

**Pregnancy and Substance Use:
Stigma, SBIRT, and Compassion**

Maternal-Infant Health and Substance Use



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Disclosures

I have no financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.



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Learning Objectives

1. Identify evidence-based screening, assessment and treatment strategies for pregnant women with opioid use disorders.
2. Identify language and stigma as a barrier for substance use disorder assessment and treatment.
3. Understand the pros and cons of body fluid testing as a tool for change.



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Stigma

Stigma is defined as "a mark of disgrace or reproach" or a negative attribute that causes someone to devalue or think less of the whole person

Burden of stigma affected by two main factors

- Perceived control over the condition
- Perceived fault in acquiring the condition

Example

- Cancer vs substance use disorders



SAMHSA 2017

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Types of Stigma for SUD

Stigma from within

- Blame self, feel hopeless

Stigma from recovery community

- Medications versus "abstinence"

Stigma from clinicians

- Belief that treatment is ineffective

Stigma from outside

- Choice versus disease



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Babies Cannot Have An Addiction

They are born dependent, not addicted



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Consequences of Stigma

Pregnant women who use illicit substances may delay prenatal care and miss more healthcare visits than women who do not use substances

Lower prenatal care utilization may be due to a diverse set of barriers to seeking and obtaining care, including fear of child custody issues

After childbirth, ongoing substance use disorders by caregivers and the dysfunctional home environment may create detrimental effects on children's psychological growth and development

Mothers with substance use disorders have a mortality rate 8.4 times that of US women of similar age

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Substance Use in Pregnancy and Child Maltreatment: Where is the Evidence?

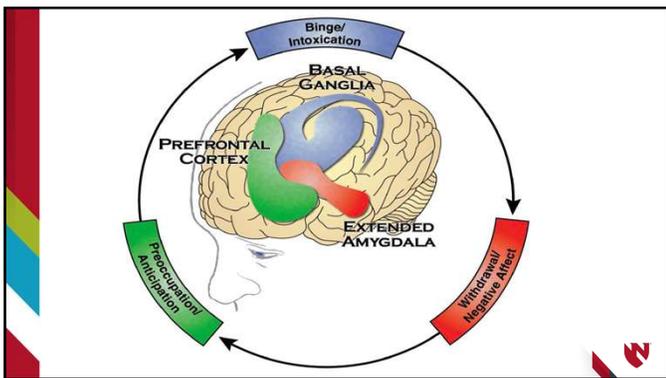
- No strong evidence of substantiated maltreatment
- Overall literature is of poor methodological quality
- Substance-exposed infants have increased likelihood of child welfare involvement



CRIMINALIZING PREGNANCY
POLICING PREGNANT WOMEN WHO USE DRUGS IN THE USA

Austin AE, Gertl C, Attkisson A, Berkoff MC, Puli HT, Shanahan ME. Prenatal Substance Exposure and Child Maltreatment: A Systematic Review. Child Maltreat. 2022 May;27(2):290-315. doi: 10.1177/1077559521990116. Epub 2021 Feb 8. PMID: 33508839.

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Behaviors are symptoms of a disease due to a brain that has been changed

Good folks with a bad disease that need help getting well

VERSUS



Bad folks who need to be made good – through punishment!

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ACOG Screening Recommendations

- Apply equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status.
- Routine screening can be accomplished by way of validated questionnaires or conversations with patients.
- Routine laboratory testing of biologic samples is NOT required.
- The core ethical purpose of routine screening for substance use disorder is the beneficent provision of timely and effective care, rather than stigmatization or punishment.

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What are non-judgmental ways to discuss substance use during pregnancy?

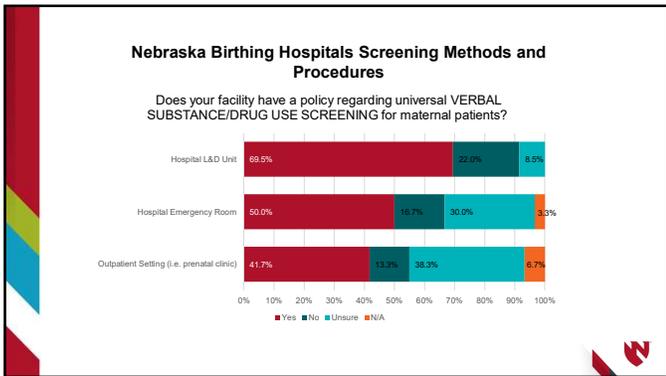
- Ask in a confidential setting
- Ask universally
- Listen with empathy and respect
- Discuss addiction as a chronic disease
- Use motivational interviewing techniques when making treatment plans

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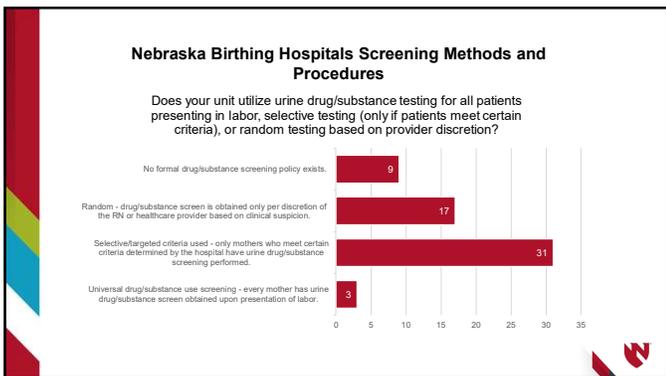
Avoid Stigmatizing Words

Abuse	→	Substance Use or Misuse
Addict	→	Person with SUD
Rehab	→	Treatment for SUD
Relapse	→	Recurrence of use
Dirty	→	Positive urine test
Clean	→	In Recovery
		Negative Urine Test

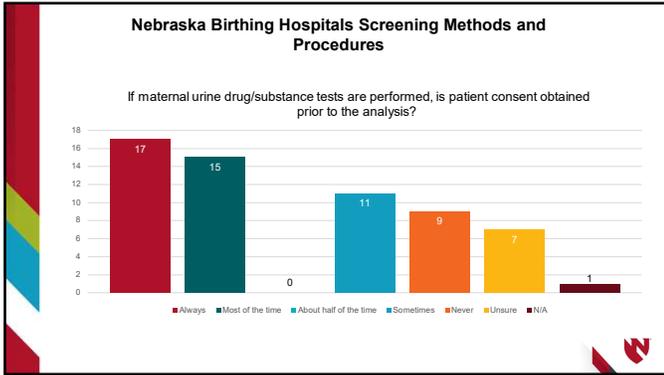
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- ### Validated Screening Tools
- 4 P's
 - SURP-P
 - T-ACE
 - National Institute of Drug Abuse (NIDA) Quick Screen
 - NIDA-Modified ASSIST

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- ### 4 P's
- 1. P – Parents:** *Did any of your parents have a problems with alcohol or other drug use?*
 - 2. P – Partner:** *Does your partner have a problem with alcohol or drug use?*
 - 3. P – Past:** *In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?*
 - 4. P – Present:** *In the past month, have you drunk any alcohol or used other drugs?*
- Scoring: Any "yes" should trigger further questions.

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SURP-P

Substance use risk profile - pregnancy

- Have you ever smoked marijuana?
- In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?
- Have you ever believed that you needed to cut down on your drug (including the nonmedical use of prescription medications) or alcohol use?

Yonkers et al. Obstet Gynecol 2010;116:B27-33.

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T-ACE

1. How many drinks does it take to make you feel high? 0. less than or equal to 2 drinks 1. more than 2 drinks	Tolerance
2. Have people annoyed you by criticizing your drinking? 0. No 1. Yes	Annoyance
3. Have you felt you ought to cut down on your drinking? 0. No 1. Yes	Cut Down
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? 0. No 1. Yes	Eye Opener
Total Score = _____	

A total score of 2 or greater indicates potential risk for the purposes of Pregnancy Outreach Program identification of prenatal risk.

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STEP 1 – Ask the NIDA Quick Screen Question

Instructions: Using the sample language below, introduce yourself to your patient, then ask about past year drug use, using the NIDA Quick Screen. For each substance, **mark in the appropriate column**. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

Introduction (Please read to patient)
Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor like pain medications. But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Quick Screen Question: In the past year, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

• If the patient says "NO" for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**

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National Institute on Drug Abuse (NIDA) Modified Assist

- If patient says "Yes" to one or more days of heavy drinking, note that *patient is an at-risk drinker*. Please see NIAAA website "How to Help Patients Who Drink Too Much: A Clinical Approach" http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/Clinicians_guide.htm, for information to advise, assess, assist, and arrange help for at risk drinkers or patients with alcohol use disorders.
- If patient says "Yes" to use of tobacco: Any current tobacco use places a patient at risk. Advise all tobacco users to quit. For more information on smoking cessation, please see "Helping Smokers Quit: A Guide for Clinicians" <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/clinhljpsmkt/>
- If the patient says "Yes" to use of illegal drugs or prescription drugs for non-medical reasons, proceed to Question 1 of the NIDA-Modified ASSIST.

<https://www.drugabuse.gov/assistslip0>

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STEP 2 - Ask about any lifetime drug use (Question 1)

Instructions: Now ask the patient about any lifetime drug use. This form may be completed by your patient or any health care professional in your office. Screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient. To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed.

Q1. In your LIFETIME, which of the following substances have you ever used?	Yes	No
a. Cannabis (marijuana, pot, grass, hash, etc.)		
b. Cocaine (coke, crack, etc.)		
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
d. Methamphetamine (speed, crystal meth, ice, etc.)		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
h. Street opioids (heroin, opium, etc.)		
i. Prescription opioids (Fentanyl, oxycodone [Dylorest, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
• Please record nonmedical use only: Non-medical use refers to using a substance either not prescribed to the patient or used in ways or amounts not prescribed by their doctor.		
j. Other - specify:		

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Name of the substance used: _____

Ask the following questions for each drug mentioned in Question 1:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Q2. In the past 3 months, how often have you used (insert name of drug)?	0	2	3	4	6
If the answer to Question 2 is "never", skip to Question 6. Otherwise, continue with Questions 3.					
Q3. In the past 3 months, how often have you had a strong desire or urge to use (insert name of drug)?	0	3	4	5	6
Q4. In the past 3 months, how often has your use of (insert name of drug) led to health, social, legal or financial problems?	0	4	5	6	7
Q5. In the past 3 months, how often have you failed to do what was normally expected of you because of your use of (insert name of drug)?	0	5	6	7	8
Ask Questions 6-7 for all substances <u>ever used</u> (i.e., those mentioned in Question 1).	NO	YES, but not in the last 3 months	YES, in the past three months		
Q6. Has a friend or relative or anyone else ever expressed concern about your use of (insert name of drug)?	0	3	6		
Q7. Have you ever tried and failed to control, cut down, or stop using (insert name of drug)?	0	3	6		
Instructions: Ask Question 8 if patient mentions ANY drug that might be injected, including those that might be listed in the "Other" category (e.g., steroids). <i>Circle appropriate response.</i>					
Q8. Have you ever used any drug (including steroids) by injection?	No, never	Yes, but not in the last 3 months	Yes, in the past 3 months		
* Indicate you are referring to non-medical use only.					

National Institute on Drug Abuse (NIDA) Modified Assist

Substance Involvement (SI) Score (add all numbers circled in the questions)

<https://www.drugabuse.gov/assistslip0>

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Determine patient's risk level based on patient substance involvement (SI) Score:

High risk (SI Score >27)

- Provide feedback on screening results
- Advise, Assess, Assist
- Arrange referral
- Offer continuing support

Moderate risk (SI Score 8-26)

- Provide feedback
- Advise, Assess, Assist
- Consider referral based on clinical judgment
- Offer continuing support

Lower risk (SI Score 0-7)

- Provide feedback
- Reinforce abstinence
- Offer continuing support

For more information on NIDA screening and brief intervention recommendations, please refer to NIDA's Clinician Resource Guide: http://www.drugabuse.gov/sites/default/files/resource_guide.pdf

Additional Screening Recommendations

- If patient reports any prior or current intravenous drug use, recommend that they get tested for HIV and Hepatitis B/C.
- If patient reports using a drug by injection in the past three months, ask about their pattern of injecting during this period to determine their risk levels and the best course of intervention.
 - If patient responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussion of the risks associated with injecting.
 - If patient responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.

Source reference: WHO ASSIST Working Group. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, reliability, and feasibility. *Addiction* 2002;97:1183-1194. Copyright 2000, WHO. May be freely reviewed, abstracted, reproduced, and translated, but may not be sold or used in conjunction with commercial purposes.

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CRAFFT Substance Abuse Screen for Adolescents and Young Adults

C – Have you ever 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 in **TROUBLE** while you were using alcohol or drugs?

Scoring: Two or more positive items indicate the need for further assessment.

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Body Fluid Testing

Clean vs Dirty Urine

UDTs are Positive or Negative

University of Nebraska Medical Center

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Pass
 Fail

Historically, drug testing in addiction treatment has been wielded as a tool for control and punishment.



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Key principle: Providers should understand that drug tests are designed to measure whether a particular substance has been used within a particular window of time.



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Drug test results cannot...

- Prove that substance use has not occurred
- Identify every possible substance that may have been used
- Rule out an SUD
- Diagnose an SUD



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Adolescents

- Document addresses **general healthcare settings**
- Drug testing can be used for **early identification** of substance use
- Drug testing can be used to **monitor adolescents** in addiction treatment or recovery from an SUD
- Providers **should not encourage** the use of home drug testing
- Testing **without consent is not appropriate**, except in emergency situations (e.g., accidents, suicide attempts, seizures)



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Attach a meaningful therapeutic response to test results, both positive and negative, and deliver it to patients as quickly as possible.

Positive presumptive test results

- Speak with the patient
- Review all medications, herbal products, foods, and other potential causes of positive results
- Seek definitive testing if the patient denies substance use

Positive definitive test result

- Consider intensifying treatment or adding adjunctive treatments

Suspected inaccurate results

- Consider repeating the test, changing the test method, changing/adding to the test panel, adding specimen validity testing, or using a different matrix

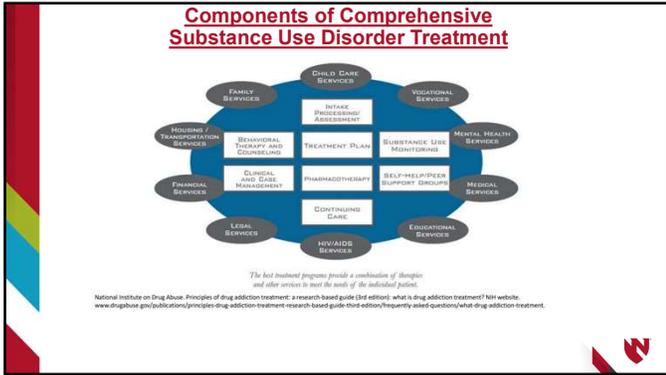
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Definitive Tests

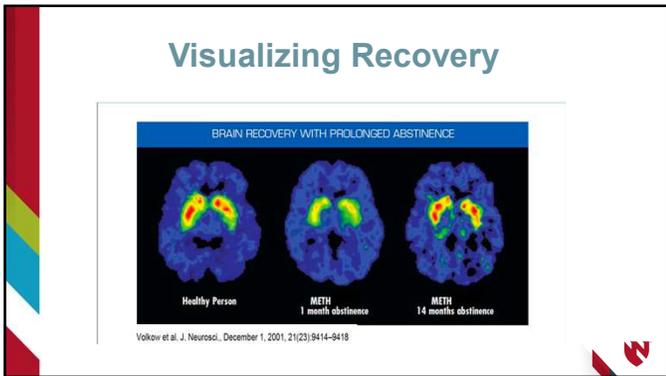
- Whenever a provider wants to:
 - Detect **specific substances** not targeted by presumptive tests
 - **Quantify levels** of the substance present
 - **Refine the accuracy** of the results
- When the results inform **clinical decisions** with major clinical or non-clinical implications for the patient
- If a patient **disputes the findings** of a presumptive test
- Consider if presumptive test results are negative, but the patient exhibits signs of relapse



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Thank You

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