OTP Innovation: Supporting Pregnant and Parenting Women with OUD/SUD

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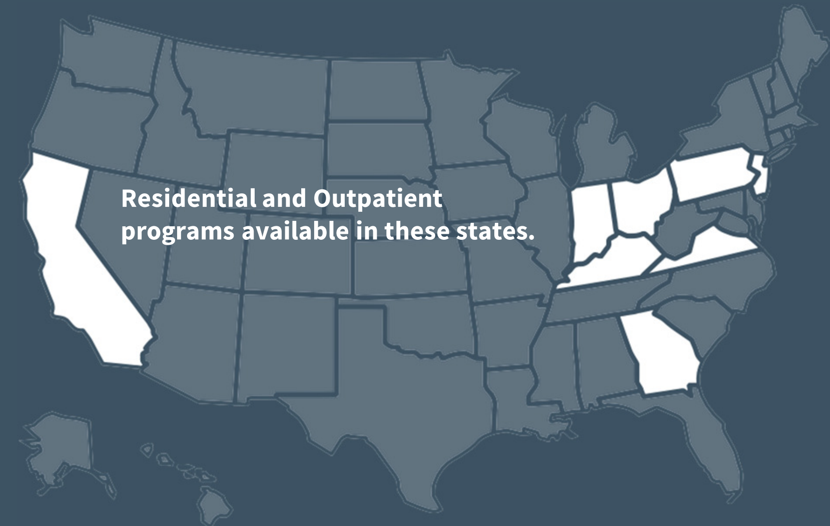
A COMPREHENSIVE NETWORK

PINNACLE
TREATMENT CENTERS

Who We Are

Pinnacle Treatment Centers is a recognized leader in comprehensive substance use services serving 32,000 patients daily in eight states (California, Georgia, Indiana, Kentucky, New Jersey, Ohio, Pennsylvania, and Virginia).

With over 115 locations Pinnacle provides a full continuum of care which includes medically-monitored detoxification/withdrawal management, inpatient/residential, partial hospitalization/partial care, intensive outpatient, general outpatient programming, and medication-assisted treatment.



Our Agenda Today

- **Introductions**
- **Review Gender Responsive Treatment and Why it is Important**
- **Define an OTP, MAT, and Medications used to treat Pregnant Women with OUD.**
- **Discuss How This Treatment Is Effective**
- **Discuss Why MAT and Pregnant Women with OUD/SUD are so Stigmatized**
- **Dispel Myths about Pregnant Women on MAT**
- **Q&A**

Sex and Gender Differences

"Sex" and "gender" do not mean the same thing.

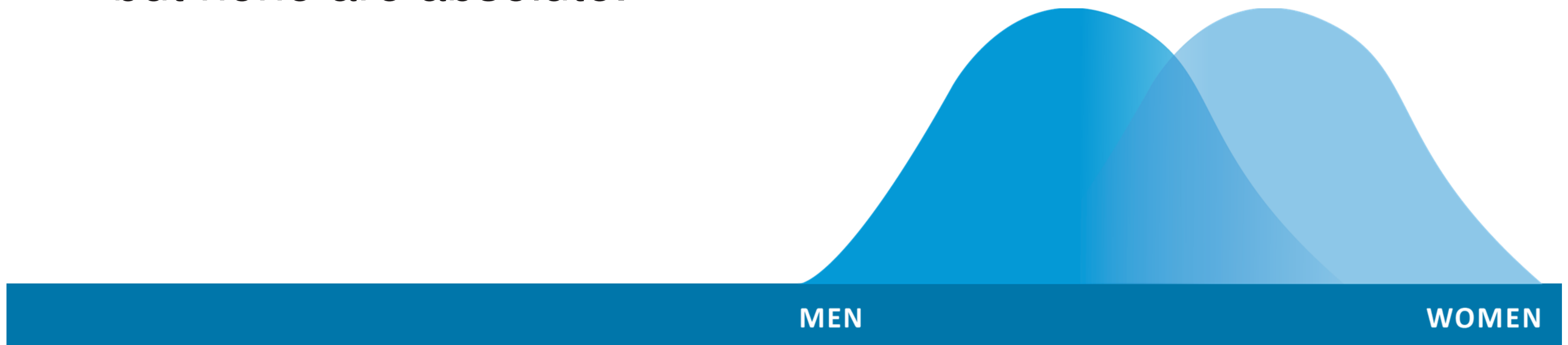
Sex differences are related to biology.

Gender is part of a person's self-representation. It relates to culturally defined characteristics of masculinity and femininity.

There are both sex and gender differences that relate to SUDs and SUD treatment for men and women.

Gender Differences

- Factors such as culture, age, socioeconomic status, religion, disability, race/ethnicity, and sexual orientation all influence gender roles and expectations.
- Some gender traits are common, but none are absolute.



Why Gender Matters

- Though women and men have much in common, sex and gender differences influence their lives and experiences.
- Common differences between men and women affect the treatment and recovery needs of women with SUDs.

Telescoping and Other Sex-Related Differences

- Telescoping, in this use of the term, refers to an effect whereby women "progress faster than men from initial use to alcohol- and drug-related problems, even when using a similar or lesser amount of substances." (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009, p. 27; Piazza et al., 1989)

- Effective treatment and recovery services include a plan to screen for, and address, pregnancy and related considerations

Gender Related Differences

- Women with SUDs have high rates of adverse childhood experiences, intimate partner violence and other forms of current and past trauma
  - Consider safety issues in the physical setting and the therapeutic milieu; security, gender separate options for groups (and whether to make this a requirement, as women who attend with a partner are often not free to decide)
    - *If services are provided at night (including early morning before dawn), is the parking lot close and in a well-lit location? When women walk to the door or out into the parking lot, do they pass through a crowd of people, including groups of men that may be intimidating?*
  - Trauma-informed and recovery-oriented approaches, which include safety, respect and empowerment, are especially important for women
  - Strength building approaches and avoiding punitive styrategies that further reduce self-efficacy and engagement are trauma informed and recovery oriented

Gender Differences, Inc.

- Women benefit from support and activities that develop their voices and self-identities and from sharing their stories
- Effective treatment and recovery services acknowledge unintended biases that favor men (from both staff and participants)

- Women with SUDs have increased prevalence of co-occurring mental disorders, which can affect SUD treatment and recovery outcomes

- Effective treatment/recovery services provide formal and informal opportunities for women to meet and build relationships with each other (provide chances for women to "hang-out" without men present)

Sex And Gender Differences Related To SUDs

Women often differ from men in their:

- **Pathways** to substance use
- **Risk factors** for use
- **Consequences** of use
- **Barriers** to treatment/recovery
- **Recovery** support needs
- Gender related **Stigma** experience

ACTIVITY 2

Women and Men

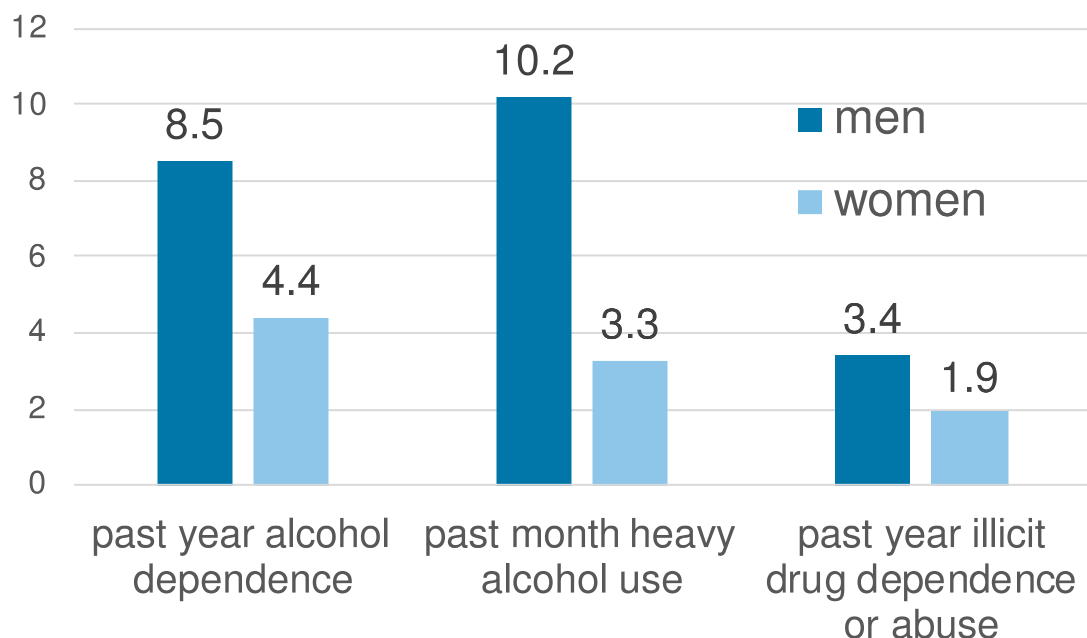
Culture and SUDs

"The complex interplay of culture and health—as well as the influence of differing attitudes toward, definitions of, and beliefs about health and substance use among cultural groups—affects the psychosocial development of women and their alcohol, drug, and tobacco use and abuse."

(SAMHSA, 2009, pp. xxi–xxii)

Substance Use: Women VS. Men

Women have lower rates of substance use and SUDs than men.



Source: *Substance Abuse and Mental Health Services Administration. (2015a). Behavioral health barometer: United States, 2015. HHS Publication No. SMA-16-Baro-2015. Rockville, MD: Substance Abuse and Mental Health Services Administration.*

Opioid Epidemic

- In just one decade, deaths from prescription pain killers (opioids) rose by more than 400% among women. (CDC, 2013)
- Every 3 minutes, a woman goes to the emergency room for prescription painkiller misuse. (CDC, 2013)
- The number of drug overdose deaths has never been higher, and the majority of these deaths (more than 6 out of 10 in 2014) involved opioids. (CDC, 2015d)
- At least half of opioid deaths involve a prescription opioid. When pregnant women use opiates, the fetus can also become dependent on them. (CDC, 2016d)

Common Reasons/Risks Factors For Initiation of Substance Use

- Influence of relationships
- Co-occurring disorders
- Trauma history
- Prescription medications

Consequences/Risks of Substance Use and SUDs

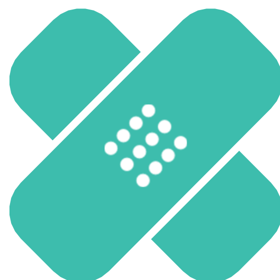
- Women with SUDs may experience:
- Loss of their children
- Loss of relationships
- Increased trauma or violence, including rape, assault, or intimate partner violence

Women with SUDs risk:

- Health problems, including:
  - *SUD-related health conditions*
  - *HIV, hepatitis, and other infections*
  - *Pregnancy complications*

- Economic hardship and homelessness

Involvement With The Criminal Justice System



- Increasing numbers of women and girls are becoming involved with the criminal justice system.
- Many have SUDs, SUD-related arrests, and trauma histories.

Barriers To Accessing Help

Top barriers

- Self *(is not ready or does not feel she needs help)*
- Childcare

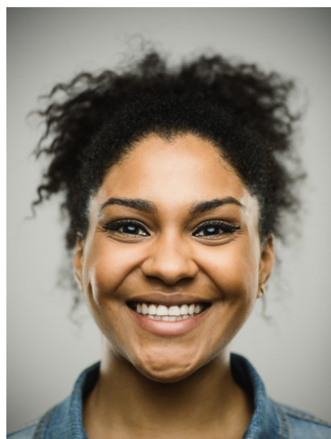
Other common barriers for women:

- Cost *(socioeconomic hardship)*
- Feelings of shame and guilt
- Family
- Partner
- Systemic
- Practical

Why It Is Important To Be Gender Responsive

- Gender-responsive services create an environment that reflects the understanding of the reality of women's lives and addresses women's issues.

- Gender-responsive services help improve the effectiveness of services for women and girls.



An OTP is an Opioid Treatment Program as defined by SAMHSA.

- OTPs provide medication-assisted treatment (MAT) for people diagnosed with an opioid-use disorder.
- MAT patients also must receive counseling, which can include different forms of behavioral therapy.
- Patients come **daily, children in tow,** before they go to work.

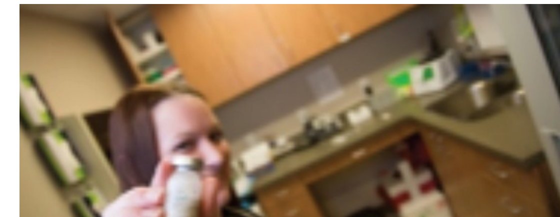
What Is An OTP and How Is It Different From Other Treatment Options?

Methadone

- 1 Year plus of Opioid Abuse
- Heroin/Fentanyl Use
- Pain Medication Abuse
- Self Pay or Insurance
- Pregnant Women
- Failed other treatment
- Episodes

Suboxone

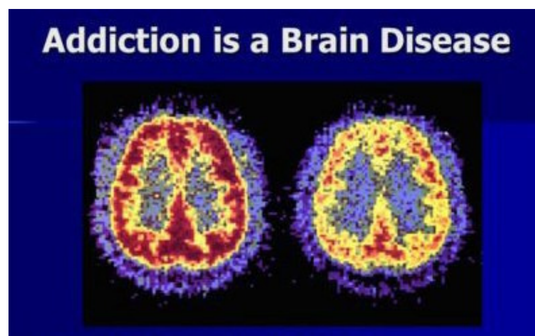
- Opioid Use Disorder Diagnosis
- Pain Medication Abuse
- Self Pay or Insurance
- Pregnant Women- Subutex



Vivitrol

- Alcohol and OUD
- No opioid use for 10 days
- Insurance
- Willing to engage in counseling
- Strong desire to be opioid free

What Does MAT Really Mean?



MEDICATION	ASSISTS	TREATMENT
• is important but one component of treatment.	• the brain in calming down.	• individual, group and case management services

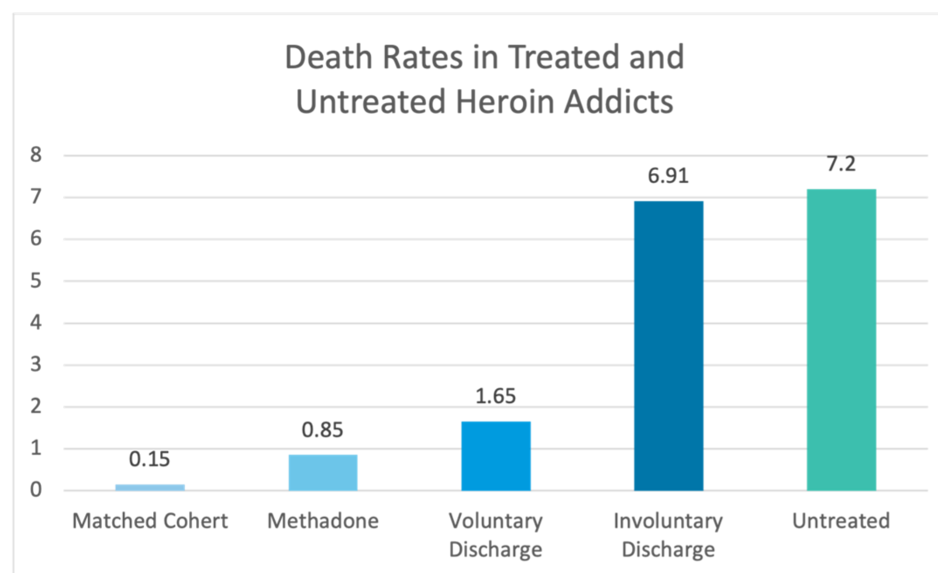
PTC Corporate Medical Director Dr. Chris Johnston

How long should a patient remain on Methadone or Buprenorphine?

"As long as it takes."

Why does Pinnacle believe in MAT?

"Untreated addicts mortality rate is 9 times greater than those on Methadone."



SAMHSA and CSAT Treatment Protocols

Compared with MAT in other settings, such as physicians' offices or detoxification centers, treatment in OTPs provides a more comprehensive, individually tailored program of medication therapy integrated with psychosocial and medical treatment and support services that address most factors affecting each patient. (NIH)

"We must move past stigma and let evidence-based science and compassion guide our response to this crisis." Marvin D. Seppala, MD, Chief Medical Officer, Hazeldon-Betty Ford Foundation.

According to the World Health Organization (WHO), Methadone and Buprenorphine are "essential medication" for effectively treating opiate addiction.

World Health Organization 2014 Guidelines:

"Pregnant women dependent on opioids should be encouraged to use opioid maintenance treatment whenever available rather than to attempt opioid detoxification. Opioid maintenance treatment in this context refers to either methadone maintenance treatment or buprenorphine maintenance treatment."

The latest systematic review and meta-analysis concluded that the "Severity of the neonatal abstinence syndrome does not appear to differ according to whether mothers are on high- or low-dose methadone maintenance therapy."

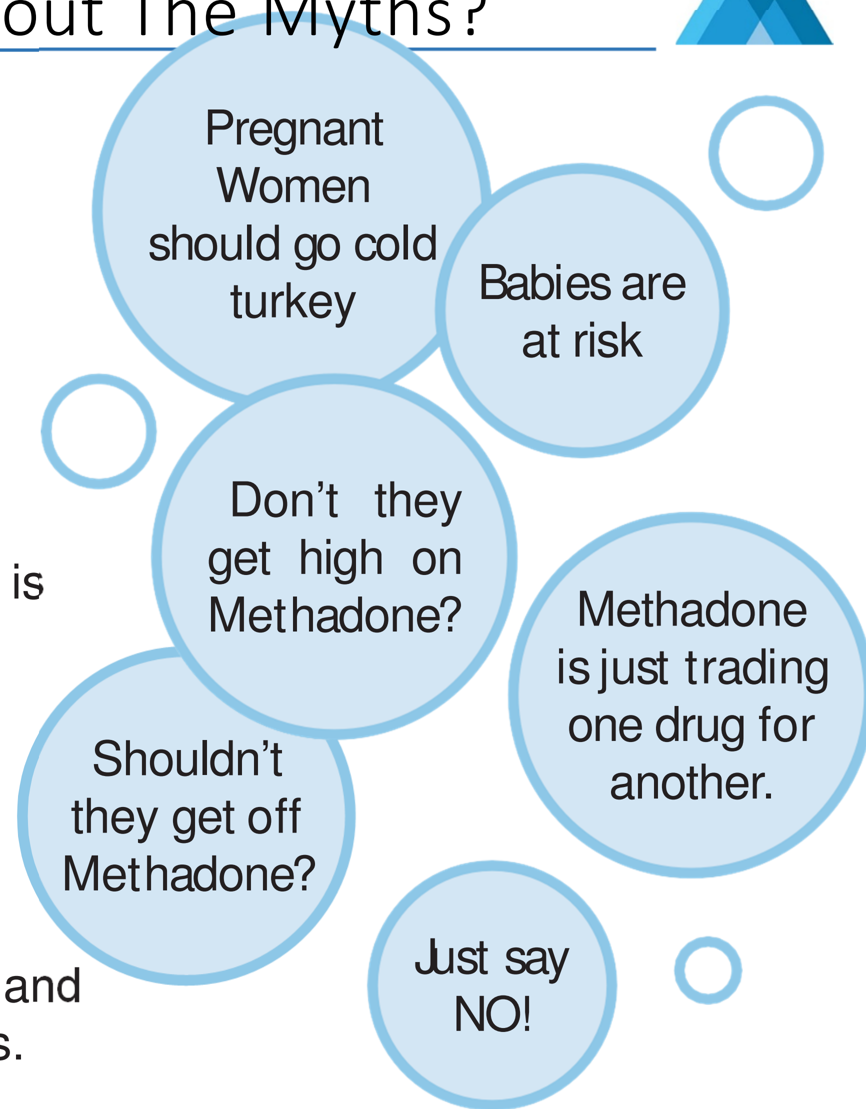
How Does Mat Work? What About The Myths?

Medications used in MAT trigger the similar kind of opioid receptors that are activated by narcotics. This helps to effectively eliminate withdrawal symptoms in the patient.

The behavioral interventions used alone for treatment has poor results as above 80% patients returned to their previous state. This is due to brain chemistry change.

Similarly, medically assisted detoxification alone also showed poor results in recovery of those addicted to opiates.

Fortunately, the combination of both medical and behavioral interventions show positive results.



Benefit of Wrap Around Services

Engaged with Physician

Hospital

OBGYN

Life Stabilizes

Life Spirals

Access to Aftercare

Patient Begins MAT

Access to Case Mgt

Housing Recovery Supports

Access to Counselor

Social Services/ Criminal Justice

Providing Resources

Benefits Of Mat

- Lifestyle stabilization
- Improved health and nutrition
- Decrease in criminal behavior
- Increased Employment Rates
- Decrease in injection drug use/ shared needles leading to reductions in risk for HIV and viral hepatitis/medical complications of injection drug use
- 67% better interactions/relations
- 60% improved financial situations
- 49% improved mental health & feelings about self
- 19% improved living situations

140% improvement in RECOVERY supports

KORTOS , June 2013

OTP Clinical Program For Pregnant Patients

- All patients are required to attend counseling on a weekly/monthly basis in order to remain compliant with treatment.
- Medical appointments during each trimester and more often if patient does not have an OBGYN.
- Case Management and Coordination of Care with local providers.
- Post Delivery Appt with Medical Team to determine continuation of MAT.
- Pregnancy Groups (nutrition, parenting, Mommy and Me, etc.

Snap Shot of Treatment Outcomes - Pregnant Women

Non-incarcerated

- 171 Total Treated during time period 2013-2014
- 51 Remained in Treatment Through Delivery and 6 weeks Post Partum
- Currently have 41 pregnant women and 6 post partum
- 9 have been referred to higher levels of care (residential treatment)
- A few patients have chosen abortion or adoption

Incarcerated

- 40 Women treated from 3 counties
- Patient transported to clinic for medication and counseling
- Some transfer to prison and transfer their MAT care to an OTP who contracts with the prison
- Some are released and drop out of treatment
- Some stayed in treatment through delivery of baby and post delivery

Outcome For Baby and Mom

- 3 babies (1.4%) remained in NICU for 4 weeks post delivery, but all were other medical complications outside of NAS (Neonatal Abstinence Syndrome)
- Many babies did not go home with mom due to social services case
- Many moms have remained in treatment and bring their babies with them to the clinic

Is Detox Recommended?

The safety of methadone maintenance during pregnancy has been well documented and is an accepted as the standard treatment for pregnant opioid-addicted women. ***The safety of medical withdrawal during pregnancy, however, is not documented and is not recommended.***

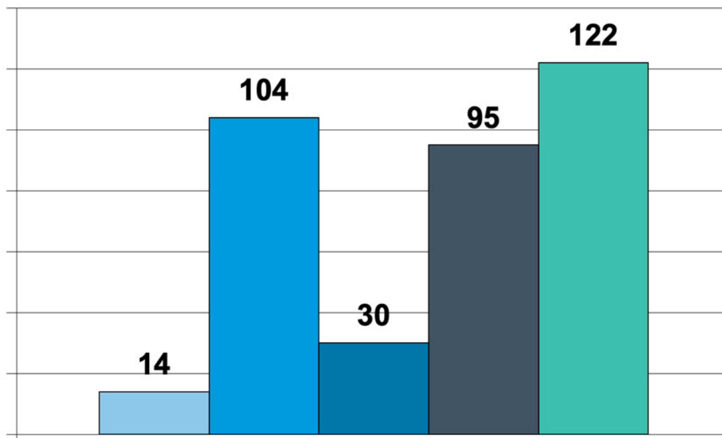
In fact, fetal death (intrauterine demise) has been documented as a complication of medical withdrawal during pregnancy, even when done under optimal conditions (hospitalization and close fetal monitoring).

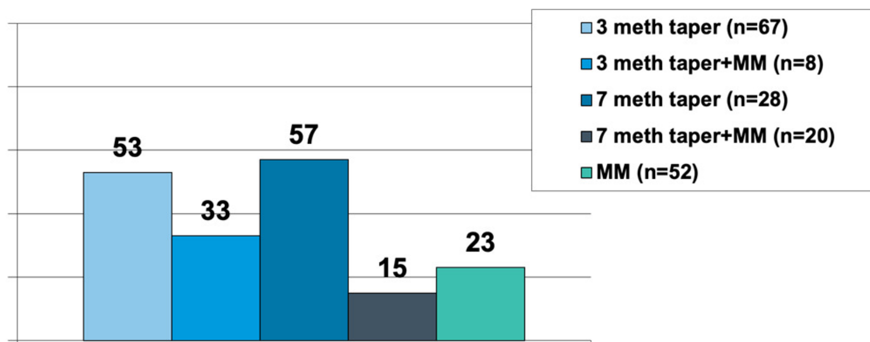
Effects of Methadone During Pregnancy

40 years of documented benefits of methadone during pregnancy

- Induction is relatively simple
- Adequate doses are needed to prevent withdrawal and other opioid use
- Indicators of fetal well-being are less compromised with split-dosing
- NAS is worse with heavier smoking
- Breastfeeding is compatible with methadone

National Drug Court Institute & Office of National Drug Control Policy Webinar April 22, 2014





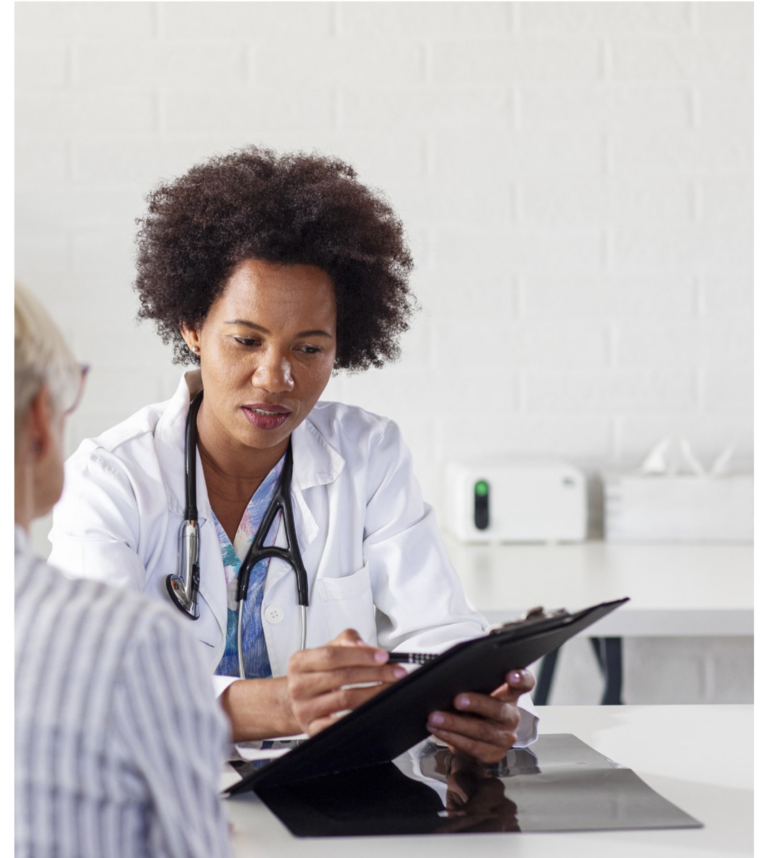
Patients in the three MM groups:

- remained in treatment longer
- had few urine drug screening test results
- attended more obstetrical visits
- more often delivered at the program hospital than patients in the two MAW alone groups

(Jones et al., Am J Addict, 2008)

The Hurdles

- Finding OBGYNs and Primary Care Physicians to work with our patients
- Working with Judges and Court System
- Lack of Residential Programs
- Reducing Stigma..Educating community about MAT / Narcotic Treatment Programs in KY
- Limited Funding-Our organization reduces fees by 2/3 during pregnancy to help retain in tx



Results Of Misinformation

- Opiate addicted female tries to quit on her own. Friends and professionals tell her that MAT is bad.
- Patients are told to get off of opiates OR Methadone.
- Pregnant patient fails on her own and admits later in pregnancy.
- Referrals not made to NTP, so no coordination of care.

Resources

https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4979.pdf

Q&A

Questions?

Sharing Power: Racism as a Public Health Crisis

Exploring ***client advocacy*** in a politically toxic climate

Medical Problems:
Disparities in Birth Outcomes:
Social Determinants of Health:
Weathering
Racism
Housing
Incarceration rates
Unemployment
Fatherless households
Neighborhoods
Hopelessness
Policies
No Insurance
Stress
Poverty
"Medical baggage"
Language
Limited Access to Care
Smoking
"Othering"
Substance Use
Under-Education
Lower graduation rates
Family Support
Poor Working Conditions
Teen Births
Nutrition
A. R. James

Locally: Racism as a Public Health Crisis

2020- Indianapolis City-County Council declares racism a public health crisis

Addressing the need for clinical services: Black Maternal Health

Black women are three to four times more likely to die as a result of childbirth nationally than white women.

WHY ARE BLACK WOMEN 3-4X MORE LIKEY TO DIE IN CHILD BIRTH?

@_HAPPYASAMOTHER

BLACK VOICES ARE UNDER VALUED

QUALITY OF CARE

RACISM

STRUCTURAL INEQUALITY

ACCESS TO CARE

THE MYTH THAT BLACK PEOPLE HAVE THICKER SKIN OR LESS SENSITIVE NERVE ENDINGS

DESCRIMINATION

UNCONSCIOUS BIAS

LACK OF ACESS TO RESOURCES

*INFORMATION HAS BEEN GATHERED FROM SEVERAL RESEARCH ARTICLE'S

What is Unconscious Bias?

- Social stereotypes about certain groups of people that individuals form outside their own conscious awareness.
- Everyone holds **unconscious** beliefs about various social and identity groups, and these **biases** stem from one's tendency to organize social worlds by categorizing.
- Your brain is able to process situations quickly because it relies on what it already knows—or *thinks* it knows.

How Does it Show Up?

* Many non-medical factors influence medical decisions, including a patient's style of dress, their race, ethnicity, and gender, their insurance status, and the clinical setting (i.e. "bad neighborhood" versus "good neighborhood")

- Evidence shows that medical conclusions can be based just as much on who a person is as on the symptoms they present.
- Unconscious bias can lead to false assumptions and negative outcomes. This is especially dangerous in healthcare, where decisions can mean life or death. As more attention is paid to health disparities in the United States, there is increasing evidence that unconscious bias leads to negative outcomes for minority groups in healthcare settings.

Examples of Unconscious Bias

*White male physicians are less likely to prescribe pain medication to minority patients than white patients.

*Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.

Pregnant women face discrimination from healthcare providers on the basis of their ethnicity and socioeconomic background.

*Women presenting with cardiac heart disease (CHD) symptoms are significantly less likely than men to receive diagnosis, referral, and treatment due to misdiagnosis of stress/anxiety.

Modern Gynecology

- J. Marion Sims is considered father of Modern Gynecology
  - development of the first consistently successful operation for the cure of vesicovaginal fistula
- Sims operated on at least 10 enslaved women without anesthesia. One enslaved woman, Anarcha, endured at least 30 painful surgeries. Gamble said that after he practiced his methods on Black women, Sims moved to New York City to open a women's hospital in the 1850s. He started treating white women, but with anesthesia.
- Some in the medical field defend this saying he was a "product of his era" and that "these women were property. These women could not consent".

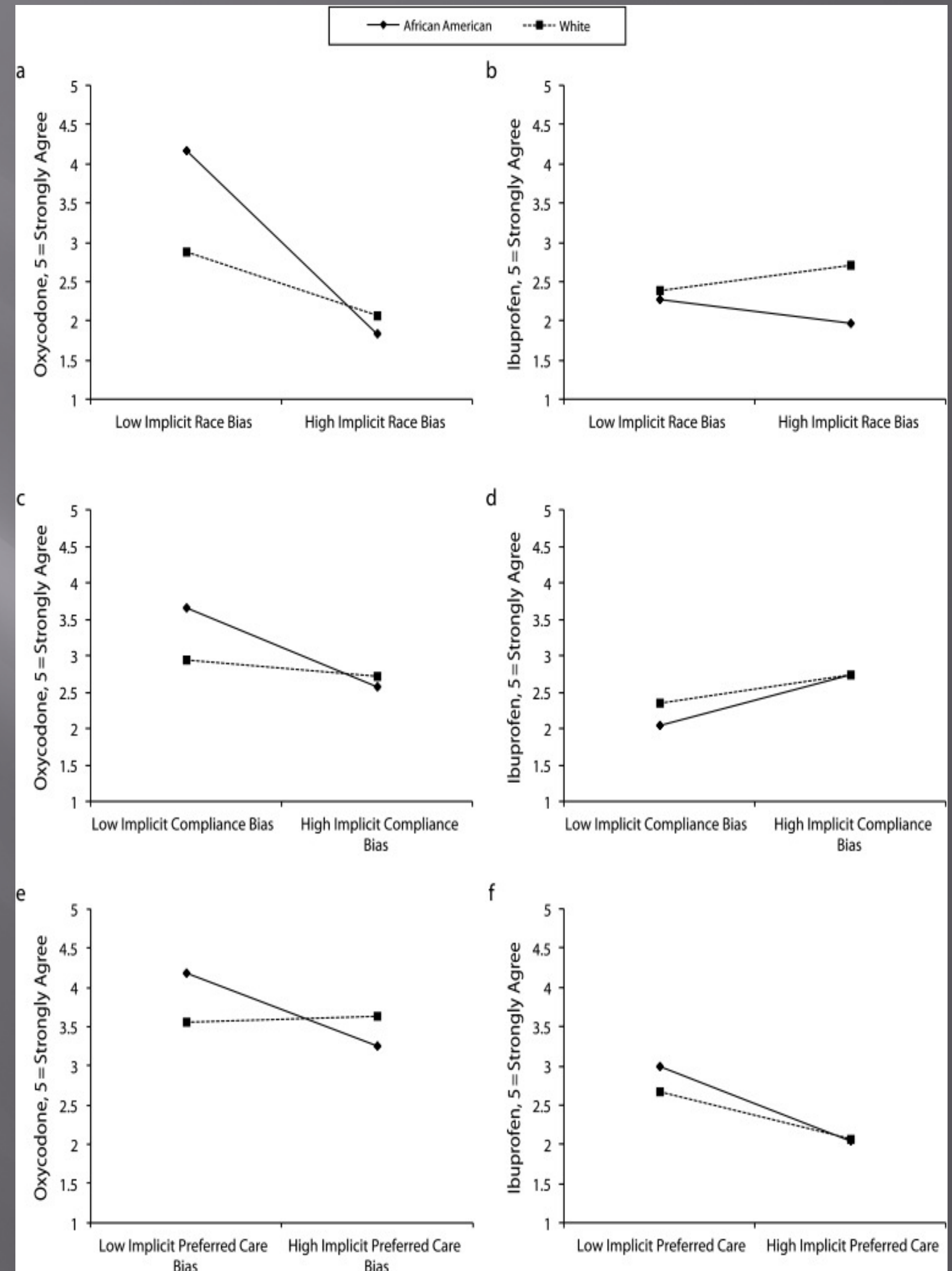
Do No Harm?

- The reality is that medicine has always been political, prioritizing certain bodies over others.
- "When you look at inequalities in healthcare, you see a lot of studies tying the problems to race and poverty, but there's not a lot about educated, insured black women who are not poor," Sacks says. "Yet infant mortality rates for black women with a college degree are higher than those for white women with just a high school education. I wanted to dig deeper into the personal experiences behind this disparity." Tina Sacks
- Being a racial minority is usually equated with being poor, and so it's assumed that black middle-class women should be fine because they're not poor. But they're not fine. They face substantial health challenges and differences in health outcomes.
- These disparities stretch across all lines. The only common factor is that these people are minorities.

Health disparities are often considered to be a racial or ethnic issue, but people are subject to unconscious bias based on many factors, including:

- Sex
- Sexual identity
- Socioeconomic status
- Education level
- Age
- Disability
- Geographic location

- **The influence of implicit bias on treatment recommendations for 4 common pediatric conditions: pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma**
- Pediatricians' implicit attitudes about race affect pain management. There is a need to better understand the influence of physicians' unconscious beliefs about race on pain and other areas of care.



Social Inequality Kills

- “ **Social inequality kills.** It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death.
  - Poverty and discrimination,
  - Inadequate medical care,
  - and violation of human rights
- all act as powerful social determinants of who lives and who dies, at what age, and with what degree of suffering.”

- Nancy Krieger (2005). Health Disparities and the body. Boston: Harvard School of Public Health

What Can Therapists Do?

- Therapists must be able to mastermind ways to reduce barriers by coordinating care teams as needed for program participants
- Therapists often must act as a liaison between program participants, families, and health care professionals to problem solve complex social-behavioral-medical needs.
- We must be creative to address need for self-advocacy and health literacy to streamline more effective connections needed with behavioral health care providers

Federally: Female lawmakers launch 1st Black Maternal Health Caucus- April 2019

Congresswoman Alma Adams and Congresswoman Lauren Underwood

BLACK MATERNAL HEALTH MOMNIBUS

BLACK
MATERNAL
HEALTH
MOMNIBUS

Currently senators are developing ACT 2020 to target maternal health and mortality. This legislation aims to address inequality in maternal health outcomes, with a wide range of issues (i.e. maternal mental health, food security, post-partum care).

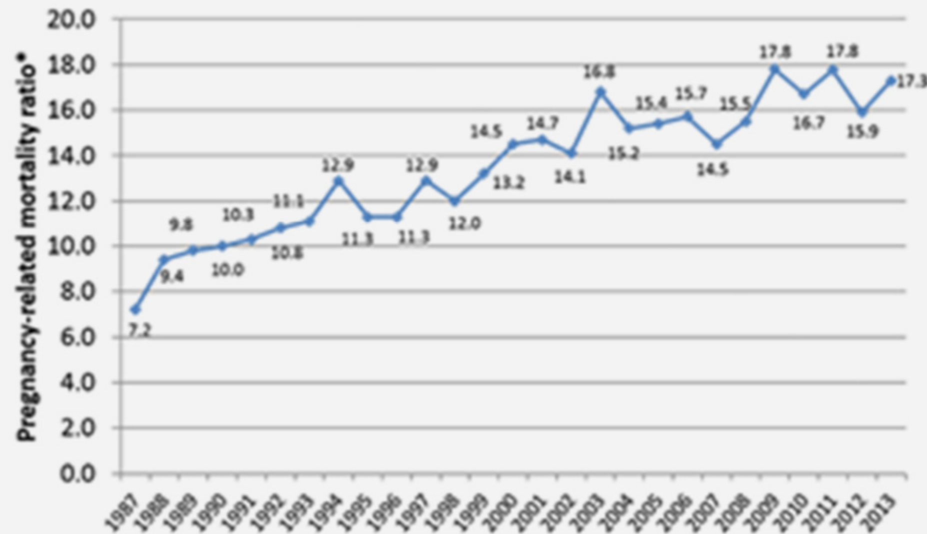
Maternal Mental Health: Pressing Need for Client Advocacy

The clients we have today can't wait for policy changes or for systems changes to occur, therefore, we have to provide the tools needed to support client advocacy today.

Indianapolis Healthy Start

Healthy Start is a federally funded initiative to reduce low birth weight and infant mortality rates and improve perinatal outcomes by eliminating disparities in perinatal health systems.

State: Examining the Maternal Health Crisis



Racial Disparities

Rates for 2011-13:

12.7 white women

43.5 black women

11.0 Hispanic

14.4 other races

- Black Women dying at 3.4x the rate of White women

Source: CDC.

Creanga, Pregnancy-Related Mortality in the United States, *Obstet Gynecol 2017*

What is the healthy start clinical team doing?

Our clinical program's primary goal is to reduce maternal mortality through clinical services, such as clinical interventions, psycho-education, group based supports and promotion of client advocacy.

Provide education to inform clients on resources available to get medical, social, psychological and any other supportive services during and beyond pregnancy for families in need.

Developing an Anti-Oppressive Approach Framework

- Exploring the STRESS of racism: The daily stressors of racism, stereotypes, and racial profiling can create ongoing and persistent trauma physiological health and can block accessibility to appropriate health care.

- Exploring integrated care by working collaboratively with larger systems to reduce barriers and promote advocacy.

- Mental health providers must be able to work across systems of care to ensure adequate care is provided through a systems navigation approach to help clients address treatment goals to reach a level of optimal mental health.