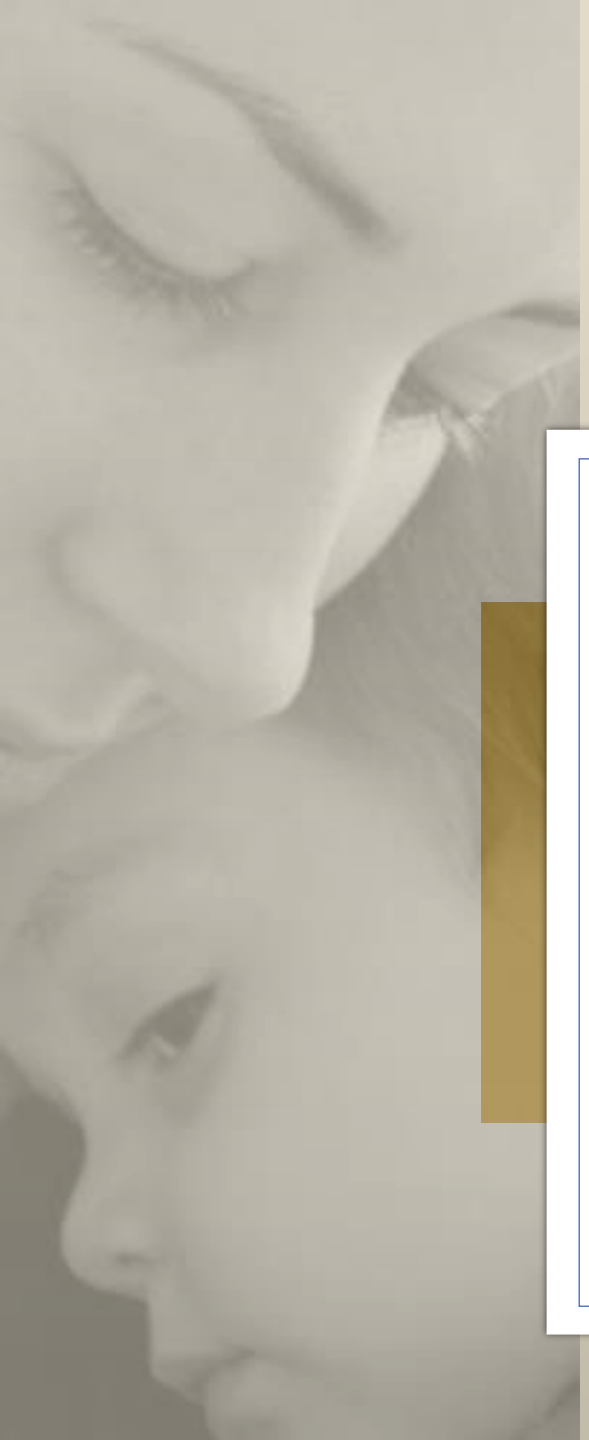


REGIONAL JUDICIAL
OPIOID INITIATIVE

May 4, 2020

Welcome to

TRAUMA-INFORMED CARE FOR PREGNANT WOMEN AND POSTNATAL CARE

The webinar will begin at 4:00pm ET.

Please keep your audio on mute, thank you.

Housekeeping Notes

POLL

The webinar:

- Your audio is muted during the webinar.
- The webinar will be recorded and posted on the RJOI website (www.ncsc.org/rjoi).
- Questions can be submitted through the **chat function** and will be held until the end of the webinar and answered as time allows.

Webinar Support:

This webinar is supported in part by Grant No. 2017-PM-BX-K037 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Department of Justices' Office of Justice Programs. Points of view or opinions provided are those of the speakers and do not necessarily represent the official position or policies of the U.S. Department of Justice.

REGIONAL JUDICIAL OPIOID INITIATIVE

Panel

Dr. Cara Poland
Michigan

Dr. Michael Marcotte
Ohio

Mallie Moore
Tennessee

Judge Duane Slone
Tennessee

REGIONAL JUDICIAL
OPIOID INITIATIVE

Background

National Judicial Opioid Task Force

Treating Pregnant Women with Opioid Use Disorder

This summary highlights the important evidence-based practices recommended in the Substance Abuse and Mental Health Services Administration's (SAMHSA) latest and most comprehensive guidance regarding pregnant women with opioid use disorders.

In February 2018, SAMHSA released the new *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*[1] (https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054).

The *Clinical Guidance* provides reliable, useful and accurate information for professionals working to treat opioid dependent mothers and their children.

The guidance consists of 16 fact sheets on prenatal, infant, and maternal postnatal care that are directed at healthcare professionals. We believe the evidence-based practices found in SAMHSA's guidance can inform judges, court administrators, executive branch leaders, legislators, behavioral health treatment providers, community supervision agencies, medical experts, prescription drug monitoring program managers, regulatory agencies, child welfare representatives, among others. The fact that many non-medical professionals, including judges, can potentially affect treatment decisions for pregnant women with Opioid Use Disorder (OUD) can further exacerbate the care of women and their infants if those non-medical professionals do not understand the best practices laid out in this guidance.

Background

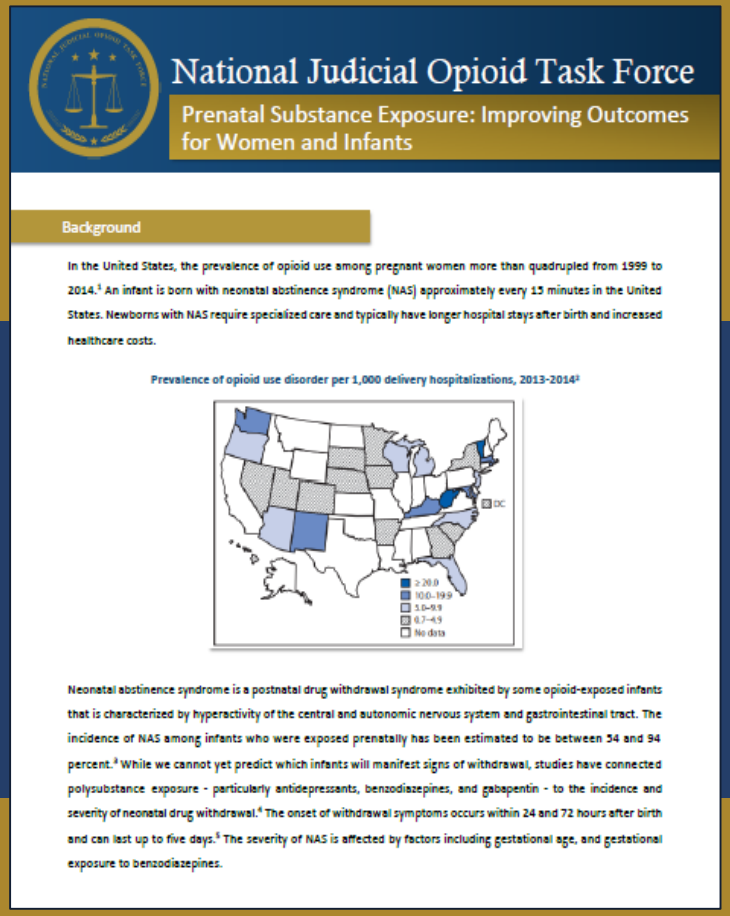
Treatment decisions for a mother and her fetus/infant are complex because they require balancing the needs of both patients (referred to as the maternal-fetal dyad or mother-infant dyad).[2] Effective interventions for OUD exist and include medication-assisted treatment (MAT). Healthy outcomes can occur for both the mother and the infant, but only when professionals can recognize and effectively treat OUD.

It is important to review the terms used in the guidelines. In clinical practice, prenatally substance-exposed infants are typically exposed to multiple substances (tobacco, alcohol, prescription medications, and illicit substances). Additionally, the research publications relied on to support SAMHSA's guidance almost universally studied pregnant women with substance use disorders (SUDs), rather than OUD only. As such, the guidelines use the term neonatal abstinence syndrome (NAS) when referring to the withdrawal symptoms expressed by infants, as opposed to the more narrow term neonatal opioid withdrawal syndrome (NOWS).[3]

[1] Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 08-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. Hereinafter Clinical Guidance.
[2] *Clinical Guidance*, Part A: Introduction.
[3] *Id.*

Opioids and the Courts Resource Center

~National Judicial Opioid Task Force~



National Judicial Opioid Task Force

Prenatal Substance Exposure: Improving Outcomes for Women and Infants

Background

In the United States, the prevalence of opioid use among pregnant women more than quadrupled from 1999 to 2014.[1] An infant is born with neonatal abstinence syndrome (NAS) approximately every 15 minutes in the United States. Newborns with NAS require specialized care and typically have longer hospital stays after birth and increased healthcare costs.

Prevalence of opioid use disorder per 1,000 delivery hospitalizations, 2013-2014[2]

Neonatal abstinence syndrome is a postnatal drug withdrawal syndrome exhibited by some opioid-exposed infants that is characterized by hyperactivity of the central and autonomic nervous system and gastrointestinal tract. The incidence of NAS among infants who were exposed prenatally has been estimated to be between 34 and 94 percent.[3] While we cannot yet predict which infants will manifest signs of withdrawal, studies have connected polysubstance exposure - particularly antidepressants, benzodiazepines, and gabapentin - to the incidence and severity of neonatal drug withdrawal.[4] The onset of withdrawal symptoms occurs within 24 and 72 hours after birth and can last up to five days.[5] The severity of NAS is affected by factors including gestational age, and gestational exposure to benzodiazepines.

https://www.ncsc.org/opioids

PREVALENCE OF TRAUMA AMONG COURT-INVOLVED PREGNANT WOMEN

Cara Poland, MD
Spectrum Health

Agenda

- **Addiction/Neurobiology of Addiction**
- The Opioid Crisis/Epidemiology of Addiction
- Trauma and Addiction
- Opioid Use Disorder and Michigan Prisons
- Pregnancy: Treatment and Medication to Treat Opioid Use Disorder (MOUD)
- Health-Related Stigma

REGIONAL JUDICIAL OPIOID INITIATIVE

Definition

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

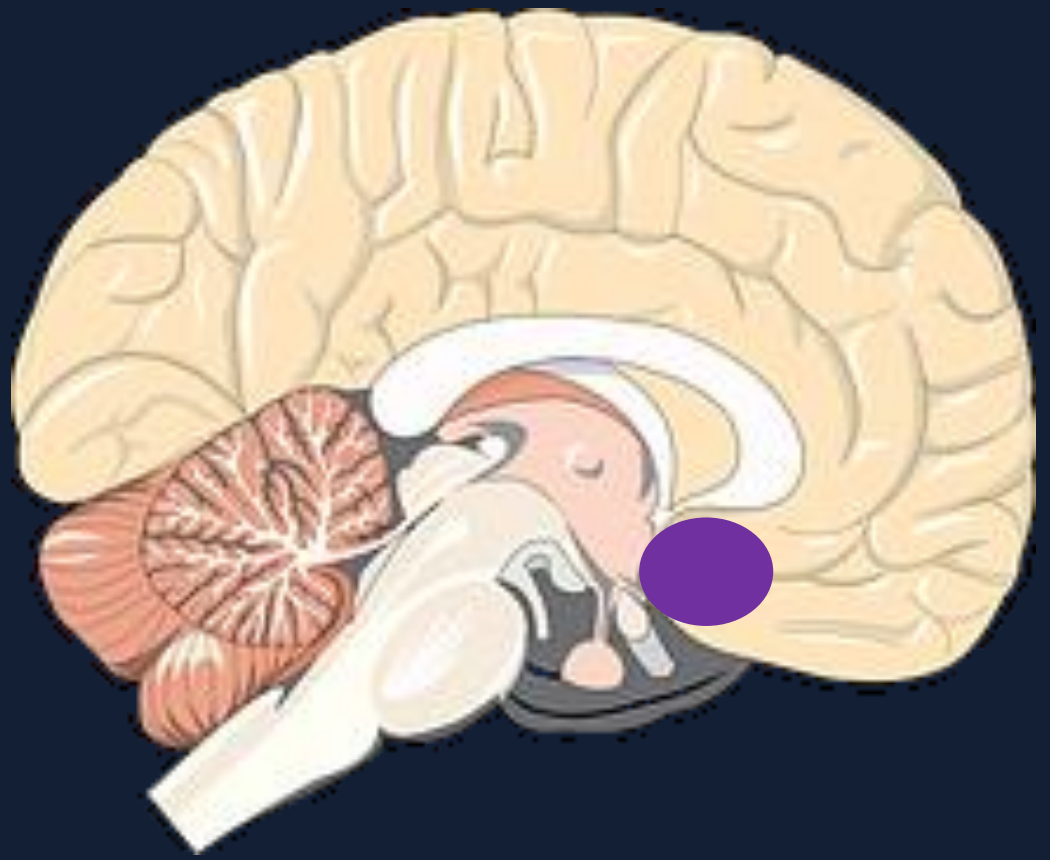
Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

~American Society for Addiction Medicine

Neurobiology: Nucleus Accumbens

"The GO Center"

- Pleasure Center
- Responds to:
  - Dopamine
  - Drugs
  - Food
  - Sex
- Sends reinforcing signals to the frontal cortex



Neurobiology: Ventral Tegmental Area

"The Gas Tank"

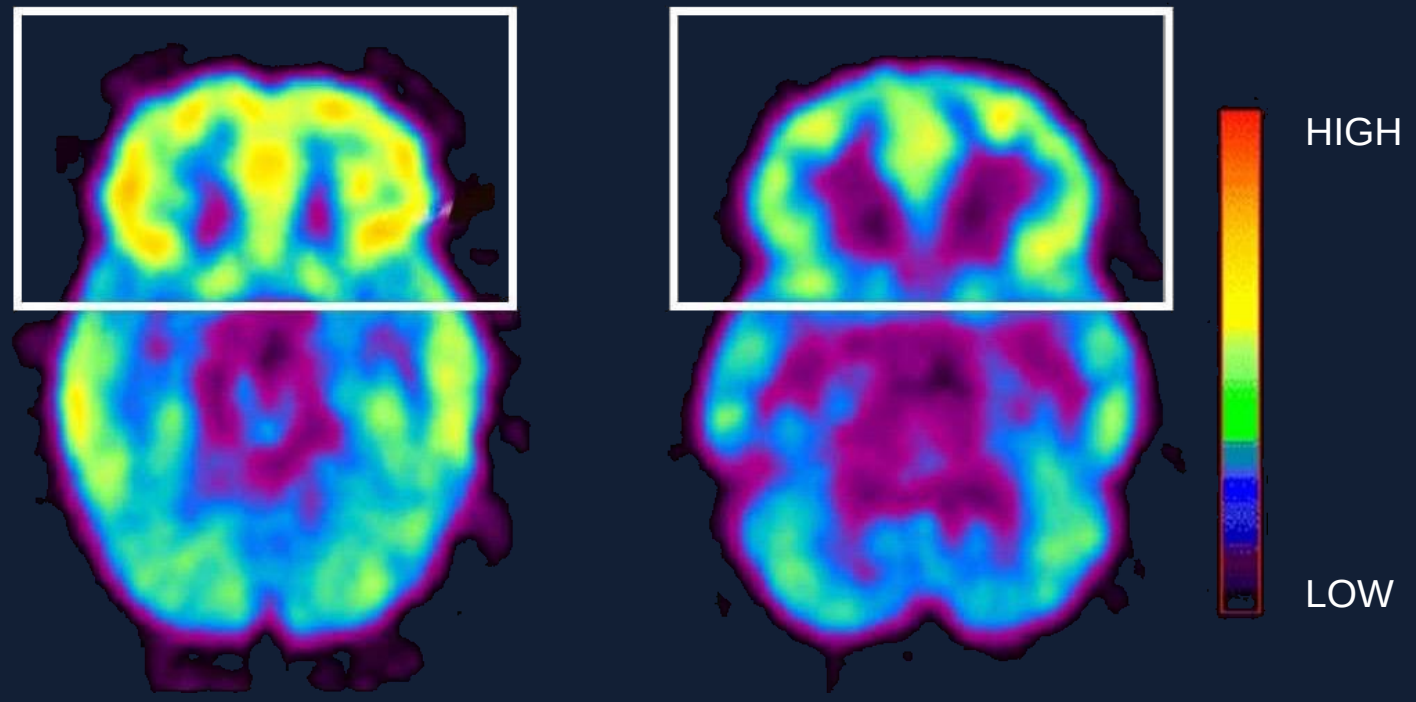
- Supplies Dopamine to the Nucleus Accumbens
- Dopamine is our motivational chemical
- Endorphins, endogenous opioids, are our pleasure chemical

Affect

It is our affective response to the images that cause our body to respond “unconsciously” to the stimulus of seeing the different foods.

Brain Changes

Disruption in brain circuits involved in reward and punishment



Addiction "Hijacks" the Brain

The CEO is unable to STOP the information flow and the "immature" areas of the brain take over.

If the frontal cortex is not developed at onset of use, it remains underdeveloped.

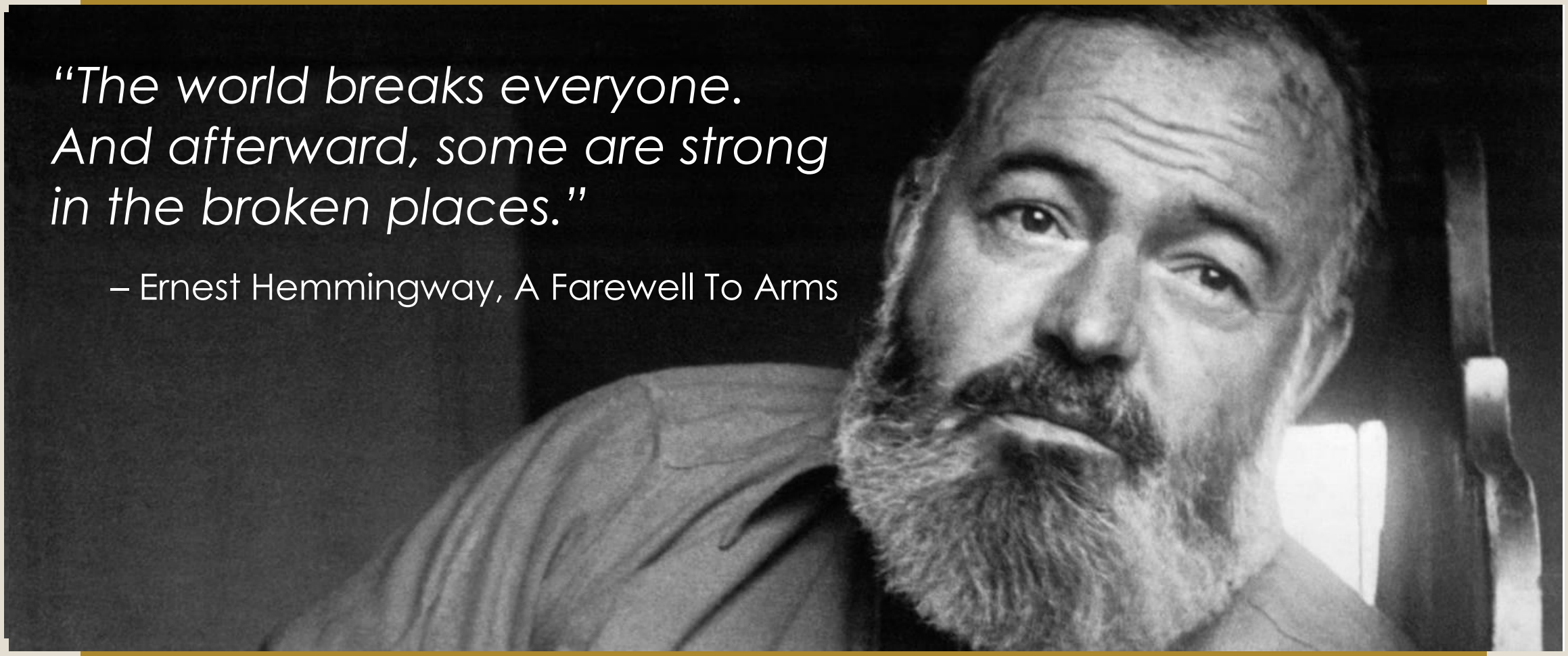
Why do some people become addicted to drugs?

No one factor can predict if a person will become addicted to drugs. A combination of factors influences risk for addiction. The more risk factors a person has, the greater the chance that taking drugs can lead to addiction.

Common Risk Factors

- Biology
- Environment
- Development

Addiction in Community



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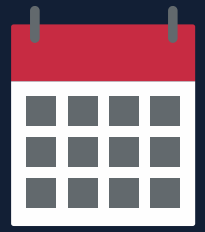
Opioid Numbers

IN 2018…



128 People died every day from opioid-related drug overdoses (4.6 % decrease from 2017)

Deaths attributed to overdosing

on commonly prescribed opioids[2] **14,975**

on fentanyl and other synthetic opioids[2] **31,335**

on heroin[2] **14,996**

Decreases since 2017

2% Opioid-involved death rates

13.5% Prescription opioid-involved death rates

4% Heroin-involved death rates

10% increase Synthetic opioid-involved death rates (excluding methadone)

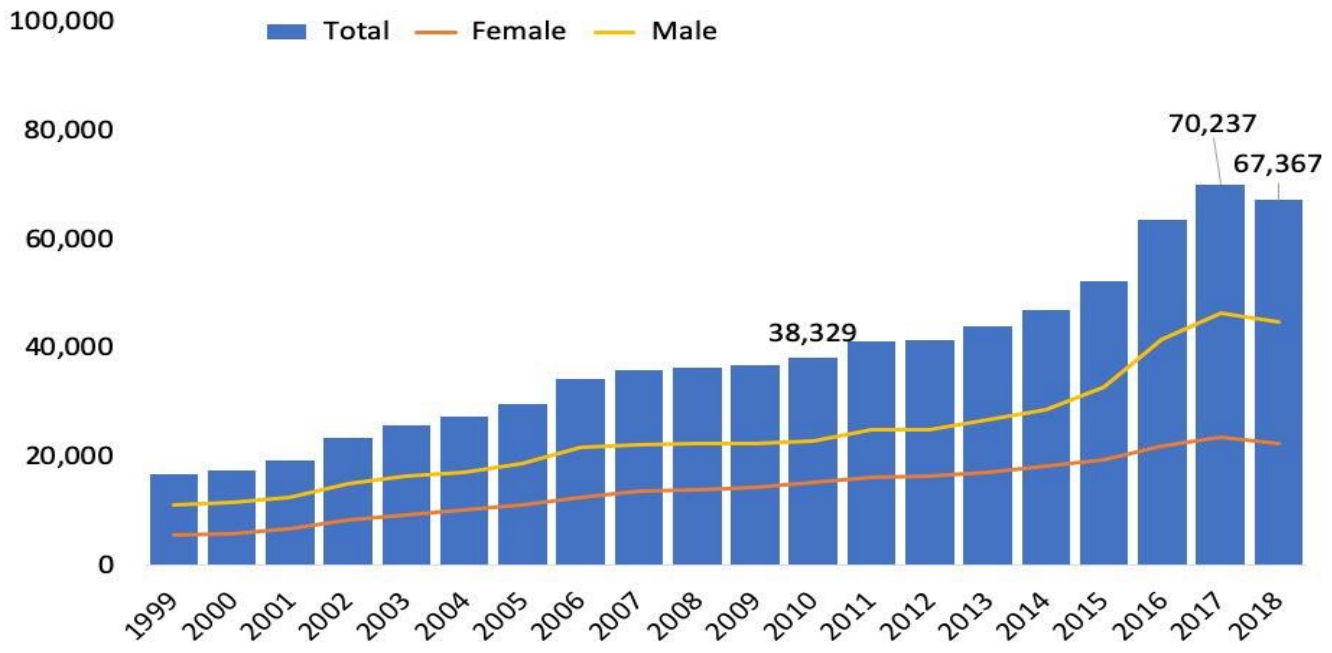
$696B

In economic costs[3]

Sources: The opioid epidemic cost $2.5 trillion over 4 years – Vox www.vox.com > opioid-epidemic-cost-white-house-economic-adviser

National Drug Overdose Deaths

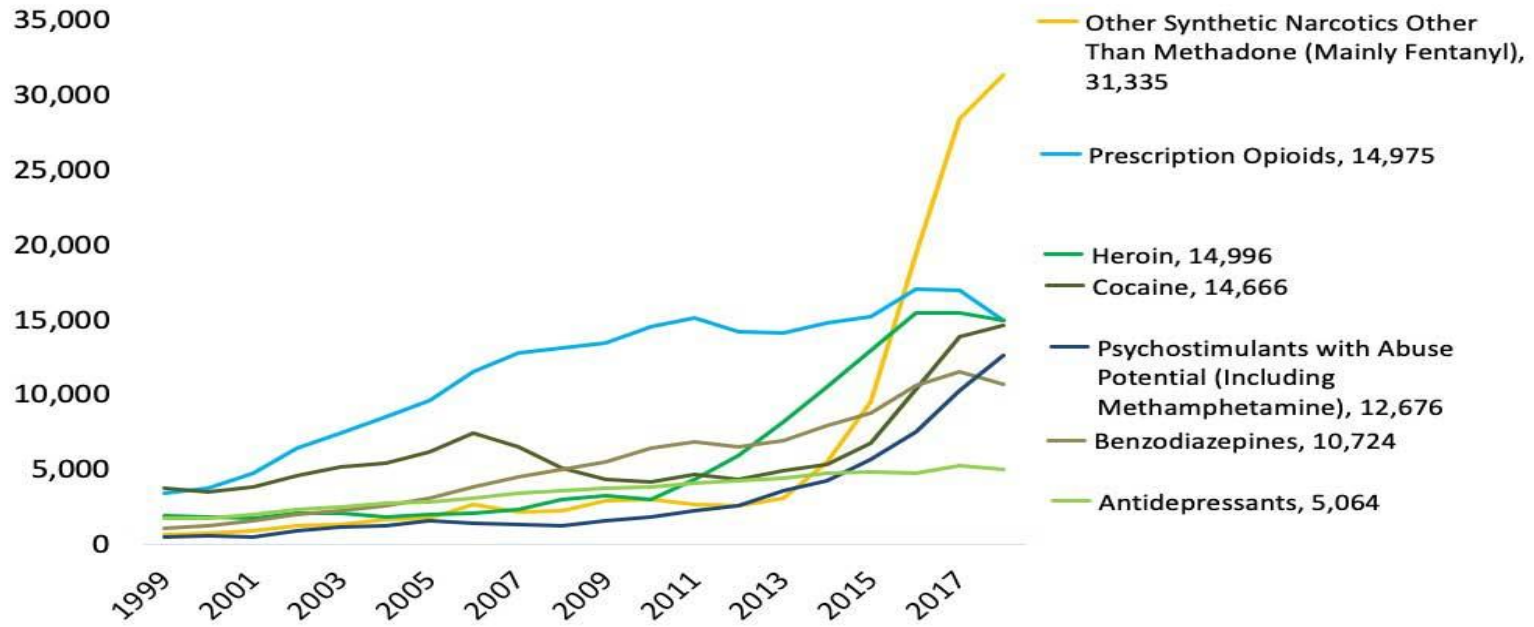
Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2018



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

Overdose Deaths by Drug Category 1998-2018

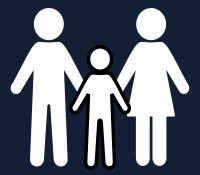
Figure 2. National Drug Overdose Deaths Number Among All Ages, 1999-2018



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

Children and the Opioid Epidemic

2.2 million children affected in 2017



1.435M
children living with a parent with OUD

240K
children who have had a parent die due to opioid overdose

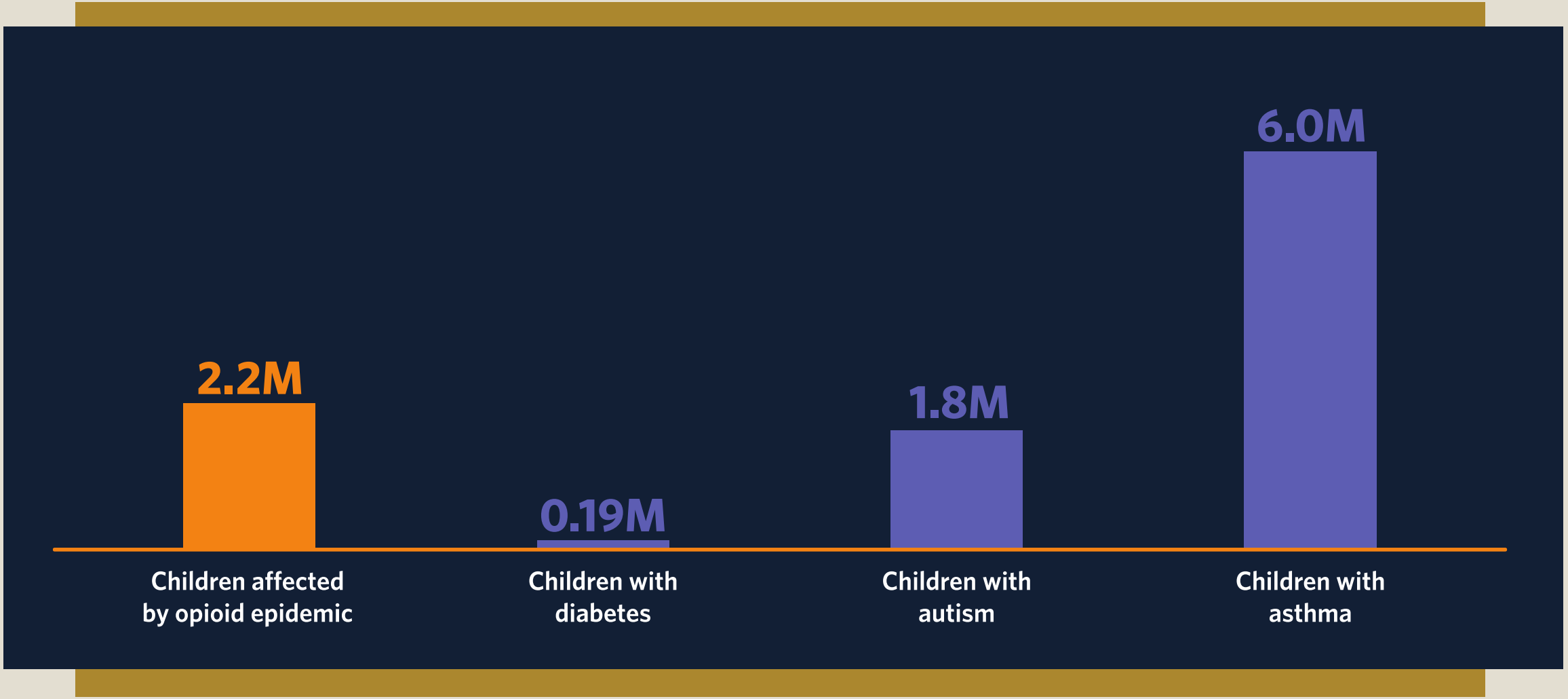
10K
children who have a parent in long-term imprisonment due to opiods

325K
children who have been removed from their home and live in foster care or with relatives

170K
children who have OUD themselves or have accidentally ingested opioids

Parent Condition — Child Condition

Opioid Epidemic's Impact on Children



Children Affected by Opioid Epidemic by 2030

Base Scenario 2017

2.2 million

2030

4.3M

+2.1 million

Optimistic Scenario 2017

2.2 million

2030

3.4M

+1.2 million

Pessimistic Scenario 2017

2.2 million

2030

5.3M

+3.1 million

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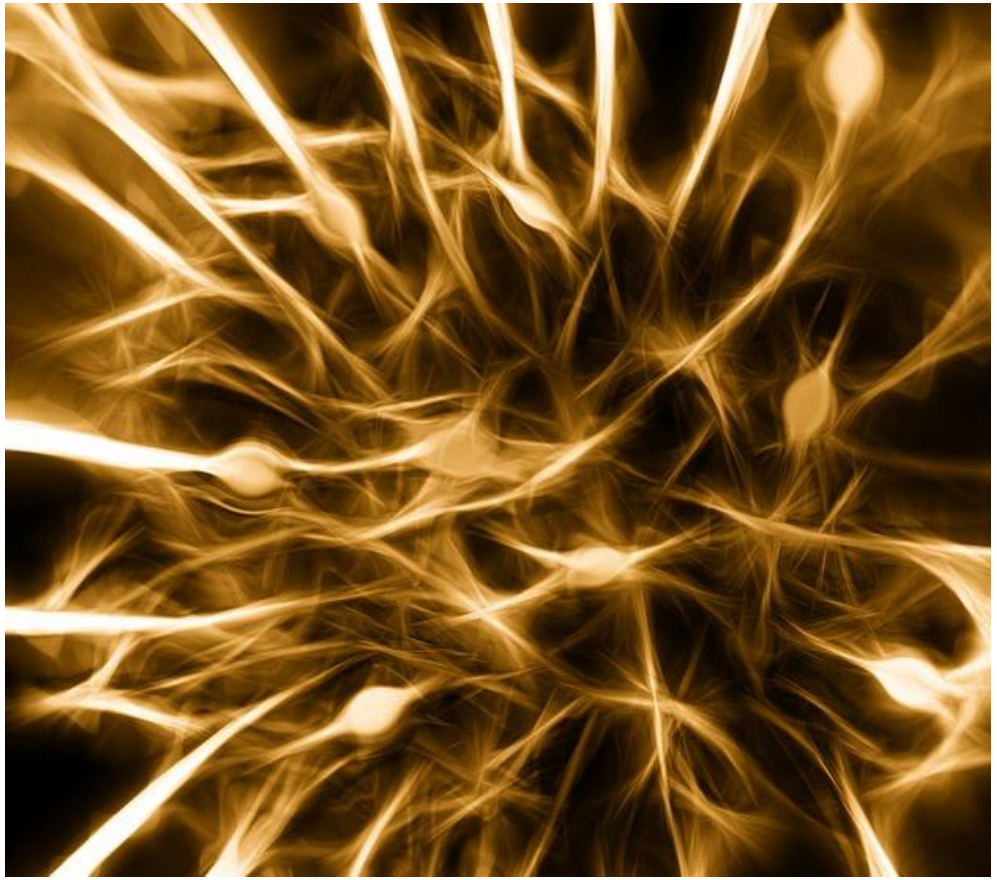
REGIONAL JUDICIAL OPIOID INITIATIVE

Trauma's Action on the Brain



Changes the structure of the brain to decrease resilience likely due to precipitated events like early life trauma.

Altered brain *structure* during development.

Impact of Trauma

- Activation of Survival Responses:
  - Fight
  - Flight
  - Freeze
  - Submit
- Shutting down of non-essential tasks
- Rational thought is less possible at this time

Understanding Trauma Matters

- Impacts psychological functioning
- Impacts physical health
- Impacts relationship/interaction with others
- Significant predictor of substance use disorder (SUD)

Understanding Trauma Matters

Research has shown over activation of the fight or flight response system can:

- Cause this natural alarm system to no longer function properly
- Create emotional and physical responses to stress (normal stress perceived as threat)
- Affect a person's sense of safety
- Result in emotional numbing and/or avoidance
- Diminish capacity to trust others

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Opioid Use Disorder and Michigan Prisons

- More than 20% of Michigan prison inmates have an opioid use disorder
- Within two weeks of release, released prisoners are 40 to 120 times more likely to die of an opioid overdose

Medication for Addiction Treatment in Michigan Prisons

Michigan Department of Corrections to begin the following MAT prison programs:

- Central Michigan Correctional Facility (St. Louis, MI)
- Carson City Correctional Facility (Carson City, MI)
- Charles Egeler Reception and Guidance Center (Jackson, MI)

The Women's Huron Valley Correctional Facility will receive MAT at a later date (Pittsfield Township, MI)

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REGIONAL JUDICIAL OPIOID INITIATIVE

Addiction in Pregnant and Nonpregnant Women

- From 2012 to 2017, there was a 296% increase in women with OUD
- During pregnancy, 6% of women ages 15 to 44 reported using illicit drugs
- During pregnancy,18% of women ages 15 to 17 reported using illicit drugs
- According to National Center for Biotechnology Information, 1.6% of pregnant women meet criteria for substance use disorder

Identifying risk of substance use before and during pregnancy is critical in preventing use and reducing harm through treatment services

Facts

5-10% of pregnancies are facing an opioid use disorder

8 out of 10 women who detox off opioids while pregnant return to use within **one month**

Long Term Effects of Prenatal Opioid Exposure

- Prenatal Opioid Exposure (POE) is a growing health problem
- One in five women have used a form of opioid during pregnancy
- POE can lead to long term neurocognitive and motor developmental delays into adolescents
- However, the metanalysis did not separate medication to treat an addiction from other opioids – licit or illicitly taken

Medications for Addiction Treatment in Pregnancy

Opioid use disorders in pregnant women are generally treated with buprenorphine or methadone. These medications:

- Prevent withdrawal
- Reduce cravings
- Reduce euphoria associated with illicit use

Naltrexone, while not commonly used in pregnancy, is in the same risk category as both methadone and buprenorphine. If a patient currently on naltrexone becomes pregnant, they should discuss the risks and benefits of continuing that medication with their prescriber.

Medication For Addiction Treatment in Pregnancy

MAT during pregnancy is recommended best practice for the care of pregnant women with opioid use disorder.

Neonatal Abstinence Syndrome (NAS)

NAS is a group of conditions caused when a baby withdraws from certain drugs that they have been exposed to during pregnancy.

What types of drugs can cause NAS

- Opioids
- Crack/Cocaine
- Amphetamines/Stimulants
- Benzodiazepines
- Marijuana
- Tobacco
- Alcohol
- SSRIs (Paxil, Prozac)
- Antiepileptic agents
- Caffeine

Neonatal Abstinence Syndrome (NAS)

An estimated **32,000** babies were born with NAS in the United States in 2014.

A **5-fold** increase since 2004

Every 15 minutes,

a baby is born suffering from opioid withdrawal

Source: Honein et al. Pediatrics 2019, Winkelman et al. Pediatrics 2018, Haight et al. MMWR 2018.

Maternal Buprenorphine and NAS

- Maternal buprenorphine dose is not associated with incidence and severity of NAS
- Higher doses of buprenorphine do not lead to increased severity of NAS
- Breastfeeding for infants with NAS, by women who are taking buprenorphine, is encouraged as it is both safe and beneficial

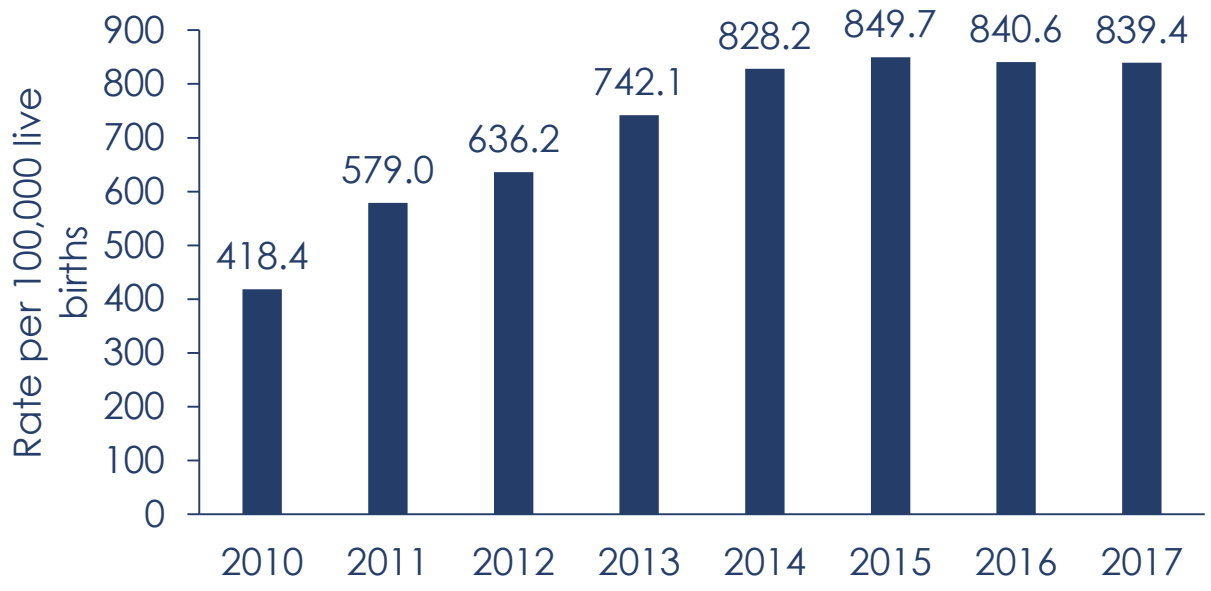
Naloxone and Metabolites

Naloxone and metabolites are not found in a clinically significant level in cord blood samples.

Given the combination product's increased safety profile and decreased risk of diversion, there is no clear need to utilize the mono-product containing buprenorphine without naloxone.

Treated Neonatal Abstinence Syndrome (NAS)

Incidence of Treated Neonatal Abstinence Syndrome (per 100,000 Live Births), Michigan, 2010-2017



Year	# Live Births	# NAS	NAS Rate
2010	114,717	480	418.4
2011	114,159	661	579.0
2012	112,708	717	636.2
2013	113,732	844	742.1
2014	114,460	948	828.2
2015	113,211	962	849.7
2016	113,374	953	840.6
2017	111,507	936	839.4

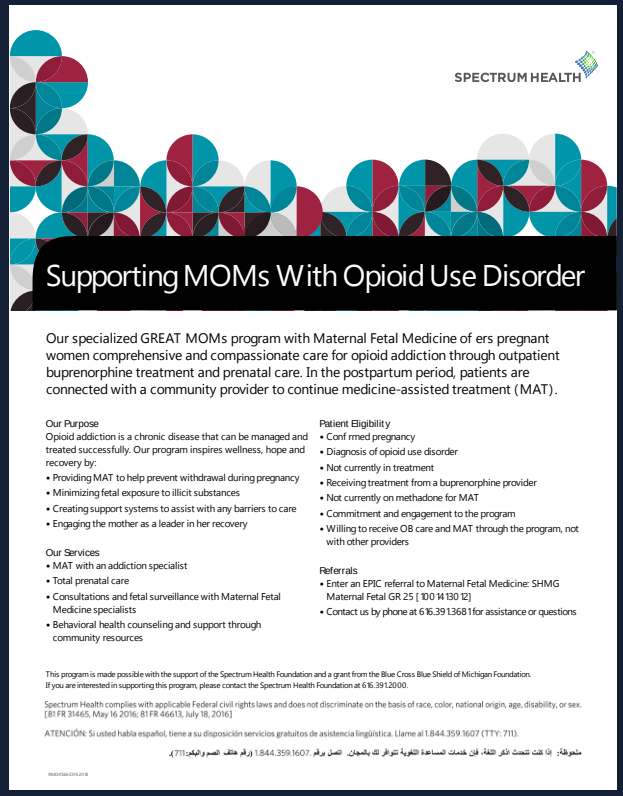
Are Babies Born Addicted?

Babies are not born addicted because that would imply that babies have a disruption in the pleasure reward centers, resulting in behavioral changes.

Rather, babies are born physiologically dependent on what they were exposed to in utero prior to birth.

GREAT MOMs

Spectrum Health's specialized GREAT MOMs program with Maternal Fetal Medicine offers pregnant women comprehensive and compassionate care for opioid addiction through outpatient buprenorphine treatment and prenatal care.



SPECTRUM HEALTH

Supporting MOMs With Opioid Use Disorder

Our specialized GREAT MOMs program with Maternal Fetal Medicine of ers pregnant women comprehensive and compassionate care for opioid addiction through outpatient buprenorphine treatment and prenatal care. In the postpartum period, patients are connected with a community provider to continue medicine-assisted treatment (MAT).

Our Purpose
Opioid addiction is a chronic disease that can be managed and treated successfully. Our program inspires wellness, hope and recovery by:
- Providing MAT to help prevent withdrawal during pregnancy
- Minimizing fetal exposure to illicit substances
- Creating support systems to assist with any barriers to care
- Engaging the mother as a leader in her recovery

Our Services
- MAT with an addiction specialist
- Total prenatal care
- Consultations and fetal surveillance with Maternal Fetal Medicine specialists
- Behavioral health counseling and support through community resources

Patient Eligibility
- Conf rmed pregnancy
- Diagnosis of opioid use disorder
- Not currently in treatment
- Receiving treatment from a buprenorphine provider
- Not currently on methadone for MAT
- Commitment and engagement to the program
- Willing to receive OB care and MAT through the program, not with other providers

Referrals
- Enter an EPIC referral to Maternal Fetal Medicine: SHMG Maternal Fetal GR 25 [100 14 130 12]
- Contact us by phone at 616.39 13681for assistance or questions

This program is made possible with the support of the Spectrum Health Foundation and a grant from the Blue Cross Blue Shield of Michigan Foundation.
If you are interested in supporting this program, please contact the Spectrum Health Foundation at 616.3912000.

GREAT MOMs' Data

- Zero stillbirths within the program
- Gestational age at birth averages 37 weeks
- Average length of hospital stay for the babies was 12.5 days

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REGIONAL JUDICIAL OPIOID INITIATIVE

Stigma

"There's already stigma with addiction. There's already stigma with addiction in women. There's even more stigma with addiction in pregnant women. This can deter a woman from getting good treatment and seeking help."

Dr. Adam Bisaga, MD

Avoid stigmatizing language

The language we choose shapes the way we treat our patients.

Instead of:	You can say…
Addict, junkie, crackhead, user, abuser, pill-popper, alcoholic	Person with a substance use disorder, person with addiction, person who uses drugs
Addicted baby	Infant with NAS or SEN
Clean (referring to a person), in recovery	Abstinent, in remission
Dirty (referring to a person)	In a period of relapse, or disease exacerbation
Dirty or clean urine	Negative or positive urine toxicology test
Medication-assisted treatment (MAT), replacement therapy, substitution therapy	Medications for opioid use disorder treatment (MOUD), treatment, opioid agonist therapy, medication for addiction
Misuse or abuse*	Risky or unhealthy alcohol/drug use
Recovering addict, clean	Addiction survivor, in remission, in recovery

Stigma

The words "addict" and "clean" do not reduce stigma, they drive it.

A person is NOT an addict ⟶ A person may live with an addiction

A person is NOT in recovery ⟶ Their addiction may be in remission

A person is NOT clean or dirty based on their drug use.

Source: http://broken-no-more.org/power-words/

Regardless of their past **ALL** patients have a right to:

- Help and treatment
- Adequate pain control
- Caring conversations and relationship building
- Appropriate and safe treatment
- A feeling of mutual trust and non-judgment


To all the people who have lost their lives to addiction
and those that try to prevent further losses.

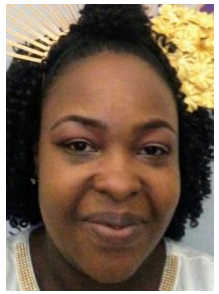
IDENTIFY TRAUMA-INFORMED BEHAVIORAL INTERVENTIONS

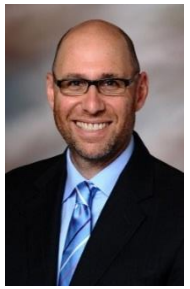
Michael Marcotte, MD
Medical Director HOPE Program, Maternal Fetal Medicine and Addiction Medicine
TriHealth, Cincinnati, Ohio

Helping Opiate Addicted Pregnant Women Evolve (HOPE)

- Christy Ganshirt-Certified Nurse Midwife
- Cindy Brunsman-Certified Nurse Midwife
- Sarah Jaeger-Social Work
- Danielle Gentry-Community Health Worker
- Tosha Hill-Social Work and Program Coordinator
- Denise Wagner-Nurse Case Manager
- Michael Marcotte-Medical Director



HOPE Program–2016-2018

1500 pregnant women interact with HOPE
544 deliveries (engaging more women each year)

<u>Outcomes (of the 544 deliveries)</u>

- 90% sober and engaged in MAT treatment at delivery
- 96% received prenatal care
- 23 % of newborns with NAS diagnosis
- 65% parenting at Newborn discharge
- 53% mothers -- HCV positive

FIRST STEP HOME

Medical Director
Maternal Program and Office Based Opiate Treatment

Five Key Elements to Trauma-Informed Care

RELIAS

5 Key Elements to Trauma-Informed Care

In today's world of whole health focus and integrated care, assessing for and effectively treating trauma is key to providing quality care and achieving positive clinical outcomes.

The Five Key Components
in Implementing and Maintaining a Trauma-Informed Framework

1. Organizational Assessment
Important to conduct initial/baseline assessment and continue to reassess and use feedback to improve.

2. Paradigm Shift
Practicing in a TIC framework requires a significant paradigm shift from how "we've always done things" and traditional approaches. It's not a one-time implementation

3. Safety
The foundation of the trauma-informed approach and arguably the most important of the foundational principles of TIC is creating a safe environment for those you serve and all who work at your organization.

4. Wellness and Self-Care
The organizational culture needs to be one of overall wellness and self-care, not just of those you serve but all employees and supervisors.

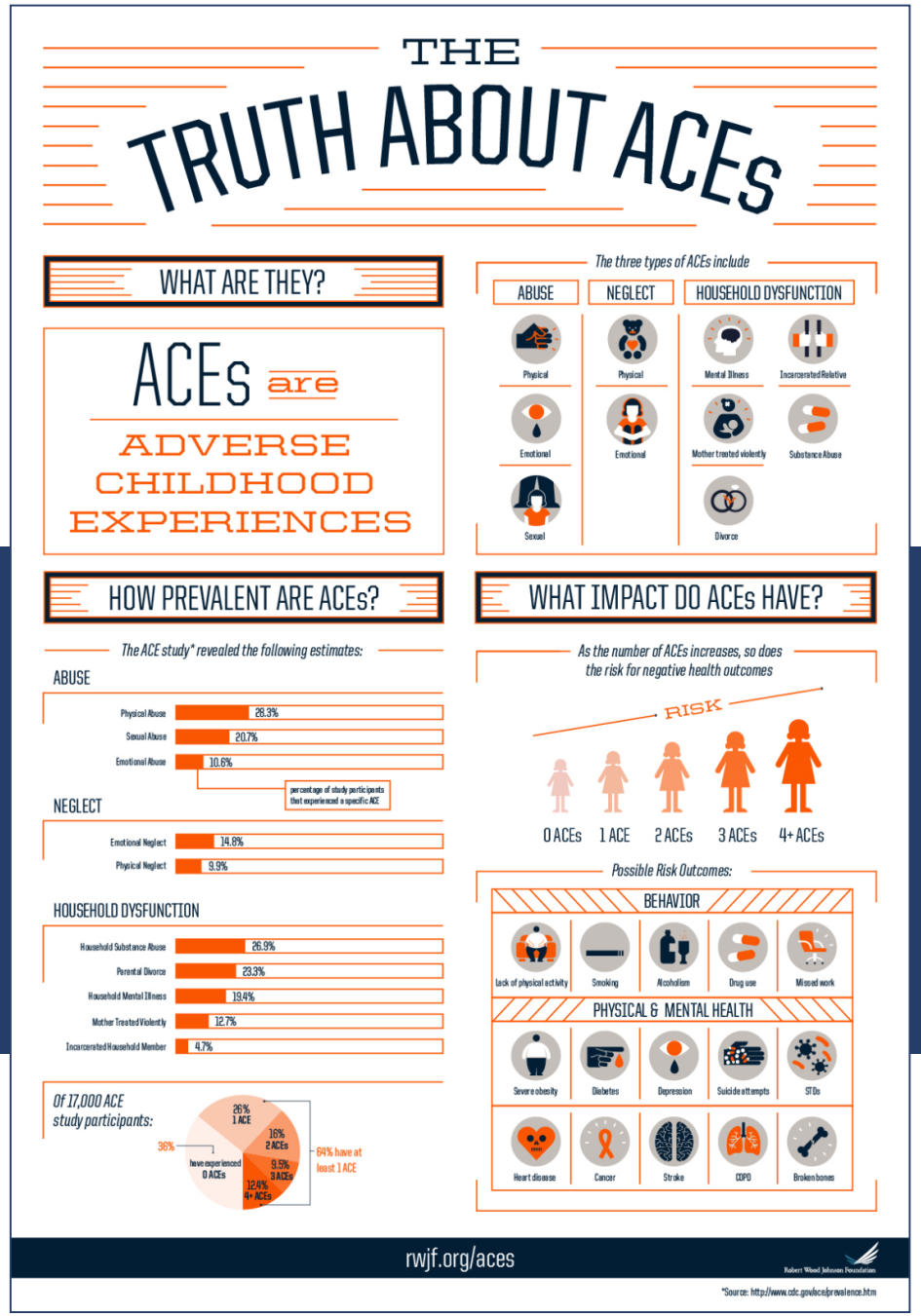
5. Everyone Included
TIC isn't a clinical intervention, it's an approach to every element of your business and involves all staff. If your implementation of TIC involves direct care/clinical staff only, you aren't truly trauma-informed.

Relationship Building

Creating cultures that build trust in relationships.

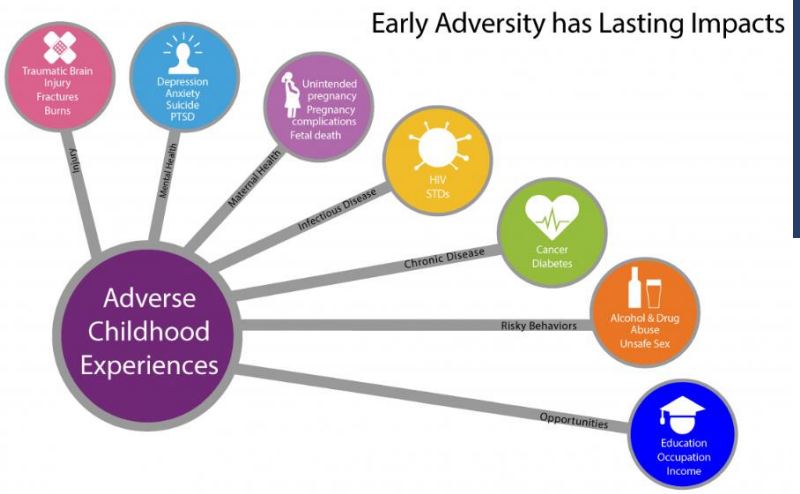
Importance of Emotional Intelligence

Adverse Childhood Experience (ACE)



The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study (1995-97)

- One of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.
- The original ACE Study was conducted at Kaiser Permanente
- 17,000 + members from S. California
  - Physical exams
  - Confidential surveys regarding their childhood experiences and current health status and behaviors.



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- 17,000 + members from S. California
  - **Physical exams**
  - **Confidential surveys regarding their childhood experiences and current health status and behaviors.**

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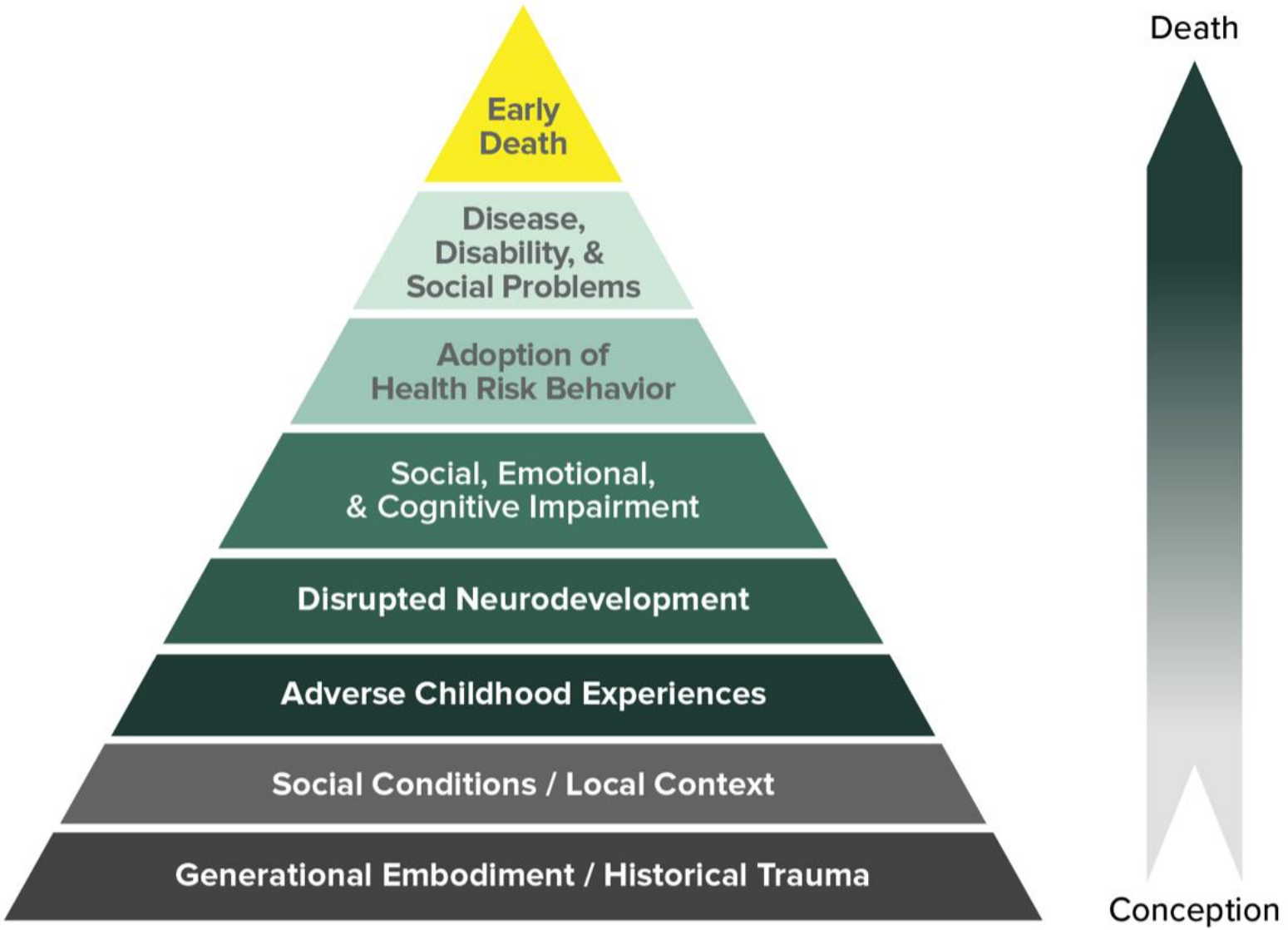
THE TRUTH ABOUT ACEs



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Adverse Childhood Experience (ACE)

"**90 percent** of juvenile offenders in the United States [have experienced] some sort of traumatic event in childhood, and up to **30 percent** of justice-involved American youth…meet the criteria for post-traumatic stress disorder due to trauma experienced during childhood."

Bryanna Hahn Fox, Nicholas Perez, Elizabeth Cass, Michael T. Baglivio, and Nathan Epps, "**Trauma Changes Everything: Examining the Relationship Between Adverse Childhood Experiences and Serious, Violent and Chronic Juvenile Offenders**," abstract, *Child Abuse and Neglect* 46 (August 2015): 164, accessed January 4, 2019, *https://www.ncbi.nlm.nih.gov/pubmed/25703485.*

Case Presentation

PM delivered a baby in the ICU after the diagnosis of Pneumonia and possible COVID 19 infection.

- She recently moved to an apartment after completing a portion of the residential treatment program at First Step Home
- She is on methadone for maintenance medication and has been in recovery for 6 months
- Trauma experiences around delivery
- Stigma and implicit bias

Patient-Provider Partnership

New Paradigm

Motivational Interviewing

- Learn your patient's goals
- Educate about evidence-based best practice
- Allow time for patient to process choices
- Clarify patient's choice
- No preset expectations
- Flexible creativity by provider
- Being willing to begin again

ONE PERSON'S VOICE

Mallie Moore

Q&A

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Resources

National Judicial Opioid Task Force, June 2019. *Treating Pregnant Women with OUD.* https://www.ncsc.org/~/media/Files/PDF/Topics/Opioids-and-the-Courts/NJOTF%20Resources/Treating_Pregnant_Women_with_OUD.ashx

National Judicial Opioid Task Force, July 2019. *Prenatal Substance Exposure: Improving Outcomes for Women and Infants.* https://www.ncsc.org/~/media/58F2FC0DA2BC4D5E8330A81B868A21CB.ashx

NIDA, 2017. *Treating Opioid Use During Pregnancy.* https://www.drugabuse.gov/publications/treating-opioid-use-disorder-during-pregnancy/treating-opioid-use-disorder-during-pregnancy

SAMHSA, 2016. *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*. https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

SAMHSA, Jan 2018. *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.* http://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054

SAMHSA *Summary 2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and Their Infants, Families and Caregivers*. https://ncsacw.samhsa.gov/files/Policy_Academy_Dissemination_Brief.pdf

Casey.org, 2017. *Information Packet–Safe Children: What are infant plans of safe care and examples of state responses to infants affected by substance abuse?* https://caseyfamilypro-wpengine.netdnassl.com/media/SC_Infant-Plans-of-Care.pdf

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