

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

Maternal-Infant Health and Opioid Use
September 26, 2019

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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

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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

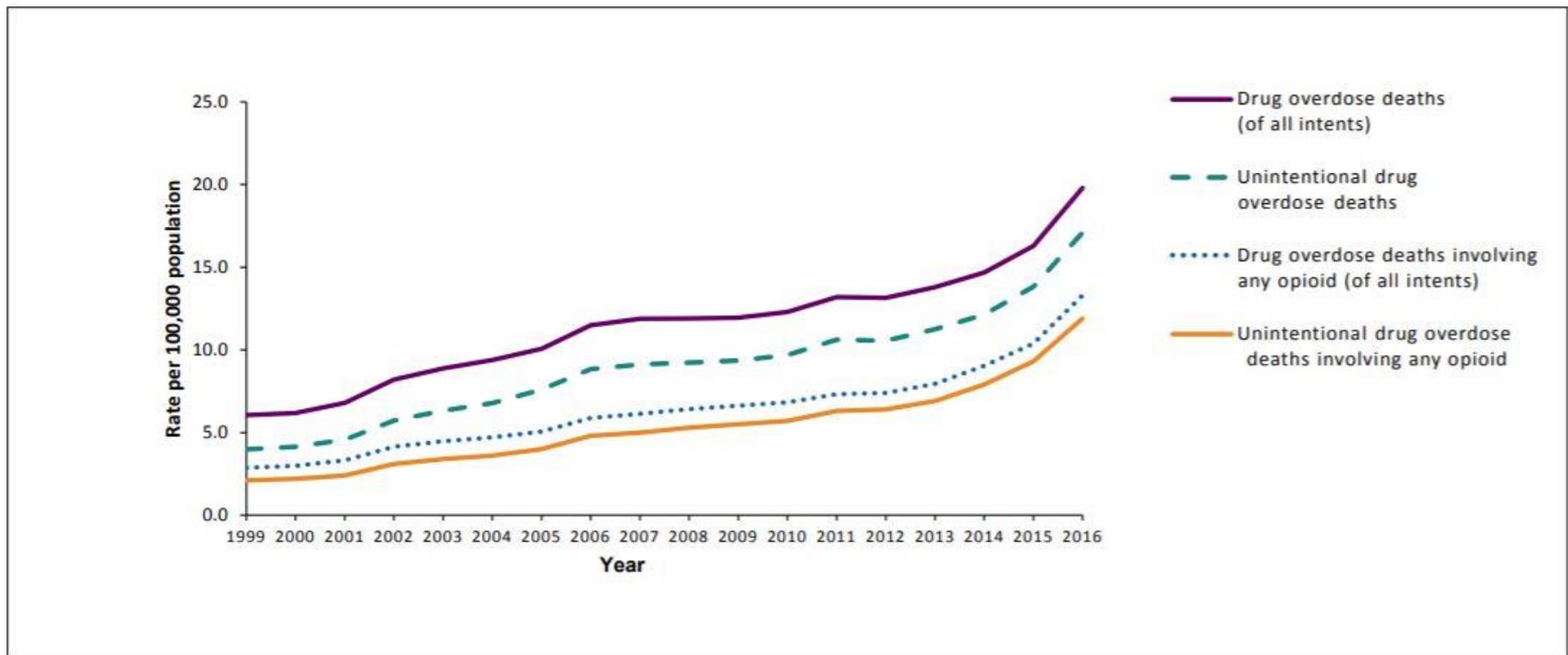
What is your response?

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

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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

Source: Gomes T. et al. The burden of opioid-related mortality in the United States . *JAMA Network Open* 2018, 1(2): e180217.

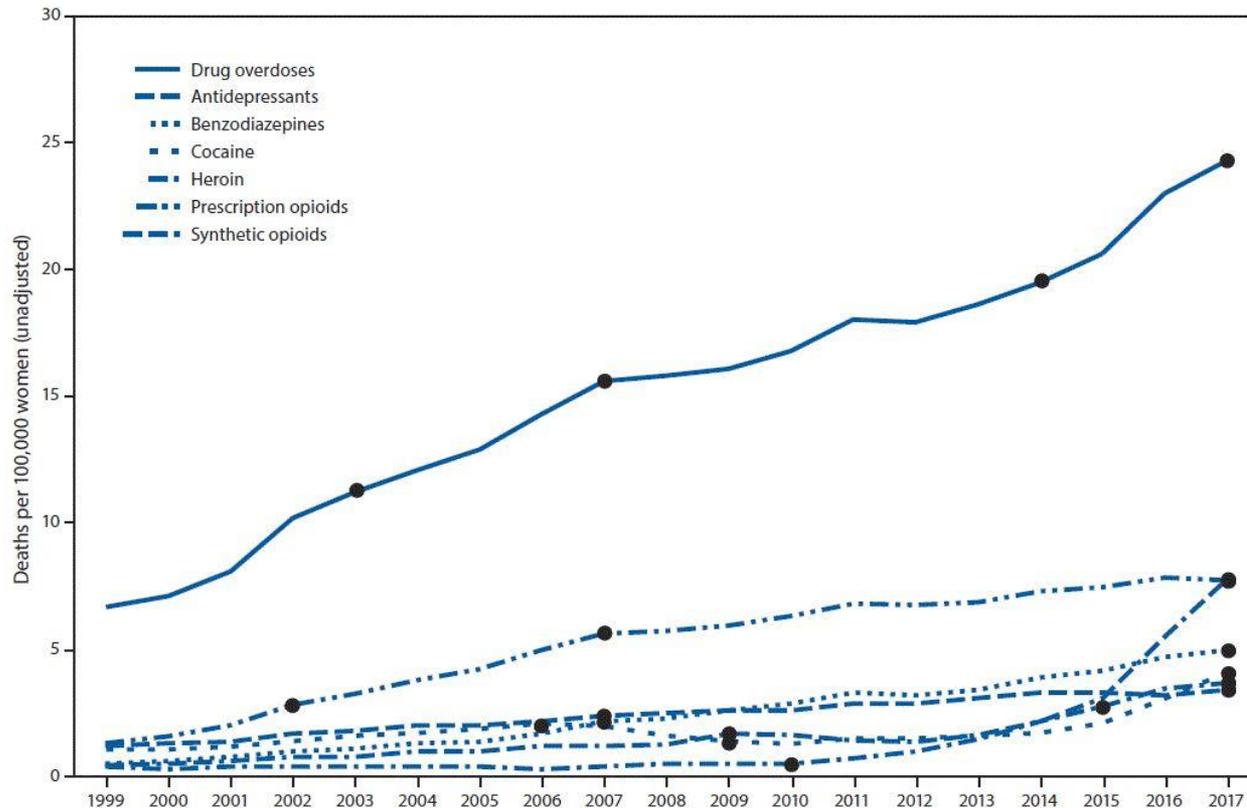
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DEATHS INCREASING AMONG MIDDLE-AGED WOMEN

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^{i,§}

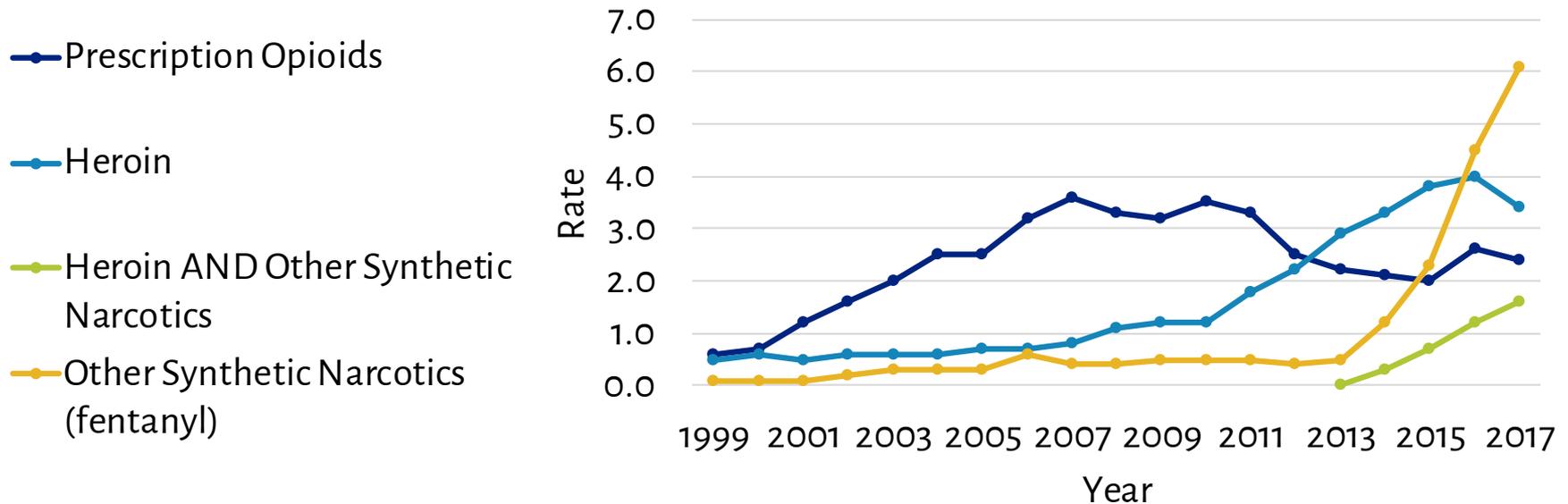


Source: VanHouten JP, Rudd RA, Ballesteros MF, Mack KA. Drug Overdose Deaths Among Women Aged 30–64 Years — United States, 1999–2017. *MMWR Morb Mortal Wkly Rep.* 2019;68:1–5. American Academy of Pediatrics



YOUNG ADULTS PARTICULARLY AFFECTED

Drug Overdose Death Rates for 15-24 year olds by type of opioid drug involved: United States, 1999-2017



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

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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:

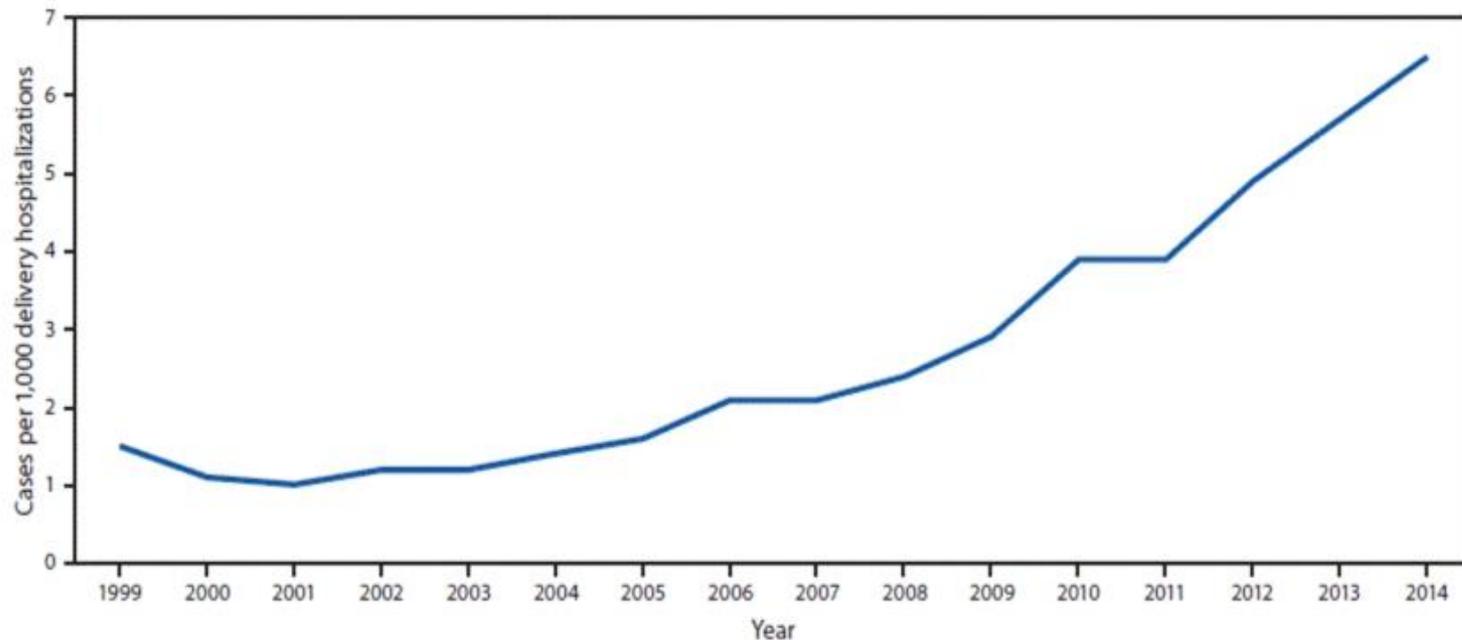
- Of those who initiated their OUD in the 1960s, more than 80% indicated that they started by using heroin
- Of those who initiated their OUD in 2000s, 75% indicated they started by using a prescription drug

Source: Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. *JAMA Psychiatry*. 2014;71(7):821-826



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



Source: Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid use disorder documented at delivery hospitalization — United States, 1999–2014. *MMWR Morb Mortal Wkly Rep.* 2018;67:845–849

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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

Source: Schiff DM, et al. Fatal and nonfatal overdose among pregnant and postpartum women in Massachusetts. *Obstet Gynecol.* 2018; 132(2):466-474

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Substance Use in Past Month Among Pregnant Women

PAST MONTH, 2015 - 2017, 15 - 44



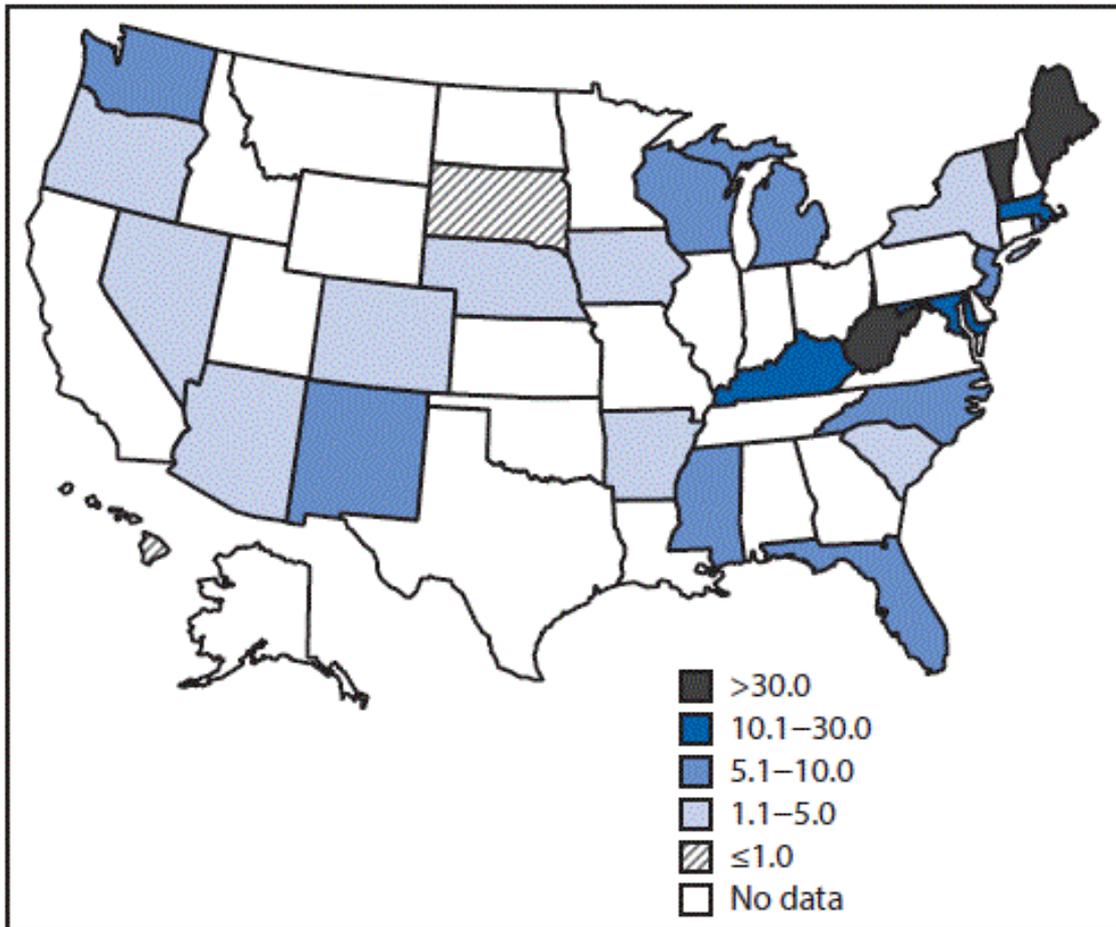
Slide courtesy: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use And Health, 2017. Available at: <https://www.samhsa.gov/data/sites/default/files/nsduh-ppt-09-2018.pdf>. Accessed September 25, 2019.

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NAS AFFECTS ALL COMMUNITIES



NAS incidence rates—
25 states, 2012-2013

NAS cases per 1,000
hospital births

Source: Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. *MMWR Morb Mortal Wkly Rep.* 2016;65:799–802

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US DEPARTMENT OF HEALTH AND HUMAN SERVICES 5-POINT STRATEGY TO COMBAT THE OPIOID CRISIS



Better
addiction
prevention,
treatment,
and recovery
services



Better data



Better pain
management



Better
targeting of
overdose
reversing
drugs



Better
research

Source: <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>

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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

Considerations	Buprenorphine	Methadone
Patient selection	<ul style="list-style-type: none"> • Patients new to treatment • Patients who do not like or want Methadone 	Patients who do not like or want Buprenorphine
Care	<ul style="list-style-type: none"> • Prenatal care • Parenting classes • SUD treatment 	<ul style="list-style-type: none"> • Prenatal care • Parenting classes • SUD treatment
Dispensing	In office weekly or biweekly or in residential treatment program	Requires daily visits to a treatment program
Treatment retention	Some studies show higher dropout than Methadone	Some studies show higher retention than Buprenorphine
Risk of medication interaction	<ul style="list-style-type: none"> • Few known interactions • Risk of interaction – greatest with CNS depressants and CYP3A4 inhibitors • Other agonist/antagonist and full antagonist medications will result in precipitates withdrawal 	<ul style="list-style-type: none"> • CYP450 enzyme medications • Known interactions detailed in McCance-Katz (2011) • Other agonist/antagonist and full antagonist medications will result in precipitates withdrawal
Starting dose	2-4 mg	20-30 mg
Target dose	Daily 16 mg	Daily 80-120 mg

Source: SAMHSA, 2018. Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants. Factsheet #2. <https://store.samhsa.gov/system/files/sma18-5054.pdf>.

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)



Impact of Stigma

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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



CASE 2 CONTINUED

- 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.”

Source : Kelly JF, Westerhoff CM, Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *Int J Drug Policy*. 2010;21(3):202–207

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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

Hadland SE, Park TW, Bagley SM. Stigma associated with medication treatment for young adults with opioid use disorder: a case series. *Addict Sci Clin Pract.* 2018;13(1):15

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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

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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



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

*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

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MODELS OF CARE FOR PREGNANT WOMEN



A COLLABORATIVE
APPROACH TO THE
TREATMENT OF
PREGNANT WOMEN
WITH OPIOID USE
DISORDERS

Practice and Policy Considerations for Child Welfare,
Collaborating Medical, and Service Providers



Department of Health and Human Services
ACF Children's Bureau
Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

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>

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16. March of Dimes. Beyond Labels - Do your part to reduce stigma. Available at: <https://beyondlabels.marchofdimes.org/>



Questions?

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Thank you!

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