SEEK Webinar: Supporting Families Impacted by Addiction in Primary Care Pediatrics

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she/her/hers

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Nothing to disclose

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Objectives

- Review neurological underpinnings of addiction
- Describe approaches to screening + diagnostic criteria for SUD, SBIRT, and motivational interviewing
- Focus on OUD given opioid crisis:
  - MOUD pharmacology
  - MOUD efficacy
  - Post-natal consideration: NOWS, breastfeeding, etc
- Outline components of the AAP "Recovery-Friendly" Practice

NATIONAL RECOVERY MONTH
HOPE IS REAL. RECOVERY IS REAL.

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Patterns of Substance Use

Substance: caffeine, nicotine, alcohol, stimulants, opioids, cannabinoids, etc

Use

Misuse

Substance Use Disorder

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Substance Use Disorder (DSM-5)

Mild: 2-3 / Moderate 4-5 / Severe 6+ criteria

A problematic pattern of substance use leading to clinically significant impairment or distress

- Tolerance (need more of the substance to get same effect)
- Withdrawal
- Cravings or strong desire to use
- Often taken in larger amounts or over a longer period than intended
- Inability to cut down or control use despite desire to do so
- Considerable time spent using/obtaining/recovering from use
- Important activities given up/reduced
- Failure to fulfill role obligations
- Recurrent use despite persistent, related social or interpersonal problems
- Recurrent use in physically hazardous situations
- Continued use despite knowledge of negative consequences

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Categories of Symptoms

CATEGORIES OF SUD SYMPTOMS	Symptoms of substance use disorders in the DSM 5 fall into four categories: 1) impaired control; 2) social problems; 3) risky use, and 4) physical dependence.		
Impaired Control	**Social Problems**	**Risky Use**	**Physical Dependence**
Using more of a substance or more often than intended Wanting to cut down or stop using but not being able to	Neglecting responsibilities and relationships Giving up activities they used to care about because of their substance use Inability to complete tasks at home, school or work	Using in risky settings Continued use despite known problems	Needing more of the substance to get the same effect (tolerance) Having withdrawal symptoms when a substance isn't used

DSM-5 Criteria for Addiction Simplified (addictionpolicy.org)

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Physical Dependence vs Substance Use Disorder

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What is Addiction?

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry (ASAM)

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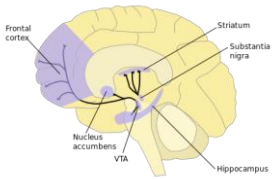
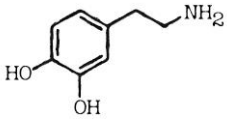
Neurobiological underpinnings of Addiction





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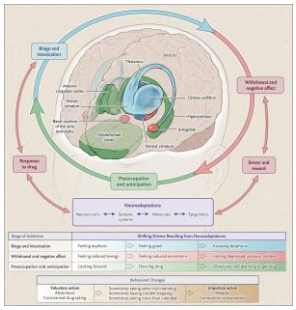

1. Binge & intoxication
2. Withdrawal & negative affect
3. Preoccupation & anticipation

Neurobiologic Advances from the Brain Disease Model of Addiction | NEJM

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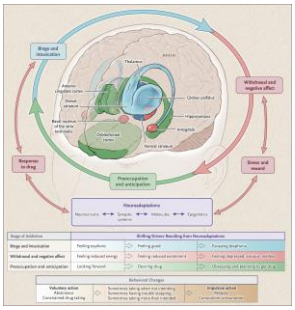

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Neurobiologic Advances from the Brain Disease Model of Addiction | NEJM

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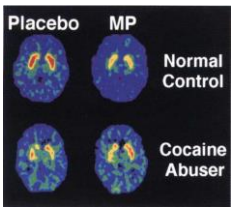
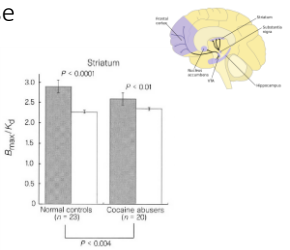
Decreases in Striatal Dopamine Release Occur with Chronic Cocaine Use





Decreased striatal dopaminergic responsiveness in detoxified cocaine-dependent subjects | Nature (Volkow et al, 1997)

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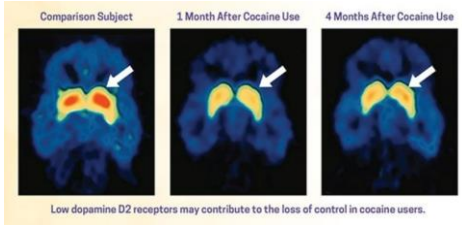
Brain Changes: Decrease in Dopamine Receptors Persists in Recovery



Drug Misuse and Addiction | National Institute on Drug Abuse (NIDA) (nih.gov) (from Volkow et al 1993)

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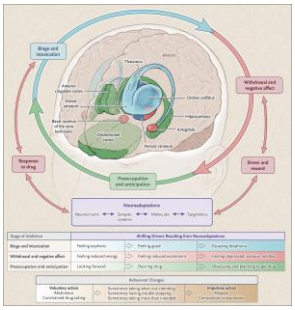

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Neurobiologic Advances from the Brain Disease Model of Addiction | NEJM

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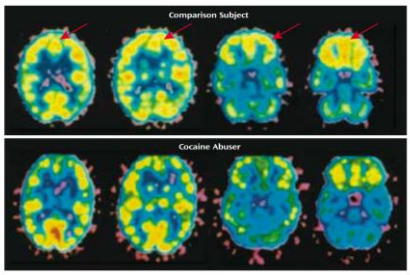
Lower Relative Glucose Metabolism in the Prefrontal Cortex and Anterior Cingulate Gyrus of a Cocaine Abuser Than in a Normal Comparison Subject



- ↓decision making & self regulation →
- ↓ability to resist urge to return to drug use

Drug Addiction and Its Underlying Neurobiological Basis: Neuroimaging Evidence for the Involvement of the Frontal Cortex (psychiatryonline.org)

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Why address parental addiction in pediatric practice?

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Screening

U.S. Preventive Services TASK FORCE

Recommendation Summary

Population	Recommendation	Grade
Adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B

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Evidence-based Screening Tools

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screens						
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	

Screening and Assessment Tools Chart | National Institute on Drug Abuse (NIDA) (nih.gov)

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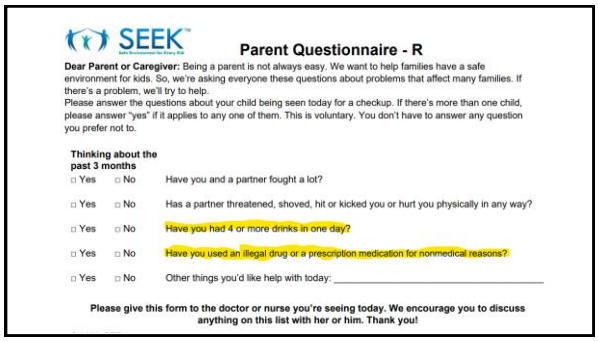

SEEK

Parent Questionnaire - R

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions about problems that affect many families. If there's a problem, we'll try to help.
Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Thinking about the past 3 months

□ Yes	□ No	Have you and a partner fought a lot?
□ Yes	□ No	Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?
□ Yes	□ No	Have you had 4 or more drinks in one day?
□ Yes	□ No	Have you used an illegal drug or a prescription medication for nonmedical reasons?
□ Yes	□ No	Other things you'd like help with today: _____

Please give this form to the doctor or nurse you're seeing today. We encourage you to discuss anything on this list with her or him. Thank you!

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SBIRT

Screening

Brief Intervention

Referral for Treatment

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Motivational Interviewing

"a **collaborative** goal-oriented style of communication with particular attention to the **language of change**. It is designed to strengthen personal **motivation** for and **commitment** to a specific goal by **eliciting and exploring the person's own reasons for change** within an **atmosphere of acceptance**." (Miller and Rollnick)

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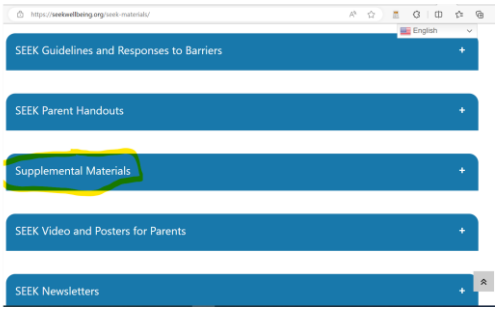

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Cultivating an Atmosphere of Acceptance

- Asking Permission
- Give the option of not answering
  - Address confidentiality concerns up front
- Normalizing
- Transparency

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The Language of Change

- Focus on ambivalence and change
- Most people who need to make a change are ambivalent.
- When they talk about change they have a mix of two kinds of talk.
  - ***Change talk*** - arguments **for** change
  - ***Sustain Talk*** - arguments for **not** changing

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Tips for Using Motivational Interviewing Core Skills

- Be respectful and curious
- Avoid the "fixing" or "righting reflex"
- Avoid arguing – roll with resistance
  - Use reflections
    - Straight reflection
    - Double sided
  - Develop discrepancy (plant seeds)

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Maternal-Infant Health and Opioid Use
A Program of the American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recovery-friendly Pediatric Care

- Patient-& Family-centered medical home model
- 8 touchpoints in the first post-partum year

Course: Recovery-Friendly Care for Families Affected by Opioid Use Disorder (aap.org)

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Maternal-Infant Health and Opioid Use
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Recovery-friendly Pediatric Care

Components:

- Strength-based, Family-centered
- Stigma Reduction
- Dyadic Approach
- Community Collaboration

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Recovery-friendly Pediatric Care: Strength-based, Family-centered

- Prioritize building a therapeutic alliance and continuity of care
- Open, nonjudgmental communication
- Build parental confidence by celebrating small (and large!) victories & milestones
- Highlight parent's strengths; praise parenting skills
- Work with families to establish health and recovery goals.

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Recovery-friendly Pediatric Care: Stigma Reduction

- Provide staff education and training about SUD as a chronic medical condition
- Practice trauma-informed care
- Use non-stigmatizing language

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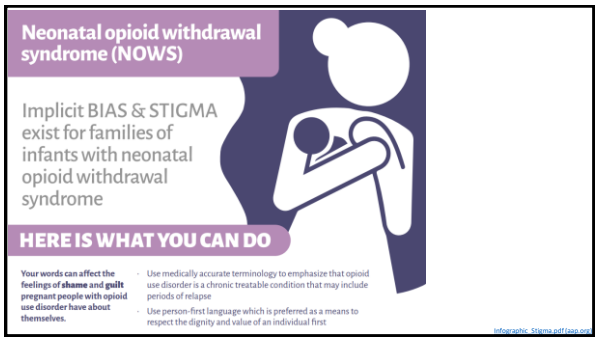

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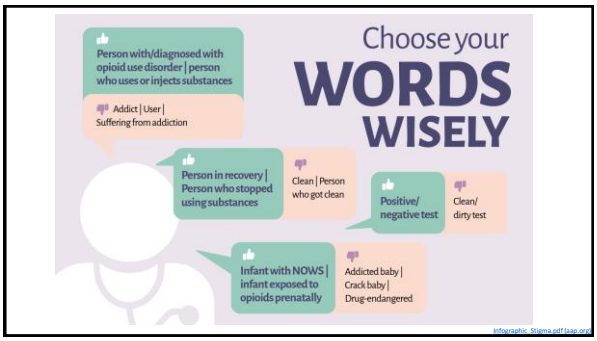

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Recovery-friendly Pediatric Care: Dyadic Approach

- Encourage parents to care for their own well-being
- Maternal screenings and referrals (eg Edinburgh Postnatal Depression Scale, SEEK PQ-R, etc.)
- Basic familiarity with addiction treatment and local landscape
- Pediatric subspecialist for referrals as indicated (pediatric ID, DBP, etc); enhanced developmental surveillance; Early Intervention
- Parenting supports (eg peer recovery, lactation support, home visiting program referrals)

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Plan of Safe Care (POSC)

- States required to create & implement policies to support birth parents and infants exposed to substances prenatally, including POSC – *an individualized plan for birthing parent & their infant*
- Emerges from federal legislation (Child Abuse and Prevention Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act (CARA)
  - "The CAPTA specifically states that a POSC is not a definitive finding of child abuse and neglect"
  - "However, states retain ultimate legal authority to define substance use during pregnancy as a form of abuse/neglect"

Substance Use During Pregnancy | Guttmacher Institute → resource on state laws

Substance_Use_and_POSC_Fact_Sheet.pdf (aap.org)

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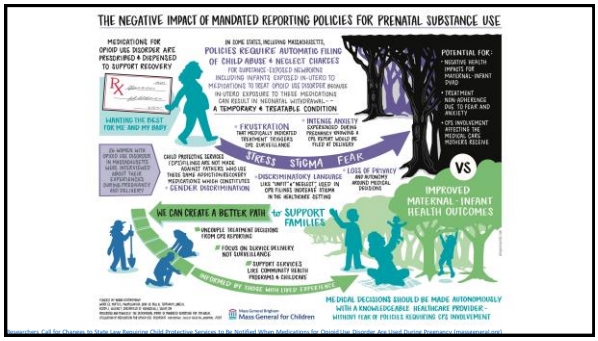

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JAMA Pediatrics | Original Investigation

Association of State Child Abuse Policies and Mandated Reporting Policies With Prenatal and Postpartum Care Among Women Who Engaged in Substance Use During Pregnancy

Anna E. Austin, PhD; Rebecca B. Naumann, PhD; Elizabeth Simmons, MPH

CONCLUSIONS AND RELEVANCE The results indicate that state child abuse policies and mandated reporting policies are associated with reduced receipt of prenatal and postpartum care among women who engage in substance use during pregnancy.

JAMA Pediatr. 2022;176(11):1123-1130. doi:10.1001/jamapediatrics.2022.3396

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Legal Landscape: Children Exposed to Parental Substance Use

- Civil and criminal laws vary by state and by drug-related activity
  State Statutes Search - Child Welfare Information Gateway
- Know and follow *your* state laws
- Be mindful of bias and disproportionality; take steps to mitigate implicit bias
- Not all episodes of substance use (or misuse) are child maltreatment, neglect, or abuse
- Relapse is part of recovery
- When a CPS report is required, be transparent and direct with family re: mandated reporting, outline supports available

Parental Substance Use as Child Abuse (childwelfare.gov) (HHS brief)
Smith VC, Wilson CR, AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION. Families Affected by Parental Substance Use. Pediatrics. 2016;138(2):e20161577

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Parental Health Screening

Review & support POSC components pertinent to birth parent

- Post-partum visits
  - BP check
  - Contraceptive management
- PPD/PPA screening
- IPV screening
- Parental fatigue
  - Conversation re: sleep, feeding, supports, & NOWS management, if pertinent
  - Methadone or buprenorphine dosing considerations
  - Opportunity to discuss safe sleep plan

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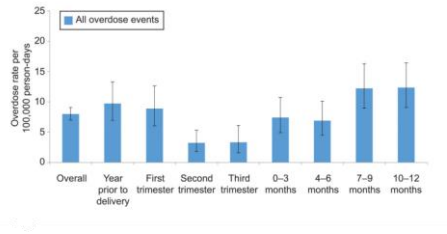
Peripartum Opioid Overdoses



Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts (Obstet Gynecol) (Schiff et al 2021)

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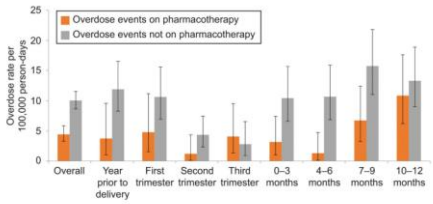
MOUD Impact on Peripartum Opioid Overdoses



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Postnatal considerations for baby

NOWS	HIV	HCV
• Dysregulation of neuromodulation • May have hyperphagia, impacting sleep/wake cycle • Nonpharmacologic tx: skin to skin, swaddling, quiet environment, etc	• If positive – specialized antiretroviral regimen and monitoring	• May be vertically transmitted • HCV RNA test at 2-6 months • HCV Ab rflx to RNA at 18 months

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	Breastfeeding implications
Buprenorphine	Encouraged
Methadone	Encouraged
Vivitrol (naltrexone)	Scant data
Hepatitis C	Encouraged; abstain if nipples cracked/bleeding
HIV	Historically advised exclusive formula feeding; shift to shared decision making; exclusive breastfeeding>mixed feeding

Breastfeeding Considerations

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Recovery-friendly Pediatric Care: Community Collaboration

- POSC implementation
- Supporting parent in connecting to addiction medicine services, including MOUD, therapy, mutual help (peer support) groups
- Multiparty consents to facilitate multi-D team communication (eg Early Intervention monitoring, home visiting service)
- Community-based resource mapping/referrals/warm hand-offs: transportation, nutrition (SNAP, WIC), professional development, supplies (safe sleep, car seats)

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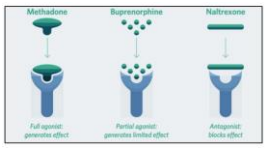
Medication for Opioid Use Disorder (MOUD)

Maintenance
- Full agonist: methadone
- Partial agonist: buprenorphine (+/-naloxone)
- Antagonist: naltrexone

Withdrawal management/ "detox"
- "Comfort meds" +/- some opioid agonist agent with rapid taper



diversion_brief_7_20.pdf (wayne.edu)

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Methadone

- Prevents/treats withdrawal symptoms
- Blocks euphoric effect of opioids
- Reduces illicit opioid use
- Risk of overdose
- Long half-life→ once a day dosing
- Highly regulated: OTP setting

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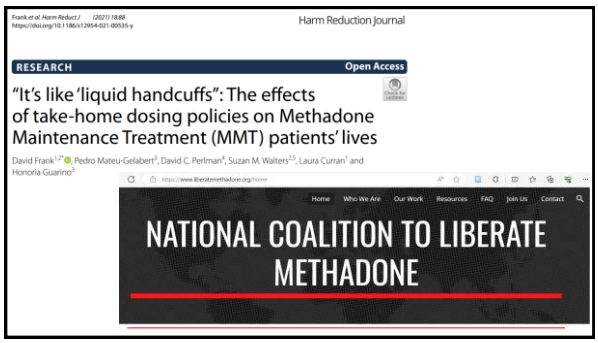

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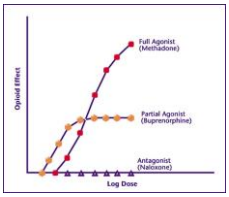
Buprenorphine Basics

Partial agonist at mu opioid receptor
- **Partial agonism** → clinically desirable
  - Lower physical dependence
  - Lower abuse potential
  - Greater safety profile
  - *Ceiling effect* at higher doses
- Very **high affinity** at mu receptor: will displace morphine, methadone, other full agonists
- **Low intrinsic activity** at mu receptor → agonist effects reach a max/DO NOT increase linearly with increasing doses



Buprenorphine Education: Technical explanation of Buprenorphine mu receptor, affinity of agonist and antagonist (naabt.org)

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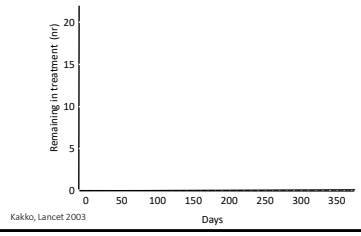
Treatment Retention: Bup-assisted Detox vs. Maintenance



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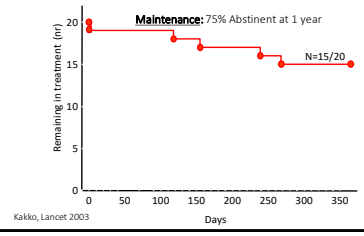
Treatment Retention: Bup-assisted detox vs. Maintenance



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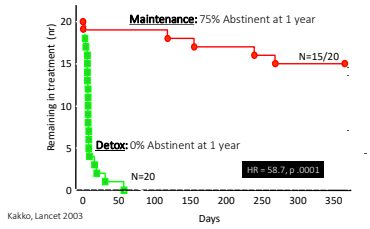

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MOUD during Pregnancy

- Decreases cravings and drug use → benefit to pregnant person and fetus (stabilized intrauterine environment)
  - Detox during pregnancy is discouraged

- Decreases prematurity and low birth weight

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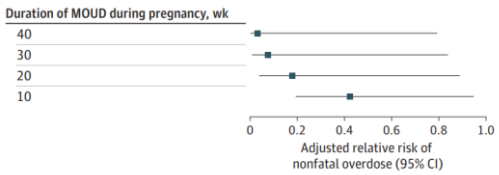
Reduction of Overdose Risk with MOUD During Pregnancy



Association of Duration of Methadone or Buprenorphine Use During Pregnancy With Risk of Nonfatal Drug Overdose Among Pregnant Persons With Opioid Use Disorder in the US | Pregnancy | JAMA Network Open | JAMA Network (Jarlenski et al 2022)

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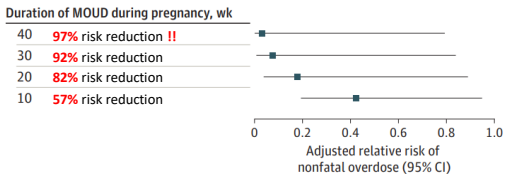
Reduction of Overdose Risk with MOUD During Pregnancy



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A few pearls re: discussing treatment with parents

- MOUD regulatory environment → treatment setting
- Stigma & desire to "detox"
- Experiencing cravings?
- Identified triggers?
  - Changing "people, places and things"
- Mutual help meetings
  - NA, AA: home groups, sponsor, working the steps; sometimes look down on medication; AlAnon and NarAnon for family members
  - Secular alternatives: SMART recovery, LifeRing, Women For Sobriety (WFS)
- Relapse as part of recovery
  - Relapse prevention plan

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- SUD is a challenging, but treatable, chronic medical condition, and recovery is possible!
- Supporting family members on the path to recovery is an important intervention for the health of the child
- Pediatric healthcare professionals can expand skills and attitudes they *already have* to create a Recovery-Friendly practice environment

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Thank you!

Questions?

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Some Resources

- Parent Infant Dyad Community Resource Mapping (aap.org)
- Handout #1 Recovery-friendly Pediatric Care (aap.org)
- Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants (samhsa.gov)
- A Collaborative Approach to the Treatment of Pregnant Women wiht Opioid Use Disorders (hhs.gov)
- AAP Policies Related to Substance Use
- Course: Recovery-Friendly Care for Families Affected by Opioid Use Disorder (aap.org)

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