SUBSTANCE EXPOSED NEWBORNS: ADDRESSING SUBSTANCE USE DISORDER

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NORTH DAKOTA
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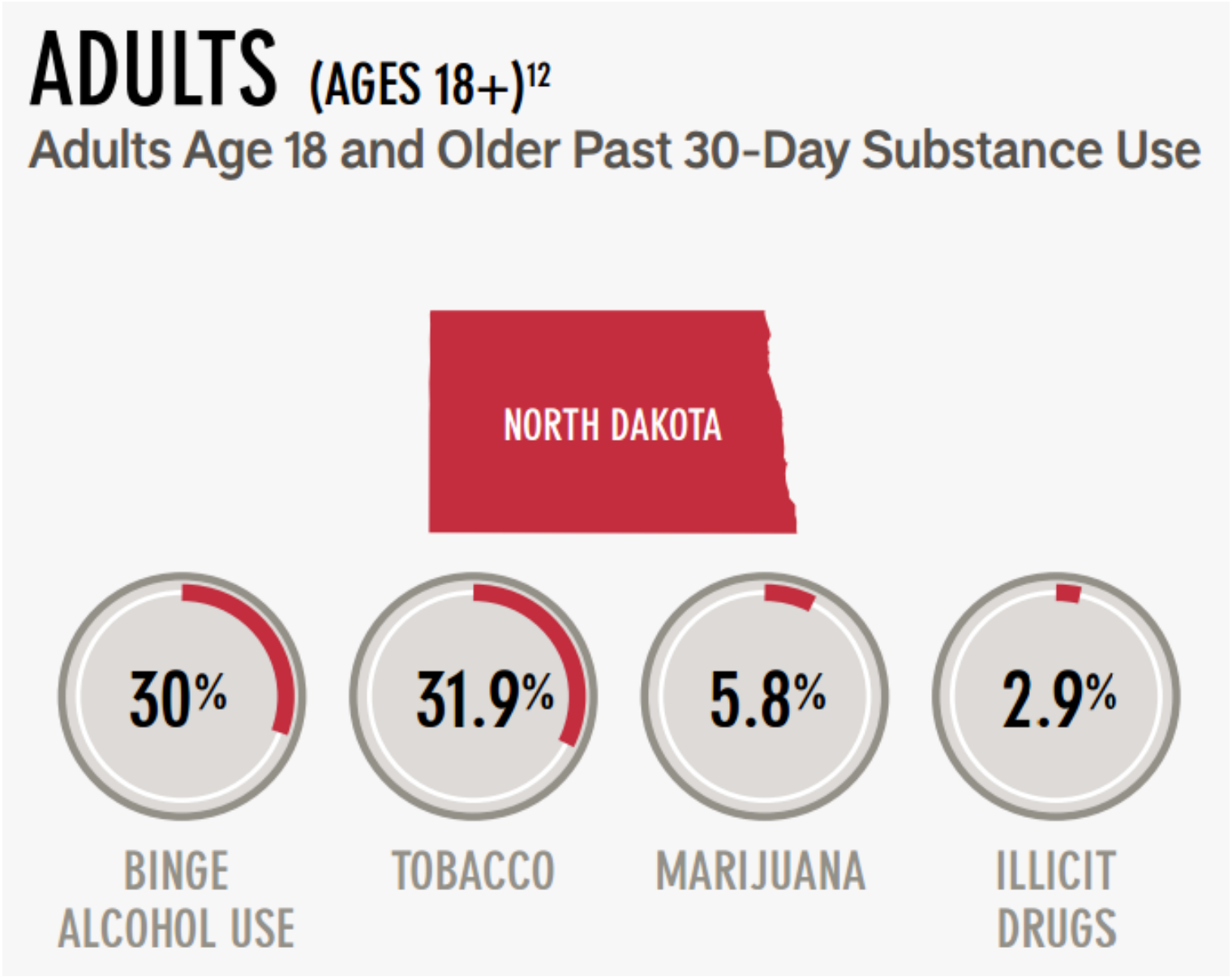
SUBSTANCE USE



SUBSTANCE USE

Approximately **6.7%** of ND adults age 26 or older met the criteria for alcohol dependence or abuse in the past year.[12]

SUBSTANCE USE AMONG WOMEN OF CHILDBEARING AGE *(NATIONAL DATA)*

18% of pregnant women **drink alcohol during early pregnancy**, dropping to 4% during late pregnancy.

An estimated annual average of about 21,000 pregnant women **misuse opioids in the past month**.

21,553 female **substance use treatment admissions were pregnant** at treatment entry.

- 22.9 percent reported **heroin** as a substance of misuse, and
- 28.1 percent reported any **non-heroin opioid** as a substance of misuse.

Women age 15-44; National Survey on Drug Use and Health, 2012
2012 Treatment Episode Data Set

SUBSTANCE EXPOSED NEWBORNS

Nationally each year an estimated 400,000–440,000 infants (10–11% of all births) are affected by prenatal alcohol or illicit drug exposure.

In 2013, 795 children were diagnosed with Fetal Alcohol Spectrum Disorder in North Dakota.

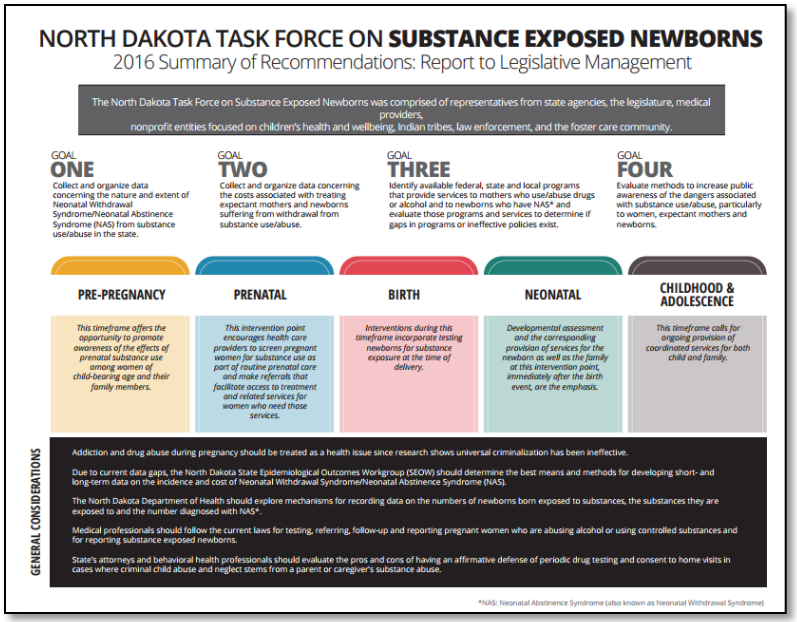
FASD is more prevalent than Down Syndrome, muscular dystrophy, and is as common as autism spectrum disorder.

A Report to the North Dakota Task Force on Substance Exposed Newborns From North Dakota Fetal Alcohol Syndrome Center (2016)

THE NORTH DAKOTA TASK FORCE ON SUBSTANCE EXPOSED NEWBORNS

The Task Force was comprised of representatives from state agencies, the legislature, medical providers, nonprofit entities focused on children's health and wellbeing, Indian tribes, law enforcement, and the foster care community.

The Task Force developed a report, *"2016 Summary of Recommendations: Report to Legislative Management"*



NORTH DAKOTA TASK FORCE ON **SUBSTANCE EXPOSED NEWBORNS**

2016 Summary of Recommendations: Report to Legislative Management

The North Dakota Task Force on Substance Exposed Newborns was comprised of representatives from state agencies, the legislature, medical providers, nonprofit entities focused on children's health and wellbeing, Indian tribes, law enforcement, and the foster care community.

GOAL **ONE**
Collect and organize data concerning the nature and extent of Neonatal Withdrawal Syndrome/Neonatal Abstinence Syndrome (NAS) from substance use/abuse in the state.

GOAL **TWO**
Collect and organize data concerning the costs associated with treating expectant mothers and newborns suffering from withdrawal from substance use/abuse.

GOAL **THREE**
Identify available federal, state and local programs that provide services to mothers who use/abuse drugs or alcohol and to newborns who have NAS* and evaluate those programs and services to determine if gaps in programs or ineffective policies exist.

GOAL **FOUR**
Evaluate methods to increase public awareness of the dangers associated with substance use/abuse, particularly to women, expectant mothers and newborns.

PRE-PREGNANCY	PRENATAL	BIRTH	NEONATAL	CHILDHOOD & ADOLESCENCE
This timeframe offers the opportunity to promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members.	*This intervention point encourages health care providers to screen pregnant women for substance use as part of routine prenatal care and make referrals that facilitate access to treatment and related services for women who need those services.*	*Interventions during this timeframe incorporate testing newborns for substance exposure at the time of delivery.*	*Developmental assessment and the corresponding provision of services for the newborn as well as the family at this intervention point, immediately after the birth event, are the emphasis.*	*This timeframe calls for ongoing provision of coordinated services for both child and family.*

GENERAL CONSIDERATIONS

Addiction and drug abuse during pregnancy should be treated as a health issue since research shows universal criminalization has been ineffective.

Due to current data gaps, the North Dakota State Epidemiological Outcomes Workgroup (SEOW) should determine the best means and methods for developing short- and long-term data on the incidence and cost of Neonatal Withdrawal Syndrome/Neonatal Abstinence Syndrome (NAS).

The North Dakota Department of Health should explore mechanisms for recording data on the numbers of newborns born exposed to substances, the substances they are exposed to and the number diagnosed with NAS*.

Medical professionals should follow the current laws for testing, referring, follow-up and reporting pregnant women who are abusing alcohol or using controlled substances and for reporting substance exposed newborns.

State's attorneys and behavioral health professionals should evaluate the pros and cons of having an affirmative defense of periodic drug testing and consent to home visits in cases where criminal child abuse and neglect stems from a parent or caregiver's substance abuse.

*NAS: Neonatal Abstinence Syndrome (also known as Neonatal Withdrawal Syndrome)

POINTS OF INTERVENTION

Pre-Pregnancy	Prenatal	Birth	Neonatal	Childhood & Adolescence
Promote **awareness of the effects of prenatal substance use** among women of child-bearing age and their family members.	Encourage health care providers to **screen pregnant women for substance use** as part of routine prenatal care and **make referrals that facilitate access to treatment** and related services for women who need those services.	**Testing newborns** for substance exposure at the time of delivery.	**Developmental assessment** and the corresponding **provision of services** for the newborn as well as the family	**Ongoing provision of coordinated services** for both child and family.

SUBSTANCE USE DISORDER TREATMENT BEST PRACTICES

EFFECTIVE SUBSTANCE USE DISORDER TREATMENT

1. Addiction is a **complex but treatable disease** that affects brain function and behavior.
2. **No single treatment** is appropriate for everyone.
3. Treatment needs to be **readily available**.
4. Effective treatment attends to **multiple needs** of the individual, not just his or her drug abuse.
5. **Remaining in treatment** for an adequate period of time is critical.

EFFECTIVE SUBSTANCE USE DISORDER TREATMENT

6. **Behavioral therapies**—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.
7. **Medications** are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be **assessed continually and modified** as necessary to ensure that it meets his or her changing needs.
9. Many drug-addicted individuals also have other **mental disorders.**

EFFECTIVE SUBSTANCE USE DISORDER TREATMENT

10. Medically assisted **detoxification is only the first stage** of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment **does not need to be voluntary** to be effective.
12. Drug use during treatment **must be monitored continuously**, as lapses during treatment do occur.
13. Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other **infectious diseases** as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary

http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment

MEDICATION ASSISTED TREATMENT

- Naltrexone
- Buprenorphine
  DATA 2000 Waiver
- Methadone
  Opioid Treatment Programs

OPIOID TREATMENT PROGRAMS

Opioid Treatment Programs use medication and counseling to treat individuals with opioid pain medication and/or heroin addiction.

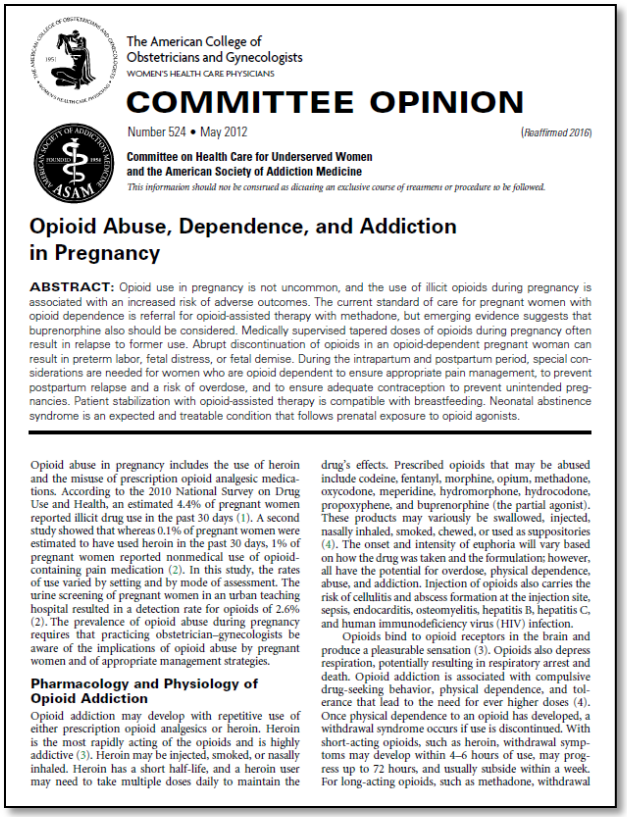
BISMARCK	MANDAN	MINOT	WEST FARGO	FARGO
Heartview began serving patients March 8, 2017. They currently have 9 patients. Premier Care, Inc. withdrew their application.	A one year moratorium on OTPs expired in October 2015. Community Medical Services submitted an application, however, has requested the application be placed on hold.	The one year moratorium on OTPs was lifted September 2015. August 10, 2016 Community Medical Services began serving patients. They currently have 63 patients.	A one year moratorium on OTPs expired in October 2015. West Fargo City Commission passed city licensing standards to oversee and license programs. Premier Care, Inc. withdrew their application.	Community Medical Services has received a provisional state license and is proceeding with federal requirements prior to operating. They anticipate opening spring 2017.

BEST PRACTICES FOR WOMEN WITH OPIOID USE DISORDER

CURRENT STANDARD OF CARE: MEDICATION ASSISTED TREATMENT

The current standard of care for pregnant women with opioid dependence is:

- Referral for **opioid-assisted therapy with methadone**
- Emerging evidence suggests **buprenorphine** also should be considered.



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 524 • May 2012 (Reaffirmed 2016)

Committee on Health Care for Underserved Women and the American Society of Addiction Medicine

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Opioid Abuse, Dependence, and Addiction in Pregnancy

ABSTRACT: Opioid use in pregnancy is not uncommon, and the use of illicit opioids during pregnancy is associated with an increased risk of adverse outcomes. The current standard of care for pregnant women with opioid dependence is referral for opioid-assisted therapy with methadone, but emerging evidence suggests that buprenorphine also should be considered. Medically supervised tapered doses of opioids during pregnancy often result in relapse to former use. Abrupt discontinuation of opioids in an opioid-dependent pregnant woman can result in preterm labor, fetal distress, or fetal demise. During the intrapartum and postpartum period, special considerations are needed for women who are opioid dependent to ensure appropriate pain management, to prevent postpartum relapse and a risk of overdose, and to ensure adequate contraception to prevent unintended pregnancies. Patient stabilization with opioid-assisted therapy is compatible with breastfeeding. Neonatal abstinence syndrome is an expected and treatable condition that follows prenatal exposure to opioid agonists.

Opioid abuse in pregnancy includes the use of heroin and the misuse of prescription opioid analgesic medications. According to the 2010 National Survey on Drug Use and Health, an estimated 4.4% of pregnant women reported illicit drug use in the past 30 days (1). A second study showed that whereas 0.1% of pregnant women were estimated to have used heroin in the past 30 days, 1% of pregnant women reported nonmedical use of opioid-containing pain medication (2). In this study, the rates of use varied by setting and by mode of assessment. The urine screening of pregnant women in an urban teaching hospital resulted in a detection rate for opioids of 2.6% (2). The prevalence of opioid abuse during pregnancy requires that practicing obstetrician–gynecologists be aware of the implications of opioid abuse by pregnant women and of appropriate management strategies.

Pharmacology and Physiology of Opioid Addiction

Opioid addiction may develop with repetitive use of either prescription opioid analgesics or heroin. Heroin is the most rapidly acting of the opioids and is highly addictive (3). Heroin may be injected, smoked, or nasally inhaled. Heroin has a short half-life, and a heroin user may need to take multiple doses daily to maintain the drug's effects. Prescribed opioids that may be abused include codeine, fentanyl, morphine, opium, methadone, oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene, and buprenorphine (the partial agonist). These products may variously be swallowed, injected, nasally inhaled, smoked, chewed, or used as suppositories (4). The onset and intensity of euphoria will vary based on how the drug was taken and the formulation; however, all have the potential for overdose, physical dependence, abuse, and addiction. Injection of opioids also carries the risk of cellulitis and abscess formation at the injection site, sepsis, endocarditis, osteomyelitis, hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) infection.

Opioids bind to opioid receptors in the brain and produce a pleasurable sensation (3). Opioids also depress respiration, potentially resulting in respiratory arrest and death. Opioid addiction is associated with compulsive drug-seeking behavior, physical dependence, and tolerance that lead to the need for ever higher doses (4). Once physical dependence to an opioid has developed, a withdrawal syndrome occurs if use is discontinued. With short-acting opioids, such as heroin, withdrawal symptoms may develop within 4–6 hours of use, may progress up to 72 hours, and usually subside within a week. For long-acting opioids, such as methadone, withdrawal

OPIOID AGONISTS VS. WITHDRAWAL MANAGEMENT

Pregnant women who are physically dependent on opioids should receive treatment using agonist medications rather than withdrawal management or abstinence as these approaches may pose a risk to the fetus.

*Furthermore, withdrawal management has been found to be **inferior in effectiveness** over pharmacotherapy with opioid agonists and increases the risk of relapse without fetal or maternal benefit.*

SAFEGUARDING AGAINST DISCRIMINATION AND STIGMATIZATION

Interventions should be provided to pregnant and breastfeeding women in ways that **prevent stigmatization, discrimination, criminalization, and marginalization** of women seeking treatment to benefit themselves and their infants.

Prevention and treatment should promote and facilitate family, community and social support as well as social inclusion by fostering strong links with available childcare, economic supports, education, housing, and relevant services.

EVIDENCE-BASED OVERDOSE PREVENTION IN NORTH DAKOTA

www.prevention.nd.gov/stopoverdose

- Flyers
- Posters
- Professional Resources