



Moms & Methadone: Medical Necessity & Community Stigma

12th Annual

Midwest Conference on Problem Gambling and Substance Abuse

“Partnering Science and Community”

Breakout Session Wednesday June 24th

10:45am – 11:45am

Melinda D. Love,
CRADC, MARS, CGDC, SQP-R
Qualified Supervisor #925

NATIONAL ASSOCIATION OF SOCIAL WORKERS

- **Core Values**

- **INTEGRITY**

- “Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.”

- **COMPETENCE**

- “Social workers continually strive to increase their professional knowledge and skills and to apply them in practice”

NASW Code of Ethics rev. 2008

Missouri Credentialing Board

- PRINCIPLE 1: RESPONSIBILITY TO CLIENTS
 - **Informed Consent:**
 - Clients have the right to be informed of their rights and responsibilities as they relate to the counseling process. Professionals assume the responsibility of informing clients, in language appropriate to the client, how information obtained from assessments will be used in their treatment.
 - Professionals shall inform clients of their right to refuse any recommended services and the consequence(s) for their refusal. If a client is unable to exercise their rights, Professionals will act in the client's best interest.



Missouri Credentialing Board

- PRINCIPLE 4: Diversity
 - **Respecting Differences**
 - Professionals should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. The professional should obtain education about and seek to understand, the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sexual orientation, age marital status, religion, and mental or physical disability.”



MCPGSA

Mission Statement

“The mission of the Midwest Consortium on Problem Gambling and Substance Abuse is to promote and unify education, science and services to improve the quality and availability of community-based problem gambling and substance abuse treatment services for individuals and families who need them.”

http://888betsoff.org/links/midwest_conference_consortium.shtm

OBJECTIVES

- Educate participants on the Diagnosis and Symptoms of opioid addiction
- Educate participants on the impact of opiate addiction on women
 - With additional focus on pregnant women
- Recommended treatment modality
 - To include ethical responsibility of professionals to do so without judgment



OBJECTIVES cont.

- Child Endangerment & Treatment Advocacy
- Educational/informational regarding methadone clinics
 - To include associated legal resources/information
- Available Resources



Diagnosis and Symptoms of Opioid Use Disorder

- **Opioid Intoxication**

- Recent usage
- Behavioral or psychological changes
- Pupillary constriction

- **Opioid Withdrawal**

- Cessation/or reduction after several weeks or longer
- Administration of an opioid antagonist after a period of opioid use



Withdrawal Symptoms

- Early symptoms
 - Agitation
 - Runny nose
 - Sweating
- Late symptoms
 - Abdominal cramping
 - Diarrhea
 - Vomiting



Prevalence

- 39% of Medicaid women 15-44yr old
- 28% of private insured women
- Most commonly prescribed: hydrocodone, codeine and oxycodone
- Women of the South and lowest Northeast prescription rates were the highest
- White, non-Hispanic women, were prescribed opioid Rx nearly 1.5 times more than other black or Hispanic women

Prevalence cont.

- Approximately 18 women per day die from prescription pain pill overdose
 - For every woman that dies, 30 more visit the ER for abuse or misuse
- Deaths increased more than 400% among women from 1999-2010
- Prescribed opioid Rx nearly 1.5 times more than other black or Hispanic women

<http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html>

PREGNANT & OPIOID ADDICTED

- Methadone is the most commonly used medication for the treatment of opioid addiction in pregnant women
- Methadone substantially reduces fluctuations in maternal serum opioid levels, so it protects a fetus from repeated withdrawal episodes
- Treatment facilities should give priority to pregnant women who seek treatment

PREGNANT & OPIOID ADDICTED

- Stress, active addiction and associated unhealthy lifestyle may lead to absence of menses and women may not immediately acknowledged they are pregnant.
- Some women confuse early pregnancy signs with withdrawal symptoms (ex. nausea, vomiting and fatigue)
- These associated errors typically lead to increased illicit drug usage

PREGNANT & OPIOID ADDICTED

- Effective medical maintenance treatment with methadone has the same benefits for pregnant patients as for patients in general
- Dosage increases are required to maintain blood levels of methadone and avoid withdrawal symptoms (in later stages of pregnancy)

CSAT OPT Clinical Staff Education 6/12



Pregnant & Postpartum

42 CFR § 8.12(f) (3).

Special services for pregnant patients. OTPs must maintain current policies and procedures that reflect the special needs of patients who are pregnant. Prenatal care and other gender specific services or pregnant patients must be provided either by the OTP or by referral to appropriate healthcare providers.

Pregnant & Postpartum

- Currently both buprenorphine and methadone are Pregnancy Category C drugs
- Access to MAT, treatment goals, and needs of the mother are to be taken into consideration when deciding which medication to utilize

Pregnancy Drug Categories

- The FDA/CHEMM have categorized medication into five segments based upon effects on pregnant woman and/or their fetus
 - **Category C**; Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.



Pregnant Women & MMT

- Priority population for admission purposes
- Methadone has been the standard of care
- High risk pregnancy and prenatal care should be coordinated with OTP
- Dose may need to increase as pregnancy progresses

<http://ireta.org/improve-practice/addiction-professionals/curriculum-training-materials/effective-risk-management-in-outpatient-methadone-treatment/>



Buprenorphine & Pregnant Women

Since data governing the use of buprenorphine are limited, significant gender-related differences in the epidemiology of opioid dependence and maintenance treatment, the pharmacodynamics and pharmacokinetics of buprenorphine and its effects on cardiac physiology require future investigation. Promising evidence has suggested that neonatal abstinence following intrauterine exposure to buprenorphine may be less severe than that associated with methadone, and that breastfeeding may be safely accomplished with buprenorphine maintenance, but more evidence is required to support these findings

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2858865/>



NAS Babies at Birth

- Dx based upon both prescription and illicit drugs
- Most babies are transferred to NICU following delivery
- Babies with NAS increased **tripled** in the 1990s

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6408a3.htm>



Breastfeeding

- Mothers can breastfeed
 - After 30 yrs. FDA has approved breastfeeding at any dosing level



<http://ireta.org/improve-practice/addiction-professionals/curriculatraining-materials/effective-risk-management-in-outpatient-methadone-treatment/>



Treatment

- Treatment modality should be the client's choice
- Mutual-help (aka "Self Help") options have been most helpful to a large segment of the substance use disorder community
~but it is not treatment
- Various types of treatment are available



Patient-Treatment Matching

- Patient Assessment
 - Extent of illicit drug use
 - Nature of illicit drug use
 - Duration of use
 - Gender
 - Culture
 - Ethnicity
 - Motivation to comply with treatment
 - Recovery support outside

Utopia?

“Individuals need to be engaged in treatment for an adequate length of time. For example, participation in outpatient or residential programs for less than 90 days is of limited or no effectiveness. Patients should receive a minimum of 12 months of methadone maintenance treatment.”

- <http://www.cdc.gov/idu/facts/ExpectationsFin.pdf>

Ethics

- Iris Young classifies three approaches to drug abuse during pregnancy
 - Punishment
 - Treatment
 - Empowerment
- Young encourages the empowerment perspective with a broader community 'revolution'
 - *“An empowerment approach of the sort that Young favors offers treatment, but in the context of a project of social empowerment and consciousness-raising designed to foster a critically reflective “sense of collective influence over the social conditions of one's life” (Young 1994, 48). She advocates programs that help women develop a perspective from which overcoming addiction can be understood not just as an individual health or will-power problem, but as part of a shared project of personal and community transformation”*
- Addition Information available in her book *Intersecting Voices: Dilemmas of Gender, Political Philosophy, and Policy*

Section 4.1 Alcohol and Drug Use during pregnancy

<http://plato.stanford.edu/entries/ethics-pregnancy/#AlcDruUseDurPre>

Stigma

- *(n) a mark of disgrace associated with a particular circumstance, quality, or person*
(Oxford Press Dictionary)

- Client
- Counselor



SOCIAL SERVICE

- How & Why social services become involved



ADA Rights

- Title I – Private employers with fifteen or more employees
- Title II – Local & State government
- Title III – Places of Public Accommodations for example day care, hospitals and hotels

<http://lac.org/resources/substance-use-resources/medication-assisted-treatment-resources/webinar-medication-assisted-treatment-special-anti-discrimination-issues/>

KNOW YOUR RIGHTS

Rights for Individuals on Medication-Assisted Treatment

- General Information About MAT
- Federal Non-discrimination laws that protect people in MAT
 - Americans with Disabilities Act (ADA)
 - Rehabilitation Act of 1973
 - Fair Housing Act (FHA)
 - Workforce Investment Act (WIA)
- How people in MAT can protect their rights under these federal laws



Education & Information on Methadone Clinics

- Behavioral Health Treatment Locator
 - <http://findtreatment.samhsa.gov/>

Or call the SAMHSA Treatment Referral Helpline

1-800-662-HELP (4357)

1-800-487-4889 (TDD)

Free and confidential information in English and Spanish for individuals and family members facing substance abuse and mental health issues. 24 hours a day, 7 days a week.



Additional Handout Link

- Missouri Department of Mental Health compiled a handout with links
 - <http://dmh.mo.gov/docs/ada/methadonemyths.pdf>
 - <https://www.drugpolicy.org/docUploads/meth347.pdf>
- SAMHSA Pregnant MMT
 - <http://store.samhsa.gov/product/Methadone-Treatment-for-Pregnant-Women/SMA14-4124>
- Know your rights
 - <http://store.samhsa.gov/product/Rights-for-Individuals-on-Medication-Assisted-Treatment/SMA09-4449>
 - <http://store.samhsa.gov/product/Methadone-Treatment-for-Pregnant-Women/SMA14-4124>

