Addressing Substance Use Disorder During & After Pregnancy

Donna Gorman, LCMFT, LCAC

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Agenda

Prevalence of Substance Use Disorder among pregnant women in the US

Review data of pregnant women admitted to DCCCA drug/alcohol treatment programs 2018

Challenges pregnant women with Substance Use Disorders (SUD's) experience during pregnancy & following delivery

Screening/referral process for pregnant women, Substance Abuse & Mental Health Services Administration's, (SAMHSA) recommendations

Services available for SUD Pregnant women

Prevalence of SUD Among Pregnant Women in the US

- *In the United States, women comprise 40% of those with life-long (dependency).*

- *Women are at highest risk of developing a substance use disorder in their reproductive years (18-44), with most during the ages between 18-29.*

- *According to a National Survey conducted by SAMSHA in the US 2012, 5.9% of pregnant women use illicit drugs, 8.5% drink alcohol, 15.9% smoke cigarettes resulting in over 380,000 offspring exposed to illicit substances, over 555,000 offspring to alcohol & over 1 million exposed to tobacco in utero.*

- *Between 2000-2009 US saw a five-fold increase in Opiate use in pregnancy.*

Pregnant Women Admitted to DCCCA SUD Treatment Programs 2018

- *Total # women admitted **1,201***
- *There were (76) women whose pregnancy status was "unknown"*
- *Of the 1,125 women known, **(52) fifty-two** women were identified as pregnant during the past year.*

Housing Status of Pregnant Women Upon Admission

- *Independent Living = 13*
- *Dependent = 18*
- ***Homeless = 21***

Funding Status of Pregnant Women upon Admission to Treatment

- *Medicaid = 32*

- *Private Insurance = 2*

- ***No Medical Insurance* =18***

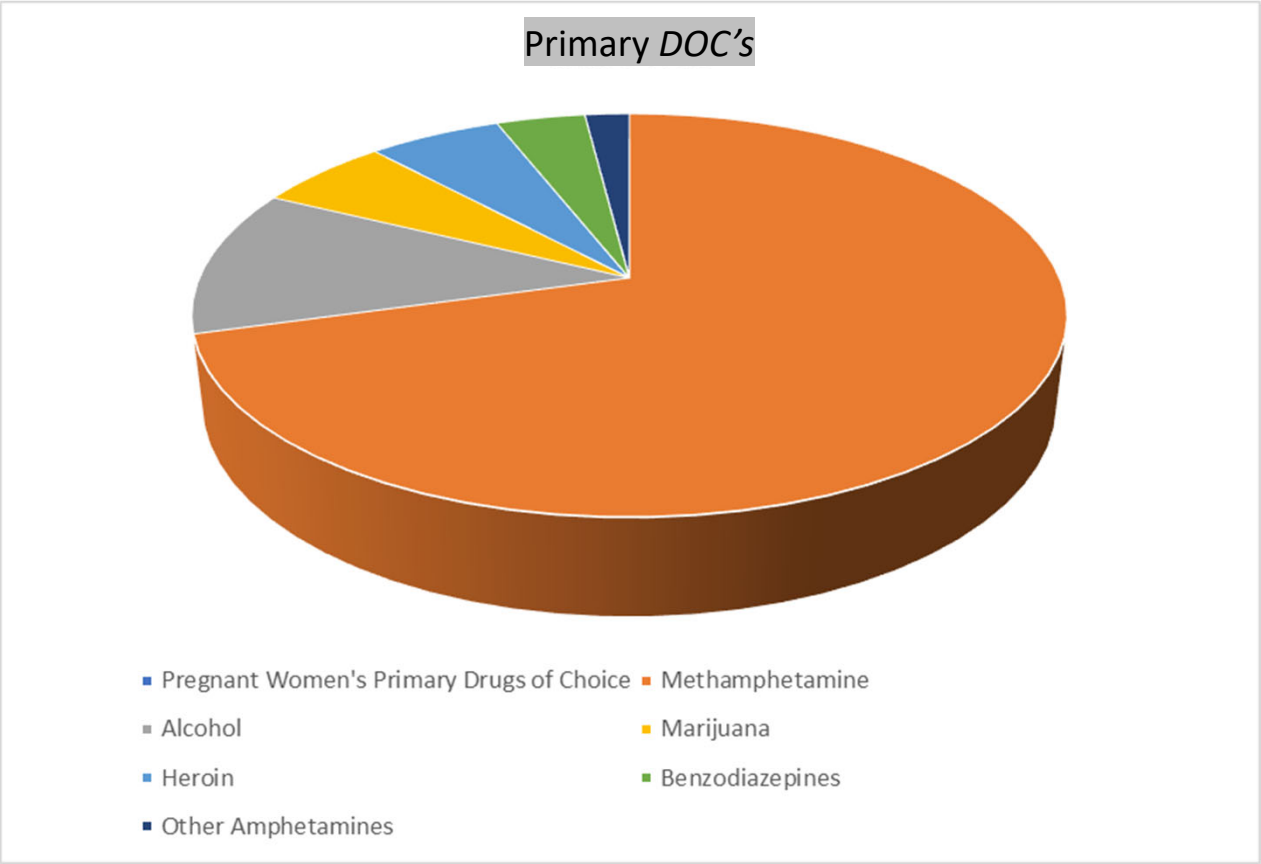
  *[Block Grant funds = 15]

  * [Senate Bill 123= 3]

→ SB123/Block Grant funds SUD Tx ∅ medical Tx

Pregnant Women Primary Drugs of Choice (DOC's) Reported at Admission

- *Methamphetamines = 36*
- *Alcohol = 6*
- *Heroin = 3*
- *Marijuana = 3*
- *Benzodiazepines = 2*
- *Barbituates = 1*
- *Other Amphetamines = 1*

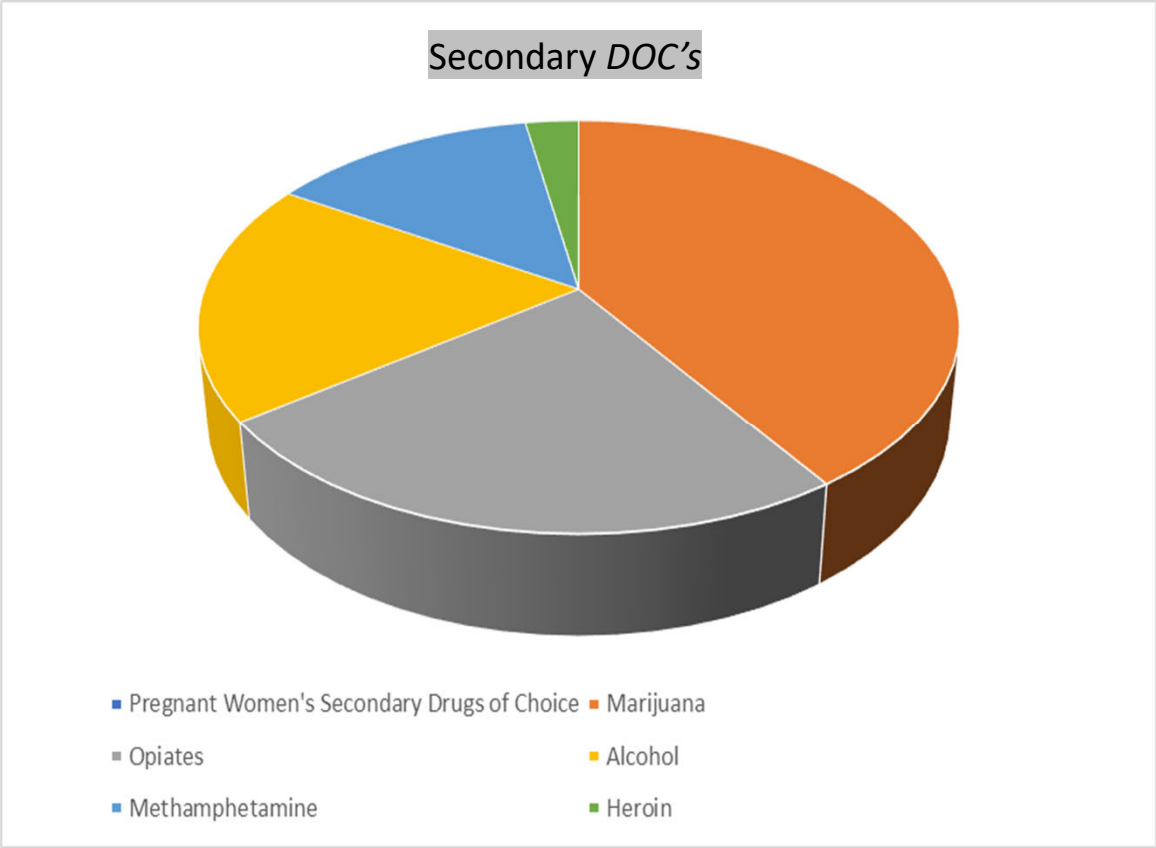


Pregnant Women Secondary DOC's

- *Marijuana = 15*
- *Opiates = 9*
- *Alcohol = 7*
- *Methamphetamine = 5*
- *Heroin = 1*

*N= **37** out of 52*

**Pregnant women report using 2+ substances*



Risks to Offspring Associated with Use (Abbrev.)…

- Pre-term labor
- Low birth-weight, small-for-gestational-age
- Congenital abnormalities
- Placental abruption
- Risks of miscarriage
- Admission to neonatal intensive care unit
- Neonatal Abstinence Syndrome (NAS), fetal convulsion
- Still birth, infant mortality
- Fetal Alcohol Syndrome (FASD)
- Limited attention & executive functioning skills, poor academic achievement & behavioral problems.

Why Pregnant Women with SUD's/or History of SUD's Need Increased Support During Pregnancy…

Common Challenges experienced during pregnancy

- *Increased stress (Unplanned pregnancy)*
- *Fatigue/sleeplessness*
- *Unstable relationships*
- *Lack of Transportation*
- *Lack of stable housing (cohabitating with friends/Significant others who may also be using)*
- *Lack of or minimal income*

Why Pregnant Women with SUD's/or History of SUD's Need Increased Support During Pregnancy…

Common Challenges experienced during pregnancy (cont'd)

- *Lack of employment*
- *Lack of Insurance/lack of access to medical care*
- *Domestic Violence (Risk factors: *Unplanned Pregnancy, *alcohol /drug use, *unemployment,* economic distress, social isolation & *lack of support)*

These are triggers that may lead to **RELAPSE/USE.**

Why Pregnant Women with SUD's/or History of SUD's Need Increased Support AFTER delivery:

- *Postpartum Depression: May occur in up to 15% of mothers; occurs at equivalent rates across income level, age, and ethnicity; and is more likely to occur in mothers who have a history of depression or bipolar disorder. (SAMHSA 2005)*

- *Depression & other mood disorders significantly correlates with substance use (e.g., self-medication). Women with postpartum depression (PPD) may be at greater risk for substance use compared with women without. Pregnant women who drink have elevated odds of experiencing PPD.*

Why Pregnant Women with SUD's/or History of SUD's Need Increased Support AFTER delivering (cont'd):

Physical challenges

- Lack of sleep/fatigue
- Fluctuating hormones— "baby blues"
- Difficulty soothing child, women who also used substances prenatally may face "added difficulties in infants' potentially limited ability to regulate wakefulness, sleep, or distress due to in-utero exposure."

  (SUBSTANCE-ABUSING MOTHERS IN RESIDENTIAL TREATMENT WITH THEIR BABIES: IMPORTANCE OF PRE- AND POSTNATAL MATERNAL REFLECTIVE FUNCTIONING. Pajulo M, Pyykkönen N, Kalland M, Sinkkonen J, Helenius H, Punamäki RL, Suchman N Infant Ment Health J. 2012 Jan; 33(1):70-81.)

Why Pregnant Women with SUD's/or History of SUD's Need Increased Support AFTER delivering (cont'd):

Environmental challenges

- ***Isolation & lack of social/family support***
- ***economic distress***
- ***unstable relationship with significant other***
- ***unstable housing,***
- ***lack of transportation.***

Why Pregnant Women with SUD's/or History of SUD's Need Increased Support <u>AFTER</u> delivering (cont'd):

Emotional

Physical

Environmental

Challenges

→ ∅ **Intervention** → **RELAPSE/USE**

↓

Negative Impact on Caregiving!

Negative Impacts on Caregiving…..

- ***Limit mother's ability to become emotionally connected (bond) to child, emotional detachment; decreased desire to hold, physically engage with child.***

- ***Limit mother's ability to adequately attend to child's physical needs, feeding, bathing, dressing, diaper changing, following up on immunizations/pediatric appts., increased tolerance for multiple/inadequate caregivers.***

What can you do?

The Substance Abuse & Mental Health Services Administration (SAMHSA, TIP 24) Recommendations to Primary Care Clinicians are the following:

Ask

- Periodically & routinely screen all patients for substance use disorders.
- Ask questions about substance use in the context of other lifestyle questions. "How do you handle stress? Does alcohol help you to deal with stress?"
- Ask pregnant women, "Do you use street drugs?"

- Brief SUD screening tools that can be administered are the *CAGE-AID & TWEAK*, specialized for pregnant women. (*See attached.*)

SAMHSA's Recommendations (cont'd.)…

- ***Advise*** *Abstinence but……*

- ***Refer*** *Any admission of use/or positive result on a screening should be followed by a* ***referral*** *for a* ***drug/alcohol assessment****.*

SAMHSA'S Recommendations (cont'd.)…

DO *Approach in a non-judgmental manner. Your patient is most-likely, already stressed, combine with shame & guilt regarding her use. There is tremendous stigma attached to drug & alcohol use. This is compounded when the use is by a pregnant woman.*

"With respect to substance abuse, our charge is straightforward; first we must **ask something, then we must **do** something." (SAMHSA TIP 24)*

Who Do You Call?

Community Agencies providing Drug/Alcohol Assessments

Substance Abuse Center of Kansas (SACK)
Serves 29 counties in central and south-central Kansas including the cities of Wichita, Hutchinson, Emporia & Iola.
731 N. Water #2
Wichita, KS 67203
(316) 267-3825
http://www.saack.org

Heartland Regional Alcohol & Drug Assessment Center (HRADAC)
Serves 76 counties. Areas served include Colby, Dodge City, Garden City, Great Bend, Hays,
Junction City, Kansas City Metro, Lawrence, Leavenworth, Liberal, Manhattan, Pratt, Salina, Topeka.
1321 N. 7th Street
Kansas City, KS 66101
(800) 281-0029
http://www.hradac.com

DCCCA Lawrence Outpatient
Provides drug/alcohol assessments, pregnant women have "priority" status. (See brochure for additional services offered).
1739 East 23rd Street
Lawrence, KS 66047
(785) 830-8238
https://www.dcccca.org

Community Agencies providing Drug/Alcohol Assessments (Cont'd.)

DCCCA Women's Recovery Center
*Designated Women's Treatment Program. Pregnant women who are using substances have "priority" status. They are offered **same day admission** upon referral to treatment. Drug & alcohol assessments are completed upon admission. WRC also provides drug/alcohol assessments by appointment. (See brochure for additional services offered).*
1319 West May Street
Wichita, KS 67213
(316) 262-0505
https://www.dcccca.org

DCCCA First Step At Lakeview
Designated Women's Treatment Program. Provides drug/alcohol assessments, pregnant women have "priority" status. (See brochure for additional services offered)
3015 West 31st Street
Lawrence, KS 66047
(785) 843-9262
https://www.dcccca.org

Community Agencies providing Drug/Alcohol Assessments (Cont'd.)

DCCCA Pratt Outpatient Clinic
501 S. Ninnescah
Pratt, KS 73106
(620) 672-7546
https://www.dcccca.org

DCCCA Elm Acres
1102 South Rouse Street
Pittsburg, KS 66762
(620) 231-5310
https://www.dcccca.org

Central Kansas Foundation (CKF)
306 N. Cedar Street
Abilene, Kansas 67410
P: 785-263-1328
*F:*785-263-4313

Community Agencies providing Drug/Alcohol Assessments (Cont'd.)

CKF Addiction Treatment
839 N. Eisenhower Drive
Junction City, Kansas 66441
P: 785-762-3700
F: 785-762-3704

CKF Addiction Treatment
208 S. Main Street
McPherson, Kansas 67460
P: 620-241-5550
F: 620-241-5554

CKF Addiction Treatment
617 E. Elm Street
Salina, Kansas 67401
785-825-6224
F: 785-825-7595

One More thing…….

Kansas has 8 Designated Women's Treatment Programs

- *Programs designed to meet the specific needs of women & their children. These programs have specific funding to support & aid the access of women & their children into residential treatment.*
- *Pregnant women are given priority status by federal mandate for admission to treatment. All pregnant women must be offered an assessment within 24 hours of initial contact, and admitted into treatment within 48 hours, as clinically indicated.*
- *Women who use IV drugs are given priority status by federal mandate for admission to treatment. All women using IV drugs must be offered an assessment and admitted into treatment within 14 days, as clinically indicated.*

Kansas Designated Women's Treatment Programs:

- Miracles Inc. – Wichita
- DCCCA Women's Recovery Center – Wichita
- DCCCA First Step Lakeview – Lawrence
- Ashby House – Salina
- Community Mental Health Center of Crawford County – Pittsburg
- Mirror – Newton
- City on a Hill – Marienthal**
- City on a Hill – Garden City

*** All residential programs accept children, except City on a Hill Marienthal.*

(KDADs Website)

CAGE-AID Questionnaire

CAGE Adapted to Include Drugs (CAGE-AID)

Page 1 of 1

Patient Name: _____ Date: _____

Please circle "yes" or "no" for each question.

When thinking about drug use, include illegal drug use & the use of prescription drug use other than prescribed.

Have you felt you ought to cut down on your drinking or drug use? . . . . . .Yes/ No?

Have people annoyed you by criticizing your drinking or drug use?. . . . . .Yes /No?

Have you felt bad or guilty about your drinking or drug use?. . . . . Yes /No?

Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?. . . . .Yes/ No?

Scoring: Item responses on the CAGE-AID are scored 0 for "no" and 1 for "yes" answers. A higher score is an indication of alcohol or drug problems. A total score of 2 or greater is considered clinically significant.

TWEAK *(*Tolerance/Worried/Amnesia/K-Cut Down)

*The **TWEAK** screening test consists of five questions designed to screen pregnant women for harmful drinking habits. The tool consists of questions from the CAGE as well as the MAST, regarding tolerance and amnesia.*

QUESTION ANSWER POINTS

1. *How many drinks does it take to make you feel high? (3 or more drinks = 2 points)*
2. *Have close friends or relatives worried or complained about your drinking in the past year? (Yes = 1 point)*
3. *Do you sometimes take a drink in the morning when you first get up? (Yes = 1 point)*
4. *Are there times when you drink and afterwards can't remember what you said or did? (Yes = 1 point)*
5. *Do you sometimes feel the need to cut down on your drinking? (Yes = 1 point)*

TOTAL SCORE Scoring*: The TWEAK is scored on a 7-point scale. On the tolerance question (#1), 2 points are given if a woman reports that she can consume more than five drinks without falling asleep or passing out. A positive response to the worry question (#2) yields 2 points, and positive responses to the last three questions yield 1 point each. A woman who has a total score of 2 or more points is likely to be an at-risk drinker.*

(Chang, 2001). Source: Russell, M (1994). New Assessment tools for risk drinking during pregnancy: T-ACE, TWEAK and others. Alcohol Health and Research World. CHAN, A. K.; PRISTACH, E. A.; WELTE, J. W.; AND RUSSELL, M. The TWEAK test in screening for alcoholism/ heavy drinking in three populations. Alcoholism: Clinical and Experimental Research 6: 1188 1192, 1993

References/Resources

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