Heroin Addiction and Pregnancy

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With gratitude to:

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Objectives

Overview of our situation in Kentucky

Heroin

Review Addictions

Uniqueness of Pregnancy

Screening, Detection, and Intervention Strategies
“And we wept, Precious, we wept to be so alone. And we forgot the taste of bread, the sound of trees, the softness of the wind. We even forgot our own name.”

The Lord of the Rings….Tolkien
Kentucky…the sun shines bright…
Addictions in Kentucky

- Addiction vulnerable
- Disease
- Availability
- Family history of addiction
- Behavior problems
- Mental health conditions
- Living in Kentucky
Heroin

What is it?
Why is it so addictive?
Most heroin in the US comes across our
$1 trillion from 2000-2010
US Office Drug Control Policy
“Heroin cut me off from the rest of...
Gram of heroin - size of pack of sugar

Costs $150-$250

Most use about 1/10 to 1/25 gram at a time
Short Term Effects

- “Rush”
- Slowed breathing
- Clouded mental functioning
- Nausea and vomiting
- Sedation; drowsiness
- Hypothermia (body temperature)
- Coma or death (due to overdo
NICU Transfers To East Tennessee Children’s Hospital

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Transfers</th>
<th>Drug Related Transfers</th>
<th>Column1</th>
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<tr>
<td>2011</td>
<td>38</td>
<td>19</td>
<td>50%</td>
</tr>
<tr>
<td>2012</td>
<td>34</td>
<td>13</td>
<td>40%</td>
</tr>
<tr>
<td>2013 (through June)</td>
<td>17</td>
<td>14</td>
<td>82%</td>
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Long Term Effects

- Bad teeth
- Inflammation of the gums
- Constipation
- Cold sweats
- Itching
- Weakening of the immune system
- Coma
- Respiratory (breathing) illnesses
- Muscular weakness, partial paralysis
- Reduced sexual capacity and long-term impotence
- Menstrual disturbance in women
- Loss of memory and intellectual performance
- Introversion
- Depression
- Pustules on the face
- Loss of appetite
- Insomnia
Addiction

A *chronic*, relapsing brain *disease* that is characterized...

Addiction is a *treatable* disease, hence there is an *ethical*...
You develop a tolerance to the drug

You have trouble controlling your use

You are preoccupied with using

You keep using even in the face of devastation

NIDA (National Institute on Drug Abuse)
Tolerance

You need to take more of the substance or
"Your whole day is spent finding or taking..."
Loss of Control

Unable to cut back or stop using
Maternal Complications of Substance Abuse

• Many barriers exist for pregnant substance abusers

• Lifestyle issues may result in pregnant women engaging in high risk behavior
  – Prostitution
  – Sharing of IV needles
  – Intimate Partner Violence
  – Theft and other criminal activities
Maternal Complications of Substance Abuse

Confounding variables of substance abuse

- Socioeconomic status
- Ethnicity
- Access to prenatal care
- Poly-substance abuse
Substances Most Commonly Abused During Pregnancy

- Tobacco
- Alcohol
- Marijuana
- Opiates
- Cocaine
- Benzodiazepines
- Amphetamines
- Hallucinogens
Opioid Addiction

- Oxycodone
- Hydrocodone
- Methadone
- Roxicodone
- Heroin
- Fentanyl
- Meperidine
- Hydromorphone
- Propoxyphene
Opioid use in Pregnancy: Maternal Complications

- Altered Mental Status
- Somnolence
- Respiratory Depression
- Death
- IV Use may result in
  - Hepatitis B & C
  - HIV
  - Skin infections
  - Endocarditis
  - Sepsis
Opioid Effects on Pregnancy

Antenatal Complications
- Preterm Delivery
- Growth Restriction
- Low Birth Weight
- Placental Abruption
- Fetal Death

Neonatal Effects
- Neonatal Abstinence Syndrome (NAS)
Neonatal Abstinence Syndrome (NAS)

- Constellation of withdrawal symptoms
  - *Central Nervous System*
    - Inconsolability, high-pitched crying, skin excoriation, hyperactive reflexes, tremors, seizures
  - *Gastrointestinal System*
    - Poor feeding, excessive sucking, feeding intolerance, loose or watery stools
  - *Autonomic/metabolic*
    - Sweating, nasal stuffiness, sneezing, fever, tachypnea, mottling
Gaps for Providers

- Better identify substance users
- Employ brief interventions
- Create treatment plans
In pregnancy, closing the gap reduces:
- Preterm delivery,
- Low birth weight and
- Neonatal withdrawal.


This data has been well known and accepted for

What’s at risk to act upon it?
Addiction is a treatable disease, hence there is an ethical imperative to provide treatment. Addiction treatment in pregnancy will result in 80% of patients improving their substance abuse outcomes.

- Nocon JJ. Motivational enhancement treatment improves maternal and neonatal outcome in substance use disorders during pregnancy.
The reality about Opioids....

- Opioids are cheap to make.
- Opioids are overly prescribed.
- Opioids are overly marketed.
- Opioid overdose is common
- Opioid overdose is lethal
Current public policy is to reduce the supply of drugs.

Many states are restricting Rx of opioids.

But no increase of treatment options

Which, results in an increase in demand of cheap illicit drugs

3/16/05: Kentucky enacts KASPER

Since then - Heroin overdoses skyrocket

(a national problem as well)

Chilling effect on providers –

pain patients unable to find providers,

especially pregnant patients.
SO now what?????

Shaming pregnant women
Blaming
Demonizing
Imprisoning
Pregnancy is an ideal time to provide intervention to women with substance abuse problems, as motivation to modify harmful behavior is increased.
Evidence Based Treatment in Pregnancy

Pregnancy enhances recovery - the best evidence tells us this!

Positive attitudes impact recovery!
From the day I started using, I never stop.

-Allison
Treatment of Substance Abuse During Pregnancy
Screening

- Universal Screening of all women before and during pregnancy
- Identify women currently using illicit substances & women at risk
- Toxicology testing: Urine Drug Screens
Various screening methods

SBIRT - 1

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

http://www.sbirttraining.com
The MOST important thing is that you DO screen and know what to do next!
American College of Obstetrics & Gynecology Committee Opinion in 2004

“using a protocol for universal screening, brief intervention, and referral to treatment...results in a mean net savings of $4644 in medical expenses per mother/infant pair.”
Intervention

• Multidisciplinary approach needed to address Physical, Psychological and social issues
  – Obstetrical and Neonatal Care
  – Addiction Medicine Specialist
  – Mental Health Services
  – Social Services
Treatment of Opioid Addiction in Pregnancy

• For Opioid addicted Pregnant patients:
  – Detoxification
    • Relapse rates are high and dangerous
  – Opioid Replacement Therapy
    • Methadone versus Buprenorphine
  – Alcohol and Drug Counseling
  – Treatment of Co-existing Mental Health Disorders
Treatment of Opioid Addiction in Pregnancy

“Comprehensive care provided at one location is cost effective and produces better outcomes for both mother and child.”

Early Start Program at Kaiser Permanente, California

Patients who were screened, assessed and treated had lower rates of preterm delivery, low birth weight, and neonatal-assisted ventilation

What has been given to us to do?

Everyday…do our best

Believe in the strength and goodness of each person

Keep learning

Don’t get discouraged
become fully committed to an idea, then Providence.

Johann Wolfgang von Goethe
QUESTIONS????
References - Heroin addiction and pregnancy


Ewing H. A practical guide to intervention in health and social services with pregnant and postpartum addicts and alcoholics: theoretical framework, brief screening tool, key interview questions, and strategies for referral to recovery resources. Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.


