A new understanding of PERINATAL SUBSTANCE USE

- sharing evidence
- fighting stigma
- reducing harm
- preserving families
Substance use over the lifecourse...
We all have beautiful bodies.
We all have beautiful brains.
Our bodies and brains speak to each other in chemicals or "feelings.

hello, brain

hello, body
Some of these feelings are normal and adaptive.

Tiger!!!

run away!
Some of these feelings cause us anxiety and deep distress, like pain.
Some of them are the result of having traumatic experiences.

I don't feel safe.

be hyper-vigilent
Some of them are just a part of being a complex, emotion being.

Why do I feel like this?

No good reason.
We can change these feelings by changing the chemical conversations.

- I don't want to feel like this.
- This will help.
- I want to try something new.
Some of these positive chemical conversations can be developed over time.
Sometimes they can be produced with chemical assistance.

- endocannabinoids
- serotonin
- endorphins
That's why we meditate. That's why we use medication.
And that's why we use drugs.
Drugs work... they help us...

- to relieve pain.
- to relax.
- to cope with trauma.
- to quiet anxiety.
- to be productive.
- to experience pleasure.

...Until they don't.
The reproductive lifecourse...
People have beautiful bodies and beautiful brains.
This can lead to attraction.
And getting it on.
Sometimes someone gets pregnant.
Sometimes they are excited to be pregnant.

Sometimes they are ambivalent.
Sometimes people decide to parent. Sometimes they don’t.
The words we use shape our attitudes and behaviors. They betray our biases. And they signal to people how we really feel about them.
words matter

I hope you never hear me say...

"clean"  "dirty"  "junky"

"druggy"  "tweeker"
words matter

- "drug use" and "drug misuse"
- "substance use"
- "illicit substance use" and "licit substance use"
- "substance dependent" and "physiologically dependent"
recovery language: a guide

Here are some ways to avoid using words that stigmatize substance use and addiction:

1. Use “people-first language.” For instance, refer to a “person who uses substances,” or a “person who has a substance use disorder”; and not a “drug user,” “addict” or “alcoholic.” This is more neutral language that helps to maintain the individuality of the person.

2. Refer to “substance use” rather than “substance abuse.” “Abuse” or “abuser” has been shown to contribute to negative judgments about people with substance use disorders, and may suggest that people should be punished rather than receive treatment.

3. Choose to recognize that substance use disorders are health disorders. They are not the result of any kind of character flaw or lack of personal willpower. In fact, substance use disorders are the second most common mental health disorder.

4. Choose to refer to “drug poisoning” rather than a “drug overdose” as the latter perpetuates the myth that a person has “brought this on themselves.”

5. Referring to a “drug habit,” or “drug of choice” implies that the person can simply choose to stop. Refer instead to “the substance a person is using.”

6. Choose language that promotes the recovery process. This means not describing a person as being “clean” or “dirty” but rather as “not currently using substances”. Also, refer to a person who is not using substances, or is reducing use, as being “in recovery.”

7. Avoid perpetuating negative stereotypes and biases through the use of slang and pejorative names.

8. The recommended use of non-stigmatizing language also applies when describing a person with other mental health problems and illnesses.

References:


Michael P. Rockefeller & Howard K. Fish. Changing the Language of Addiction. AHA-October 1, 2006 Volume 31, Number 13

www.familieschoiceofrecovery.org

https://nwcmha.bc.ca
words matter

• Are the words we're using useful?
• Do they accurately describe the behavior or condition?
• Are they empowering? Or diminishing?
words matter  ADDICTION

- "problematic" or "chaotic substance use"
- Babies are never "addicted." They are "substance exposed" or "substance dependent."
- "Addiction" is a set of behaviors babies can't do.
"When engaging with someone who has experience trauma, remember..."

* National Council on Behavioral Health
  www.thenationalcouncil.org
words matter  ACEs

adverse
cchildhood
experiences

Vulnerable Populations Research and Policy Briefs
Robert Wood Johnson Foundation
www.rwjf.org
words matter

- "recovery" "living in recovery"
- "abstinence" "moderation"
- "actively using"

Harm Reduction

* Meeting people where they're at.
THE PREGNANCY BOX.

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Virginia Commonwealth University  Mishka.Terplan@vcuhealth.org

reproductive life course
substance use
What happens when women who use drugs get pregnant?

Mishka Terplan
MD MPH FACOG FASAM

National Survey Drug Use and Health 2013/2014 Past Month Use Data
• Pregnancy is a powerful incentive to change behaviors.
• People cut down or quit altogether.

Those who continue use in spite of adverse consequences = Those who have a Substance Use Disorder (SUD)
**GENDER: Mental Health Considerations**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percent Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Serious Psychological Distress</td>
<td>6.0%</td>
</tr>
<tr>
<td>(past month)</td>
<td></td>
</tr>
<tr>
<td>Any Mental Illness</td>
<td>26.2%</td>
</tr>
<tr>
<td>(past year)</td>
<td></td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>5.0%</td>
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<tr>
<td>(past year)</td>
<td></td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>8.5%</td>
</tr>
<tr>
<td>(past year)</td>
<td></td>
</tr>
</tbody>
</table>

National Survey on Drug Use and Health 2014, 2015
## GENDER:

### Utilization of Medications

<table>
<thead>
<tr>
<th>Past Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription psychotherapeutic drugs</td>
<td>40.9%</td>
<td>47.8%</td>
</tr>
<tr>
<td>“Pain Relievers”</td>
<td>33.9%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>11.3%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Sedatives</td>
<td>5.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>6.5%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

National Survey on Drug Use and Health 2014, 2015
If you're a womxn...
If you're parenting... If you're pregnant...
Pill-Popping Mommas: 'Many' Pregnant Women Take Opioids, CDC Finds
BY BILL BRIGGS
STIGMA

"No bystander could be more innocent. No damage so helplessly collateral."

* crack cocaine
Criminalization: **Substance Use During Pregnancy**

<table>
<thead>
<tr>
<th>Policy</th>
<th>Number of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Considered Child Abuse</td>
<td>24+DC</td>
</tr>
<tr>
<td>Substance Use Grounds for Civil Commitment</td>
<td>3</td>
</tr>
<tr>
<td>Mandatory Reporting</td>
<td>23+DC</td>
</tr>
<tr>
<td>Targeted Programs for Pregnant Women</td>
<td>19</td>
</tr>
<tr>
<td>Pregnant Women Given Priority Access</td>
<td>17+DC</td>
</tr>
<tr>
<td>Pregnant Women Protected from Discrimination</td>
<td>9</td>
</tr>
</tbody>
</table>

Guttmacher Institute
April 1, 2017

Prosecuted
Prosecutorial Discretion

The first known indictment of an American woman for drug use in pregnancy was in California in 1977.

DE, IO, ME, RI, VT

How States Handle Drug Use During Pregnancy
projects.propublica.org/graphics/maternity-drug-policies-by-state
PUBLIC HEALTH

VS

PUNITIVE HEALTH
Pregnant Body

"A structurally and functionally interconnected metabolic unit shared by a mother and fetus through the placenta."

ACOG Committee Opinion 664, June 2016
Dyad

“There is no such thing as a baby …"

“If you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone, but is essentially part of a relationship”

DW Winnicott, 1966
WE KNOW WHAT WORKS.

INTEGRATED CARE

Comprehensive, Integrated Care.
El-Mohandes A, Herman AA, Nabil El-Khorazaty M, Katta PS, White D, Grylack L.
CONTINUITY OF CARE
WE KNOW WHAT WORKS.

We've known this since our last opioid crisis. We've known it for 100+ years.

Dr Benjamin Rush
BUT WE'RE NOT DOING IT.

Programs that provide comprehensive treatment and pharmacotherapy are rare... and unavailable for most pregnant women.

Pregnant Women and Substance Use: Overview of Research & Policy in the United States
The Bridging the Divide project at the Jacobs Institute of Women's Health, George Washington Univ. School of Public Health
WHAT ARE WE OFTEN DOING INSTEAD?

BABIES AS VICTIMS OF MOTHERS

From publicizing stories about “crack babies” in the 1980s to “opioid babies” today, the tendency toward moral panic has a long history in prevention messaging and media coverage of substance use disorders.

Moral panics inevitably marginalize people who are vulnerable and often bring their morality or even humanity into question.

This moral panic may prevent mothers who use drugs from accessing prenatal care because they are afraid of being judged or mistreated by medical professionals, or of being forced into the child welfare system.

SAMHSA Words Matter: How Language Choice Can Reduce Stigma.
# Prenatal Substance Abuse: Short- and Long-Term Effects on the Exposed Fetus

Marylou Behnke, Vincent C. Smith
COMMITTEE ON SUBSTANCE ABUSE, COMMITTEE ON FETUS AND NEWBORN

## TABLE 2:
Summary of Effects of Prenatal Drug Exposure

- **NO EFFECT**
- **EFFECT**
- **STRONG EFFECT**
- **NO CONSENSUS**
- **NO DATA**

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[pediatrics.aappublications.org/content/pediatrics/131/3/e1009.full.pdf](pediatrics.aappublications.org/content/pediatrics/131/3/e1009.full.pdf)
• SOCIAL DETERMINANTS OF HEALTH
• NEUROTRANSMITTERS / NEUROIMAGING
• CHILDHOOD DEVELOPMENT

functional differences
animal models
GETTING GOOD DATA

- CDC: Treating for Two  www.cdc.gov/pregnancy/meds/treatingfortwo
GETTING GOOD DATA

- genetic - metabolic
- nutrition
- synergistic effects

POLYSUBSTANCE USE IS THE NORM.
ALCOHOL

• Most commonly used substance
• Teratogenic
• Doesn't show up in urine screening

80+% National Survey Drug Use and Health
ALCOHOL

www.cdc.gov/ncbddd/fasd/facts.html

- Fetal Alcohol Spectrum Disorders (FASD)
- NOT dose dependant

There is no known safe amount of alcohol during pregnancy or when trying to get pregnant. There is also no safe time to drink during pregnancy. Alcohol can cause problems for a developing baby throughout pregnancy, including before a woman knows she's pregnant. All types of alcohol are equally harmful, including all wines and beer.
SMOKING

- nicotine vs tobacco
- nicotine is a stimulant
- other compounds are toxic
- POLYSUBSTANCE USE
  - mental health care settings
  - during treatment for SUDs

63%
National Survey Drug Use and Health
CANNABIS

- Of the 50% of people who have used illicit substances
  49% 👀

- Decriminalization *

- Opportunities for Understanding

Cultural context "infamous Jamaica study"

OPIOIDS

• Humankind's "Drug of Choice"
  - history
  - efficacy
  - pharmacology

• Dependence

• Overdose *
**OPIOIDS**

- Dependence
- **Safety** + benzodiazepines + alcohol
  - Rx
  - route of administration
  - fentanyl
  - synthetic opioids
GOLD STANDARD

MEDICATION + ROUTINE CARE

- methadone
- buprenorphine
- prenatal care... postpartum
OVERDOSE
the pregnant and postpartum body

- weight
- metabolism
- volume of water
- DETOX… risk of relapse
20% - 80% INFANTS NEONATAL OPIOID WITHDRAWAL (NOW) NEONATAL ABSTINENCE SYNDROME (NAS)
EAT • SLEEP • CONSOLE

non-pharmacological
WHAT IS GOOD for MOM... GOOD for BABY

pharmacological
NOW
NAS
INFANTS

TEMPORARY and TREATABLE CONDITION
BREAK
(15 minutes)