



Drug use in Pregnancy

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Overview

- Drug use in pregnancy is a major problem
- "Recreational drugs"
- Prescription drugs

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Prevalence

- 30 million Americans have used illegal substances
 - >40% 25-30 year olds
- Adult monthly cocaine use 1.5 million
 - 67% full time employed
- Starting younger and younger
 - 23% High school seniors use marijuana regularly
 - 10% of all students have used drugs

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Ethical considerations

- Beneficence
- No maleficence
- Justice
- Respect for autonomy

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Diagnostic Criteria: Substance Abuse

- A maladaptive pattern of substance use leading to clinically significant impairment or distress manifested by 1 or more of the following with in a 12 month period:
 - Use results in failure to fulfill major role obligations:
 - Work: absences, poor performance
 - School: absences, suspensions, expulsions
 - Home: Neglect of children or household
 - Recurrent use in physically hazardous situations
 - Substance-related legal problems
 - Continued use despite resulting persistent or recurrent social or interpersonal problems

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Diagnostic Criteria: Substance Dependence

- A maladaptive pattern of substance use leading to clinically significant impairment or distress manifested by 3 or more of the following occurring anytime within the same 12 month period

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Diagnostic Criteria: Substance Dependence

- Tolerance of the substance: need for markedly increased amounts to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount
- Withdrawal: the characteristic withdrawal syndrome, or substance taken to relieve or avoid withdrawal symptoms
- Larger amounts of substance taken over a longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control use
- Great deal of time spent in activities to obtain, use or recover from the substance's effects
- Important social, occupational and recreational activities given up or reduced because of use
- Continued use despite knowledge of a persistent or recurrent psychological or physical problem likely to have been caused or exacerbated by use

Demographics/physical findings

- Although felt to be higher in lower socioeconomic/black populations
- Unrevised screening detects same use in white population
- No physical symptoms in majority of abusers
- Need to screen everyone

Screening

- Questionnaire – best
 - Recommended to do on everyone
 - Non judgmental
 - “drug and alcohol use/abuse are very common problems, so I am going to ask some questions”
- Urine screening – not recommended
 - If do should get/document consent
 - Should not be used to “take away kids” or punish patient
 - Interferes with Doctor patient relationship

4 P's

- **P**arents: Did any of your parents have problems with alcohol or other drug use?
- **P**artner: Does your partner have a problem with alcohol or drug use?
- **P**ast: in the past have you had difficulties in your life because of alcohol other drugs, including prescription medications?
- **P**resent: in the past month have you drunk any alcohol or used other drugs?
 - Any “Yes” should trigger further questions

CRAFFT – good for adolescents/young adults

- C- Have you ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
- R- Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?
- A- Do you ever use alcohol or drugs while you are by yourself or ALONE?
- F- Do you ever FORGET things you did while using alcohol or drugs?
- F- Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use
- T- Have you ever gotten into TROUBLE while you were using alcohol or drugs?
 - 2 or more positive need further assessment

Direct Questions

- Have you ever tried ...?
- How old were you when you first used...?
- How often? what route? How much?
- How much does your drug habit cost you?

Red Flags

- Maternal chaotic lifestyles
 - Psychosocial stresses
 - Spouse/Partner of alcoholic or drug abuser
 - Domestic violence, physical and sexual
- Psychiatric diagnosis
 - Depression, psychosis, anxiety, PTSD, ADHD
 - Lack of functional coping skills
 - Unexplained mood swings, personality changes
- Late or no prenatal care
 - Missed appointments and compliance problems
 - STD, sexual promiscuity

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Abused Substances

- Alcohol
- Cannabinoids – difficult with now legal medical/recreational
- Club drugs – MDMA, GHB
- Dissociative drugs – ketamine, PCP,
- Hallucinogens – LSD,
- Opioids – heroin*, opium
- Other – anabolic steroids, inhalants
- Prescription – depressants, stimulants, opioid pain meds
- Stimulants – cocaine, amphetamine, methamphetamine
- Tobacco

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Risk to Mom

- Incarceration
- Infections
 - STD, Hep B, C, HIV
- Overdose
- Lifestyle
 - Abuse, risky behavior

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Risk to baby

- Birth defects (possible) – opioids, amphetamines, benzodiazepines
- IUGR/abruption/IUFD/Preterm labor – cocaine, amphetamines, opioids, tobacco

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Testing

- Random checks with out clinical suspicion
 - Many consider unethical
 - Might be illegal
 - Interferes with people seeking prenatal care
- Non emergency and competent
 - Verbally inform prior to testing
 - Document
- Test if necessary to direct immediate medical interventions
- Neonatal testing – umbilical cord, meconium
 - Many feel this is not mom, but baby and testing by pediatrician is OK
 - Indicates use for last several months

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Urine testing – need to confirm if positive

- Marijuana, acute 3 days
- Marijuana, chronic 30 days
- Cocaine 1-3 days
- Heroin 1 day
- Methadone 3 days

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Treatment

- This is treatable
- No single answers
- Long term process.
- More effective is stay in treatment
- Multiple needs
 - Medical, psychological, social, legal, vocational

Prevention is BEST Treatment

- Don't over prescribe
- Pain Contracts
- Check drug registries if concerned
 - Missouri does not participate.
- Narcotics are NOT recommended for long term use
 - More than 7-14 days
- Refer to pain specialists – Kelly Zach, its what they do
- 1/300 women prescribed Narcotics for CS become addicted
- ACOG recommends on 20 Percocet(5mg) for DC from hospital for CS

Nebraska Law - July 19, 2018

- LB 931 – prohibits practitioners from prescribing more than 7-day supply of opiates for patients < 18 years of age
 - Exception : Palliative care for cancer or another diagnosis with documentation that alternatives inappropriate.
- LB 933 – requires practitioners notify patients
 - of risks of addiction and overdose when prescribing opioids and other controlled substances
 - Why it is needed
 - Alternatives may be available
 - With first and third prescription
- LB 934 – need photo ID to get prescription
- LB 731 – need 3 hours of CME biannually on prescribing opiates

Plan of care

- Supportive relationship
- Education
 - Confirm patient understands risks
 - Link substance use to patients signs/symptoms
 - Importance of stopping or cutting down
 - Consequences of continued use
- Refer to specialist
 - Detoxification
 - Maintenance*
 - Medications
 - Counseling
 - Comorbidities – psych, ID

Maintenance (heroin, prescription opiates)

Need special training, certification
 Complex program
 Reduces risky behavior, overdose, relapse
 Know your local people
 (<http://dpt2.samhsa.gov/treatment/directory.aspx>)

Maintenance vs slow wean

- Methadone – proven fairly safe
- Buprenorphine (subutex) – probably safe, limited data
 - Very promising, less NAS
- Suboxone (buprenorphine and naloxone)
 - Usually recommended to switch to single agent
- Acute withdrawal is not recommended
- If a patient is motivated, could wean 5-10% every 1-2 weeks
- Long term studies don't show problem but limited data

Neonatal Abstinence Syndrome NAS

- Methadone – starts up to 2 weeks and may last weeks
- Buprenorphine – starts 12-24 hrs, last 7 days
- Encourage breast feeding
- Protocols for withdrawal for the baby
- No "safe dose", no guarantee baby will go through withdraw, but need to keep baby 2-4 days to monitor (longer for methadone)

Conclusions

- Drug use is a big perinatal problem
- "routine" urine screening not recommended with out consent
- Get into programs (pregnant people get priority/might be more motivated)
- Maintenance is recommended for Heroin, need appropriate training
- Heroin is making a big comeback
- Appropriate prescribing habits