Stigma and opioid use disorder:
What pediatricians need to know in
caring for mothers and children
ACKNOWLEDGEMENT

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• Address technical difficulties via the chat box to the “Host” only
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Presenters

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LEARNING OBJECTIVES

1. Review epidemiology of opioid use, opioid use disorder, and receipt of addiction treatment among pregnant and parenting women in the United States

2. Discuss the evidence base demonstrating how stigma adversely affects clinical outcomes among families with opioid use disorder

3. Delineate concrete steps that providers can take to mitigate the effects of stigma in their practice
Epidemiology
**Case 1**

- A mother brings in a 21 day old infant to establish primary care
- The mother reveals that she took buprenorphine during pregnancy to treat opioid use disorder
- She has primary care and addiction care, but also shares that she is thinking about tapering off her medication treatment
CASE 1

What is your response?

What kind of guidance do you feel comfortable giving to her?
RISING OPIOID DEATHS NATIONALLY

Trends in drug overdose deaths

Source: Centers for Disease Control and Prevention (CDC), Annual Surveillance Report of Drug-Related Risks and Outcomes, 2018
INDIVIDUALS OF REPRODUCTIVE AGE ARE SIGNIFICANTLY AFFECTED

- The number of deaths attributable to opioid overdose increased **292%** between 2001 and 2016
- **20%** of the deaths among adults 24 to 35 years in 2016 were attributed to opioids

DEATHS INCREASING AMONG MIDDLE-AGED WOMEN

FIGURE 1. Drug overdose deaths* (unadjusted) per 100,000 women aged 30–64 years, by involved drug or drug class — National Vital Statistics System (NVSS), 1999–2017\(^1,8\)

YOUNG ADULTS PARTICULARLY AFFECTED


- Prescription Opioids
- Heroin
- Heroin AND Other Synthetic Narcotics
- Other Synthetic Narcotics (fentanyl)

Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December 2018
OPIOID USE INITIATION

Cicero, et al. 2014

• Study of ongoing nationwide Survey of Key Informants’ Patients (SKIP) Program
• Participants were 18 years of age or older and had to meet DSM-IV criteria for substance abuse with a primary drug that is an opioid (prescription drug or heroin)

Findings:
• Of those who initiated their OUD in the 1960s, more than 80% indicated that they started by using heroin
• Of those who initiated their OUD in 2000s, 75% indicated they started by using a prescription drug

RISING PREVALENCE OF OPIOID USE IN PREGNANCY

FIGURE 1. National prevalence of opioid use disorder per 1,000 delivery hospitalizations* — National Inpatient Sample (NIS), † Healthcare Cost and Utilization Project (HCUP), United States, 1999–2014

OVERDOSE RISK AND TREATMENT STATUS

Schiff, et al. 2018

- Overdose risk decreased as women progressed throughout pregnancy and was lowest in the third trimester then increased in the postpartum period
- The highest risk of overdose occurred 7–12 months after delivery
- Opioid overdose rates were lower among women receiving pharmacotherapy in every time-period except for the third trimester (when the rates were similar)
- At 7–12 months postpartum, the opioid overdose rates increased regardless of receiving pharmacotherapy

Substance Use in Past Month Among Pregnant Women

PAST MONTH, 2015 - 2017, 15 - 44

NAS affects all communities

NAS incidence rates—25 states, 2012-2013

NAS cases per 1,000 hospital births

US Department of Health and Human Services
5-Point Strategy to Combat the Opioid Crisis

1. Better addiction prevention, treatment, and recovery services
2. Better data
3. Better pain management
4. Better targeting of overdose reversing drugs
5. Better research

PREGNANT AND PARENTING WOMEN SHOULD RECEIVE THE SAME CARE

- American Academy of Pediatrics
  - A Public Health Response to Opioid Use in Pregnancy
- American College of Obstetrics and Gynecology (ACOG) and American Society of Addiction Medicine (ASAM)
  - Opioid Use and Opioid Use Disorder in Pregnancy
### Decision considerations when selecting an opioid agonist medication for pregnant women

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Buprenorphine</th>
<th>Methadone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient selection</strong></td>
<td>• Patients new to treatment</td>
<td>Patients who do not like or want Buprenorphine</td>
</tr>
<tr>
<td></td>
<td>• Patients who do not like or want Methadone</td>
<td></td>
</tr>
<tr>
<td><strong>Care</strong></td>
<td>• Prenatal care</td>
<td>• Prenatal care</td>
</tr>
<tr>
<td></td>
<td>• Parenting classes</td>
<td>• Parenting classes</td>
</tr>
<tr>
<td></td>
<td>• SUD treatment</td>
<td>• SUD treatment</td>
</tr>
<tr>
<td><strong>Dispensing</strong></td>
<td>In office weekly or biweekly or in residential treatment program</td>
<td>Requires daily visits to a treatment program</td>
</tr>
<tr>
<td><strong>Treatment retention</strong></td>
<td>Some studies show higher dropout than Methadone</td>
<td>Some studies show higher retention than Buprenorphine</td>
</tr>
<tr>
<td><strong>Risk of medication interaction</strong></td>
<td>• Few known interactions</td>
<td>• CYP450 enzyme medications</td>
</tr>
<tr>
<td></td>
<td>• Risk of interaction – greatest with CNS depressants and CYP3A4 inhibitors</td>
<td>• Known interactions detailed in McCance-Katz (2011)</td>
</tr>
<tr>
<td></td>
<td>• Other agonist/antagonist and full antagonist medications will result in precipitates withdrawal</td>
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</tr>
<tr>
<td><strong>Starting dose</strong></td>
<td>2-4 mg</td>
<td>20-30 mg</td>
</tr>
<tr>
<td><strong>Target dose</strong></td>
<td>Daily 16 mg</td>
<td>Daily 80-120 mg</td>
</tr>
</tbody>
</table>

TAKE HOME MESSAGES

- Opioid use and OUD are on the rise
- Mothers are at high risk for overdose during the postpartum period
- Opioid agonist pharmacotherapy is the standard treatment for pregnant women with OUD. Support services, including mental health treatment and child care, are beneficial. (AAP Policy Statement A Public Health Response to Opioid Use in Pregnancy, 2017)
CASE 2

- A 24 year old mother brings in her 2 year old child for a well child visit
- The mother has a severe headache and cannot focus during the visit
- You recommend going to the emergency department
At the next visit, the mother tells you that the triage staff asked her why she was on so many medications and if she was really trying to get sober if she was taking buprenorphine?
STIGMA

A social process which occurs when individuals are devalued or discredited in a particular social context because of a perceived negative attribute which disqualifies them from full social acceptance.

Goffman (1963), Crocker, Major & Steele (1998)
Criminalization of Pregnancy and Drug Use

- A number of states have passed laws or applied existing child endangerment laws to prosecute pregnant women for illicit drug use during pregnancy.

- In 1995, the AAP reaffirmed its position that “punitive measures taken toward pregnant women, such as criminal prosecution and incarceration, have no proven benefits for infant health” and argued that “the public must be assured of nonpunitive access to comprehensive care that meets the needs of the substance-abusing pregnant woman and her infant.” (AAP, Policy Statement, A Public Health Response to Opioid Use in Pregnancy, 2017)
EXAMPLES OF NEWS HEADLINES

• “Rates of opioid addicted babies born set to rise again in 2017”
• “Saving the youngest victim of the opioid epidemic”
• “These newborn babies cry for drugs, not milk”
• “Tennessee lawmakers want to prosecute moms of drug exposed babies and that’s wrong”
Impact of Stigma on Clinical Outcomes

John F. Kelly & Cassandra M. Westerhoff study, 2010

*Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms.*

- “substance abuser”
- “substance use disorder”

“Even among highly trained mental health professionals, exposure to these two commonly used terms evokes systematically different judgments. The commonly used "substance abuser" term may perpetuate stigmatizing attitudes.”

IMPACT OF STIGMA ON CLINICAL OUTCOMES

Scott E. Hadland, Tae Woo Park & Sarah M Bagley, 2018

Stigma associated with medication treatment for young adults with opioid use disorder

- Opioid-related deaths continue to rise among all age groups, including young adults
- Stigma related to medication treatment can be a substantial barrier for many young adult patients
- There are concrete steps that providers and communities can take to address this stigma

DO PREGNANT OR PARENTING WOMEN EXPERIENCE STIGMA DIFFERENTLY? YES, BECAUSE THEY ARE PARENTS!

- Shame associated with “doing this to a baby”
- Fear of being treated differently in the hospital, by staff, by the community
- Guilt
What You Can Do
WHAT CAN PROVIDERS DO?

- Consider your own implicit bias
- Use non-stigmatizing language
- Ask and talk about treatment and recovery in a positive manner
- Congratulate small successes and sympathize with the patient and family
- Partner with the mother to help support the infant’s positive health outcomes
- Provide and support family-centered care
What you can do?

- Explain you have reviewed prenatal history, substance use history, and mental health history
- Understand child protection laws in your state
- Take history about custody of other children
- Connect with other health providers and the state child welfare agency organization to support the family
- Closely monitor infant’s development for potential concerns and delays
**LANGUAGE MATTERS**

**Language that reduces stigma and can increase help-seeking**
- Person-first language
- Substance use disorder indicates a chronic health condition and does not place the blame on the individual
- Patient with OUD
- Negative/positive toxicology test result

**Language that supports stigma and reduces help-seeking**
- Tough, punitive, language, like “war on drugs”
- “You use, you lose” expressions are not effective
- Drug “abuse” and drug “abusers” tend to blame the individual for unhealthy behavior
- “Drug addicts”
- “Clean”/”dirty” urine test results
## Examples of Preferred Language

<table>
<thead>
<tr>
<th>Say this...</th>
<th>Instead of this...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with a substance use disorder, person with addiction, person who uses drugs</td>
<td>Addict, junkie, crackhead, user, abuser, pill-popper, alcoholic</td>
</tr>
<tr>
<td>Risky or unhealthy alcohol/drug use</td>
<td>Misuse or abuse*</td>
</tr>
<tr>
<td>Medication for addiction treatment (MAT), treatment, opioid agonist therapy, medication for addiction</td>
<td>Medication-assisted treatment (MAT), replacement therapy, substitution therapy</td>
</tr>
<tr>
<td>Negative or positive urine toxicology test</td>
<td>Dirty or clean urine</td>
</tr>
<tr>
<td>Addiction survivor, in remission, in recovery</td>
<td>Recovering addict, clean</td>
</tr>
<tr>
<td>Infant with NAS or SEN</td>
<td>Addicted baby</td>
</tr>
</tbody>
</table>

*Unless in reference to DSM-IV diagnosis “substance abuse disorder”

Used with permission from Alicia Ventura, MPH, Director of Special Projects and Research, Boston Medical Center, Office Based Addiction Treatment Training and Technical Assistance Program
MODELS OF CARE FOR PREGNANT WOMEN

Council of Patient Safety in Women’s Health Care

Patient Safety Bundle - Obstetric Care for Women With OUD

https://safehealthcareforeverywoman.org/

Available at: https://store.samhsa.gov/system/files/sma16-4978.pdf
REFERENCES AND RESOURCES

15. https://wisewisconsin.org/
16. March of Dimes. Beyond Labels - Do your part to reduce stigma. Available at: https://beyondlabels.marchofdimes.org/
Questions?
Thank you!