PARENTING AND CONCERNS OF WOMEN IN BUPRENORPHINE TREATMENT

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Objectives

- Discuss emerging trends in prescription drug abuse, maternal opioid use, neonatal abstinence syndrome, parenting, and child welfare
- Show discrepancy between parenting concerns and parenting skills of opioid-dependent pregnant women
- Discuss Clinical Nursing Implications
- Develop an integrated model of combination behavioral and medical treatment in pregnant opioid-dependent women
- Discuss policy change recommendation and systems integration

New York Times: Case Explores Rights of Fetus Versus Mother

- "Ms. Beltran thought she was being helpful when, in her first prenatal visit, on July 2nd, to a clinic at St. Joseph's Hospital, she discussed her medical history. Ms. Beltran, who worked as a bartender and waitress and became pregnant by a boyfriend who remains close, told the physician assistant that she had become addicted last year to Percocet, a painkiller. But she had willed herself off it the previous fall, even going to the hospital in November for withdrawal symptoms.
- She said she was unable to afford a prescription of Suboxone, which blocks other opiates and is widely used in treatment, including during pregnancy. So she obtained some from a friend and, on her own, reduced the dosage over time, stopping altogether three days before her appointment at St. Joseph's.
- The physician assistant, apparently skeptical, said she should get a prescription for Suboxone because withdrawal could be hard on the fetus, Ms. Beltran recalled. "But I told her I'd already tapered off and quit," she said. A urine test that day found traces of Suboxone but no signs of other opiates, and later tests found her clear of both drugs.
- Two weeks after that prenatal visit the social worker showed up unannounced at Ms. Beltran's home, telling her to restart Suboxone treatment or face a court order to do so."
- Subsequently, she was taken in handcuffs to a holding cell and brought before a family court commissioner for endangering her unborn child by disagreeing to start treatment for addiction.

Intergenerational cycle

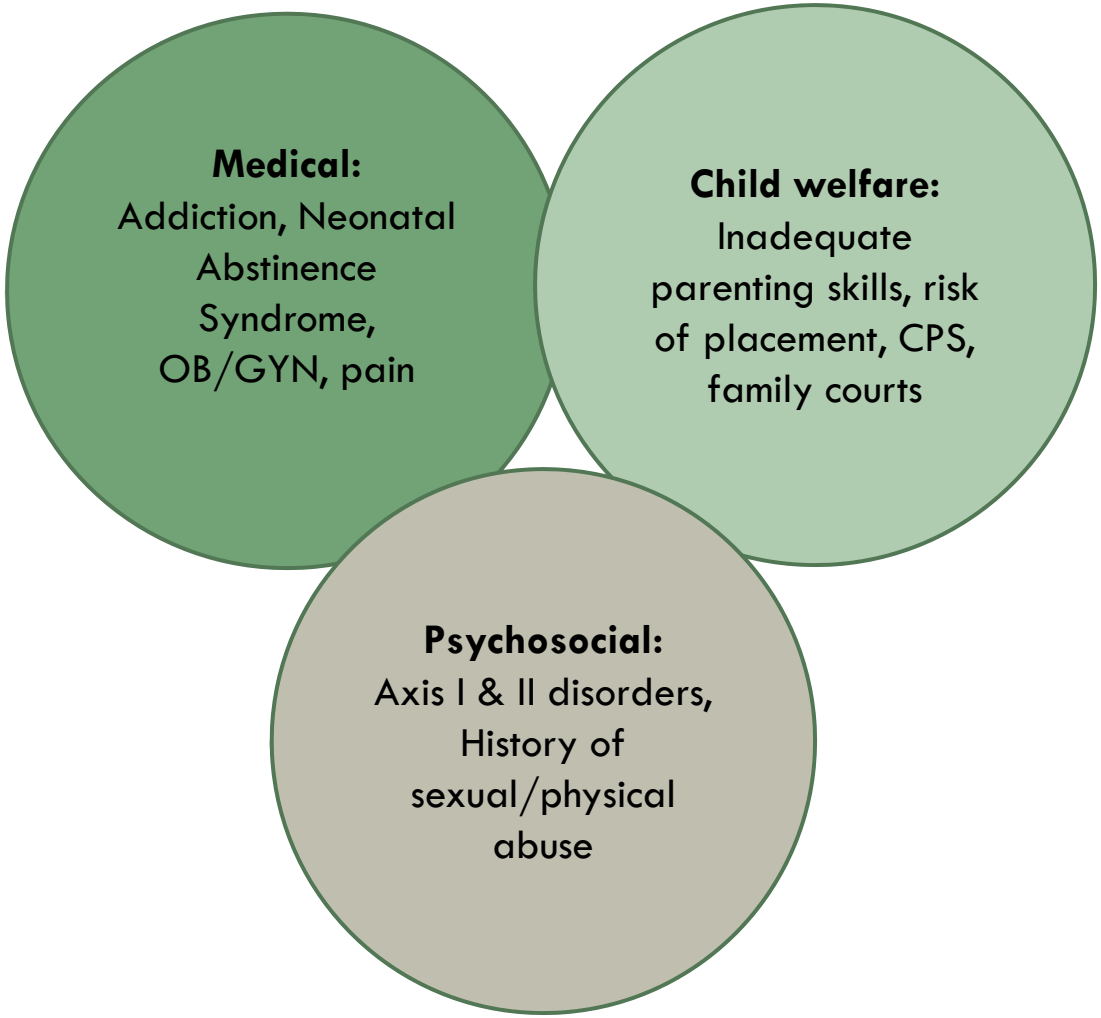
- Objective: to break the intergenerational cycle of addiction, abuse and neglect, and poor parenting models with combination treatment to address the complexity of addiction during pregnancy on various levels: child welfare, medical, and psychological concerns

Opioid addiction during pregnancy

- Prevalence:
  - Antepartum maternal opiate use increased from 1.19 per 1000 hospital births per year in 2000 to 5.63 per 1000 hospital births per year in 2009 (Patrick et al., 2012).
  - Current illicit use of any drug was 16.2% among pregnant women aged 15-17, 7.4% among pregnant women aged 18-25, and 1.9% among adolescent pregnant women (SAMHSA, 2011).

The complex situation of pregnant opioid-dependent women

Opioid dependence during pregnancy



Medical Issues

- Birth defects secondary to opiate use are rare.
- Screening is key during preconception visit and/or initial visit for prenatal care
- **Complicating factors** due to use include:

  fetal growth restriction, placental abruption, preterm labor, intrauterine passage of meconium, ***fetal death***

Neonatal Abstinence Syndrome

- *Hyperactivity of the central/autonomic nervous systems*
- *Constellation of symptoms*
- *May require medical intervention*

W - wakefulness
I - irritability
T - tremors, twitching, tachypnea
H - hyperventilation, hypertonia, hyperpyrexia, hyperacusis, hiccups
D - diarrhea, diaphoresis,
R - rub marks
A - alkalosis
W - weight loss
A - apnea
L - lacrimation,
S - seizures (myoclonic), sneezing, skin mottling

Psychosocial issues

- Sansone et al. (2009) reported that of 113 patients seeking buprenorphine treatment for their opioid addiction,
  - 20.4% reported previous sexual abuse,
  - 39.8% reported previous physical abuse,
  - 60.2% reported previous emotional abuse,
  - 23% reported previous physical neglect, and
  - 65.5% reported having witnessed violence.

- 20-42% of opioid-dependent patients have an Axis I disorder, such as depression and anxiety.
- 47.7% of opioid-dependent patients have a personality disorder.

Child welfare issues

- 50-80% of parents in the child welfare system have serious substance abuse problems (Marsh & Smith, 2011).
- Mothers with substance abuse lack parenting skills (Suchman & Luthar, 2000; Greif & Drechsler, 1993).

- Therefore, their children are at risk for abuse and neglect (Marcenko et al., 2000; Suchman et al., 2006).
- Heightened likelihood to be removed by CPS
- However, CPS removal and long-term foster care is associated with disadvantageous development of children (Maas, 1969).

Child maltreatment
(N.Y. SOS. LAW § 412 : NY Code - Section 412)

- Serious physical injury inflicted upon the child by other than accidental means.
- Neglected due to
  - Physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure to exercise minimum degree of care (supplying food, clothing, shelter, education, and providing supervision)
  - Abandonment

Child Welfare Challenges

1. Family courts are familiar with an "abstinence only" approach to treatment.

2. No state/local policy on medication-assisted drug treatment.

3. Caseworkers are not trained in the relatively new idea of buprenorphine treatment.

Child Welfare Challenges

4. Medication-assisted drug treatment alone may not influence parenting outcomes.

5. Caretaker's drug use is one of the risk elements used to assess the likelihood of future abuse/maltreatment within the next two years.

Parenting skills and concerns of pregnant women in buprenorphine treatment

Parenting deficits

- Lack of knowledge of development stages (Velez, 2004)
- Authoritarian, neglectful, punitive parenting style with preferred use of corporal punishment (Suchman & Luthar, 2000)

- Mothers who are addicted to cocaine reported the desire to change certain parenting activities:
  - Lack of consistency in structure
  - Abandoning children for a period of time to obtain and take drugs
  - Impatience/anger
  - Lack of parenting knowledge
  - Repeating dysfunctional parenting practices from family of origin (Coyer, 2003).

Parenting skills and concerns of pregnant women in buprenorphine treatment

Preliminary (unpublished) study:

- Assessment parenting skills and concerns of 32 pregnant women in office-based buprenorphine treatment
- Pregnant opioid-dependent women showed medium risk of abuse: inappropriate expectations of the child, low level of empathy, strong belief in corporal punishment, reversal of parent-child roles, and oppression of children's power and independence (AAPI-2).
- These women were more concerned with the baby withdrawing and the baby's health and less with their parenting skills and potential CPS reports.

Concern	No. (%) (n = 32)
Any concerns	23 (71.9)
Infant withdrawal at birth	14 (43.8)
Infant's general health at birth	10 (31.3)
Birthing process	6 (18.8)
Delivery complications	4 (12.5)
Cesarean-section complications	2 (6.3)
Woman's personal health after delivery	2 (6.3)
Breastfeeding	2 (6.3)
Woman's personal health, current	2 (6.3)
Providing for the infant	2 (6.3)
Inter-provider communication about medication-assisted treatment	1 (3.1)
Health of multiracial child	1 (3.1)
Boyfriend's parenting skills and lack of experience as a father	1 (3.1)
Timely arrival of mother for delivery	1 (3.1)
Open case with Child Protective Services (CPS)	1 (3.1)
Transition from BUP/NAL to BUP	1 (3.1)

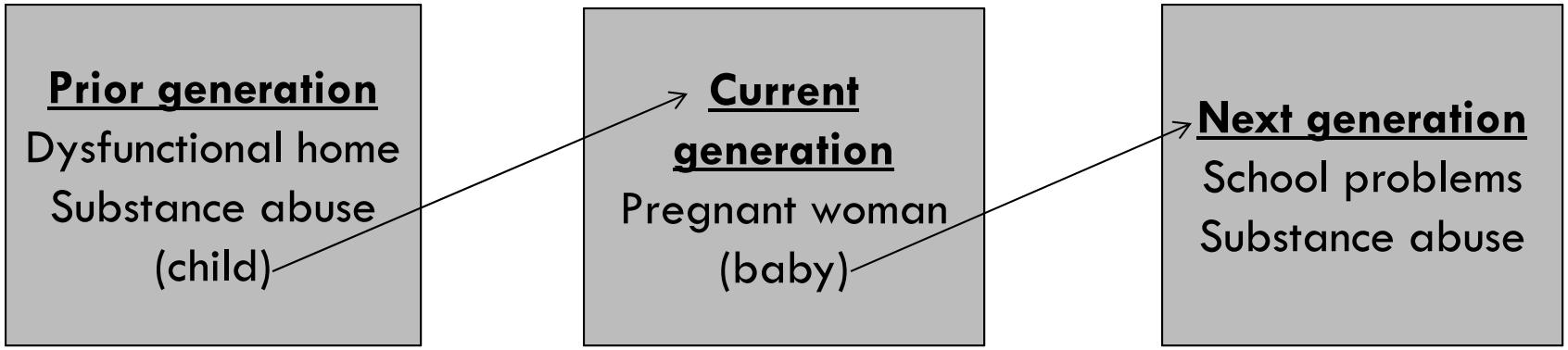
NAS in babies from mothers in buprenorphine treatment

Neonatal characteristics	***n* = 13**
Gender of baby, female, No. (%)	9 (69)
Duration of gestation (in weeks), mean (SD)	39.4 (1.5)
Weight of baby (oz), mean (SD)	112.1 (13.7)
Length of baby (in), mean (SD)	20.2 (1.6)
Labor,	
Natural, No. (%)	6 (46.2)
Induced, No. (%)	4 (30.8)
None, No. (%)	3 (23.1)
Delivery,	
Vaginal, No. (%)	5 (38.5)
Cesarean, No. (%)	8 (61.5)
Baby stayed in NICU, No. (%)	6 (46.2)
Duration (days), mean (SD)	8.3 (6.9)
Baby experienced NAS in hospital, No. (%)	4 (30.8)
Baby experienced NAS at home, No. (%)	0 (0)

Consequences for children

- In a study by Ashrafioun et al. (2011), children of prescription opioid-abusing parents exhibited high child Brief Impairment Scale (BIS) scores (global impairment in relationships, school- or work-related functioning, self-fulfillment).
- High BIS scores were associated with these characteristics of the parent:
  - Non-medical prescription opioid use
  - Greater number of arrests
  - Prior intravenous drug use
  - Greater number of prior substance abuse treatment episodes
- Children of substance-abusing parents are subject to the consequences of their parents' difficulties.

Intergenerational cycle



Integrative treatment of opioid-dependent pregnant women and their babies

Clinical nursing implications

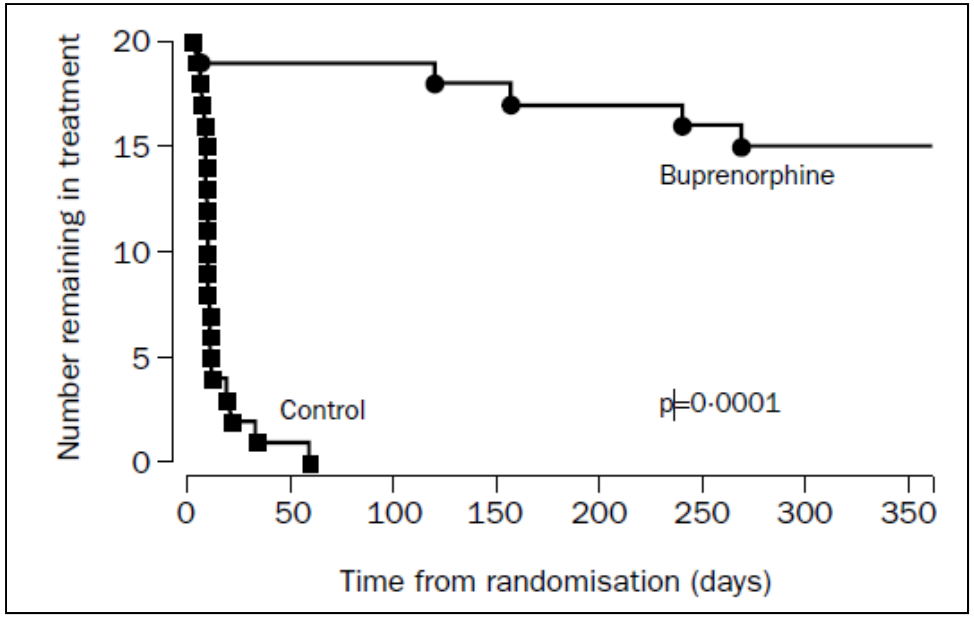
- Educate pregnant women receiving medication-assisted treatment for opioid dependence about the reduced risk of neonatal abstinence syndrome associated with buprenorphine
- Assess opioid-dependent pregnant women's knowledge about caring for a baby
- Raise opioid-dependent pregnant women's awareness of parenting skills deficits
- Build therapeutic and trusting relationships
- Motivate the women to seek treatment
- Refer to parenting education that is integrated in substance abuse counseling
- Develop a parenting program for use at office-based addiction treatment centers

Abstinence-based Treatment

- Cross-sectional study (unpublished data)
  - *n* = 117 adolescent women aged 12-18 years in a residential substance abuse treatment facility for an SUD
  - 53 (45%) completed treatment
  - **Abstinence-based treatment was unsuccessful in more than 50% of the sample**

Medication-Assisted Treatment

- Double-blind randomized controlled trial (Kakko et al. 2003)
  - *n* = 40 heroin-dependent patients



At 12 month FUP:

- 75% of the patients in the buprenorphine group remained in treatment
- 0% of placebo control group remained in treatment

Medication-assisted treatment of addiction

- **Methadone:**
  - Full μ-opioid receptor agonist
  - NMDA-receptor antagonist
  - Gold standard for treatment in pregnant women

- **Buprenorphine:**
  - Partial agonist at the μ-opioid receptor, κ-receptor antagonist
  - Milder withdrawal symptoms compared to full agonists
  - Good safety profile due to "ceiling" effect

Treatment of NAS

- Non-pharmacological treatment
  - Reduce sensory stimulation, gradual presentation of stimuli
  - Assist with transition to sleep/wake control
  - Rocking, limit non-nutritive sucking, hold positioning aids
  - Promote rest
- Pharmacological treatment
  - Medication intervention such as methadone or morphine

MOTHER TRIAL

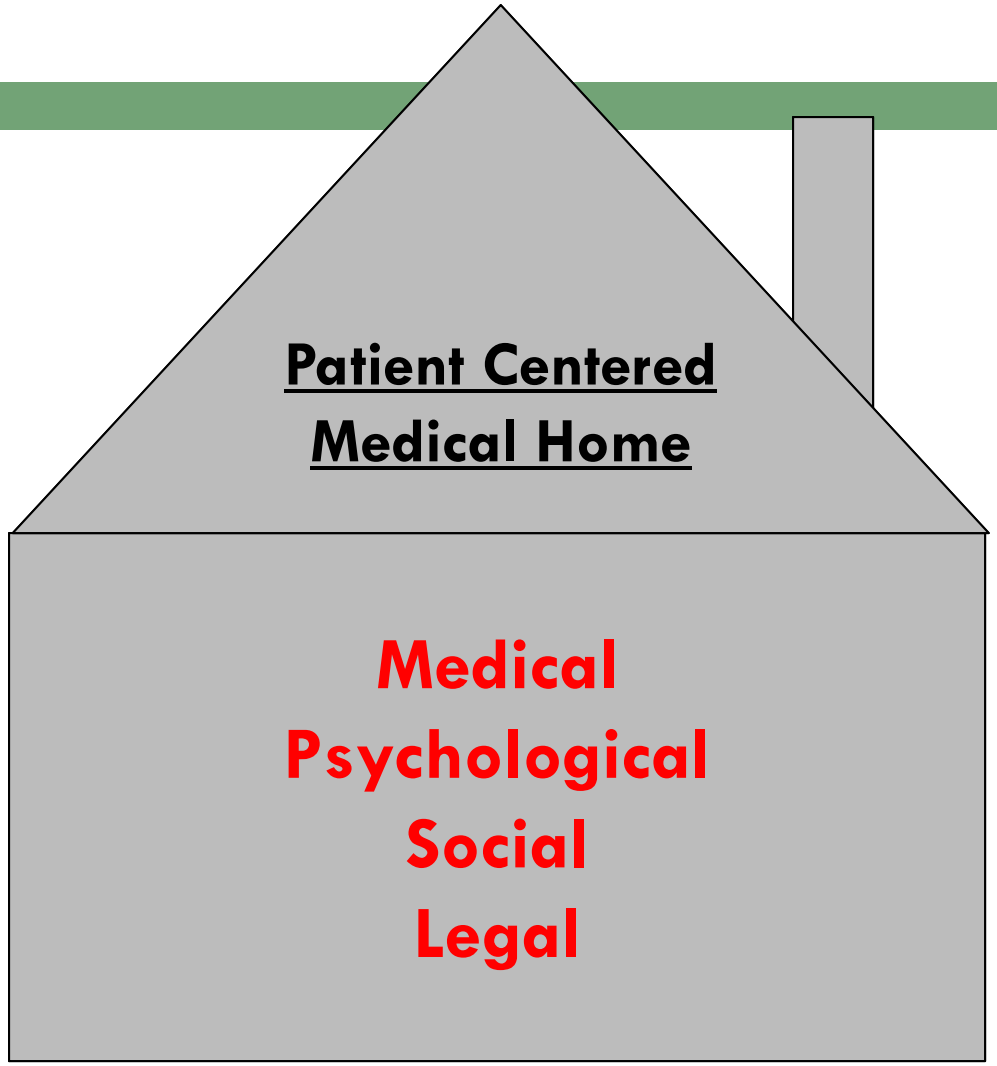
- Comparison of buprenorphine and methadone for treatment of opioid addiction in pregnant women (Jones et al., 2010)
- **Participants:** 175 women at eight international sites
- **Results:**
  - 18% of the methadone group and 33% of the buprenorphine group discontinued treatment.
  - Compared to methadone-treated mothers, buprenorphine-treated mothers required
  - less morphine to treat NAS (mean dose: 1.1 versus 10.4 mg),
  - shorter hospital stay (10 versus 17.5 days), and
  - shorter duration of medical treatment (4.1 versus 9.9 days).

Behavioral treatment

- Mothers support groups
- Parenting education by nurses
  - Educational seminar about parenting skills and NAS
- Counseling (trauma, abuse, pain, depression etc.)
  - Cognitive behavioral therapy

Education by nurses about NAS due to buprenorphine treatment

- Detoxification from opioids during pregnancy can have fatal effects on the fetus when the mother experiences withdrawal.
- Continuing or relapsing to opioids during pregnancy will produce even greater NAS than buprenorphine potentially does.
- Many babies of buprenorphine-treated mothers do not experience NAS at all.
- The reduced likelihood of NAS in babies from buprenorphine-treated mothers can only be guaranteed, if mothers also abstain from drugs other than opioids.


Patient Centered
Medical Home
Medical
Psychological
Social
Legal

Examples of Integrative Treatment

- Although 43% of addiction treatment programs provide some parenting classes, only a few have a structured parenting curriculum (Arria et al., 2013).

Recommendation for policy change and systems integration

Child Welfare

- Preventive Child Welfare Services: Voluntary CPS referral before CPS call is made to benefit from services before a CPS concern arises.

- The Massachusetts Department of Children and Families (DCF): "Effective January 2, 2013, DCF may screen out a 51A report involving a Substance Exposed Newborn if the only reported condition is maternal use of methadone, buprenorphine (Subutex), buprenorphine with naloxone (Suboxone) or another appropriately prescribed and used medication." (These regulations can also be found in O'Brien & Phillips, 2011.)

Prevention & Policy Changes

- Referrals to community based preventive programs that support family preservation prior to CPS involvement

- If CPS & Family Court involvement has already occurred: Recognition of medication-assisted addiction treatment as a viable option in case planning

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References

1. Arria AM, Mericle AA, Rallo D, et al. Integration of parenting skills education and interventions in addiction treatment. *J Addict Med*. 2013;7(1):1-7.
2. Ashrafioun L, Dambra CM, Blondell RD. Parental prescription opioid abuse and the impact on children. *Am J Drug Alcohol Abuse*. 2011;37:532-536.
3. Coyer SM. Women in recovery discuss parenting while addicted to cocaine. *MCN Am J Maternal Child Nurs*. 2003;28:45-49.
4. Department of Children and Families. Change in DCF screening policy related to substance exposed newborns (SENs). In: Commonwealth of Massachusetts Executive Office of Health and Human Services, ed2012.
5. Eckholm E. Case explores rights of fetus versus mother. *The New York Times*2013.
6. Greif G, Drechsler M. Common issues for parents in a methadone maintenance group. *J SubstAbuse Treat*. 1993;10:339-343.
7. Jones HE, Kaltenbach K, Heil SH, et al. Neonatal abstinence syndrome after methadone or buprenorphine exposure. *New Engl J Med*. 2010;363:2320-2331.
8. Kakko J, Svanborg KD, Kreek MJ, Heilig M. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial. *Lancet*. 2003;361(9358):662-668
9. Maas H. Children in long-term foster care. *Child Welfare*. 1969;48:321-333.
10. Marcenko M, Kemp S, Larson N. Childhood experiences of abuse, later substance use, and parenting outcomes among low-income mothers. *Am J Orthopsychiatry*. 2000;70:316-326.

References

1. Marsh J, Smith B. Integrated substance abuse and child welfare services for women: A progress review. *Children youth services rev.* 2011;33:466-472.
2. Neumann AM, Giambrone AK, Yanes PK, et al. Validity of self-reported psychiatric diagnoses among patients seeking treatment for a substance use disorder. *Mental Health Substance Use.* 2013;6(2):111-123.
3. O'Brien M, Phillips S. Substance exposed newborns: Addressing social costs across the lifespan. In: The Massachusetts Health Policy Forum, ed. *40*. Boston, MA: The Massachusetts Health Policy Forum; 2011.
4. Patrick SW, Schumacher RE, Benneyworth BD, Krans EE, McAllister JM, Davis MM. Neonatal abstinence syndrome and associated health care expenditures. *JAMA.* 2012;307:1934-1940.
5. Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. SMA 11-4658. Rockville, MD: SAMHSA.
6. Sansone RA, Whitecar P, Widerman MW. The prevalence of childhood trauma among those seeking buprenorphine treatment *J Addict Dis.* 2009;28:64-67.
7. Suchman NE, Luthar SS. Maternal addiction, child maladjustment and socio-demographic risks: implications for parenting behaviors. *Addiction.* 2000;95(9):1417-1428.
8. Suchman N, McMahon T, Zhang H, Mayes L, Luthar S. Substance-abusing mothers and disruptions in child custody: An attachment perspective. *J Subst Abuse Treat.* 2006;30:197-204.
9. Velez M, Jansson L, Montoya I, Schweitzer W, Golden A, Svikis D. Parenting knowledge among substance abusing women in treatment. *J Subst Abuse Treat.* 2004;27(3):215-222.

Questions?

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