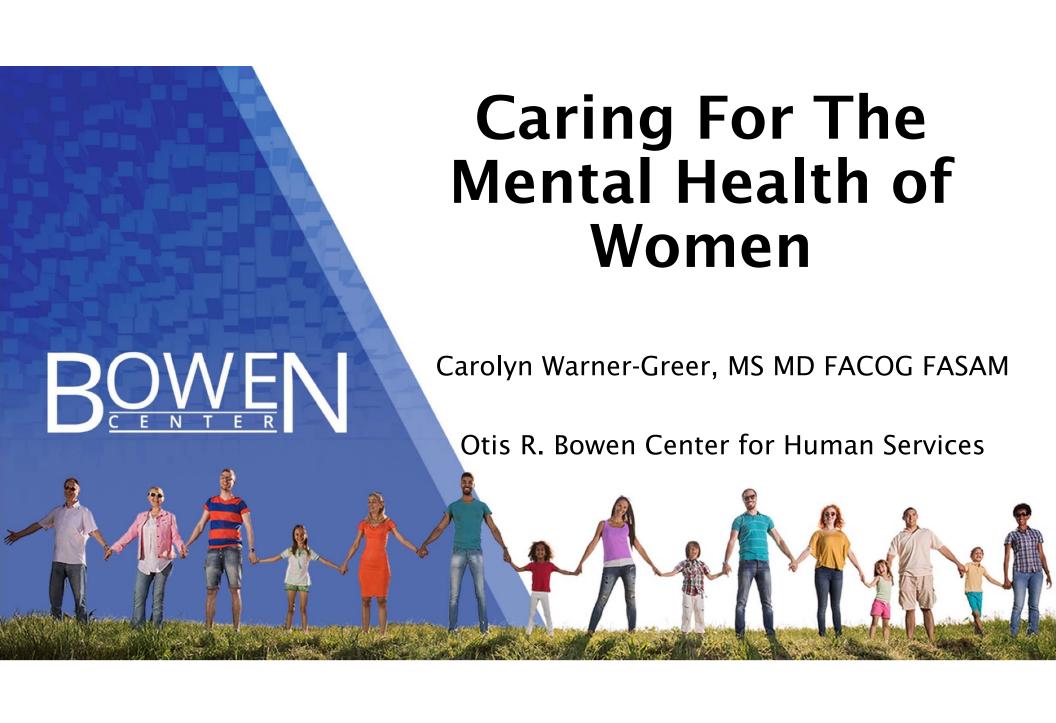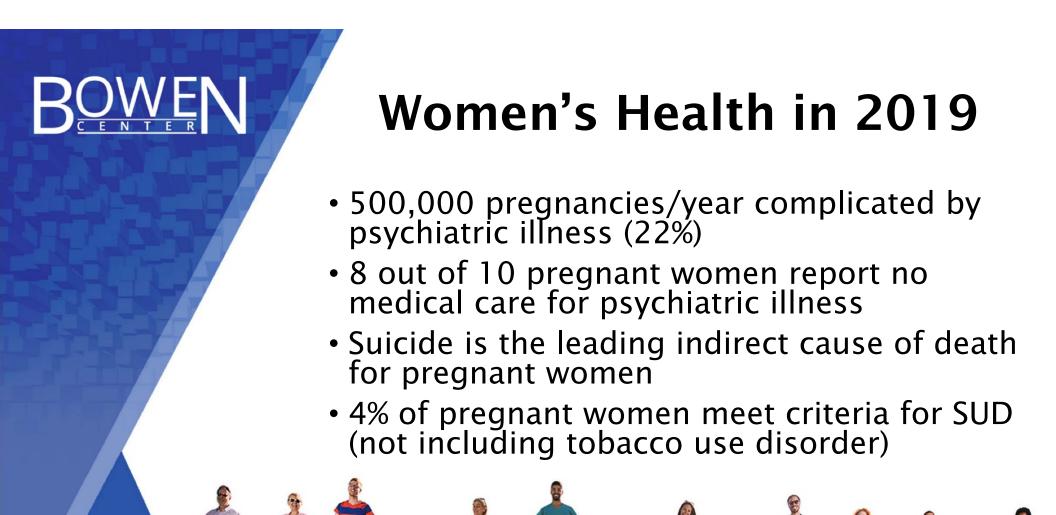# Addressing Substance Use/Mental Health in Community/Supervision Settings

Carolyn Warner-Greer MS MD FACOG FASAM

Otis R. Bowen Center for Health and Human Services

Women's Health in 2019

- 500,000 pregnancies/year complicated by psychiatric illness (22%)
- 8 out of 10 pregnant women report no medical care for psychiatric illness
- Suicide is the leading indirect cause of death for pregnant women
- 4% of pregnant women meet criteria for SUD (not including tobacco use disorder)

Women's Health in 2019

- NAS affect 7 births out of 1,000
- Pregnant women are the most common victim of domestic violence
- Women with mental illness are more likely to use tobacco (50-65%)
- Methamphetamine poisoning are eclipsing opioid overdoses in NE Indiana

Women's Health in 2019

- Marijuana use reported in 15-28% of women in lower socioeconomic groups

- 35-60% of women continue to use marijuana during pregnancy

- Use of nicotine products in women of childbearing age increased for the first time in 2018- 14%

Women's Health in 2019

- Women <25 yo had highest rate of nicotine use during pregnancy
- 58% of pregnant women from Indiana report alcohol use during pregnancy
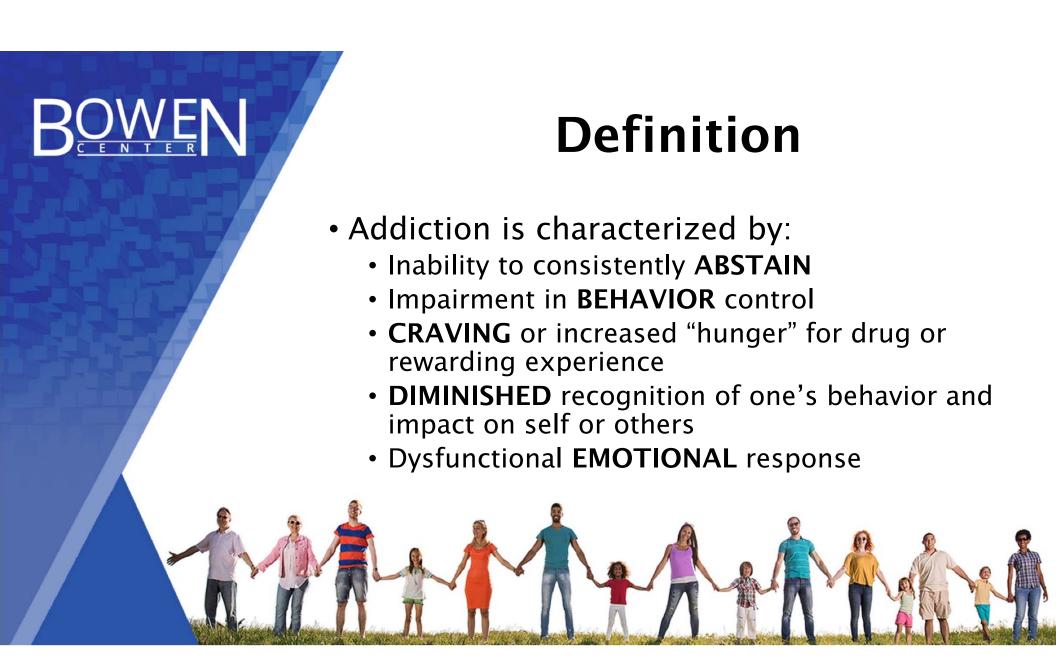- 23% of pregnant women from Indiana report binge drinking during pregnancy

"Mental Health"

- Mood Disorders
- Substance Use Disorders
- Trauma
  - Adverse Childhood Events
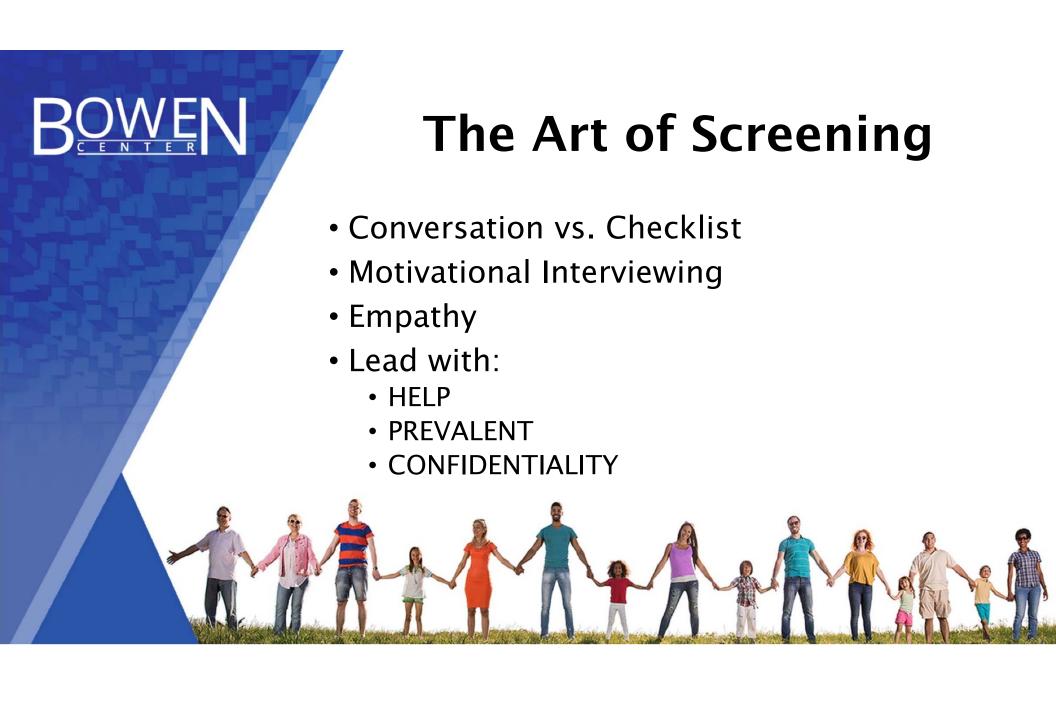 - Ongoing Stressors
- Serious Chronic Mental Illness

Substance Use Disorders

- More than OPIOIDS
- Stimulants
- Tobacco (most common)
- Alcohol
- Benzodiazepines
- Cannabis

Substance USE ≠ Substance Use Disorder

Definition

- Addiction is characterized by:
  - Inability to consistently **ABSTAIN**
  - Impairment in **BEHAVIOR** control
  - **CRAVING** or increased "hunger" for drug or rewarding experience
  - **DIMINISHED** recognition of one's behavior and impact on self or others
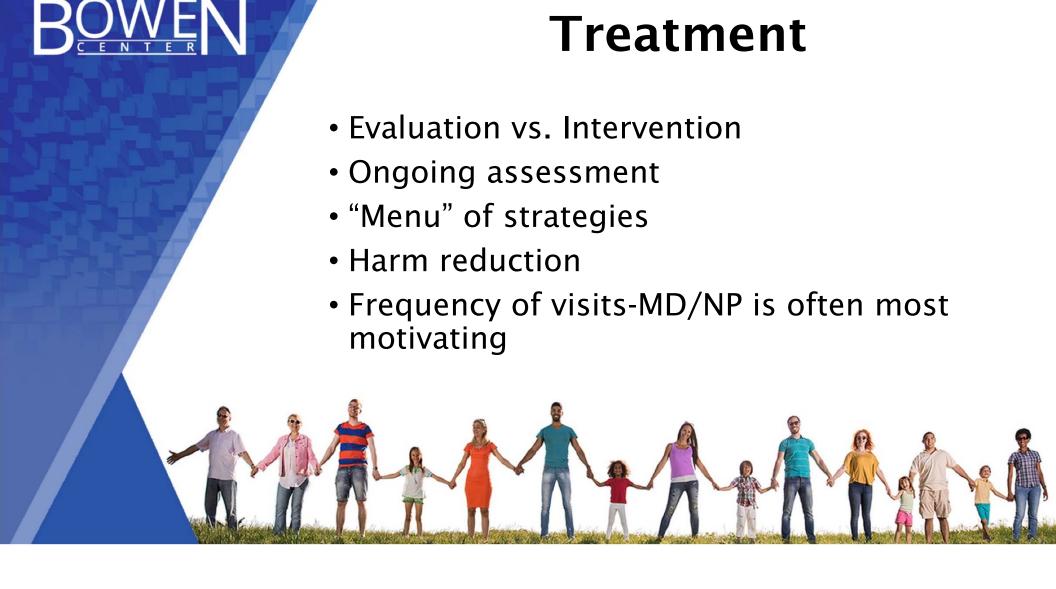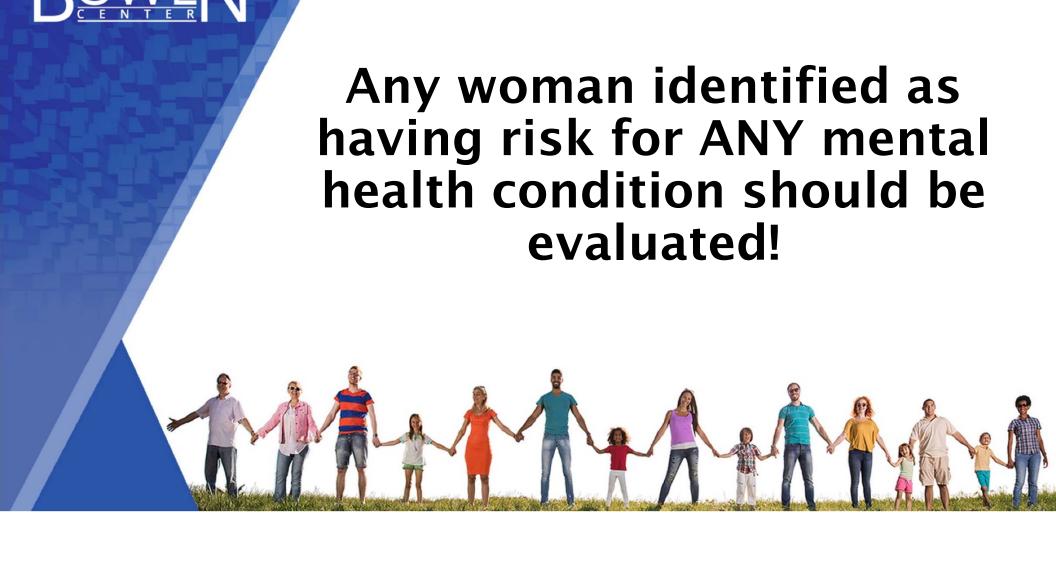 - Dysfunctional **EMOTIONAL** response

So how do we approach?

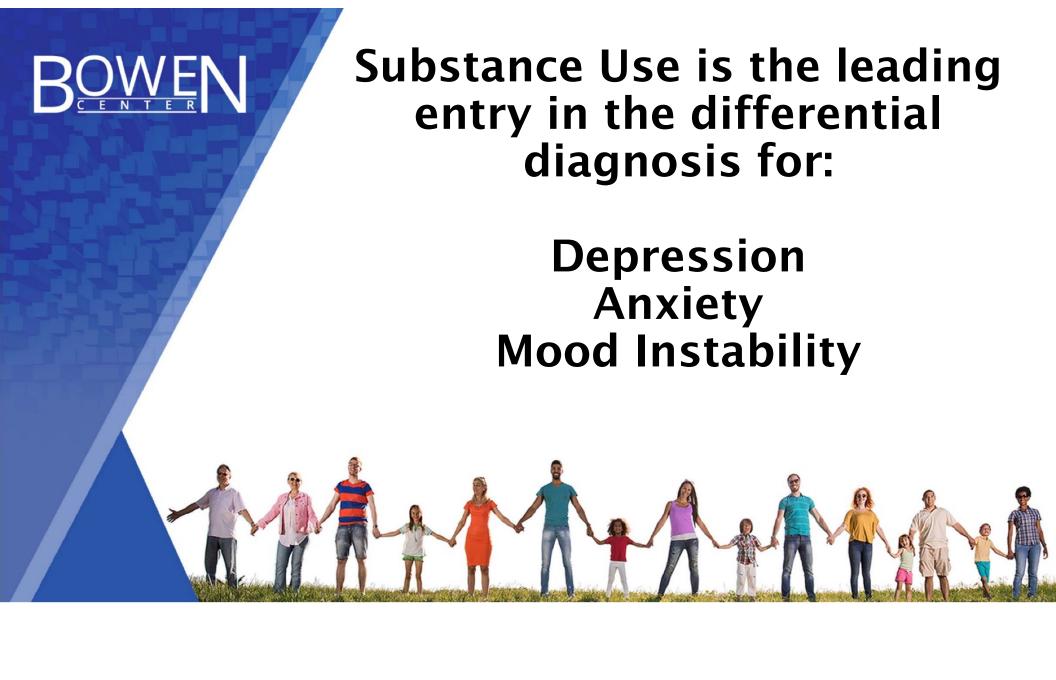# Screening

- ACOG, ASAM, AAFP all recommend use of validated screening tool for:
  - Substance Use (4 P's, CRAFFT, NIDA Quick Screen)
  - Mood Disorders (PHQ, GAD, Becks)
  - Risk for Domestic Violence (HITS)
- **SBIRT not shown helpful in pregnancy**

The Art of Screening

- Conversation vs. Checklist
- Motivational Interviewing
- Empathy
- Lead with:
  - HELP
  - PREVALENT
  - CONFIDENTIALITY

Treatment

- Evaluation vs. Intervention
- Ongoing assessment
- "Menu" of strategies
- Harm reduction
- Frequency of visits-MD/NP is often most motivating

Any woman identified as having risk for ANY mental health condition should be evaluated!

Substance Use is the leading entry in the differential diagnosis for:

Depression
Anxiety
Mood Instability

Pregnant Women with SUD

- 5X more likely to have co-occurring psychiatric illness
- 33-66% have history of childhood physical or sexual assault
- 30-59% meet criteria for PTSD

PUBLIC HEALTH APPROACH

- Emphasis on treatment

- Emphasis on harm reduction

- Address root cause vs. symptoms

Harm Reduction

- Reducing drug related harm without requiring complete abstinence
- Many Types:
  - SSP
  - Naloxone Distribution
- Kaiser Study, 2015

Research Challenges

- Stigmatization of mental illness and substance use
- Criminalization of substance use
- Multifactorial
- Publishing Bias
- Gold Standard (RCT) impossible in pregnancy

Use of Psychotropics in Pregnancy

- New FDA labeling
- "Google Medicine"
- Risks of untreated (or suboptimal) treatment in pregnancy
- Single medication better than multiple
- Collaborative Care

Treatment for SUD in Pregnancy

- Standard of care is agreed upon by all professions (ACOG, ASAM, AAP) for **OUD**
- **Tobacco, alcohol**-no consensus on best practices in pregnancy for medical intervention
- **Stimulants, Marijuana**-largely non-medical EBP interventions

Non-Medical Approaches to SUD in Pregnancy

- Cognitive Behavioral Therapy

- Community Reinforcement Approach

- Contingency Management

Intrapartum and Postpartum Pain Management

- Medicines to treat OUD are MAINTENANCE
- Risk of precipitated withdrawal
- Best practices for postpartum pain management overall

Challenges of Postpartum/Parenting Period

- Relapse to substance use
  - 80% return to use within two years
- Postpartum depression
- SAMHSA TIP=services continued if not intensified
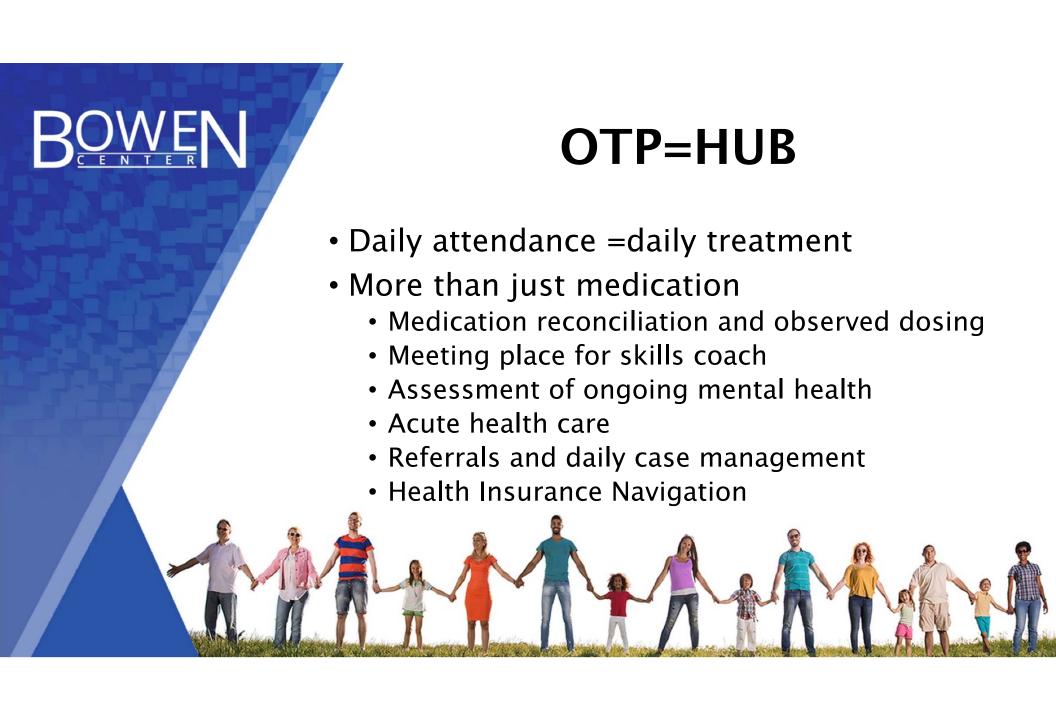- Breastfeeding

"HUB AND SPOKE"

- Modeled after West Virginia's response
- OTP's is the HUB
- Outpatient offices, mobile offices are the (end of) SPOKES
- Patients can move freely between based on current needs, progress, services

OTP=HUB

- Daily attendance =daily treatment
- More than just medication
    - Medication reconciliation and observed dosing
    - Meeting place for skills coach
    - Assessment of ongoing mental health
    - Acute health care
    - Referrals and daily case management
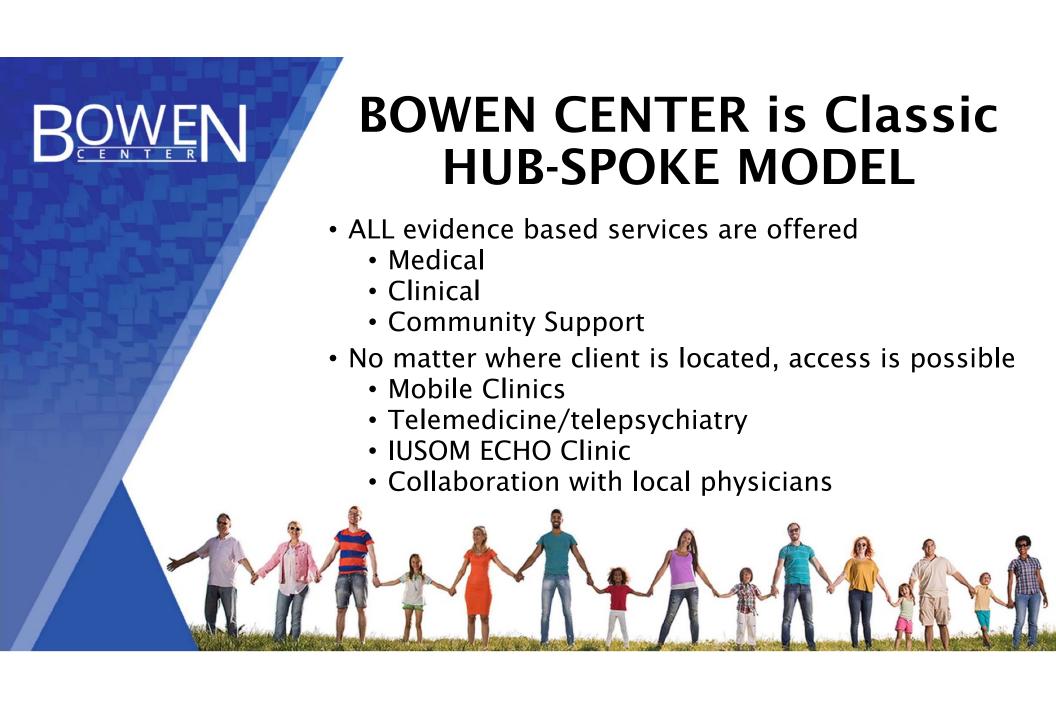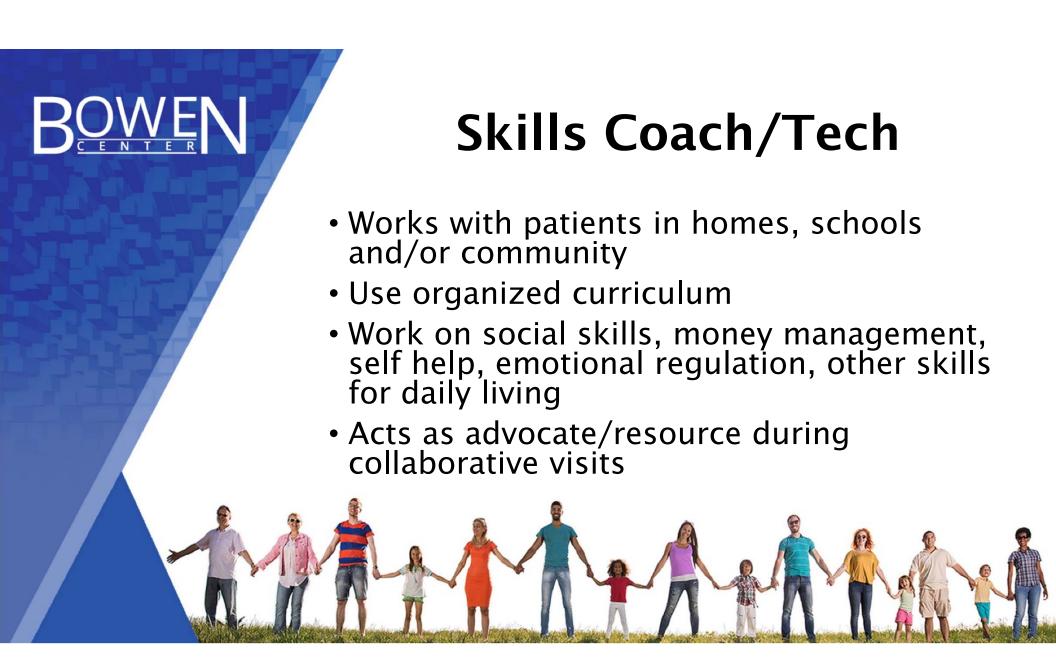   - Health Insurance Navigation

BOWEN
CENTER

OUTPATIENT OFFICE=SPOKES

- Less intense service delivery model
- Often patients receive services in both OP and OTP
- OP has larger "menu-" less crisis and more skill building
- If regression occurs, **nonpunitive** escalation of care

BOWEN CENTER is Classic HUB-SPOKE MODEL

- ALL evidence based services are offered
  - Medical
  - Clinical
  - Community Support
- No matter where client is located, access is possible
  - Mobile Clinics
  - Telemedicine/telepsychiatry
  - IUSOM ECHO Clinic
  - Collaboration with local physicians

Skills Coach/Tech

- Works with patients in homes, schools and/or community

- Use organized curriculum

- Work on social skills, money management, self help, emotional regulation, other skills for daily living

- Acts as advocate/resource during collaborative visits

"If all you have is a hammer, everything looks like a nail...."

Another wise person

We never want to say, "Well, we don't live in Fort Wayne so we can't offer that...."

Final Thoughts

- Most common way of avoiding detection of SU is avoiding care altogether
- Most women feel that prenatal care providers will report ongoing use to DCS
- Interventions that involve education on risks of SU vs information about consequences are superior
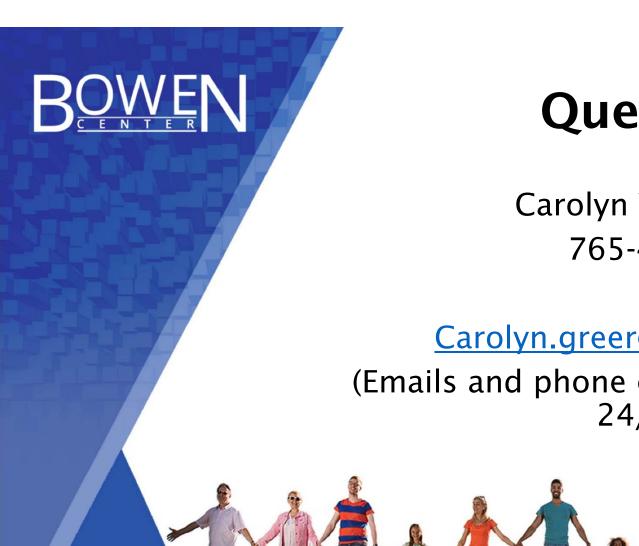- Goal is overall wellness, not "being clean at delivery"

Final Thoughts

- ASAM and ACOG oppose mandatory reporting laws for substance use in the absence of abuse or neglect

- **Integrative Care**-Bowen Center's next step
  - Blue Zones: Move Naturally, Right Outlook, Right Tribe, Eat Wisely (Exercise, Diet, Sleep, Community, and Altruism)
  - FQHC and RHC

Questions?

Carolyn Warner-Greer

765-480-4039

Carolyn.greer@bowencenter.org

(Emails and phone calls answered/returned 24/7/365)

Bowen Recovery Center Crew 2019