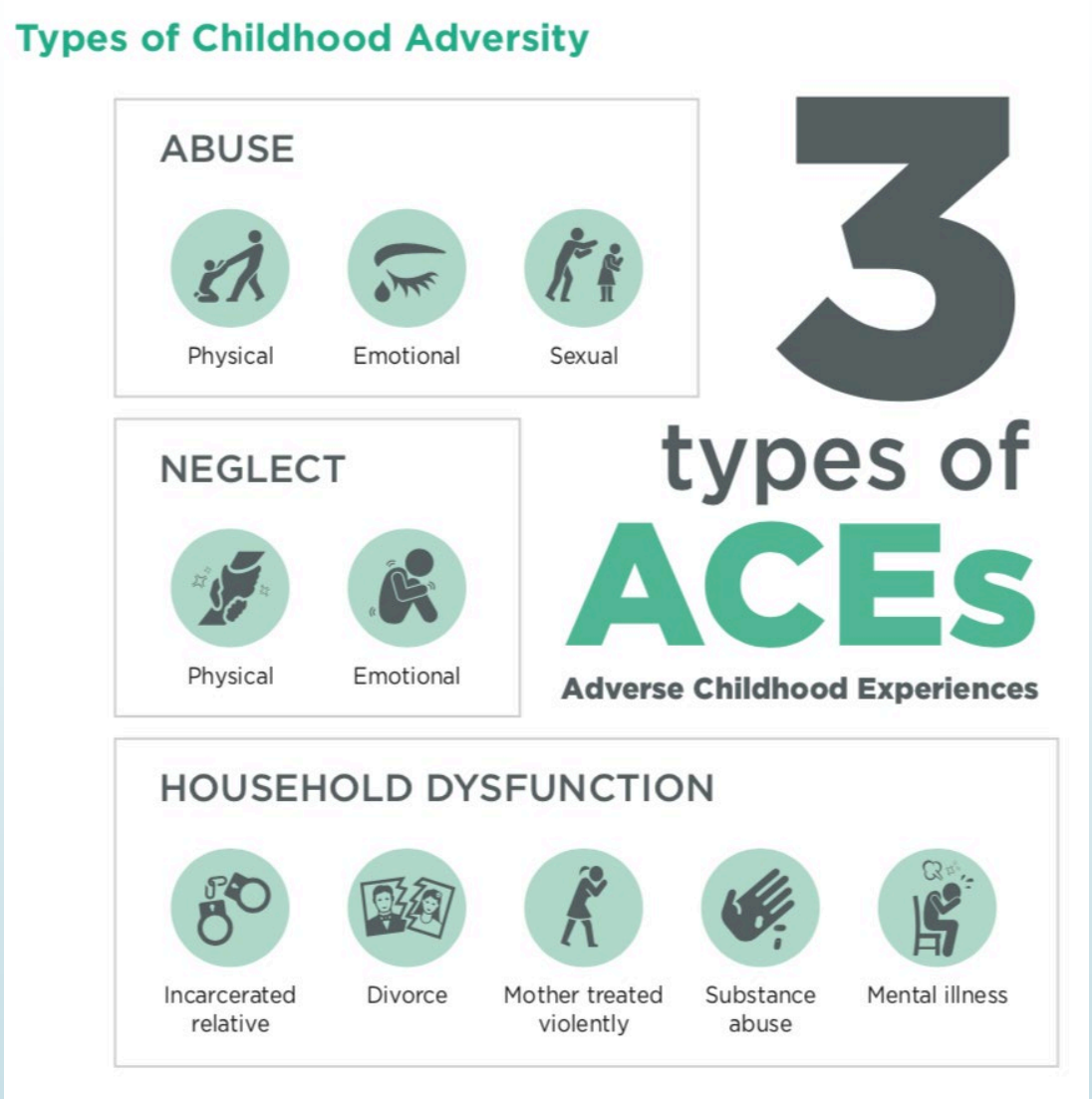
- 2013: NoRxAbuse [Shasta County]
- November, 2014: California State Medical Board Prescribing Guidelines
- 2015:
  - First Pregnant Bup patient delivers at Mercy Medical Center
  - Started my CHIP project [OUD & Pregnancy in Shasta County]
- 2016: CDC Prescribing Guidelines
- 2017: X-Waiver Group
- 2018: Pregnant women prioritized in all MOUD programs in Shasta County

# Problem Solved

- We can all treat pregnant women now
- Babies won't get NAS
- Rock bottom might equal death, maybe we should reconsider treatment requirements

# What Did We Miss?

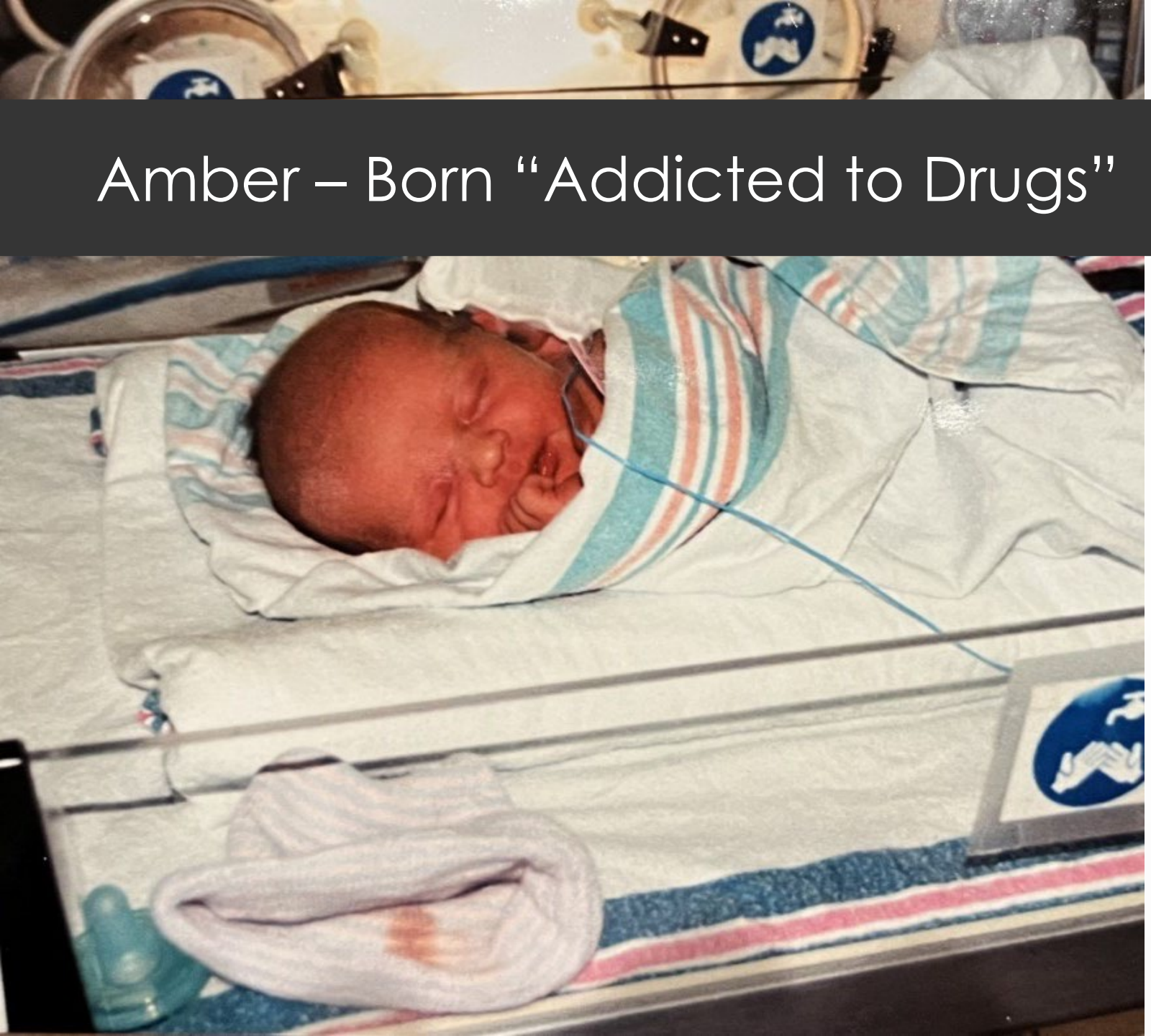
- Substance Use Disorders are chronic diseases
- Adverse Childhood Experiences & Social Drivers of Health



# Chronic Disease and Pregnancy

- Diabetes
- Hypertension
- Hypothyroidism
- Depression
- Substance Use Disorders

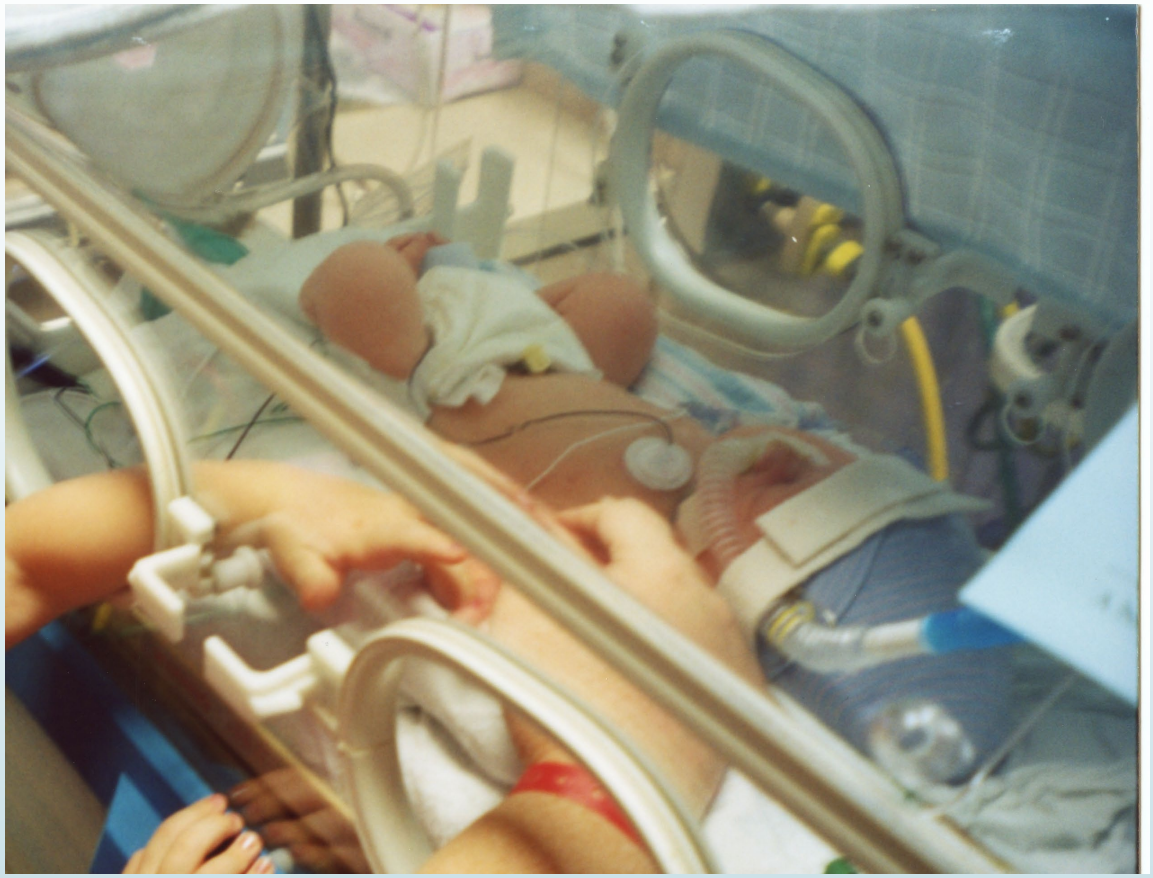
# Amber – Born "Addicted to Drugs"



- Mother injected a large quantity of drugs 4-7 times per day throughout pregnancy
- 2 hospital admissions for overdose during pregnancy
- Alternately lethargic and irritable, fed poorly; required ICU placement with medical management q 2 hours for first 4 days of life

# Eric- Another NICU baby

- Still injecting an even larger quantity of drugs 6-7 times per day throughout pregnancy
- 3 hospital admissions for overdose during pregnancy and one near fatal event at home
- Required around the clock medical management and respiratory support for 8 days





# Chronic Disease and Pregnancy

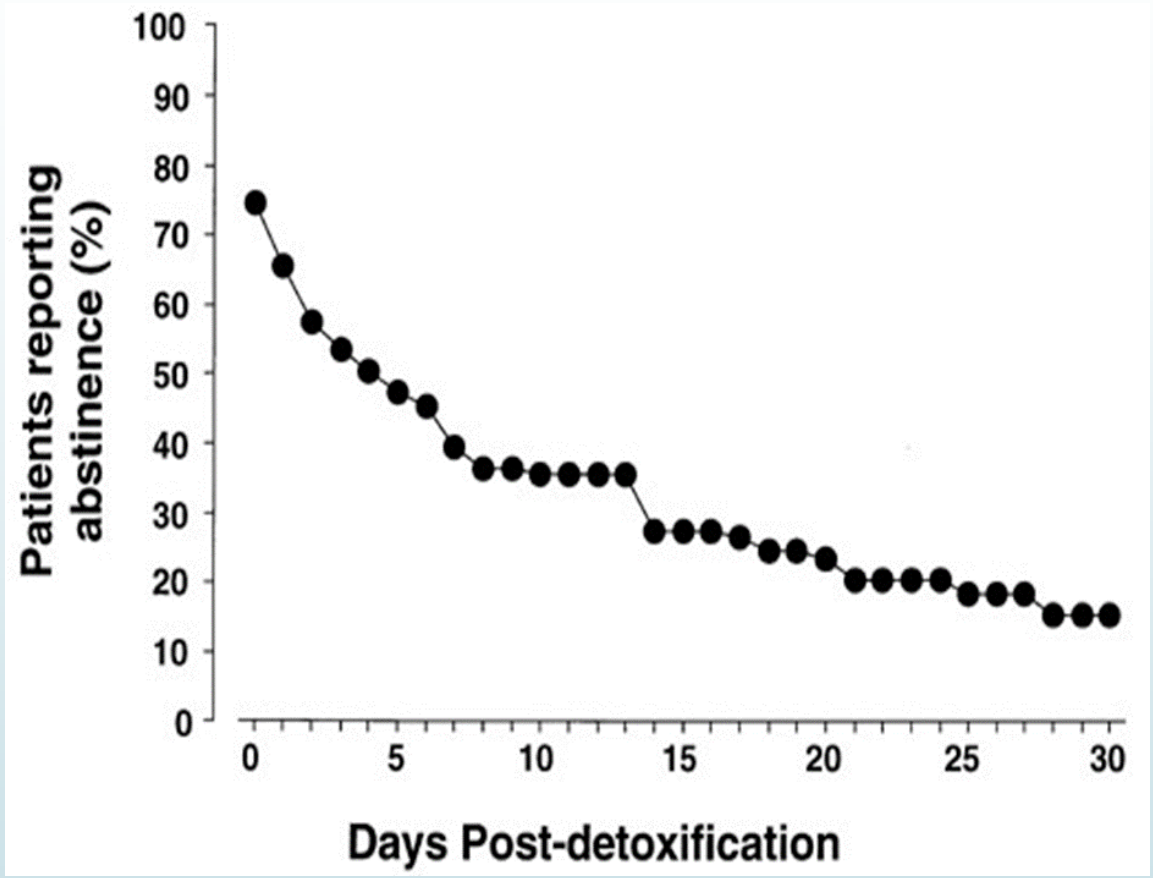
- Our stories can challenge common beliefs
- We can change hearts and minds

# Disease Management

- Evidence Based Treatment for disease: before, during, and after pregnancy
- Compassionate, Practical Support for parent/parents
- Care focuses on the Mother-Infant Dyad
- Prioritizing Non-Pharmacologic Interventions for Infants (Eat, Sleep, Console)

# ACOG Backs Buprenorphine and Methadone for OUD

- Only FDA approved treatments in pregnancy
- Reduce opioid use (cravings, withdrawal, euphoria)
- Increase birth at term, higher birth weights
- Prevent overdose deaths
- Prevent HIV transmission
- Support family function and appropriate parenting



# Current status of Treatment Approaches for Methamphetamine Use Disorder

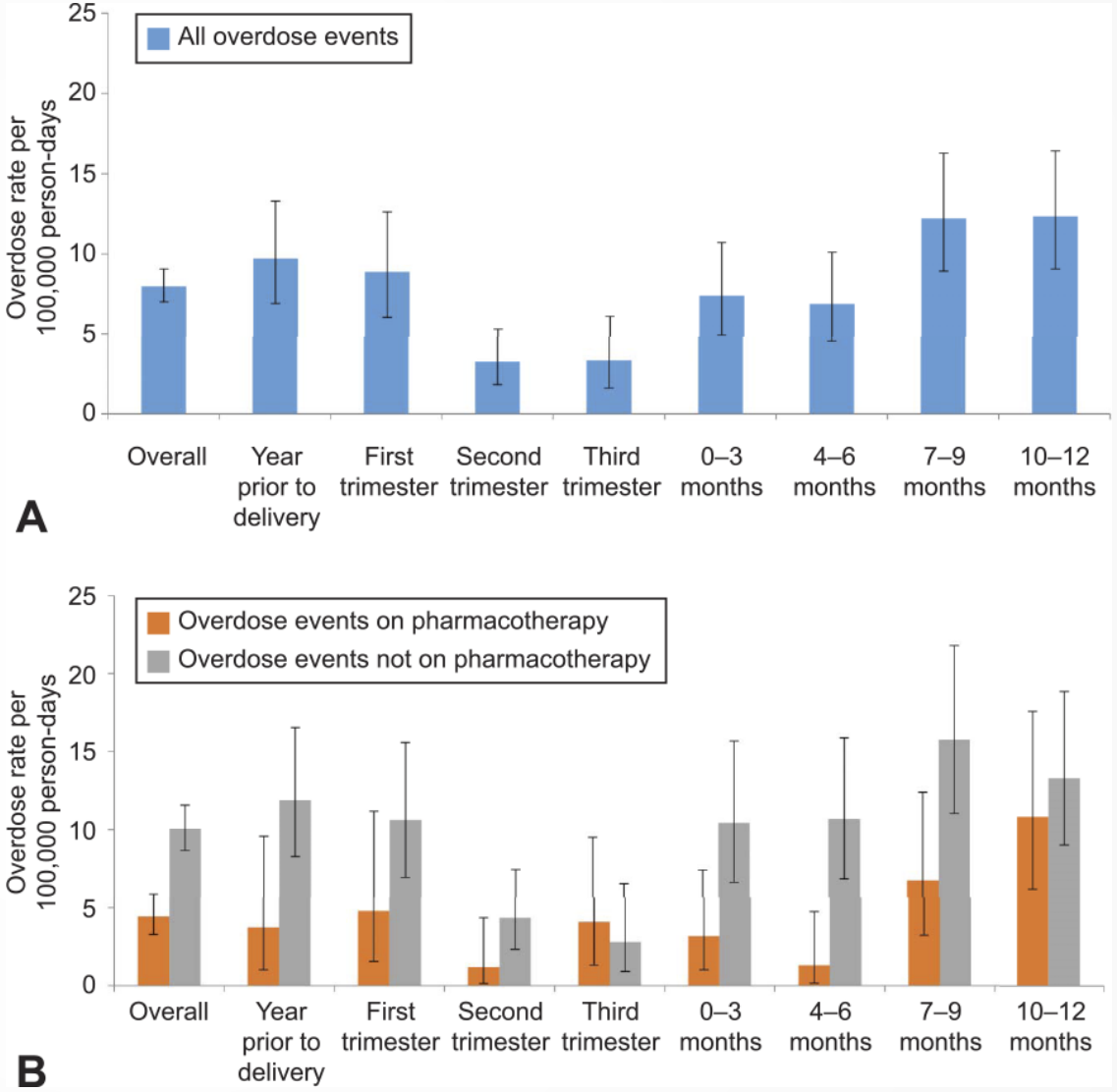
- Contingency management unanimously (5 systematic reviews and meta-analyses) found to have best evidence of effectiveness.
- Other approaches with lesser but clear evidence of support: Cognitive Behavioral Therapy (CBT) and Community Reinforcement Approach (CRA)
- Approach with evidence for treatment of a broad variety of SUD:  Motivational Interviewing (MI).
- Approach with recent studies showing benefit to people who use methamphetamine:  Physical Exercise (PE). (eg. Rawson et al, 2015)

# Eat/Sleep/Console for Infants & Moms

- Infants were treated with morphine significantly less frequently than they would have been using the traditional Finnegan Neonatal Abstinence Scoring System (12% vs 60%)
- An effective approach that limits pharmacologic treatment (morphine increase on 3% of days vs 25% of days)
- May lead to substantial decrease in length of stay (5.9 days vs 22.5 days) (Grossman, et al)

# Postpartum Monitoring and Counseling

- Frequent maternal follow up is needed
- Postpartum women are at high risk of a return to substance use
- The first year postpartum marks the highest risk of overdose death, with the highest rates 7-12 months after delivery



# Contraception

- **86%** of pregnant opioid-abusing women reported pregnancy was unintended (1)
  - In general population: 31%–47% are unintended
- All postpartum women should be offered reliable contraception
- Contraception options should be reviewed/ discussed during prenatal care with a set plan prior hospital discharge
- Access to long-acting, reversible contraceptive (LARC) options should be readily available

# Be Aware of our Biases

## CDC: Smoking & Tobacco Use

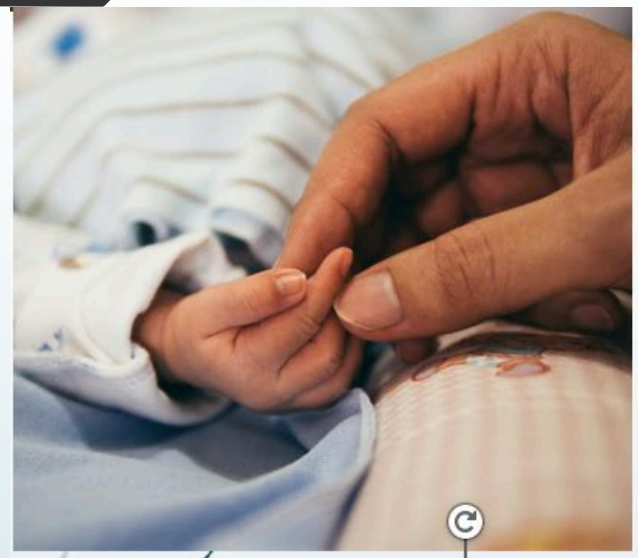
Secondhand smoke causes sudden infant death syndrome (SIDS)

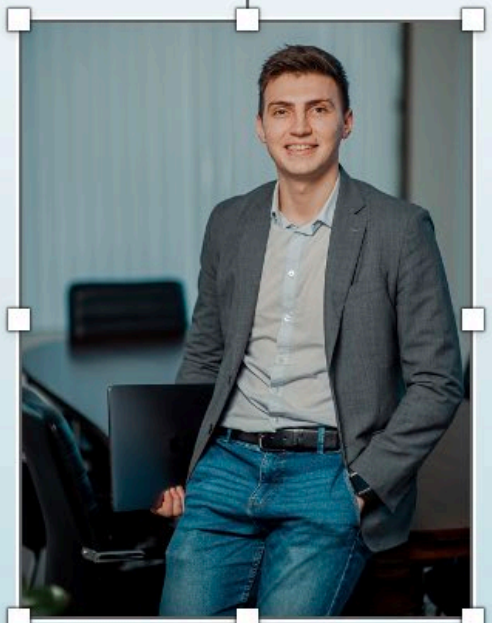
- Infants exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than infants who are not exposed to smoke from burning commercial tobacco products. [1,2,4,5] SIDS is the sudden, unexplained, unexpected death of an infant in the first year of life.
- SIDS is the leading cause of death in otherwise healthy infants.[6]
- Smoking by women during pregnancy increases the risk for SIDS.[1,3,7]
- Chemicals in secondhand smoke appear to affect the brain in ways that interfere with its regulation of infants' breathing.[1,3]
- Infants who die from SIDS have higher concentrations of nicotine in their lungs and higher levels of cotinine (a biological marker for secondhand smoke exposure) than infants who die from other causes.[1,3]

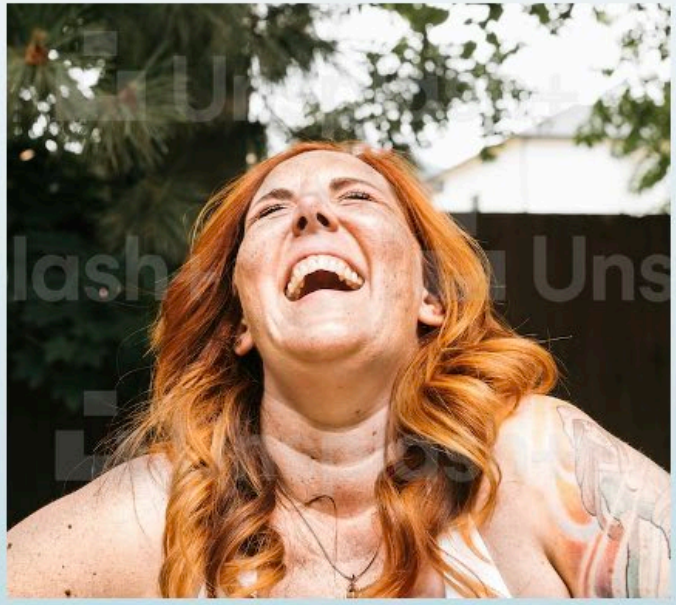
## Journal of Public Child Welfare: Alcohol

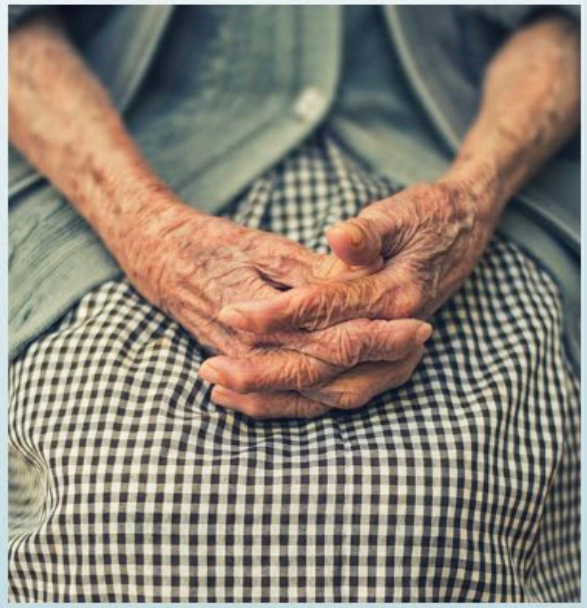
- "Compared with parents who use only alcohol, parents who use methamphetamines are considered a greater risk for maltreatment yet had fewer allegations of physical abuse. On the other hand, parents in the alcohol-only group were at the lowest risk for maltreatment yet had the highest rates of physical abuse allegations."

# For the Whole Continuum of Life









# Questions?

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