INTEGRATED HEALTH CARE FOR TREATMENT OF PREGNANT SUBSTANCE-ABUSING WOMEN

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• I, Michael R. Caudle,
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SUBSTANCES ABUSED-WHAT WE SEE

- Alcohol and tobacco
- Opiates
- Benzodiazepines
- Marijuana
- Subutex
- Heroin
- Methadone
- Crystal Meth
- Cocaine

Opioids

<table>
<thead>
<tr>
<th>Generic</th>
<th>Name Brands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodeone</td>
<td>Oxycont., Percod., Tylox</td>
</tr>
<tr>
<td>Hydrocodeone</td>
<td>Vicodin, Lortab</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilaudid</td>
</tr>
<tr>
<td>Morphine</td>
<td>MS contin, Duramorph</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Subutex, Suboxone</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td>codeine</td>
<td>Tylenol 1-3, Empirin</td>
</tr>
</tbody>
</table>

Usually Obtained From Others

SAMHSA 2012

- Free from friend/relative 54%
- One doctor 18%
- Bought from friend/relative 16%
- Drug dealer 4%
- More than one doctor 2%
- Other 6%
Methods of Self-administration

- Swallowing, snorting, injecting, using body orifices
- Sometimes route preferred depends on drug-snorting roxies instead of injecting, injecting oral morphine
- To inject a pill, e.g., grind up, heat in spoon with water, filter with cigarette filter to remove clumps

“Typical” Patient

- In their twenties
- Multiple children with lost custody
- Sincerely want to change but cannot
- Short-sighted-think only about this day-don’t use contraception, can’t pay for entry into treatment programs
- Frequently no-show or don’t come back
- Dishonest about drug use (we are not the enemy)

Example patients

- First patient we saw-21 year old, 4th pregnancy at 28 weeks gestation, lost custody of first three, using several hundred milligrams of oxycontin, as well as marijuana and xanax, hepatitis C with liver damage
- “I want to stop-tell me how”
- We provided counseling, supportive non-opioids
- Never returned
Common features

• Deny use or understate
• Alter tests—spill urine, substitute water, “can’t give a specimen”
• Frequent no-shows
• Most are abusing multiple substances
• Don’t have custody of other children
• Women are preyed on by others, even at NA meetings

“Typical” Patient

• Rely on friends and contacts for anecdotal information about how to game the system
• Use their bodies for drugs and money
• If continue to use, lose custody of their newborns after delivery
• Women are extremely vulnerable to approach by men even at NA meetings

Concurrent Mental Illness

• Essentially all have concurrent mental disorder
  – Approximately 50% have mood disorder
  – Major depression 15%
  – Psychosis, particularly post-partum
  – Personality disorders more frequent (up to 40%)
  – Anxiety disorders frequently co-occur
  – Substantial suicide risks
Standard Treatment

- Methadone
- Buprenorphine (Subutex, Suboxone)

Methadone

- Recommended standard of care by ACOG and addiction specialists including experts at UNC
- Clinics increase dosage during course of pregnancy (usually above 100 mg)
- Will not taper meds
- Allow pregnant women to run a tab but cut them off after delivery
- Causes NAS
- Perpetuates addiction

Buprenorphine

- Shorter nursery stay than methadone
- Causes NAS
- Being abused and sold more and more—patients are given a month supply, unlike daily methadone maintenance

Detox

- Historically not recommended because of fear of neonatal effects, but......
- Poor data from the 70’s
- Can be done in controlled settings (Obstet Gynecol 1998;92:854-8
- High recidivism rate in our experience

Tapering

- A variation on outpatient detox
- Use anti-depressants, sleep aids (ambien), buspar, propranalol
- May work in some borderline cases
- Patients and doctors want to do it
- Frequently doesn’t work and increases no-show rate of patients for follow-up and access to care (Cited by ACOG)

Integration: A Continuum of Care for Substance Use Disorders

- Screening
- Psychoeducation
- Monitoring
- Brief intervention
- Brief treatment
- In-house IOP
- Inpatient Referral
CHS INTEGRATED WOMEN’S CARE

• 2 OBGYNs
• 2 PSYCHOLOGISTS
• PSYCHIATRIST
• CASE WORKER
• 2 DEDICATED NURSES
• DEDICATED PSR
• DEDICATED SPACE WITH SEPARATE WAITING ROOM

New Obstetrical Work-up

• Standard of care extensive history and physical
• Labs including drug screening (now point of care)-patients warned in writing
• Evaluation by psychologist, psychiatrist, and case worker
• Attending to immediate needs
• Return in one week

How it works

• All the providers are there together and discuss each case as it is being evaluated
• Focused mental health and abuse history builds over time
• Agree on management plan before patient leaves office
• Provision of housing, social services, transportation, etc is essential component
Treatment approach

• Treat concurrent mental illness
• Provide ongoing psychologic and psychiatric support
• Use ancillary medications to decrease symptoms
• Refer to methadone clinic and subutex providers in advanced gestational age and severe abuse
• Keep the patients indefinitely after delivery

Obstetrical Care

• Open to any pregnant woman regardless of insurance or referral source (even self-referred)
• We function in a separate “pod” with dedicated waiting room, PSR, and nursing
• Strict confidentiality with CHS “one-strike and you are out” policy
• Patients co-managed and delivered by UT or you if you desire

CHS program

• 74 patients
• Substances
  – Opiates 48
  – THC only 22
  – Cocaine 3
  – Benzos 10

> Polysubstance use included
CHS Results

- NAS: 11
- LTFU: 7
- Home with mom: 47
- Fetal demise: 2
- Major anomaly: 1
- Undelivered: 6

Cherokee Health System’s IOP

- Continuity of Care
  - 8-weeks, 9 hours per week
- Cognitive-Behavioral Treatment
- Motivational Enhancement Therapy
  - Required AA/NA Attendance
  - Required Individual Therapy
  - Relapse Prevention
Conclusions

• The integrated CHS approach is a virtually unique way to treat substance abusers and mentally ill
• We feel the approach is working better than the other treatments—which don’t work at all
• Addiction is a life-long struggle which must be treated long-term

Quitting is not Easy

• Environment of poverty, abuse, despair
• Concurrent mental disorders—depression, personality disorders, even psychosis
• “Use to avoid the pain”
• Life-long dependence similar to alcohol abuse—there are no cures, sobriety as long as possible is the goal

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