Prescription Opioid Use in Mothers: Barriers to Effective Treatment

St. Clair County Prescription Drug Abuse Workgroup

Acknowledgments:

Brandon Fey, Tri-Hospital EMS

Karen Link MA, LPC CAADC, IMPACT/The Center for Human Resources

Michigan Department of Health and Human Services (MDHHS)

St. Clair County Health Department

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Executive Summary

As the use of opioids has risen, NAS has become an increasingly large problem. In St Clair County, we seem to have a disproportionate burden of affected infants despite our relative small size (population 160,000). The long-term side effects of being exposed to opioids prenatally are still being studied but it has been shown that toddlers who have been prenatally exposed are prone to short attention spans and difficulty concentrating. The importance of treatment options cannot be overstated in the case of pregnant mothers; therefore, the St. Clair County Prescription Drug Abuse Workgroup began to analyze what barriers pregnant mothers face when trying to obtain treatment. Focus groups (N=7) recruited any female (N_1=59) between the ages of 18-45 that were pregnant or post-partum within five years and self-reported a history of opioid use. Discussions were then lead by an experienced social worker about the major barriers to receiving treatment, how they were made aware of available resources, how they obtained help, and how we can help them. These questions were asked from the perspective of both themselves and their friends. The focus groups revealed that there is a shared fear of losing their children and a lack of available childcare while in treatment.

Introduction

Neonatal Abstinence Syndrome (NAS) is a group of physical and behavioral symptoms exhibited by newborns that have been exposed to their mother's drug use via the placenta in the womb and/or breast milk while nursing. Long term impacts on development are still being discovered but the social, financial and emotional impacts can be substantial.

Opiate withdrawal syndrome in newborns was first studied in 1975 (Behnke, Smith, Committee on Substance Abuse, & Committee on Fetus and Newborn, 2013). Symptoms of NAS include sweating, irritability, increased muscle tone and activity, feeding problems,

diarrhea, and seizures. Infants with NAS require prolonged hospitalization and treatment with medication. (Behnke et al., 2013)

Concerns about drug use while breastfeeding exist, however the current recommendations state the benefits usually outweigh the risks and breastfeeding should continue. In fact, breastfeeding with supervised methadone use has potential benefit in reducing symptoms of NAS. Long-term effects of NAS include hyperactivity and short attention span during toddler years. Older children who were exposed have shown memory and perception problems. There is insufficient data on language, cognition/executive function, future drug use, and long-term effects on growth. (Behnke et al., 2013)

In St. Clair County, we have observed a disproportionate rate of NAS for several years. St. Clair County has a five year average NAS rate of 1,270.5 per 100,000 live births. This rate is higher than the eight surrounding jurisdictions in Southeast Michigan according to Center for Population Health (2018). Southeast Michigan has a five year average NAS rate of 573.5 per 100,000 live births. In 2016, St. Clair County had a NAS rate of 1586.9 per 100,000 live births compared to Southeast Michigan which had a NAS rate of 647.3 per 100,000 live births. (Center for Population Health, 2018)

From 2004 to 2014, there was an increase from 73.7% to 82.0% in NAS-related births that were covered by Medicaid. (Winkelman, Villapiano, Kozhimannil, Davis, & Patrick, 2018) Since the hospital stay for an infant affected by NAS is nearly three and a half times as long as that of a non-NAS patient, hospital costs are significantly higher. From 2004 to 2014, Medicaid financed a total of $462 million in NAS hospital costs. (Winkelman, et al., 2018)

The St. Clair County Prescription Drug Abuse Workgroup (Rx Workgroup) wanted to determine the barriers that women of child bearing age face when seeking substance use disorder

treatment and medical treatment in St. Clair County through focus group discussions held by trained professionals. Focus groups were planned to start after January 1, 2018 and end by September 30, 2018.

This barrier analysis required using vulnerable populations as research subjects. These populations may have included: mentally compromised persons or persons with decisional impairment, women with reproductive potential, pregnant or lactating women, prisoners, and economically or educationally deprived which prompted an Institutional Review Board (IRB) through Michigan Department of Health and Human Services (MDHHS). IRB approval for the research project was obtained from MDHHS (#201712-01-EA).

The participants were assumed to be representative of the total population of women who used opioids while pregnant in St. Clair County in every facet, including race/ethnicity, age, education, socio-economic status; number of children, overdoses and relapses. The number of participants sampled from the rural areas of the county proved to be a limitation of the analysis. Most participants were recruited from the urban region or from a substance use disorder treatment facility. Stigma associated with substance use from the community and/or healthcare providers may have discouraged participants from participating.

Methodology

Inclusion criteria: Female, ages 18 – 45, pregnant or post-partum within five years with a self-reported history of opioid use. Focus groups were planned at different locations throughout the county. As an incentive, each participant would receive a $50 CVS Select gift card. Recruitment means included: social media, flyers posted at locations where the target population may be found (community centers, treatment centers, food banks, etc.), and word of mouth. Because of difficulty recruiting women specifically from St. Clair County, participants who met

the inclusion criteria from other counties were accepted. Registration was required if childcare was needed; if childcare was not needed the participants did not need to register before the focus group.

At the beginning of each focus group, the trained facilitator and support staff introduced themselves with the intent of making the participants feel comfortable. Tools for positive coping were provided; these included stress balls, bendy sticks, etc. Informed consent was read by staff after which participants were asked to initial and date an acknowledgement and provide their zip code and age.

Focus group questions were asked in this order:

1. We are trying to identify what barriers women with small children or women that are pregnant face with receiving treatment. What do you believe is the most significant barrier that your pregnant friends and the mothers you know have to receiving Substance use treatment?
    a. What barriers have you faced as a mother receiving substance use treatment?
    b. How were you made aware of the services you received for substance use treatment?
2. What do you believe is the most significant barrier that your friends and the people you know have to receiving medical treatment? (Medical treatment- primary care, OB/GYN care)
    a. What barriers have you faced when trying to receive medical treatment?
    b. How were you made aware of the services you received for medical treatment?
3. What can we do to help reduce these barriers?
4. How did you get help?

5. How did you find out about the services that you used?

During the discussion, there were two scribes recording generalized answers. At the end of each session, the facilitator would make sure that everyone felt comfortable and was in a stable mental state as some of the discussion may have triggered negative memories or emotions. After participants left, the staff discussed the outcomes of each group.

Eight focus groups were held from April 11, 2018 to September 15, 2018. One focus group was eliminated as there was only one participant present during the course of the entire session. A total of seven focus groups and a total of 59 people were used for analyzing our findings. Responses were categorized into response categories. The focus groups were then tallied to determine how many focus groups responded to the same response category.

What do you believe is the most significant barrier that your pregnant friends and mothers you know have to receiving substance abuse treatment?	
Responses:	**% Reporting Barrier**
Fear of losing child	71%
Childcare service	71%
Treatment resource	57%
Methadone treatment options	57%
Stigma from the community	57%

What do you believe is the most significant barrier that your friends and the people you know have to receiving medical treatment?	
Responses:	**% Reporting Barrier**
Finances	86%
Stigma from treatment providers	71%
Transportation	57%
Treatment availability	43%

What barriers have you faced as a mother receiving substance use treatment?	
Responses:	**% Reporting Barrier**
Childcare service	71%
Housing concerns	57%
Transportation	43%
Treatment resource	43%
Treatment availability	43%
Stigma from community	43%
Finances	43%

How were you made aware of the services you received for substance use treatment?	
Responses:	**% Reporting referral**
Medical Community	86%
Friends and Family	71%
Internet	71%
Access Line/Crisis Center	57%

What barriers have you faced when trying to receive medical treatment?	
Responses:	**% Reporting Barrier**
Stigma from treatment providers	86%
Treatment resource	43%
Treatment availability	43%
Finances	43%

What can we do to help reduce barriers?	
Responses:	**% reporting ways to reduce barriers**
Promotions/Education	100%
More treatment options	57%
Provider education on addiction	57%
Treatment availability	57%

How did you get help?	
Responses:	**% Reporting Referrals**
Medical Community	86%
Substance Use facility	71%
Access Line/Crisis Center	57%
Court System	43%

How did you find out about the services that you used?	
Responses:	**% reporting ways to reduce barriers**
Medical Community	86%
Friends and Family	71%
Recovery Coaches/Counselors/Therapists	71%
Access Line/Crisis Center	57%

The common barrier in many of the answers is children; the lack of childcare resources available along with the fear of losing their child while in treatment. Many mothers were unable to attend treatment centers because there were no available childcare services in the area or that they could afford. It is also important to notice how many individuals found out about treatment services through the medical community even though one of their main barriers to receiving medical care was the stigma from treatment providers.

Conclusion:

Many mothers do not go into rehabilitation because they fear separation from their children. Even if they chose to go into rehabilitation there are little to no childcare resources available. In many cases, treatment and support groups are held at inopportune hours for mothers and many cannot afford to pay for a reliable childcare worker. It is important to note that many mothers seeking treatment find most of their information from medical facilities. At the same time, stigma from medical professionals hinders the path to rehabilitation. The focus group discussions revealed the importance of continued education for stigma reduction and the

promotion of available treatment resources in order to reduce barriers that mothers face when trying to receive treatment.

Future Studies:

Further exploration into available treatment options should be conducted. Many mothers are searching for alternative treatment options and further analysis of what is most successful for different mothers should be explored. Additional studies on provider stigma and the reasoning behind it will allow researchers to better understand the root cause and hopefully lead to decreasing the overall barriers mothers face when trying to receive medical treatment.

References

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