One Day at a Time: Counseling Women Affected by Opioids

2016 WAPC Opioid Webinar Series
March 9, 2016
12:00-1:00 p.m.

Purpose

The purpose of this Webinar is to provide templates for communicating with women effectively during the perinatal period.

Objectives

At the conclusion of the presentation, participants will be able to:

- Describe a general approach for working with women affected by opioids.
- Describe two specific issues related to counseling women during pregnancy.
- Describe two specific issues related to counseling women about infants with neonatal abstinence syndrome.

Presenters

- Tina Marie Baeten, MSW, LCSW, CSAC, ICS
  - Oneida Behavioral Health Services, Green Bay
- C. Danae Steele, MD
  - Fox Valley Perinatology, Appleton
- Stacy Boden, CPNP, APNP, MSN, RN
  - Froedtert Health, West Bend

Planning Committee

- Eva Fassbinder Brummel, MPH
- Ann E. Conway, MS, MPA, RN
- Cresta W. Jones, MD, FACOG
- Kyle O. Mounts, MPH
- Charles W. Schauberger, MD, MS
- C. Danae Steele, MD

Wisconsin Association for Perinatal Care (WAPC)

Web site: www.perinatalweb.org

Phone: (608) 285-5858

Email: wapc@perinatalweb.org

Fax: (608) 285-5004

Address: 211 S. Paterson St., Suite 250
Madison, WI 53703

Disclosures

- Requirements for successful completion
  - Registrants must attend full session and complete evaluation to receive contact hours
- Speaker Conflicts of Interest
  - None to report
- Planning Committee Conflicts of Interest
  - None to report
- Sponsorship or commercial support
  - None
- Off-label use
  - None

Before we begin…

- Listen-only mode
- Questions – please ask, please answer!
  - Raise your hand
  - Type into the Question Pane
  - Out of time? Email wapc@perinatalweb.org
- Technical problems: Email Barb Wienholtz at wienholtz@perinatalweb.org or call at 608-285-5858, ext. 201

Understanding Addiction

Tina Marie Baeten, MSW, LCSW, CSAC, ICS

ADDICTION: HOW & WHY?

BIO-PSYCHO-SOCIAL FACTORS

BIOLOGICAL

- Genetic Predisposition
  - Family history of addiction
- Biological Vulnerabilities
  - Metabolism of substances
  - Impact of substance greater for some than others
  - Medical Issues
  - Telescoping Effect

DISEASE OF ADDICTION

- PRIMARY
- PROGRESSIVE
- CHRONIC
- FATAL

PSYCHOLOGICAL

- Coping Skillset
- Mental Illness
- Traumatic Events
- Psychological Patterns of Dependency

13

SOCIAL

- Learned Behavior
- Social/Family Support
- Resources
- Accessibility
- Societal/Cultural Norms
- Covert/Overt Reinforcement

14

SUCCESS IN TREATMENT

RE-DEFINING

15

DEFINING SUCCESS

- **Establishing safety**
- **Reduction in frequency &/or amount of use and/or lapse episodes**
- **Increased length of time in sobriety**
- **Increased length of time retaining connections to supportive people**
- **Increased self-esteem**

16

DEFINING SUCCESS

- **Improved physical and mental health status**
- **Improved birth outcomes**
- **Longer retention of children/quicker reunification**
- **Improved parenting**
- **More training, job applications, work placement**
- **Increased length of employment in same job**
- **Reduced Utilization of public and private support services/Increased self-sufficiency**

17

PROVIDER APPROACH

- Trauma Informed
- Avoid Judgment
- Advocate for Access
- Knowledge of Services
- Empathy is Key
  - Stigma
  - Fear

18

TRAUMA INFORMED REFRAME

TRADITIONAL VIEW	TRAUMA INFORMED VIEW
Angry or Avoidant	Scared/Fight, Flight, Freeze Responses
Willful and Noncompliant	Adaptive Patterns of Behavior
Manipulative, "gamey"	Seeking to Get Needs Met
Uncontrollable	In Need of Skills to Self- Regulate
Pushing Buttons	Negative Worldview, Testing Trust
In Need of Consequences to Motivate	In Need of Effective Interventions to Heal
What's wrong with you?	What happened to you?

19

REFERENCES & CITATIONS- WOMEN & ADDICTION

- Anton RF, et al. "Combined Pharmacotherapies and Behavioral Interventions for Alcohol Dependence: The COMBINE Study, a Randomized Controlled Trial," *Journal of the American Medical Association* (May 3, 2006): Vol. 295, No. 17, pp. 2003–17.
- Ashley OS, et al. "Effectiveness of Substance Abuse Treatment Programming for Women: A Review," *American Journal of Drug and Alcohol Abuse* (Jan.–Feb. 2003): Vol. 29, No. 1, pp. 19–53.
- Becker JB, et al. "Sex Differences in Drug Abuse," *Frontiers in Neuroendocrinology* (Jan. 2008): Vol. 29, No. 1, pp. 36–47.
- Brady KT, et al., eds. *Women and Addiction: A Comprehensive Handbook* (The Guilford Press, 2009).
- Carpenter MJ, et al. "Menstrual Phase Effects on Smoking Cessation: A Pilot Feasibility Study," *Journal of Women's Health* (March 2008): Vol. 17, No. 2, pp. 293–301.
- Center for Substance Abuse Treatment (SAMHSA-US), "Substance Abuse Treatment: Addressing the Specific Needs of Women", Treatment Improvement Protocol (TIP) Series, No. 51 (2009) Rockville, MD. Report No: (SMA) 09-4426
- Franklin TR, et al. "Menstrual Cycle Phase at Quit Date Predicts Smoking Status in an NRT Treatment Trial: A Retrospective Analysis," *Journal of Women's Health* (March 2008): Vol. 17, No. 2, pp. 287–92.
- Greenfield SF, et al. "Substance Abuse Treatment Entry, Retention, and Outcome in Women: A Review of the Literature," *Drug and Alcohol Dependence* (Jan. 5, 2007): Vol. 86, No. 1, pp. 1–21.
- Harvard Mental Health Letter "Addiction in Women". www.health.harvard.edu/newsletter_article/addiction-in-women January, 2010
- Perkins KA, et al. "Sex Differences in Long-Term Smoking Cessation Rates Due to Nicotine Patch," *Nicotine and Tobacco Research* (July 2008): Vol. 10, No. 7, pp. 1245–50.
- U.S. Substance Abuse and Mental Health Services Administration Office of Applied Studies. *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Department of Health and Human Services, 2008).

20

Pregnancy Care for the Opioid Dependent Woman

C. Danae Steele, M.D.
Fox Valley Perinatology
Appleton, WI

Who Uses?

- Pregnant women! 5x increase in the number of babies with NAS between 2000 and 2012.
- Rural users are more likely to be younger, and more often white than urban users.
- Smokers: Smoking is much more common in opioid addicted women than in the general population. Smokers and former smokers have a dramatically increased risk of using prescribed narcotics at 90 days after the first prescription for pain.

Substance Abuse

- Maladaptive pattern of use which results in clinically significant functional impairment:
  - Failure to fulfill reasonable obligations
  - Drug use in dangerous situations
  - Continued use despite recurrent legal, social or psychological problems associated with the substance

Taking a History

- Screen everyone.
- Ask questions in the same tone as you would ask about any other item in a medical history.
- Check your judgment at the door. It is not therapeutic.
- Pregnancy is frequently a "treatable moment" when women are willing to acknowledge addiction and seek help.

Emotional Issues

- Opioid users are aware that there are risks of use during pregnancy and frequently feel very guilty about use.
- It is common for women to imagine worse outcomes for their babies than what is based on evidence.
- Reassure women that they are not alone, and that opioid use is NOT associated with birth defects.

Discuss Treatment

- Methadone is still considered the "Gold Standard" of treatment for pregnant women who are opioid-dependent.
- Treatment is indicated to reduce risks associated with use of illicit drugs, including legal risks, risk of overdose, other health risks associated using impure drugs, and risks associated with poor judgement when high.

The "Cocaine Mom" Law

- 1998 law which allows the incarceration of pregnant women who use illegal drugs "to a serious degree" and who refuse to accept treatment.
- Alicia Beltran was incarcerated in 2013 after describing a history of addiction at her first prenatal visit. She filed a federal lawsuit claiming that several of her constitutional rights were violated.
- At least 5 women, and probably more, have been incarcerated under this law.
- ACOG opposes this and other similar laws in other states, pointing out that punitive measures have not been shown to decrease abuse of drugs.

Methadone

- Synthetic opioid
- Does not produce euphoria
- Has analgesic effects and is also used for the management of chronic pain.
- If overdosed, can lead to respiratory depression or cardiac arrhythmias.
- Given as a daily, oral dose.
- Must be dispensed by an Addiction Treatment Clinic in WI.

Buprenorphine

- Partial Opioid Agonist
- Can produce euphoria and respiratory depression, but less than opioids.
- At increasing doses, the effect levels off, decreasing the likelihood of abuse ("ceiling effect".)

Suboxone

- Contains both buprenorphine and naloxone (Narcan). If pills are crushed and injected, the naloxone will cause withdrawal symptoms.
- Not recommended for pregnant women since withdrawal is associated with a increased risk of stillbirth.

Naltrexone (Vivitrol)

- Blocks the effects of opioid medications.
- Given as an IM injection every 4 weeks.
- Category C in pregnancy with unknown effects on the fetus. Not currently used in pregnant women.

Methadone

- Pros: Addiction clinics offer a range of therapy, support groups, and individual treatment.
- Cons: Until the client is well-established at a clinic, she will need to pick up her medication on a daily basis.
- NAS risk in infants is higher than with buprenorphine.
- Withdrawal from methadone is reported to be worse, and longer in duration than withdrawal from buprenorphine.

Buprenorphine

- Pros: Can be prescribed by a physician with a DEA waiver (requires an 8 hour training which can be done online or at certain conferences).
- Use by pregnant women is associated with a lower risk of Neonatal Abstinence Syndrome in infants.
- Cons: There is street value in this drug, and no way to monitor whether patients are taking it as directed.
- Independent physicians usually cannot offer counseling services.

Prescribing Buprenorphine

- A DEA waiver can be obtained after doing an 8 hour training course.
- Prescribers can only treat up to 30 patients a year for the first year of their DEA Waiver.
- Subsequently they can treat up to 100 patients at a time.
- There is a severe shortage of buprenorphine prescribers in Wisconsin.

Initiating Buprenorphine

- Should be started when a patient is starting to have withdrawal symptoms, as assessed by a Clinical Opioid Withdrawal Scale.
- Patient should be reassessed within a few days to see whether her dose is adequate.
- Usual starting dose is 8mg BID. Maximum dose is 8mg QID.
- Treatment Contract should be signed when the initial prescription is given.
- Some women will need small dose increases as pregnancy progresses.

Legal Considerations

- Prescribers in WI are a required to check the Wisconsin Prescriber Drug Monitoring Program prior to prescribing buprenorphine.
- Records of prescriptions and dosages must be maintained.

Other Considerations

- Women should be informed that withdrawal from opioids during pregnancy is associated with an increased risk of stillbirth or miscarriage and is not recommended.
- Withdrawal or weaning from buprenorphine is also associated with a very high risk of relapse (approximately 95% of people will relapse).
- Counselling with an AODA counsellor or program is recommended and increases success of treatment.

Other Considerations

- Use of benzodiazepines and buprenorphine have been associated with deaths.
- Buprenorphine can be injected for a better "high." Some physicians will give prescriptions to non-pregnant women, and men, for cash payment.
- Some pharmacies choose not to carry buprenorphine because of its potential for abuse.

Drug Screening

- Women should have urine screens performed with each prenatal visit to ensure that she is taking buprenorphine and not taking other drugs.
- Drug screens MUST be done with a woman's consent.
- Use of other drugs is not necessarily a cause for discontinuing buprenorphine but should be a flag that the woman needs more intensive treatment.

Effect of Methadone on Fetus

- Methadone exposed babies may have smaller heads and are at increased risk of low birthweight, but catch up in growth after birth.
- Minor neurologic abnormalities and learning disability? Unclear if this is drug effect or a result of poorer parenting abilities in drug addicted mothers.
- About 60% of babies will have NAS and methadone NAS may be longer lasting and more severe than buprenorphine NAS.

Effect of Buprenorphine on Fetus

- There is less research on the effects of buprenorphine on the fetus or newborn.
- No teratogenic effects.
- Unclear effect on birthweight
- Risk of NAS may be around 30%, and is not dose-related.

Benefit of Breastfeeding

- A small amount of either methadone or buprenorphine gets into breast milk.
- This may help reduce the risk of NAS in the infant.
- Unless there is a clear contraindication (like HIV infection), breastfeeding should be encouraged.

Postpartum

- Referral for continued treatment can be very challenging.
- For women on buprenorphine, some methadone clinics are starting to dispense buprenorphine as well.
- Women should be informed about the high risk of relapse if they want to wean off medications, and the high risk of overdose if they relapse.

Part III. Counseling women whose infants may develop NAS

Stacy Boden, CPNP, APNP

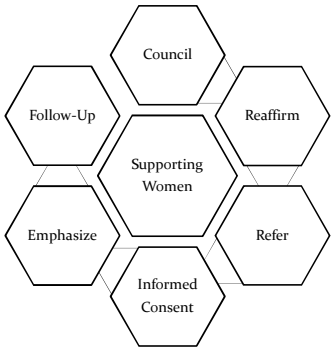
Learned Experiences

- Guilt
- Worry about affect on their unborn child
- Low self-esteem & self-worth
- Society's increasing tendency to criminalize drug use during pregnancy
  - Fear of punitive intervention
  - Fear criminal prosecution
- Co-occurring Mental illness
- Fear significant other or family member(s) reaction
- Parenting stress
- Financial pressures
- Despair
- Hopelessness
- Homelessness
- Lack of support systems (e.g. friends & family)
- Incarceration

Developing a relationship

- Be open, honest, and respectful
- Display a non-judgmental attitude in a nonjudgmental environment
- Ask many open-ended, non-judgmental questions
- Authentically listen and respond
- Positive reinforcement
- Goal is not to punish or prosecute

Reminder: Pregnancy serves as strong motivation to change risky behaviors



Counseling prenatally and post-natal

- Before delivery
  - 1st or 2nd trimester Pediatric consult 30 min
  - Brief telephone or in-person post OB check follow up 1-2 additional times during pregnancy
  - Newborn provider updates
- Neonatal withdrawal period
- Maternal and Newborn post-hospital follow up

Defining success

ANY positive change in previous behavior:

- Prenatal appointments
- Admitting to substance use
- Decrease quantity
- Substance treatment program and/or therapy
- Identify support system
- Bonding
- Newborn follow-up

References

Armstrong, M., Osejo, V., Lieberman, L., Carpenter, D., Pantoja, P., & Escobar, G. (2003). Perinatal Substance Abuse Intervention in Obstetric Clinics Decreases Adverse Neonatal Outcomes. *Journal of Perinatology*, 23, 3-9.

Carter, C.S. Perinatal care for women who are addicted: implications for empowerment. *Health Social work. 2002; 27(3): 166-74.*

Journal of Obstetric, Gynecologic, & Neonatal Nursing: *Introducing a Caring/Relational Framework for Building Relationships With Addicted Mothers. 2009, 38(2), 206-213.*

Kukko H, Halmesmäki E. Prenatal care and counseling of female drug-abusers: effects on drug abuse and perinatal outcome. Acta Obstet Gynecol Scand. 1999;78(1):22–26.

Office of Disease Prevention and Health Promotion. (2014). *HealthyPeople.gov*: Maternal, Infant and Child Health. Retrieved on October 20, 2014 from http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives

The American College of Obstetricians and Gynecologists: *Opioid Abuse, Dependence, and Addiction in Pregnancy. 2012, 524: 1-7.*

Discussion

Questions?

Comments?

Remember

- Fax or email attendance list to WAPC
  - fax: 608-285-5004
  - email: wapc@perinatalweb.org
- Evaluation will be sent via email from WAPC. Please complete to receive continuing education credit.
- Continuing Education Certificate will be sent via email upon completion of evaluation.
- Archived version
- Become a member of WAPC! Join online: **https://www.perinatalweb.org/n-pay/membership.asp**
- Register for the 2016 WAPC Annual Perinatal Conference April 24-26, 2016, at the Osthoff Resort, Elkhart Lake: http://www.wapcperinatalconference.org/

Future Opioid Webinars

- Modeling Excellence: Comprehensive Care for Women in the Perinatal Period (June)
- Knowing What It Takes to Prescribe: Waiving Hello to Buprenorphine (September)
- What's Out There?: Community Resources for Women Affected by Opioids (December)

Thank-you

WAPC
WISCONSIN ASSOCIATION for Perinatal Care