

Harmful Substance Use in Women: New Horizons in Treatment: *A focus on Opioid Use Disorder During and After Pregnancy*

Developed in Collaboration with the National Institute on Alcohol Abuse and Alcoholism

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ASAM Annual Conference

Friday, April 14, 2023, 3:00 PM – 4:15 PM Room: Maryland D, Ballroom Level



Disclosure Information

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◆ No Disclosures



Learning Objectives

Highlight recent advances and challenges regarding medications to treat OUD during pregnancy and postpartum periods

Identify a few actions providers can take today to improve care

Advances Regarding Medications To Treat OUD During Pregnancy

SAMHSA's letter on May 3, 2022, giving supportive guidance about **split dosing of methadone and buprenorphine** during pregnancy and for people with rapid metabolism



<https://www.samhsa.gov/sites/default/files/split-dose-guidance-sotas-csat.pdf>

Advances Regarding Medications To Treat OUD During Pregnancy

Elizabeth A. Suarez, Ph.D., M.P.H., Krista F. Huybrechts, Ph.D., Loreen Straub, M.D., Sonia Hernández-Díaz, M.D., Dr.P.H., Hendrée E. Jones, Ph.D., Hilary S. Connery, M.D., Ph.D., Jonathan M. Davis, M.D., Kathryn J. Gray, M.D., Ph.D., Barry Lester, Ph.D., Mishka Terplan, M.D., M.P.H., Helen Mogun, M.S., and Brian T. Bateman, M.D.

Buprenorphine versus Methadone for Opioid Use Disorder in Pregnancy. *N Engl J Med.* 2022 Dec 1;387(22):2033-2044

Results-Patient Characteristics

- Buprenorphine patients were more likely to:
 - Be White
 - Be from the Northeast or Midwest and to live in nonmetropolitan or rural areas
 - Have received diagnoses of depression and anxiety
 - Have documented nonopioid substance use disorders
 - Use of antidepressants and other psychotropic medication
 - Less likely to use prescription opioids agents
- The groups were similar concerning the:
 - Prevalence of coexisting conditions
 - Quality of prenatal care
 - Most complications of opioid use disorders that occurred

When measured covariates were analyzed according to the different exposure windows (i.e., early pregnancy, late pregnancy, and the 30 days before delivery), findings in the study populations were similar.

N Engl J Med. 2022 Dec 1;387(22):2033-2044

Table 2. Absolute Risk Estimates of Neonatal and Maternal Outcomes.

Exposure and Outcome	Buprenorphine Population		Methadone Population		Adjusted Relative Risk (95% CI)
	Absolute Risk (95% CI)		Absolute Risk (95% CI)		
	<i>no.</i>	<i>percent</i>	<i>no.</i>	<i>percent</i>	
Neonatal abstinence syndrome	5188	52.0 (51.0–53.0)	3182	69.2 (67.9–70.6)	0.73 (0.71–0.75)
Exposure in early pregnancy					
Preterm birth	1541	14.4 (13.7–15.1)	1086	24.9 (23.6–26.2)	0.58 (0.53–0.62)
Small size for gestational age	1294	12.1 (11.5–12.7)	669	15.3 (14.2–16.4)	0.72 (0.66–0.80)
Low birth weight	886	8.3 (7.8–8.8)	649	14.9 (13.8–15.9)	0.56 (0.50–0.63)
Cesarean section	3597	33.6 (32.7–34.5)	1446	33.1 (31.7–34.6)	1.02 (0.97–1.08)
Severe maternal complications	347	3.3 (2.9–3.6)	154	3.5 (2.9–4.0)	0.91 (0.74–1.13)
Exposure in late pregnancy					
Preterm birth	1599	14.3 (13.6–14.9)	1238	25.0 (23.8–26.2)	0.57 (0.53–0.62)
Small size for gestational age	1467	13.0 (12.4–13.6)	787	15.6 (14.6–16.6)	0.75 (0.69–0.82)
Low birth weight	925	8.2 (7.7–8.7)	723	14.4 (13.4–15.3)	0.56 (0.50–0.62)
Cesarean section	3733	33.1 (32.2–34.0)	1646	32.7 (31.4–34.0)	1.03 (0.97–1.09)
Severe maternal complications	376	3.4 (3.0–3.7)	181	3.6 (3.0–4.1)	0.93 (0.77–1.14)



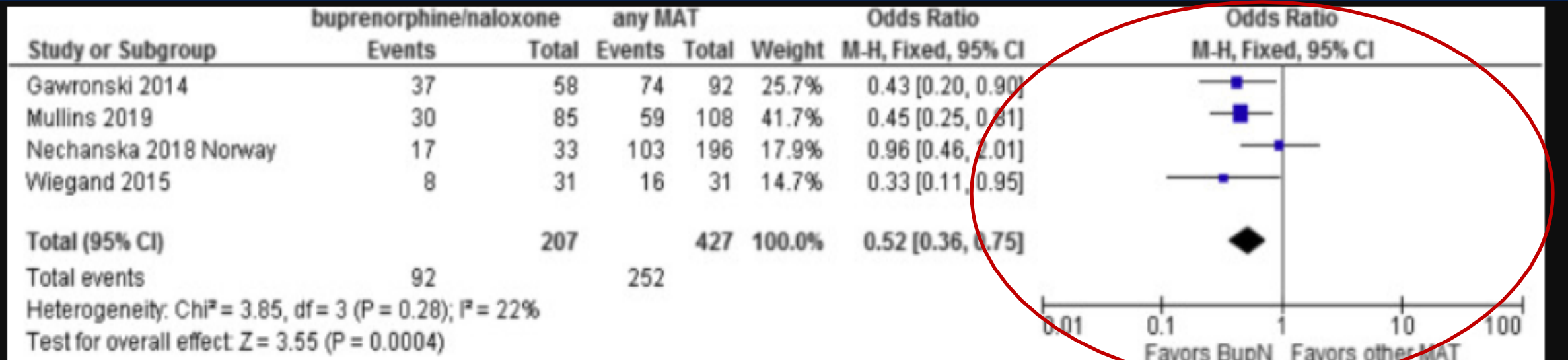
Advances Regarding Medications To Treat OUD During Pregnancy

- ◆ Open label trial RBP-6000 in pregnancy
- ◆ Case report (n=2) with unplanned pregnancies with first trimester RBP-6000 exposure

	Patient 1	Patient 2	Patient 3
Age (years)	30	27	22
Parity	2	0	2
BMI	40.8	25.3	23.6
Gestation (weeks) @ injection	26 4/7	12 0/7	Postpartum
Daily SL bup dose prior to injection (mg)	16	16	16
Months stable on SL bup	36	18	5



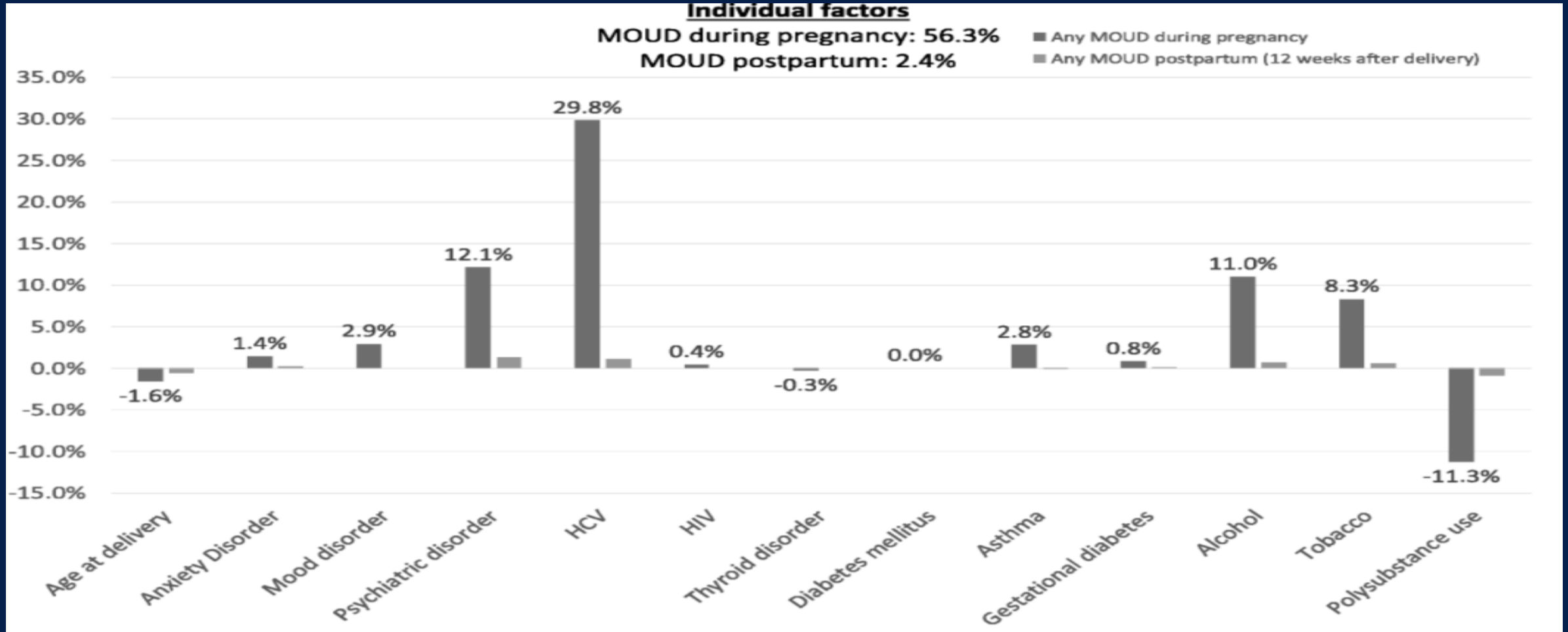
Advances Regarding Medications To Treat OUD During Pregnancy



	BUP-NX, n (%)	BUP, n (%)	Crude, OR (95% CI)	Adjusted OR* (95% CI)
Return-to-opioid use	12 (36)	17 (23)	1.88 (0.77 to 4.60)	1.93 (0.78 to 4.76)
Received pharmacologic treatment for NOWS	13 (39)	33 (45)	0.76 (0.32 to 1.76)	0.65 (0.27 to 1.54)
	BUP-NX, mean ± SD	BUP, mean ± SD	Crude β (95% CI)	Adjusted β ² (95% CI)
NOWS opioid treatment days	3 ± 6	8 ± 5	-4.18 (-8.07 to -0.30)	0.59 (-3.04 to 4.24)

Challenges - Medications To Treat OUD

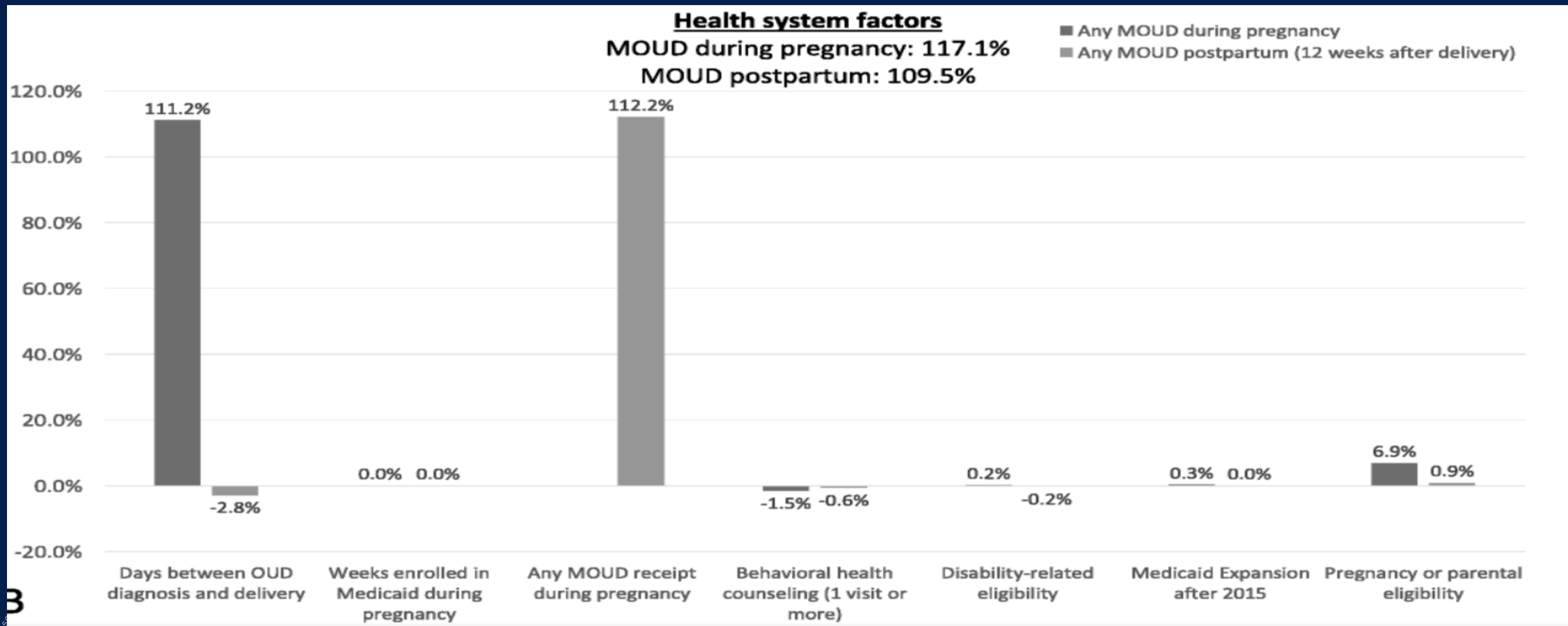
During Pregnancy: Racial Discrimination



Gao, Y. , Drake, C. , Krans, E. , Chen, Q. & Jarlenski, M. (2022). Explaining Racial-ethnic Disparities in the Receipt of Medication for Opioid Use Disorder during Pregnancy. *Journal of Addiction Medicine*, 16 (6), e356-e365.

Challenges - Medications To Treat OUD

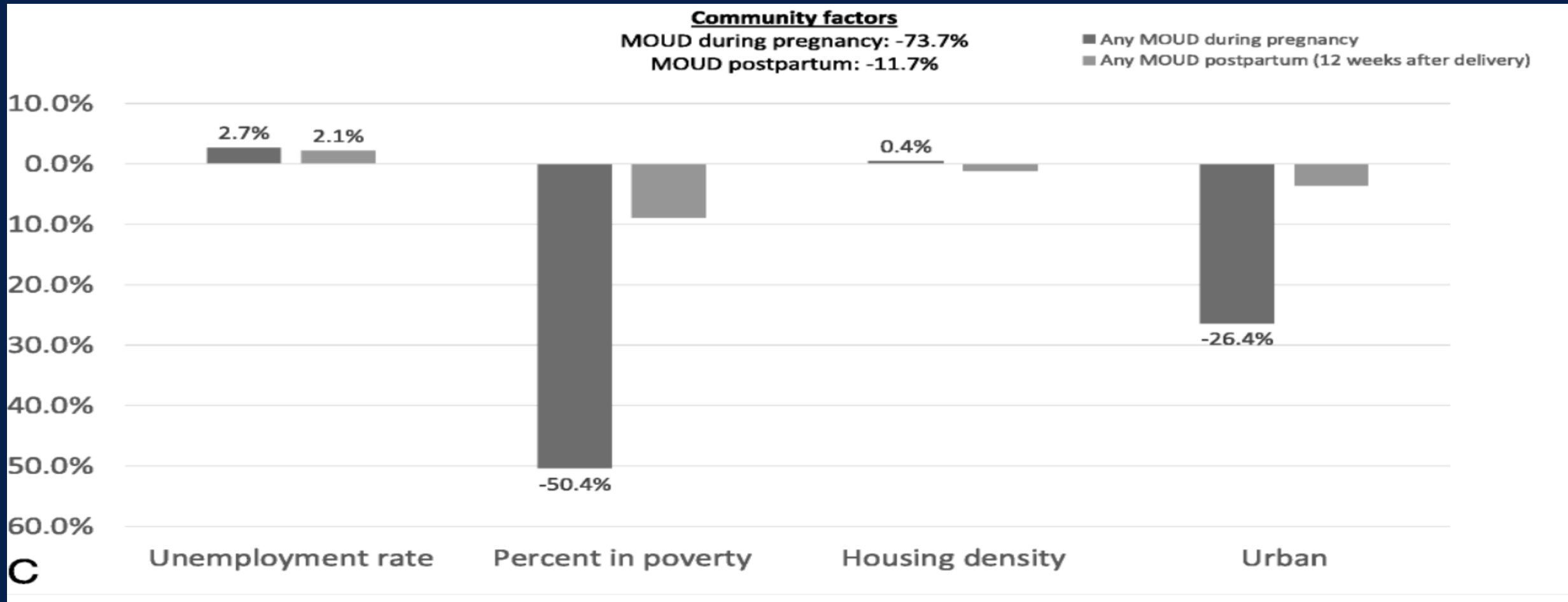
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Challenges - Medications To Treat OUD

During Pregnancy: Racial Discrimination



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Challenges Regarding Medications To Treat OUD During Pregnancy: Incarceration

- ◆ N=279 pregnant people with OUD
- ◆ 40.1% (n = 112) received MOUD during incarceration,
 - ◆ 59.8% methadone and 40.1% buprenorphine.
- ◆ 30% were referred to a community MOUD provider

- ◆ Significant predictors of MOUD receipt:
 - a. medium/close custody level during incarceration
 - b. incarceration during the latter study period
 - c. pre-incarceration heroin use
 - d. receipt of pre-incarceration MOUD



Knittel AK, Swartzwelder RA, Zarnick S, Tsujimoto THM, Horne T, Lin FC, Edwards J, Amos E, Alexander J, Thorp J, Jones HE. Medications for opioid use disorder during pregnancy: Access and continuity in a state women's prison facility, 2016-2019. *Drug Alcohol Depend.* 2022 Mar 1;232:109308.

Challenges Regarding Medications To Treat OUD

During Pregnancy: Discrimination

4 key themes were identified from the shared experiences of pregnant and parenting people with OUD related to their care:

Disrespectful care

The nurse was so mean and so rough, because I was a drug addict because I went in there because I was going to detox. That was exactly how they treated me, like I was trash.

Inconsistencies in care received

The one [nurse] kept scoring him 2s and the other one scored him the 8 and then 9 or whatever - the next morning they were going to take him to the NICU. Then I was like, 'Hell no.' I was like, 'I want another doctor in here.' So then another doctor came in and was like, 'I don't see anything wrong'.

Kim J, Busse M, Kantrowitz-Gordon I, Altman MR. Health Care Experiences During Pregnancy and Parenting with an Opioid Use Disorder. MCN Am J Matern Child Nurs. 2022 Mar-Apr 01;47(2):100-106.



Challenges - Medications To Treat OUD During Pregnancy: **Discrimination**

Limited health and social services

I was turned away by [two community providers] saying that they didn't want to touch [opioid use disorder] while I was pregnant, [...]— and I was going to ask about the opiate replacement therapy. I left there on two different occasions with two different doctors crying the whole way home, just addicted to pills still.

Fear of Accessing Health Care Services

It's like, people actually miss doctor's appointments, things like that. But if you miss a doctor appointment and you're a drug addict, or recovering drug addict, it's the end of the world. It makes parents fear seeking health care [...] for their child.

Kim J, Busse M, Kantowitz-Gordon I, Altman MR. Health Care Experiences During Pregnancy and Parenting with an Opioid Use Disorder. MCN Am J Matern Child Nurs. 2022 Mar-Apr 01;47(2):100-106.



Actions Providers Can Take Today

- Establish strong, positive relationships and attenuate OUD stigma by recognizing and examining one's own internalized biases.
- Practice person-first language to create an environment of dignity and respect when caring for patients with OUD.
- Advocate and practice Eat, Sleep, and Console
- We must continue to engage those with experiences in research and policy agenda setting and intervention development to combat the continuing rise of OUD during pregnancy.

Kim J, Busse M, Kantrowitz-Gordon I, Altman MR. Health Care Experiences During Pregnancy and Parenting with an Opioid Use Disorder. MCN Am J Matern Child Nurs. 2022 Mar-Apr 01;47(2):100-106.



Actions Providers Can Take Today: Use Shared Decision-Making

To assist pregnant women with opioid use disorder (OUD) in the decision to continue or discontinue medication and what medication to use

- Risk of Return to use- Individual
 - *Reasons likely to return to use/ not return to use*
- Patient Preference
 - *Reasons prefer/do not prefer pharmacology*
- Recommendation
 - *Based on risk of return to use and preference*
- Review at each visit
- Plan-Delivery & Breastfeeding
- Plan-Pain Management



Actions Providers Can Take Today: **Protect Patients**

- ◆ Always require consent prior to a drug test
- ◆ Utilizing an interdisciplinary approach, collaborate and educate medical professionals on the harms of mandatory reporting, universal drug testing, and supportive services over criminalization.
- ◆ Do not provide PHI information to anyone without a release of information
- ◆ Education with hospitals around drug testing and reporting including better understanding state laws/requirements, CAPTA/CARA, not assuming testing is required, establishing better protocols, and more.

Understand - drug use alone does NOT indicate:

- A substance use disorder
- Someone's ability to parent
- Frequency of use
- Child risk or safety

Actions Providers Can Take Today: Trauma-Responsive Care

- ◆ Prenatally
- ◆ Peripartum
- ◆ Postpartum- in the hospital
- ◆ Postpartum — in the community, through the first year after delivery

<https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>



Actions Providers Can Take Today: Change the Conversation

Why is this woman continuing to use substances?



Even though she knows the facts, she is still using

She doesn't care about her baby



She is making decisions to keep her and the baby safe

Her substance use is a problem



Her substance use is an attempt to cope with a problem

What is wrong with this woman



What happened to this woman



Re-visit Objectives and Summary

Highlight recent advances and challenges regarding medications to treat OUD during pregnancy and postpartum periods

Identify a few actions providers can take today to improve care