

**SUBSTANCE USE DISORDERS
AND
PREGNANT/POSTPARTUM
WOMEN**

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BACKGROUND



Office of Alcoholism and
Substance Abuse Services



Office of
Mental Health



OVERVIEW

- Definition
- Identification/Stats
- Inheritance/Contributing factors
- Risk Factors
- Effects on the Brain
- Treatment Approach

ADDICTION: THE GREAT MASQUERADER
IT CAN LOOK LIKE ANYTHING

- Affective Disorders
- Anxiety Disorders
- Personality Disorders
- Psychotic Disorders
- Organic and Neurological Disorders



I'm in command here



EDF.

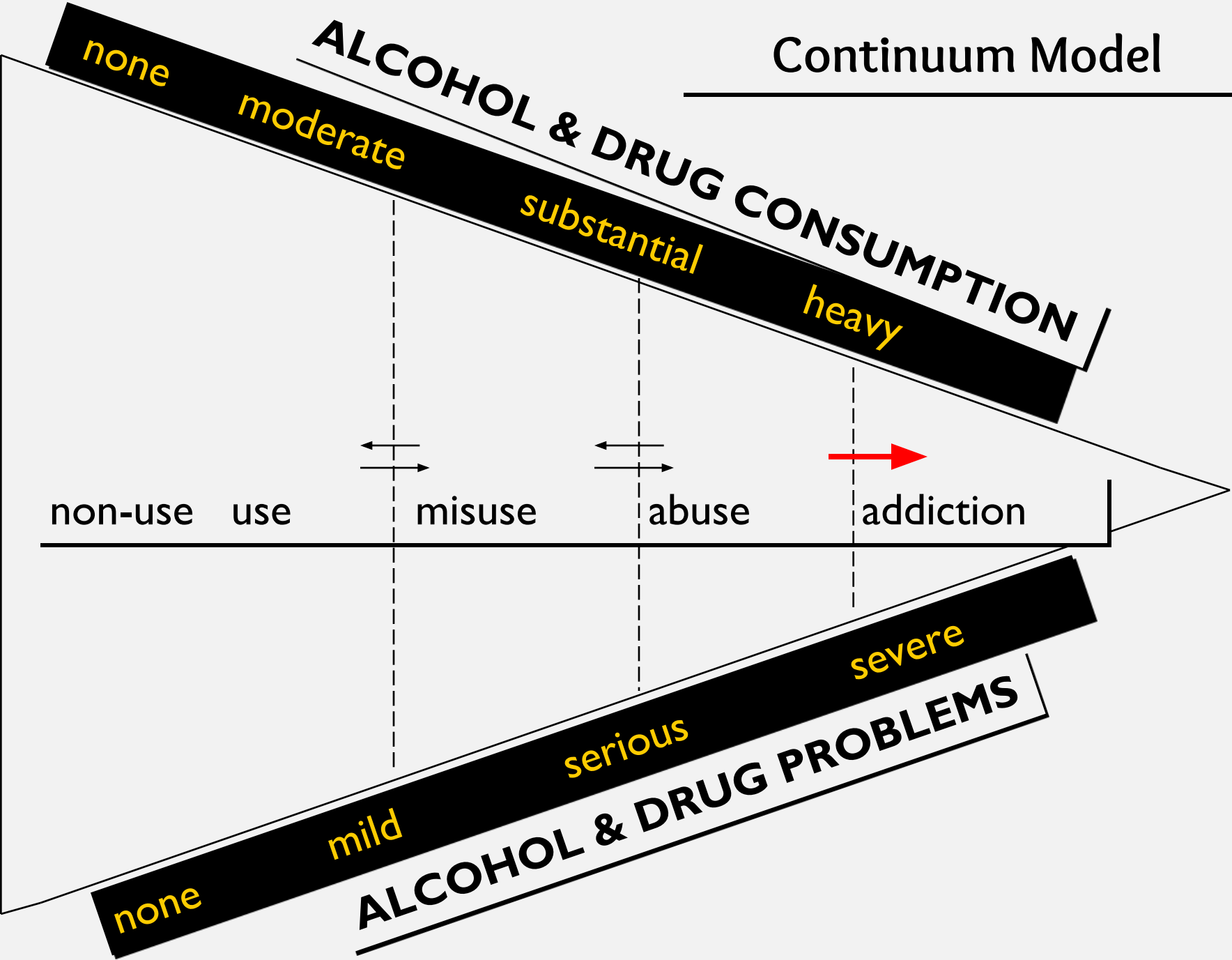
ASAM DEFINITION

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.
- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

ASAM DEFINITION

- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.
- Like other chronic diseases, addiction often involves cycles of relapse and remission.
- Without treatment or engagement in recovery activities, addiction is progressive and can **result in disability or premature DEATH.**

Continuum Model



DSM-5 DEFINITION: SUBSTANCE USE DISORDERS

1. Using larger amounts or over a longer period of time than intended.
2. Persistent desire or unsuccessful efforts to cut down or control
3. Great deal of time spent in obtaining, using, and recovering from
4. Craving or a strong desire or urge to use
5. Recurrent use resulting in failure to fulfill major role obligations
6. Continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by use
7. Important social, occupational, or recreational activities are given up or reduced because of use
8. Recurrent use in physically hazardous situations
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problems that is caused or exacerbated by use.
10. Tolerance defined by need for increased amounts to achieve desired effect or markedly diminished effect with continued use of the same amount
11. Withdrawal either with withdrawal symptoms, or continued use to relieve or avoid withdrawal

SEVERITY AND SPECIFIERS

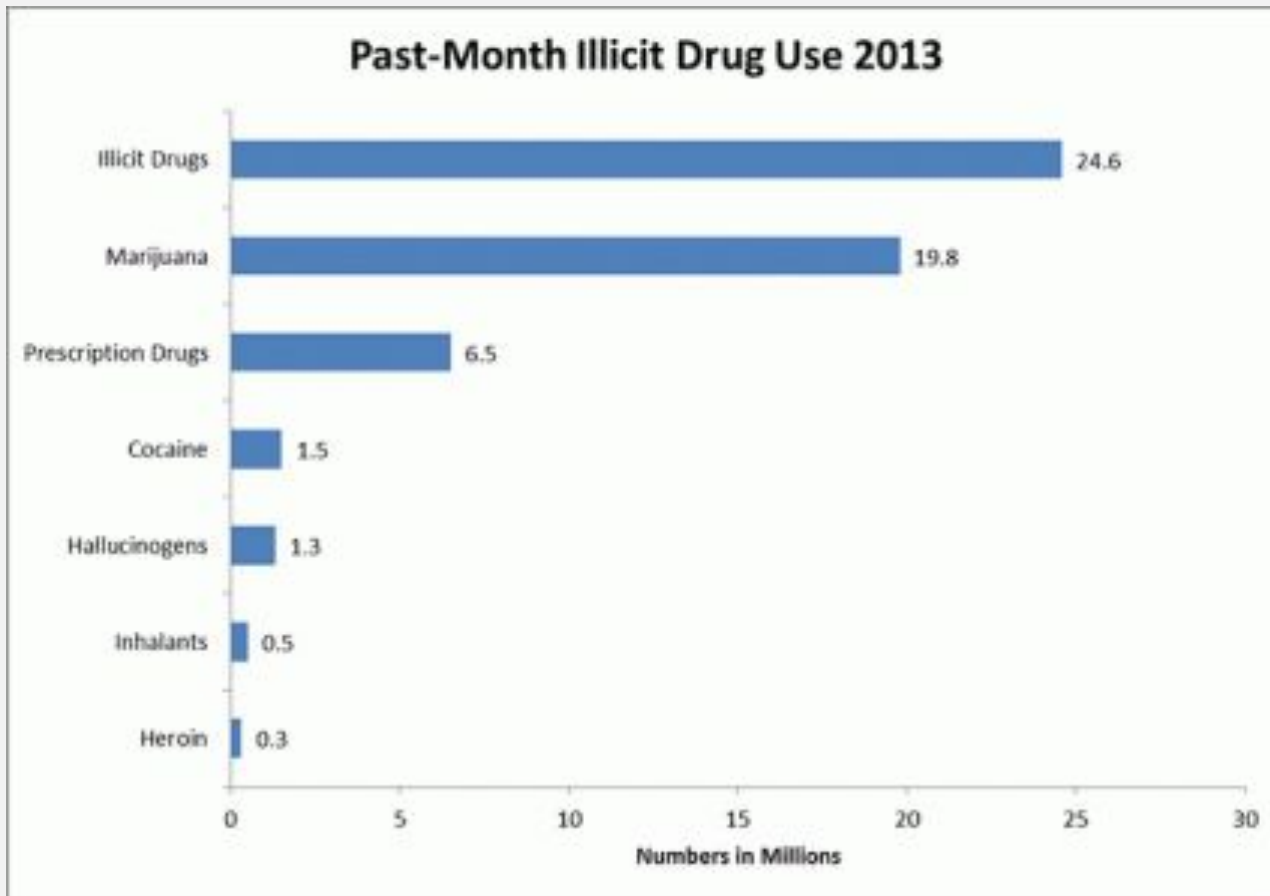
• Severity

- Depends on # of symptom criteria endorsed
- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6 or more symptoms



• Specifiers

- In early remission: no criteria for > 3 months but < 12 months (except craving)
- In sustained remission: no criteria for > 12 months (except craving)
- In a controlled environment: access to substance restricted (ex. Jail)



ILLICIT DRUG USE IN THE UNITED STATES HAS BEEN INCREASING. IN 2013, AN ESTIMATED 24.6 MILLION AMERICANS AGED 12 OR OLDER—9.4 PERCENT OF THE POPULATION—HAD USED AN ILLICIT DRUG IN THE PAST MONTH. THIS NUMBER IS UP FROM 8.3 PERCENT IN 2002. THE INCREASE MOSTLY REFLECTS A RECENT RISE IN USE OF MARIJUANA, THE MOST COMMONLY USED ILLICIT DRUG.

Avalanche of Emotions

Psychosocial issues among pregnant women with addiction can be compounded and include guilt, remorse, shame, embarrassment, denial, anger, and loneliness. There's fear not only that the baby will be born addicted or with other physical or mental challenges caused by drug abuse but also a fear of authorities, being arrested, dealing with the legal system, and basics such as health insurance and employability. Just the thought of carrying another living being inside one's body can be mind boggling and create anxiety-producing for any first-time mother, let alone one who, as a substance abuser, has been running away and covering up emotions and is now battling the urge to use the numbing substance on which she previously relied. Therefore, peer support is essential—more specifically, coming into being as a woman and bonding with other women by talking about the awesome abilities of the female body and the amazing gifts that women experience in conception, pregnancy, and childbirth.

PRENATAL DRUG EXPOSURE



- ❖ Unknown if drug exposure from mother causes SUD
- ❖ But, does increase risk of learning disabilities and other co-morbid issues which can increase risk of SUD

WHAT CONTRIBUTES TO THE DEVELOPMENT OF SUBSTANCE USE DISORDERS/ ADDICTION?

Genes/ genetic variation

Account for about 40-50 % of having a substance use problem is genetic. Alcohol liking or disliking is linked—alcohol and aldehyde dehydrogenase

Males are twice as likely as females to have alcohol or drug addiction

Environment

Family's beliefs and attitudes – Exposure to Parental SUDs

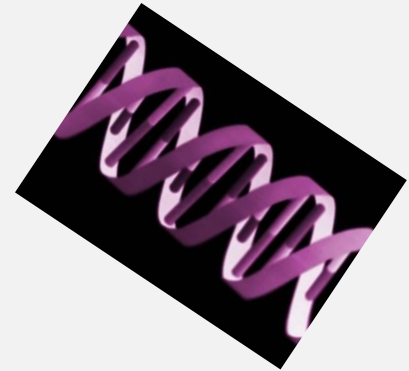
Peer group that encourages drug use

Adverse Childhood Events

Trauma, mental health, physical health, household dysfunction

Age of Onset

Earlier the age of onset of use...



WHAT CONTRIBUTES TO THE DEVELOPMENT OF SUBSTANCE USE DISORDERS/ ADDICTION?

Adverse Childhood Events

Trauma, Mental health, Physical Health, Household Dysfunction

5 or more childhood events are 7-10 times more likely to report illicit drug use and addiction

Individuals seeking treatment for alcohol use disorders show a high prevalence of childhood adversity and PTSD

Age of Onset

Earlier the age of onset of use...

40 % if onset 14 y.o. or younger

10% if onset is 20 years and older

Risk Factors for Alcohol and Drug Use

Psychiatric

Depression, loneliness, hopelessness

Anxiety

Low self-esteem

Low tolerance for stress

Other mental health disorders

Feelings of desperation

Feelings of loss of control over one's life

Feelings of resentment

Environment

Male gender

Inner city or rural residence combined with low socioeconomic status; lack of employment

Opportunities

Family

Use of drugs and alcohol by parents, siblings, spouse

Family dysfunction (e.g., inconsistent discipline, poor parenting skills, lack of positive family rituals and routine)

Family trauma (e.g., death, divorce)

Genetic

Inherited predisposition to alcohol or drug dependence

- Alcoholic parent - 3 to 6 times higher
- Adult children of alcoholics have abnormal brain cortisol reactions to stress
- Drugs induce changes in genes (cocaine, FOS B)

Behavioral

Aggressive behavior in childhood

Conduct disorder; antisocial personality disorder

Avoidance of responsibilities

Impulsivity and risk-taking

Alienation and rebelliousness; reckless behavior

School-based academic or behavioral problems; school drop-out

Involvement with criminal justice system or illegal activities

Poor interpersonal relationships

Social

Age of first use

Alcohol- and drug-using peers

Low perception of harm

Social or cultural norms approving use

Expectations about positive effects of drugs and alcohol

Availability of or accessibility to alcohol and drugs

REG FLAGS

Physical or sexual abuse

Parental substance abuse

Parental incarceration

Dysfunctional family relationships

Peer involvement with drugs or alcohol or with serious crime

Smoking tobacco

Marked change in physical health

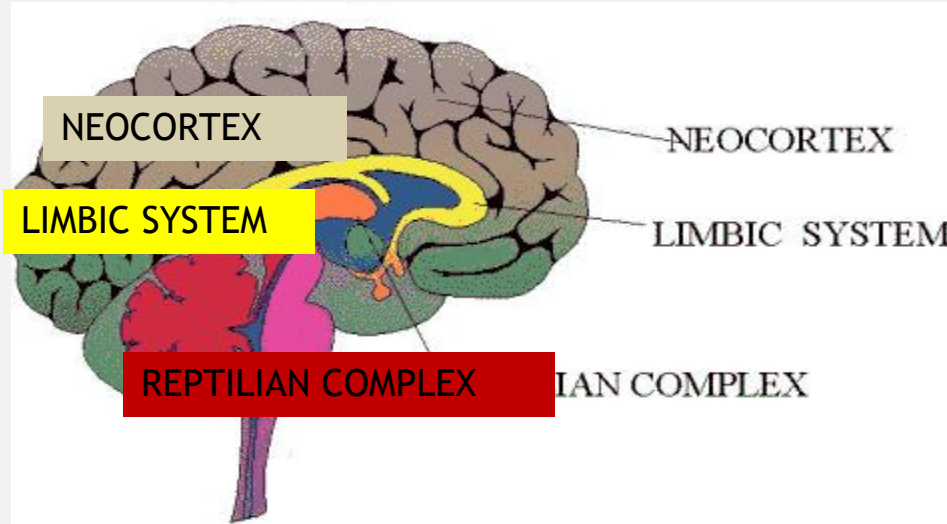
Deteriorating performance in school or job

Dramatic change in personality, dress, or friends

Involvement in serious delinquency or Crimes

HIV high-risk activities (e.g., injection drug use or sex with injection drug user)

Serious psychological problems (e.g., suicidal ideation or severe depression)



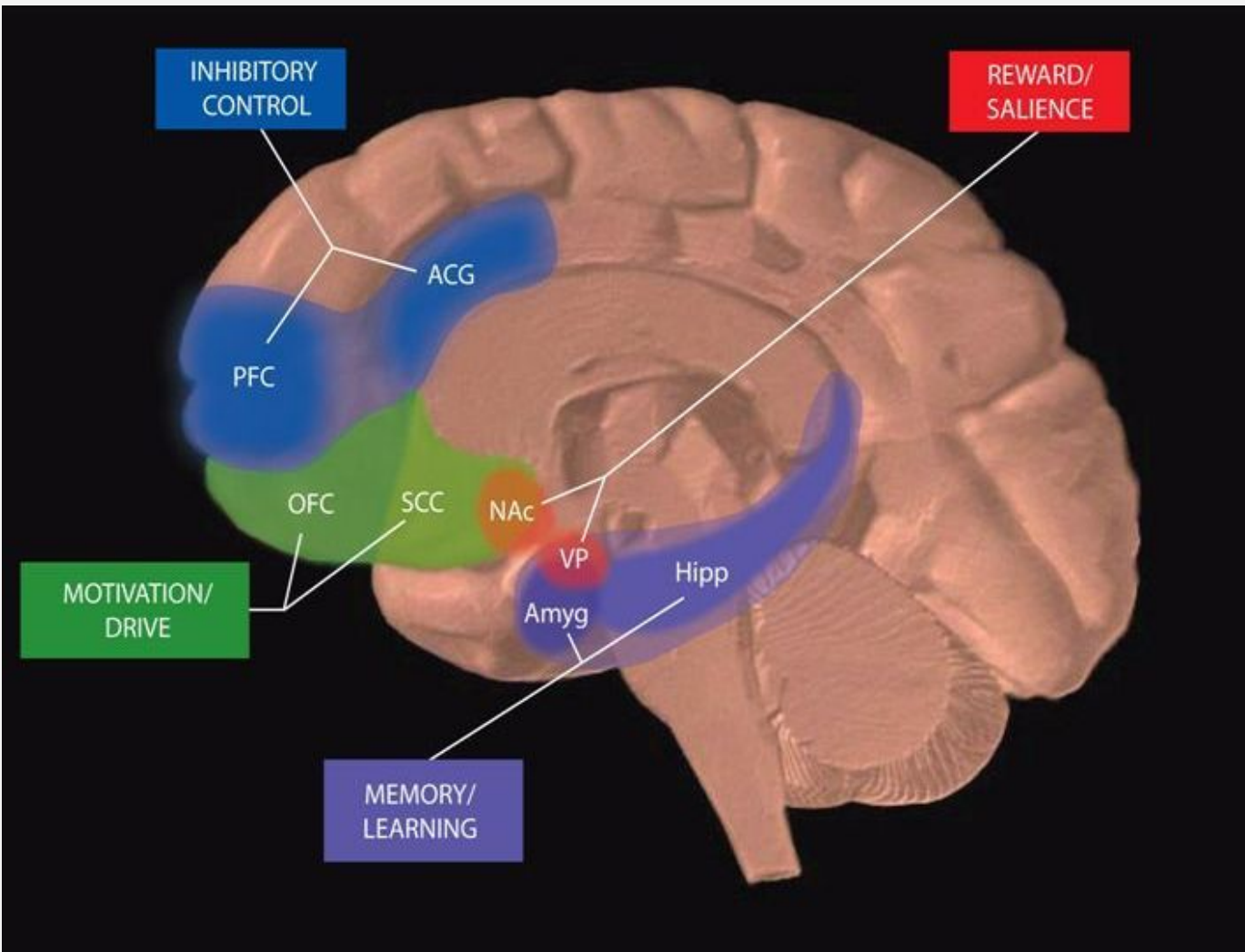
Limbic and Reptilian (beast)

1. **Survival**
2. Emotions
3. Autonomic functions
4. Reward and appetite
5. Reliable and rigid
6. Only able to execute yes
7. Always on

Neocortex (modern man)

1. **Reasoning and learning**
2. Consciousness
3. Motor and sensory
4. Memory
5. Language
6. Abstract thought
7. Flexible and plastic
8. Able to execute both yes and no
9. Both on and off

Circuits Involved In Drug Abuse and Addiction



Inhibitory/ Control

PFC – prefrontal cortex

ACG – anterior cingulate gyrus;

Motivation/ Drive

OFC – orbitofrontal cortex

SCC – subcallosal cortex

Reward/ Saliency

NAc – nucleus accumbens

VP – ventral pallidum;

Memory/ Learning

Hipp – hippocampus;

Amyg – amygdala

All of these brain regions must be considered in developing strategies to effectively treat addiction

The hijacked brain is trapped in a circle of

- A. Dishonesty**
- B. Denial**
- C. Rationalizations**
- D. Justification**
- E. Minimization**
- F. Cravings**
- G. Guilt and Shame**

LOSS of CONTROL over taking a substance

Limbic and Reptilian

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ABERRANT DYSFUNCTIONAL ADDICTION SELF – THE DISEASE

1. **Survival, distorted definition of survival**
2. Hyper-reward, hyper-appetite
3. Manipulates Emotions
4. Autonomic functions
5. Hyper-rigid, hyper-reliable
6. Can access selective memories
7. Selectively accesses motor and sensory, for continued hyper-rewards
8. Unable to say no
9. Always on

LONG-TERM DRUG EXPOSURE IMPAIRS BRAIN FUNCTIONING

1. Release **2 to 10 times** more dopamine than natural rewards (eating, sex and social activities)
2. **Powerful reward** strongly motivates people to take drugs again and again.
3. The brain **adjusts** - producing less dopamine and reducing the number of receptors that can receive signals
4. The ability to experience **ANY** pleasure is **reduced**.

INCENTIVE SALIENCE – WANTS/ CRAVINGS

- Previously neutral stimuli are assigned **incentive salience**.
 - Smelling cigarette smoke can trigger a craving for nicotine
 - Drug paraphernalia now trigger drug craving.
 - Driving in or near a neighborhood where drugs were purchased triggers craving
 - Thus, if a person's addiction subsides and the individual subsequently encounters one of these secondary reinforcers, a craving for that drug may reappear.

“When you change playgrounds, you have to change playmates”

The typical alcoholic American



Doctor, age 54



Farmer, age 35



Unemployed, age 40



College student, age 19



Counselor, age 38



Retired editor, age 86



Dancer, age 22



Police officer, age 46



Military officer, age 31



Student, age 14



Executive, age 50



Taxi driver, age 61



Homemaker, age 43



Bricklayer, age 29



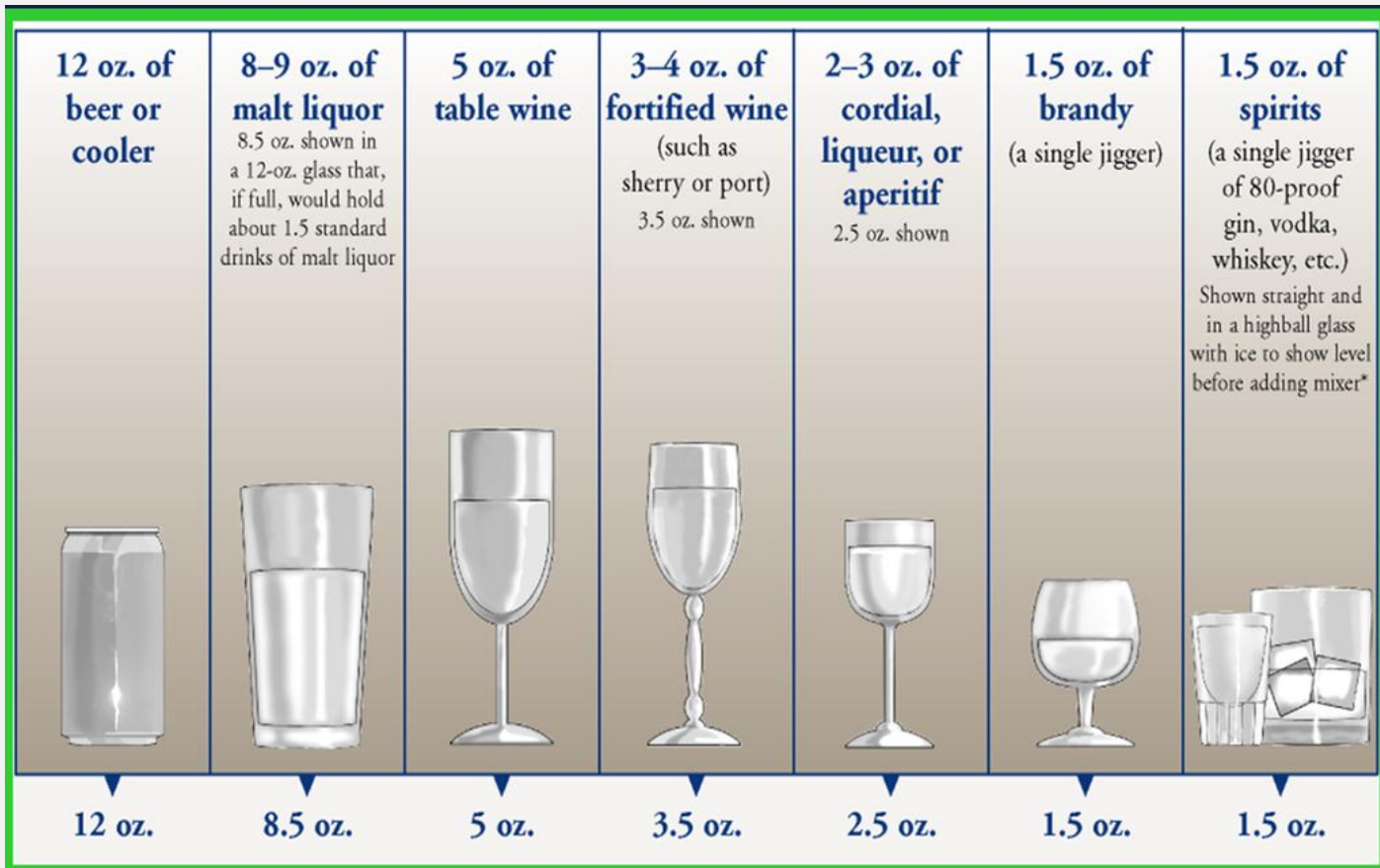
Computer programmer, age 25



Lawyer, age 52

There's no such thing as typical. We have all kinds.
10 million Americans are alcoholic.
It's our number one drug problem.

WHAT IS A “STANDARD DRINK”



MOMMY WINE CULTURE

Evans, GA Target



**KEEP CALM
and BANISH
DEPRESSION**

If you are rundown, anxious or worried, this splendid tonic fortifies you and restores vitality.

"I must thank you for the great benefit I have received by taking Phosferine Tonic Wine. It is a fine pick-me-up for tired, worn-out nerves. I shall highly recommend it to all my friends. I feel a new woman and shall never now feel afraid of getting into that low and depressed state again."

Olwen, Mrs. S. Dixon,
175 Dora, 29 Bath Road, Walsell.

Sold by all Wine Merchants:
Leonard Chrastin and Sons.

**PHOSFERINE
TONIC WINE**

IS CHEERING & COMFORTING



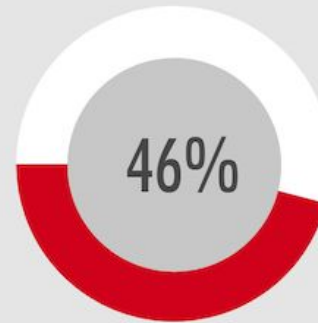


Excessive Alcohol Use and Risks to Women's Health

IMPHonline



1 in 10 Woman that binge drink will become alcohol dependent



Approximately 46% of adult women report drinking alcohol in the last 30 days

source: CDC Alcohol Fact Sheet- Women's Health - <https://www.cdc.gov/alcohol/fact-sheets/womens-health.htm>

- Socializing
- Stress Relief
- Rebellion



WHAT SHOULD BE TREATED FIRST?

Alcohol/ stimulant / substance use (detoxification) / nicotine dependence

Eating Disorder—(weight restoration/ stop behaviors)

Mood Disorders

Anxiety Disorders (Trauma)

ADHD

Order of Treatment for Adults

Modified from: Stahl, SM. Essential Psychopharmacology. Cambridge,
UK: Cambridge University Press 2013.

TREATMENT SETTING

- Medical Detoxification and Stabilization/Inpatient hospitalization
- Dual-diagnosis hospital inpatient
- Free-standing Rehabilitation or Residential
- Partial Hospitalization
- Temporary recovery or halfway homes
- Intensive outpatient
- Outpatient DUI/DWAI/DUID programs

Substance Use During Pregnancy

The following are statistics from the National Survey on Drug Use and Health concerning substance use during pregnancy:

- In 2002 and 2003, 4.3% of pregnant women aged 15 to 44 used illicit drugs during the past month, 4.1% reported binge alcohol use, and 18% reported smoking cigarettes.
- Pregnant women aged 15 to 25 were more likely to use illicit drugs and smoke cigarettes during the past month than pregnant women aged 26 to 44.

MULTIPLE THERAPEUTIC APPROACH

- *Neuro-Cognitive Behavioral Therapy*
- *Contingency Management*
- *Motivational Enhancement Therapy*
- *Family Therapy (especially for youth)*
- *Individual and Group Psycho Therapy*
- *Recreational Therapy*
- *Music Therapy*
- *Equine Therapy*
- *Disease Education Classes*
- *Spiritual Therapy*
- *Nutritional Therapy*
- *12 Step based programs*

MEDICATIONS FOR RECOVERY FROM SUBSTANCES

Alcohol:

- Naltrexone (ReVia)
- Depot Naltrexone (Vivitrol)
- Acamprosate (Campral)
- Disulfiram (Antabuse)

Opiates:

- Naltrexone(ReVia)
- Depot Naltrexone (Vivitrol)
- Buprenorphine (Subutex)
- Buprenorphine + Naloxone (Suboxone)
- Methadone

Nicotine:

- Varenicline (Chantix)
- Bupropion (Wellbutrin/Zyban)
- Nicotine-gum, patch, lozenge, inhaler



FDA-APPROVED DRUGS FOR THE TREATMENT OF OPIOID USE DISORDER

MEDICATION	MOA	FORMULATIONS	DOSING FREQUENCY	AS AN APRN CAN I PRESCRIBE?	SPECIAL CONSIDERATIONS	COVERED UNDER MEDICAID?
Buprenorphine with Naloxone	Partial agonist	Pills, dissolving film, implant	Daily for pills and film. Every six months for implant	YES YES Requires special training and waiver	Subutex -Monotherapy product. Used in pregnancy, higher risk for diversion. Suboxone -Buprenorphine + Naloxone product, prevents diversion recommends product for most clients. Naloxone activated only if injected.	YES
Methadone	Full agonist	Pill, liquid, and water forms	Daily	NO	Client must have reliable transportation to Opioid Treatment Center.	YES
Naltrexone	Antagonist	Pill or extended release injection	Daily for pill Monthly for IM injection	YES YES No special waiver needed	Client requires med alert bracelet or dog tags	YES

SPECIAL POPULATIONS (ADAPTED FROM ASAM GUIDELINES)

<p>Pregnancy Methadone or Buprenorphine monoproduct ONLY. Encourage breastfeeding. Both Methadone and Buprenorphine have an L2 rating for breastfeeding.</p>	<p>Adolescents Methadone, Buprenorphine/naloxone combination product, oral or LAI Naltrexone.</p>	<p>Psychiatric Disorders Methadone, Buprenorphine/naloxone combination product, oral or LAI Naltrexone. Manage drug interactions and stabilize patient before initiating treatment.</p>	<p>Incarceration Methadone, Buprenorphine/naloxone combination product, LAI Naltrexone (Initiate RX >= 30 days before release)</p>
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IMPORTANT TO NOTE



Warn your patients that while taking this medication they will lose their tolerance. What they use to take could now cause an overdose and kill them

SUD TREATMENT

1. Stabilization
2. Inspiration
3. Motivation
4. Education
5. Application
6. Innovation
7. Continuation

RECOVERY SUPPORTS FOR PREGNANT AND POST PARTUM WOMEN



STABILIZATION

-Detoxification

Sedative taper

Suboxone

Craving Control

Naltrexone

Suboxone

CBT

Psychiatric Care

Antidepressants

Safe Anxiolytics

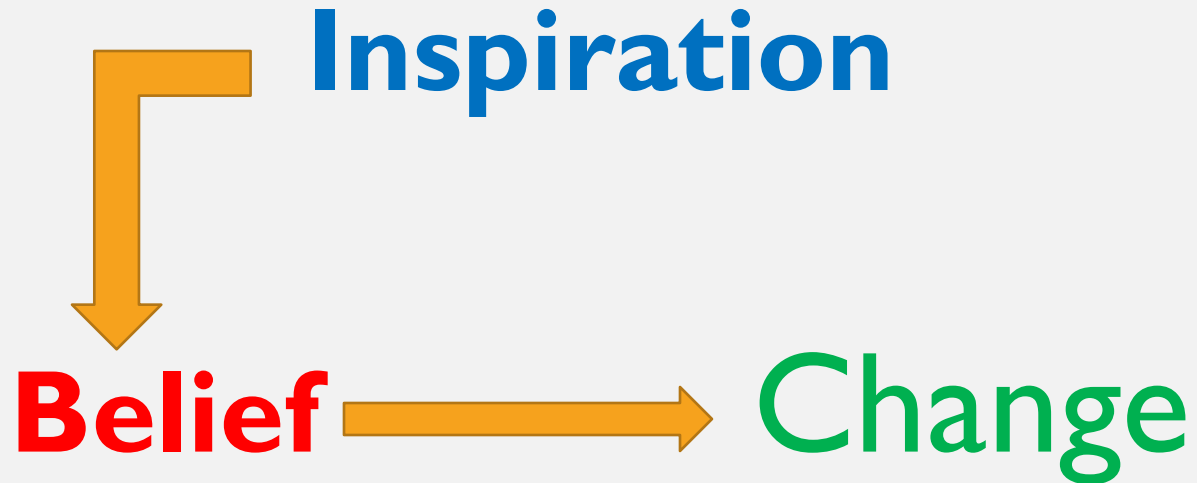
Mood Stabilizers

Antipsychotics

Safe insomnia medications

CBT

INSPIRATION



APPLICATION

A process of engagement and practice

Recovery Requires ACTION

Knowledge alone is not enough

Group therapy

Therapeutic community

Family therapy

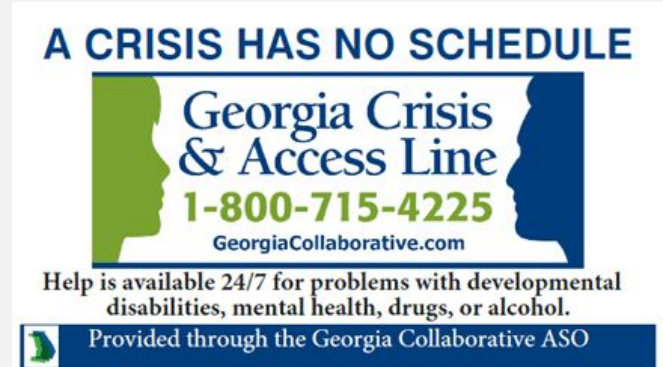
Psycho Drama

Yoga

Meditation

Mindfulness therapy

-CASE MANAGEMENT
-PEER SUPPORT
-RECOVERY
MESSAGING TRAINING



INNOVATION

Individualized treatment

Find something that works or create new programs

Internet

Smart phone Apps

Research

Family Engagement Services

CONTINUATION

Community Recovery

Transition programs to IOP care

Sober Living

Aftercare programs

Alumni Groups

Virtual therapy with Apps

Long term goals and long term follow-up

SUMMARY

- Addiction is a chronic **DISEASE**
- Substance use is on the rise
- Addiction is incredibly complex with multiple influencing factors
- Addiction has significant effects on the brain
- Treatment is a lifelong process

<https://vimeo.com/oakfilmco/review/326488047/b0f4edfe85>

THANK YOU

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