

MAINE STATE LEGISLATURE

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Substance Use and Pregnancy: Prevalence and Prevention

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Office of Substance Abuse and Mental Health Services
11/05/2015



*Department of Health
and Human Services*

*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

FASD/DAB Program: Mission

- ❑ Prevent alcohol and illicit drug use during pregnancy;
- ❑ Increase access to services for pregnant women;
- ❑ Improve outcomes for people prenatally affected by drugs and alcohol.



Who's thinking...

“I’m an HMP. Substance use during pregnancy isn’t one of my objectives. How does this relate to my work?”






Overview

- Terminology
- Prescription Drug Abuse Prevention
- Alcohol Abuse Prevention
- Marijuana Prevention
- Tobacco Prevention
- Resources/Opportunities



Creating a Common Language

Despite what you hear in the news...
BABIES ARE NOT BORN ADDICTED

-  Not an accurate term
-  Labeling = Limiting
-  Language imparts meaning

*Mark Moran, LCSW (Eastern Maine Medical Center)
“Perinatal Addiction: Providing Compassionate and Competent Care”

Creating a Common Language

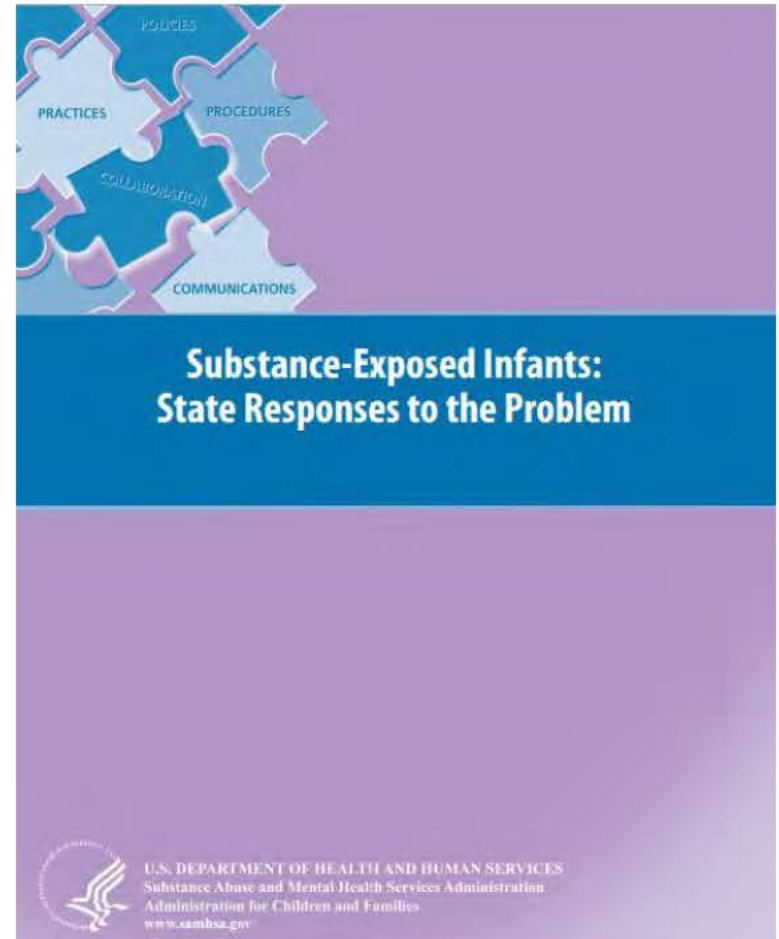
- ▶ “Drug Exposed”
 - ▶ Drug/substance exposure happens when a pregnant woman ingests some licit or illicit substance.
- ▶ “Drug Affected”
 - ▶ A baby becomes drug affected when that substance (licit or illicit) creates a condition in the baby that except for the exposure to the substance, would otherwise be absent.
- ▶ Neonatal Abstinence Syndrome (NAS)
 - ▶ When a baby experiences a constellation of clinically significant withdrawal symptoms, a diagnosis of Neonatal Abstinence Syndrome is made.
- ▶ Fetal Alcohol Spectrum Disorders (FASD)
 - ▶ A term for the group of conditions that can occur in a person whose mother consumed alcohol during pregnancy.

***Mark Moran, LCSW (Eastern Maine Medical Center)**

“Perinatal Addiction: Providing Compassionate and Competent Care”

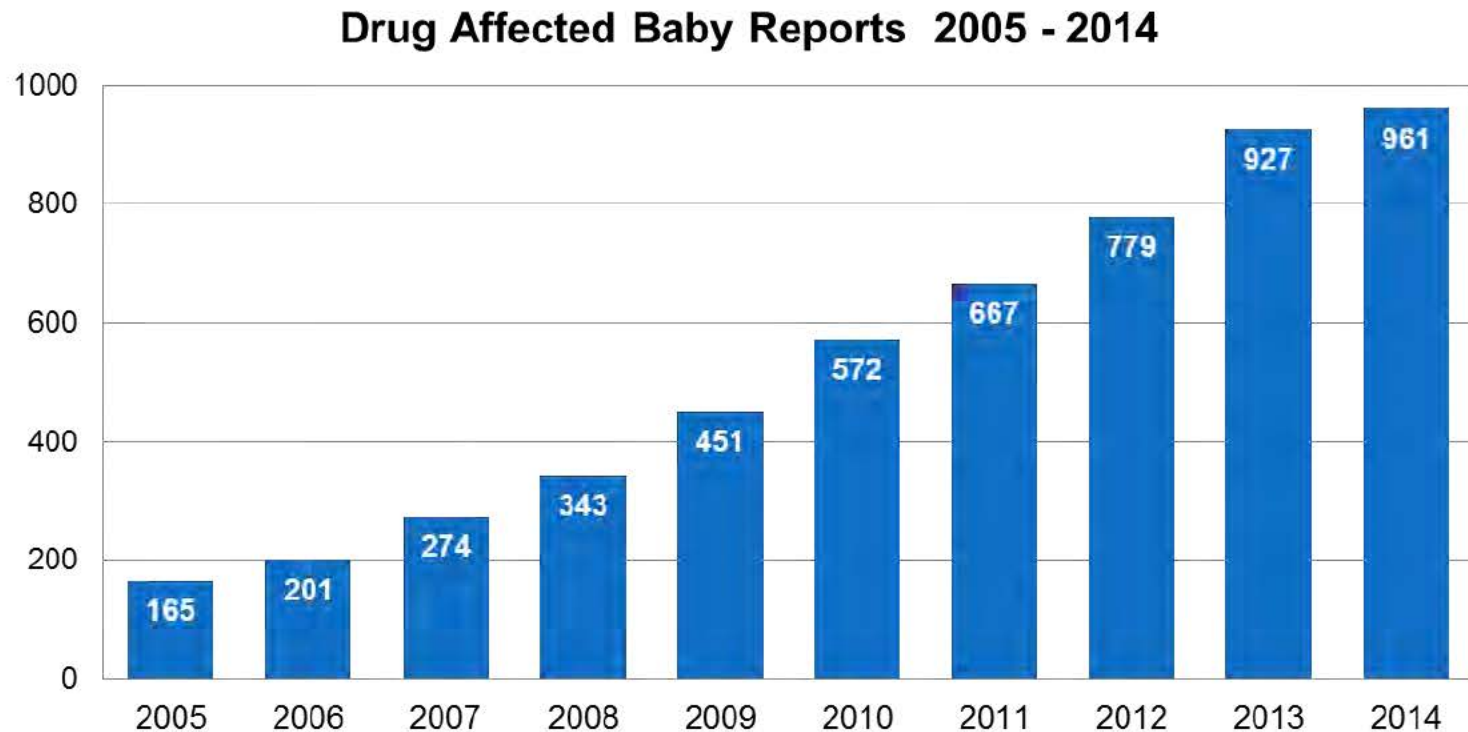
Creating a Common Language

- In Maine, currently use the term
“Drug Affected Baby”
- Shift to use
“Substance- Exposed Infants”



“Drug Affected Babies:” Maine

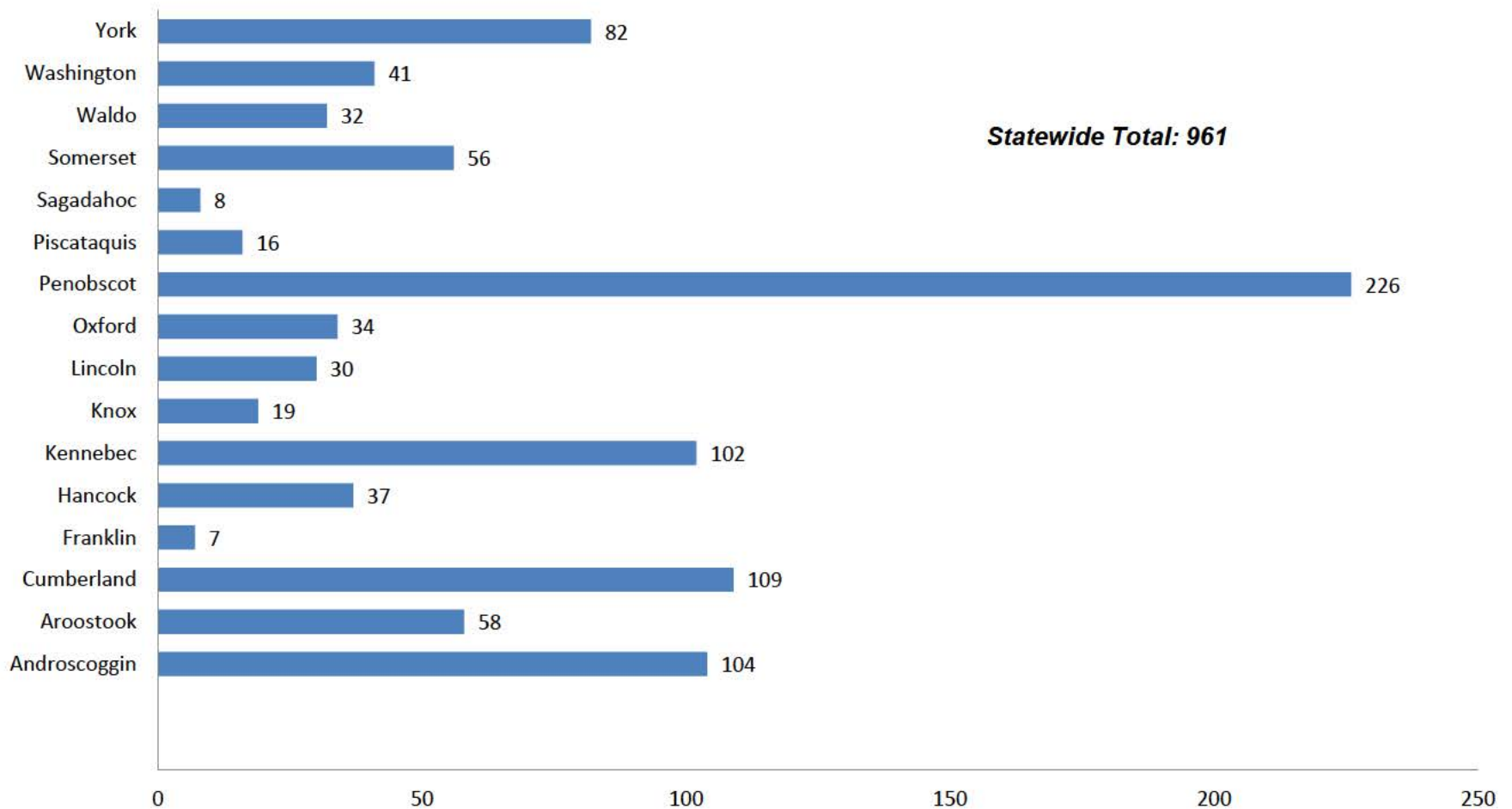
DAB Reports to Office of Child and Family Services (OCFS) by Calendar Year (CY)



Source: Office of Child and Family Services, Maine Automated Child Welfare Information System (MACWIS), 2005-2014

“Drug Affected Babies:” Maine

Drug Affected Baby Reports by County, CY2014



Source: Office of Child and Family Services, Maine Automated Child Welfare Information System (MACWIS), 2014

Department of Health and Human Services

“Drug Affected Babies:” Maine

What do the numbers really mean?

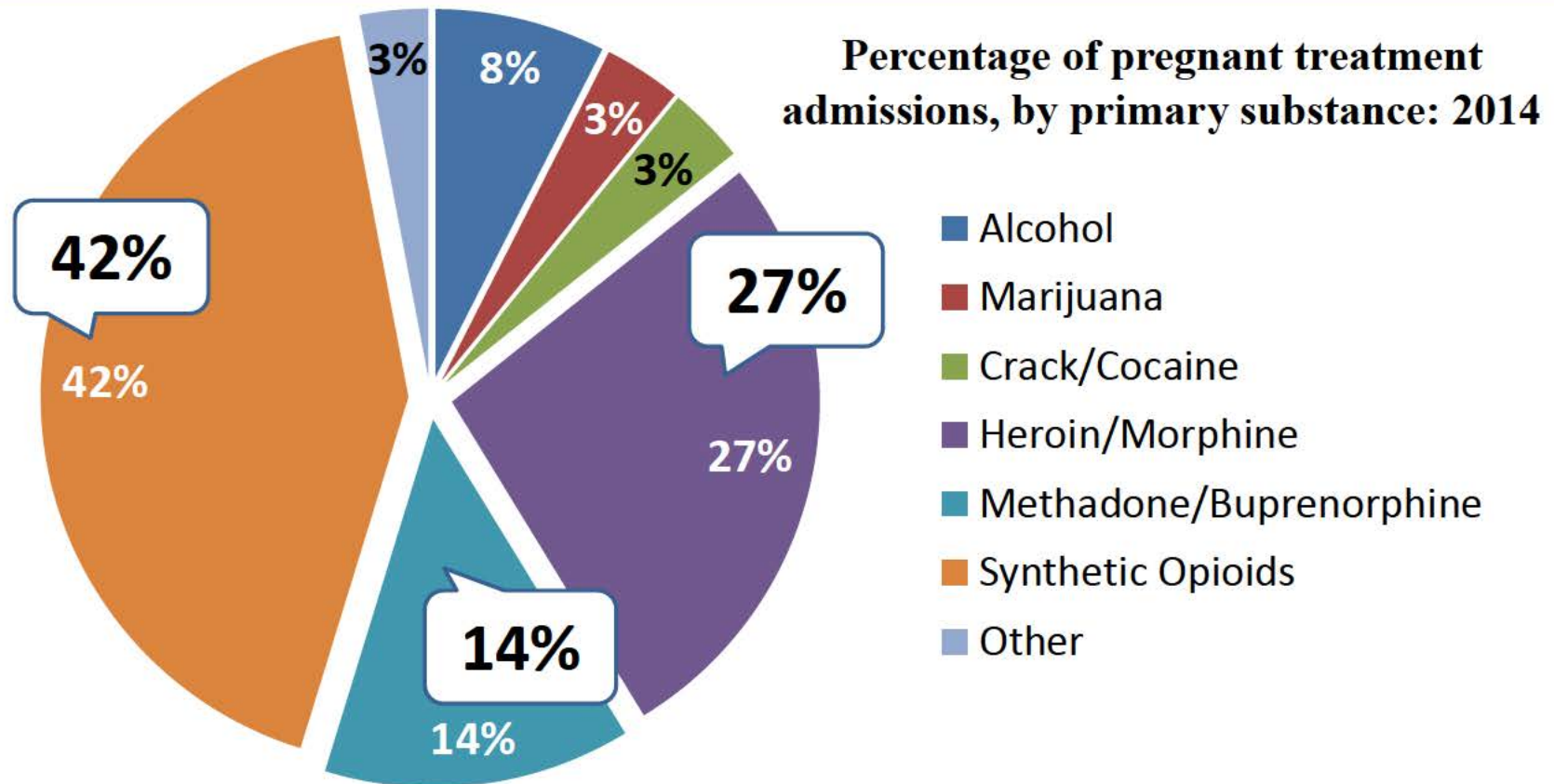
- ▶ Improved identification?
- ▶ Improved reporting process/systems?
- ▶ More women in medication assisted treatment?
 - ▶ (This is a good thing!)
- ▶ More opioid prescriptions to pregnant women (to treat pain)?

Direct and Indirect Effects

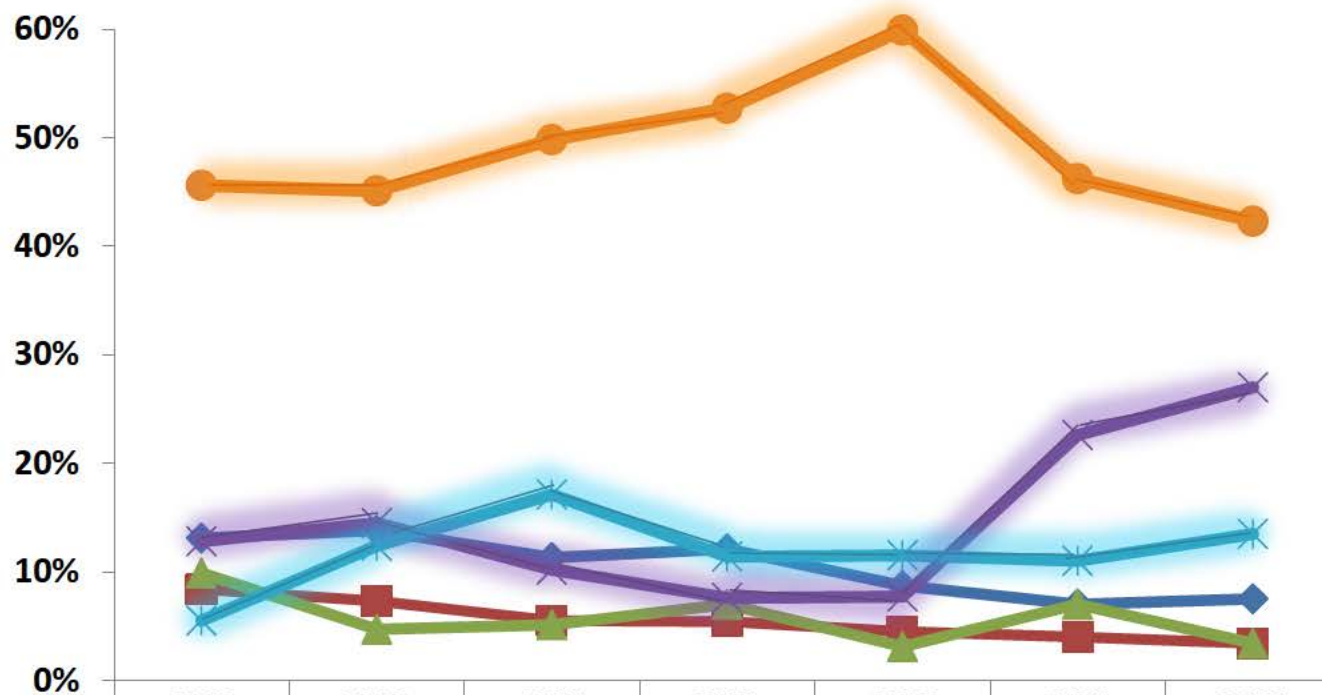
- Direct effects:
 - Structural development including abnormal growth and/or maturation, alterations in neurotransmitters and their receptors, and brain organization.
- Indirect effects:
 - Poor nutrition, decreased access/compliance with health care, increased exposure to violence, and increased risk of mental illness and infection

(Behnke, 2013)

Prescription Drug Abuse Prevention



Percent of pregnant treatment admissions, by primary substance: 2009-2014



	2008	2009	2010	2011	2012	2013	2014
Alcohol	13%	14%	11%	12%	9%	7%	8%
Marijuana	8%	7%	6%	5%	5%	4%	3%
Crack/Cocaine	10%	5%	5%	7%	3%	7%	3%
Heroin/Morphine	13%	15%	10%	8%	8%	23%	27%
Methadone/Buprenorphine	6%	12%	17%	11%	12%	11%	14%
Synthetic Opioids	46%	45%	50%	53%	60%	46%	42%

Opioid Use in Pregnancy

- Neonatal Abstinence Syndrome (NAS) on the rise
- Effects of intoxication/withdrawal on a fetus
- Compared to illicit users or attempts at abstinence, babies born to women on MAT are born full term, appropriate size, and healthy
- Increased cost of care

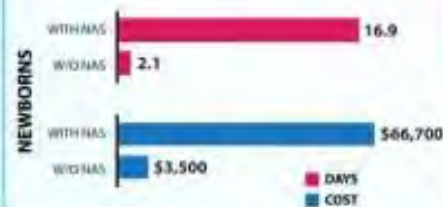
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME (NAS)**, WHICH CAUSES **LENGTHY AND COSTLY HOSPITAL STAYS**. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732 BABIES** WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.

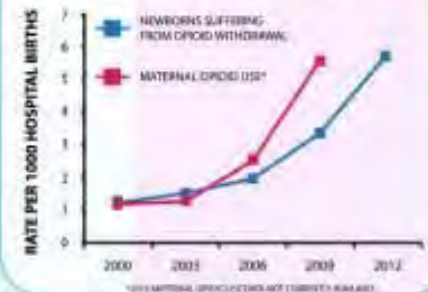


**EVERY 25 MINUTES,
A BABY IS BORN SUFFERING
FROM OPIOID WITHDRAWAL.**

AVERAGE LENGTH OR COST OF HOSPITAL STAY



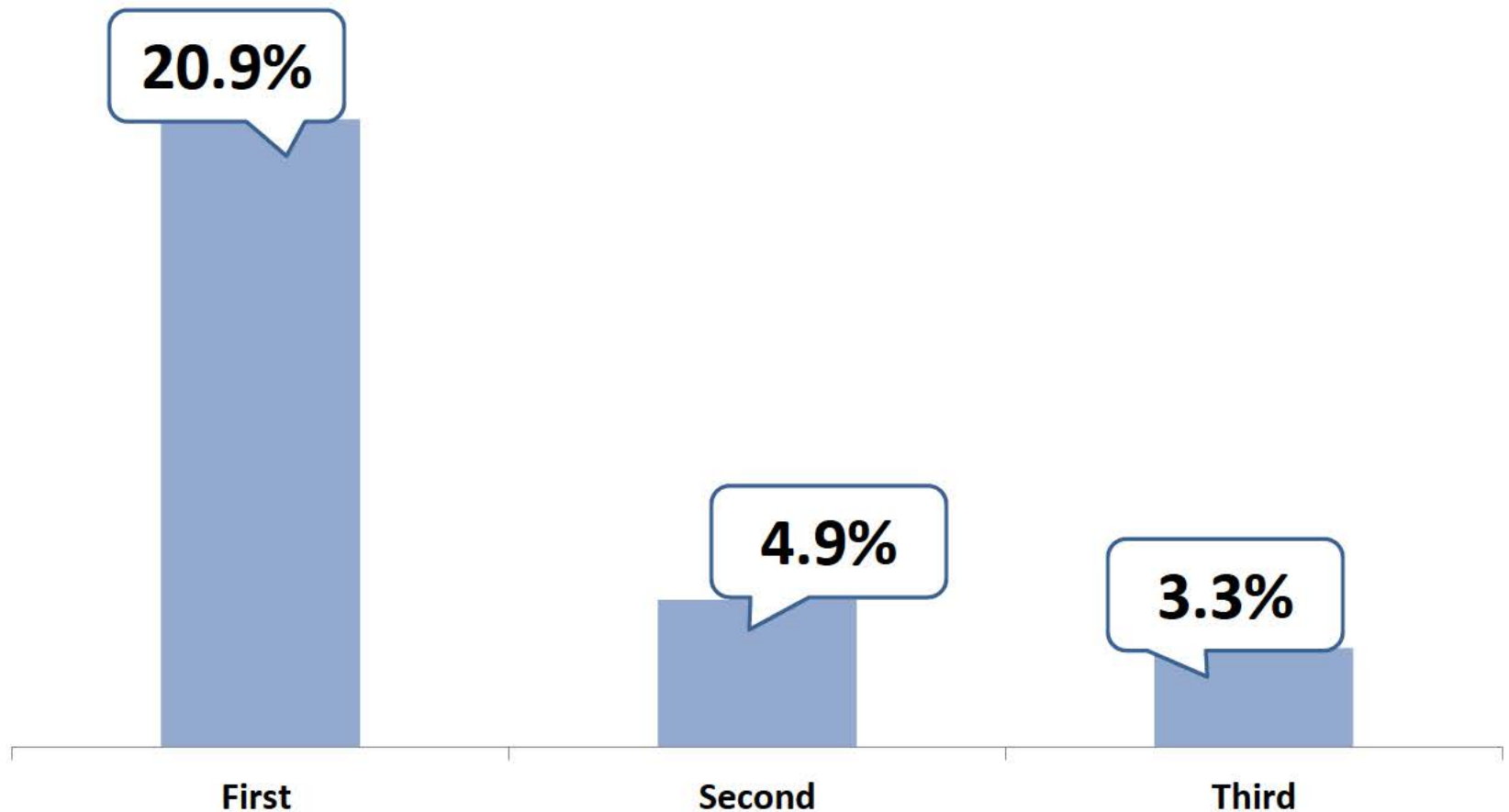
NAS AND MATERNAL OPIOID USE ON THE RISE



Underage and High-Risk Alcohol Use Prevention

- Among pregnant women 15-44,
- 9.4% report current alcohol use
 - 2.6% report binge drinking
 - 0.4% report heavy drinking
- (NSDUH, 2011)

Any alcohol use within the past month among U.S. pregnant females 15 to 44, by trimester: 2013-14



Source: National Drug Use and Health Survey, via SEOW

“Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

—Institute Of Medicine (IOM) Report to Congress, 1996



- ⊗ *There is NO safe time,*
- ⊗ *NO safe kind, and*
- ⊗ *NO safe amount of alcohol during pregnancy.*



What is FASD?

- FASD is NOT a diagnosis.
- Impacts of FASD can include physical, mental, behavioral, and/or learning disabilities.
- FASDs last a lifetime.
- Early detection and referral to services greatly improves the outcomes of people who have an FASD.



FASD Prevalence

- 40,000 babies born each year with an FASD in US
- 1 in 100 babies have an FASD (nearly the same rate as Autism)
- Difficult to determine prevalence
- Symptoms are often not detected until after child starts school

Marijuana Prevention

- Marijuana is the most commonly used illicit drug used during pregnancy.
- Among pregnant women 15-44, 5% report marijuana use in the last 30 days (SAMHSA , 2007).

Marijuana and Pregnancy

- **Pregnancy**
 - Even low concentrations of THC, when administered during the perinatal period, could have profound and long-lasting consequences for both brain and behavior (NIDA, 2008)
- **Medical Marijuana**
 - ACOG Committee Opinion on Marijuana Use During Pregnancy and Lactation, July 2015
- **Parental Use**
 - Altered judgement/sedation
 - Potentially decreased lactation
- **Breastfeeding**
- **Limitations**



Tobacco Use Prevention

- Among pregnant women 15-44, 17.6% report past month cigarette use (NSDUH, 2011).
- Among survey respondents, 21.1% of mothers reported smoking the last three months of pregnancy (Maine PRAMS, 2012).

Tobacco and Pregnancy

- Harder to get pregnant
- More likely to have a miscarriage
- Premature birth or low birthweight
- Harmful effects linked to the amount and duration of smoking
- Environmental exposure is also unhealthy
- Increased risk factor for SIDS





Now what?

Prevention Starts with Asking: Universal Screening

- ✓ Routinely at every medical appointment
- ✓ At appointments in various systems
- ✓ In a nonjudgmental manner
- ✓ Use a screening tool for pregnant women, such as:
 - ✓ T-ACE
 - ✓ TWEAK
 - ✓ 4Ps©

Risk level based on assessment	Therapeutic Strategy
Lower Risk	Provide feedback, education, reinforce abstinence and offer positive reinforcement and support
Moderate Risk	Brief intervention including: feedback, advice, assessment of readiness to change, assistance in changing
High Risk	Brief Intervention AND referral to specialty treatment.

Source: National Center on Addiction and Substance Abuse at Columbia University (2012). An SBIRT Implementation and Process Change Manual for Practitioners.

Talk about it!

- Talk about the effects of alcohol and other drugs on an individual and on a fetus
- Begin at an early age
- Address barriers to treatment
- Talk with families about safe sleep practices: ABC
 - Always Alone (encourage room-sharing)
 - On their Back
 - In an uncluttered Crib (no blankets, stuffed animals, or bumpers)
- Discuss safe storage of medications and other substances

Fathers and other figures can play an important role in preventing prenatal substance use.

Opportunities to Collaborate



- FASD/DAB Task Force
- Safe sleep and safe storage work
- Outreach efforts
 - Videos
 - Print
 - Radio
 - Resource Guide
- Trainings/educational opportunities
 - Substance Use & Pregnancy Conference
 - FASD Diagnostic Tool Webinar
 - Presentations

What does a safe sleep environment look like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



- Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.
- Do not use pillows, blankets, blankets, or crib bumpers anywhere in your baby's sleep area.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area.
- Do not smoke or let anyone smoke around your baby.
- Make sure nothing covers the baby's face.
- Always place your baby on his or her back to sleep for naps and at night.
- Dress your baby in light sleep clothing, such as a one-piece sleeper and do not use a blanket.
- Babies should not sleep in an adult bed, on a sofa, or on a chair alone with you or with anyone else.

For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-633-2772 or <http://www.cpsc.gov>.



Emergency Medical Information Card

Buprenorphine

(Suboxone®/Subutex®)

Dangerous to children



National Poison Center
Poison Center • 1-800-322-1222
www.nnpcc.org

Are you pregnant? Planning to get pregnant? Take this quiz!

1. Do you drink alcohol? Yes No
2. Do you use tobacco? Yes No
3. Do you use marijuana? Yes No
4. Do you use other drugs? Yes No
5. Are you taking any medicine? Yes No
6. Do you feel you are safe enough to avoid using substances during pregnancy? Yes No

Make a plan! If you are pregnant or planning to get pregnant, you should avoid using alcohol, tobacco, marijuana, and other drugs. For more information, visit www.maine.gov.

Wine and tobacco should be healthy. Learn about the health risks of using alcohol and other substances during pregnancy. You are not alone. Help is available. Dial 2-1-1 for free resources in your area.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency in the U.S. for preventing, diagnosing, and treating substance abuse and mental illness. For more information, visit www.samhsa.gov.



Learn about the health risks of alcohol and drug use during pregnancy.

Plan Ahead... Give your baby a healthy start in life!



Alcohol use during pregnancy is the #1 cause of preventable birth defects.



Have a **healthy** baby.
Be an **alcohol-free** mother-to-be.

There is **NO** safe time, **NO** safe kind and **NO** safe amount of alcohol during pregnancy.

You are not alone. Help is available. Dial 2-1-1 to find resources in your area.

For educational materials, contact SAMHSA's Information & Resource Center. Phone: 1-800-499-0277. Email: osha.inform@samhsa.gov. TTY: 711 (Maine Relay).



Substance Abuse and Mental Health Services

Office of Department of Health and Human Services
DHHS • SAMHSA • Substance Abuse • Find Help • FASD/DAS Consumer Page

- Office Information
- Find Help
- Programs & Services
- Self-help Groups
- Hotlines
- Fetal Alcohol Spectrum Disorders
- Gambling
- Women's Services
- Maine Assistance Program for Lawyers & Judges
- Medical Professionals Health Program
- US DOT - Substance Abuse Professional (SAP) List
- Data & Research
- Impaired Driving (DEEP)
- Prevention
- Treatment
- Recovery
- Fiscal & Contracting
- Social Services Help

Substance Use and Pregnancy

Did you know, when you are pregnant and use drugs or alcohol, so does your unborn baby?

Using drugs or alcohol during any part of pregnancy is unsafe.

- Effects During Pregnancy:** Using alcohol or drugs during pregnancy can result in:
- Miscarriage
 - Premature labor (born too soon)
 - Problems with the placenta
 - Low birth weight
 - [Maine Assistance Program for Lawyers & Judges](#)
 - [Substance Abuse Treatment Services](#)
- Effects After Pregnancy:** Your child could also have life-long effects, including:
- Brain damage
 - Physical disabilities
 - Intellectual disability (mental retardation)
 - Poor coordination
 - Problems with learning
 - Behavioral problems/impulsivity

Plan ahead... Give your baby a healthy start in life!
[LEARN MORE](#)



- Remember:**
- There is **NO** safe time, **NO** safe amount, and **NO** safe kind of alcohol to drink when pregnant.
 - If you smoke or use drugs or alcohol, be sure to use effective birth control to prevent an unplanned pregnancy.
 - Talk with your doctor about any medicine you take before you get pregnant or if you become pregnant.
 - You are not alone. Dial 2-1-1 to find resources in your area.

Marijuana What can it do to my baby?



When you are pregnant and use marijuana, so does your baby. Marijuana passes through the placenta to a baby's bloodstream. When babies are exposed to marijuana during pregnancy, they can feel positive for the drug after they are born.

- Early studies suggest that marijuana use during pregnancy can have a growing baby.
- It may cause your baby to be born before his or her body and brain are ready. This could mean serious health problems at birth and throughout life.
 - It could change how your baby's brain develops. These changes may cause life-long behavior problems like trouble paying attention or following rules.
 - It might lower your child's IQ, cause problems with learning and memory, and make it harder for him or her to do well in school.

Make the safest choice for you and your baby. **DON'T** use marijuana when pregnant or breastfeeding.

Marijuana Is it safe when breastfeeding?



Using marijuana if you breastfeed is **NOT** healthy for your baby and it is **NOT** recommended.

- What are the risks?**
- THC, the active ingredient in marijuana, gets into your breastmilk and your baby.
 - When you use marijuana, the THC stays in your body for days, weeks, and even months. For you to get rid of it, it can build up in your baby's body over time. Your baby could also test positive for THC.
 - Using marijuana may affect breastfeeding. It can lower your milk supply. It can also make your baby too willing to eat. They could learn to lose weight gain or failure to thrive.
 - Some studies show that babies exposed to the THC in breast milk may have an increased risk for Sudden Infant Death Syndrome (SIDS).

Give your baby the healthiest start in life. Choose to breastfeed and **DON'T** use marijuana.



RESOURCES
To order any materials, please contact the Information & Resource Center at 1-800-499-0277 or osha.inform@samhsa.gov.

- NEW!** Fetal Alcohol and Drug Effects Booklet
- NEW!** Fetal Alcohol and Drug Effects Poster
- NEW!** Marijuana and Breastfeeding Booklet
- NEW!** Marijuana and Breastfeeding Booklet
- Fetal Alcohol Spectrum Disorders and Drug-Related Risks Program Fact Sheet
- Substance Abuse Treatment Services for Pregnant Women

Newsletters:
December 2014
September 2013

Public Service Announcements



https://youtu.be/t0_wYHDDZnA?list=PLnboin782XGfnHZoS5oquqNn40Yay24-B

Questions?

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Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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