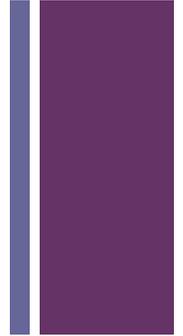


Awareness and Interventions in Opiate Use during Pregnancy

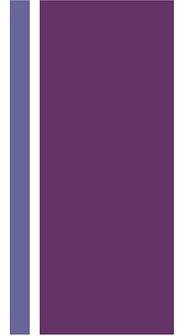
Dr. Lindy Jones, MD
Kirsten Jorgensen, MS2

+ Who uses Opiates?



- There is no one set picture of a person who uses opiates.
- Opiates are prescribed as pain management medications for a variety of medical conditions including, but not limited to: post-surgery, post-dental work, joint pain, etc.
- Opiates can be addictive, and people on long-term opiates may experience symptoms of withdrawal when they stop taking medication.
- Opiates can also be abused or come in street-versions such as heroin.

+ Illegal Opiate Use in Juneau



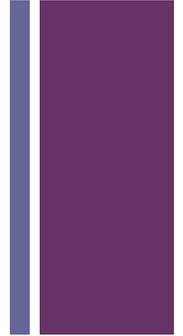
■ OxyContin

- Prescription pain-killer.
- Grew in popularity in early 2000s. Practitioners greatly reduced the number of prescribed painkillers. Appears to be gaining traction again, per JPD seizure of more pills in 2013 than at peak in 2010-2011.

■ Heroin

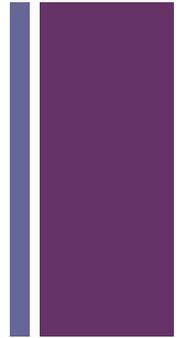
- Often injected but can be used in a variety of ways.
- Low in popularity until 2012 when it became more affordable.
- As OxyContin became more expensive, some turned to heroin.

+ Pregnancy and Opiates



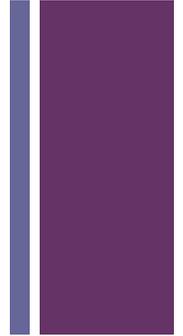
- Opiate use in pregnancy can lead to
 - Increased risk of use of other drugs that have teratogenic effects
 - Poor social choices—other substance use, alcohol abuse, staying in abusive relationships, losing custody
 - Neonatal Abstinence Syndrome (NAS)
 - Ranges from minor withdrawal symptoms to seizures
 - Learning disabilities for child later in life (potentially, not well-researched)
- Opiates in pregnancy are *manageable* under the right conditions
- Opiates and poly-substance abuse
 - A common problem among substance abusers; potential future conversation as there are no management options for non-opiates/benzodiazepines.

+ What can be done medically



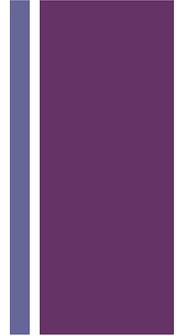
- Medically manage opiate use
 - Subutex—safe for use in pregnancy
 - Suboxone—unsafe in pregnancy, but a good long-term option
- What this means:
 - Regular clinic visits
 - Establishing a relationship with a provider
 - Positive choices
 - Regular drug tests
 - Motivation to stay clean for child
 - Better perinatal outcomes

+ Limits to medical treatment



- Subutex street value
 - Unfortunately can be sold on black market
 - Partners using/taking it
- Minimal contact
 - Once per week or every two week appointments doesn't allow much face time
- Currently no requirements to work with community services

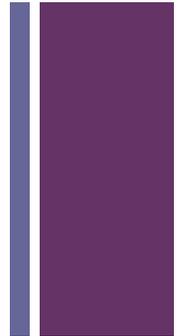
+ Social and Community Services Involvement

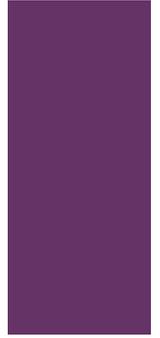


- Allows for more contact with woman suffering from addiction
- Creates opportunities for positive role modeling and life choices
- Increases number of times per week she is held accountable for being somewhere
- Allow for longer-term commitments—through birth of child and beyond

+ Moving Forward

- Invite more community partners to have another discussion
- Create referral sheets—both from social services to medical and vice versa
- Utilize each others' services! Ensure that women who become involved in one program are supported in an effort to involve them in as many as possible
- Change the mindset from blaming to harm-reduction and acceptance with options for support and, in some cases, treatment
- Create contracts with patients in the medical system to be in a management program contingent upon attendance and participation in other social service programming





Thank you!