ECHO IDAHO: OPIOID ADDICTION AND TREATMENT

TRAUMA, ACES, AND SUBSTANCE USE DISORDER

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LEARNING OBJECTIVES

- What is the burden?
- What is the relationship SUD has to ACES
- Interventions – resilience, trauma informed care, non-pharmacologic interventions for NAS
SUD – A MAJOR EPIDEMIC

• In 2017 there were 70,237 US deaths to overdose and 2/3 of those were related to opioid use disorder. (1)

• Many data points suggest that Idaho has experienced a significant increase in heroin use over the past decade. (2)

• In 2016 260 drug induced deaths in Idaho with 67,265 in the US as a whole. (2) Limited data on NAS in Idaho.

• Neonatal Abstinence Syndrome- NAS incidence has increased steadily

• 1 in 3 women filled an opioid prescription during their pregnancy.
  
  • 1.Pediatrics March 2019, 143 (3) e20183801; DOI: https://doi.org/10.1542/peds.2018-3801
  
  • 2. Idaho Department of Health and Welfare, Division of Behavioral Health as a response to the Opioid Crisis Project - October 2018
MATERNAL OUD AT DELIVERY HAS QUADRUPLED 1999-2014

NEONATAL ABSTINENCE SYNDROME

- A syndrome recognized when babies withdraw from opioids (strictly) or other substances (more generally) mom uses during pregnancy.

- Sporadic use/abuse can cause many cycles of withdrawal even before the baby is born and interferes with placental health.
NAS SYMPTOMS - CNS

- Inconsolability
- High pitched cry
- Excoriation of the skin
- Hyperactive reflexes- hyper-adduction of the moro
- Tremor
- Seizures
NAS SYMPTOMS - GI

- Poor feeding or intolerance
- Excessive rooting or sucking
- Vomiting or loose stools
NAS SYMPTOMS - AUTONOMIC

- Sweating
- Fever
- Nasal congestion
- Sneezing
- Tachypnea
- Mottling
NAS CONTINUED

PHYSICAL RISKS INCLUDE
- Feeding problems
- Stunted growth
- Preterm labor
- Fetal convulsions
- Fetal death

INDIRECT RISKS INCLUDE
- Increased risk of maternal infection (e.g., HIV, HBV, HCV)
- Malnutrition and poor prenatal care
- Dangers from drug seeking (e.g., violence and incarceration)

NAS TIMING

- Heroin usually within 24 hours
- Methadone 3-5 days
- Buprenorphine 3-5 days
- Prescription opioids 24-26 hours
- Cocaine, methamphetamine 24-36 hours
NAS FACTS

- 7 babies per 1000 live births are diagnosed with NAS
- One new diagnosis every 19 minutes
- 80 new diagnoses per day
- Cost to care for a newborn with NAS is 9 times the cost of a normal newborn
- Average length of stay for a newborn with NAS is 12 days

NAS HEALTHCARE COST

Total hospital costs for newborns born with Medicaid as their insurance

NAS is 7 times more likely in Medicaid patients than private insurance

9,115,457 birth discharge records from 2004-2014

Pediatrics April 2018, 141 (4) e20173520; DOI: https://doi.org/10.1542/peds.2017-3520
ACES – ADVERSE CHILDHOOD EXPERIENCES

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse
  - Divorce

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
ACES AND SUD

A baby born to a mom in prison for substance abuse starts with an ACE score of at least 2
ACES AND SUD

• Many of the adverse health outcomes related to ACES overlap with the adverse health outcomes related to SUD.

• A causal path to SUD is often anxiety and depression both of which increase with the number of ACES experienced. (1)

• Addressing ACES and building resilience can decrease the risk of SUD

WHAT CAN WE DO?

• Resilience is the development of positive buffering factors that help to combat ACES
• Non-pharmacologic treatment for NAS
• Pharmacologic treatment when needed
RESILIENCE FACTORS

• Healthy relationships are the number one social determinant of health

• Models have shown improving relationships for kids/communities helps to change outcomes
RESILIENCE BUILDING CONT’D

• Strengthen economic support to families
• Change social norms to support parents and positive parenting
• Provide quality care and education early in life
• Enhance parenting skills to promote healthy child development
• Intervene to lessen harms and prevent future risks
NAS STRATEGIES

- Cultural/Social
- Non-pharmacologic
- Pharmacologic
CULTURAL STRATEGIES

• Reduce stigma of pregnancy substance use disorder

• Decriminalize behavior

• Reduce inappropriate prescribing of opioids

• Maximize Prescription Drug Monitoring Programs

• Increase access to medication assisted treatment programs
NON-PHARMACOLOGIC STRATEGIES FOR NAS

• Finnegan scoring system - scores less than 8 can typically be managed non-pharmacologically

• Expand prevention measures

• Enhance bonding by rooming in and breast feeding in the newborn nursery

• Calm, quiet room, dim room, any measure to reduce stimulation to one source

• Sucrose is not an effective treatment
PHARMACOLOGIC NAS TREATMENT

• AAP emphasizes severe symptoms of NAS- poor feeding, fever, seizures
• First line morphine or methadone
• Second line barbiturates or clonidine
QUESTIONS?
ONGOING RESOURCE LIST

RESOURCES FROM TODAY’S SESSION AND PAST SESSIONS CAN BE FOUND IN OUR ONGOING RESOURCE LIST.

https://iecho.unm.edu/sites/uidaho/download.hns?i=51