

Opiates in Pregnancy

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Drug Abuse during Pregnancy

- It is a HUGE problem

Drug Abuse during Pregnancy

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- You can't save everyone

Drug Abuse during Pregnancy

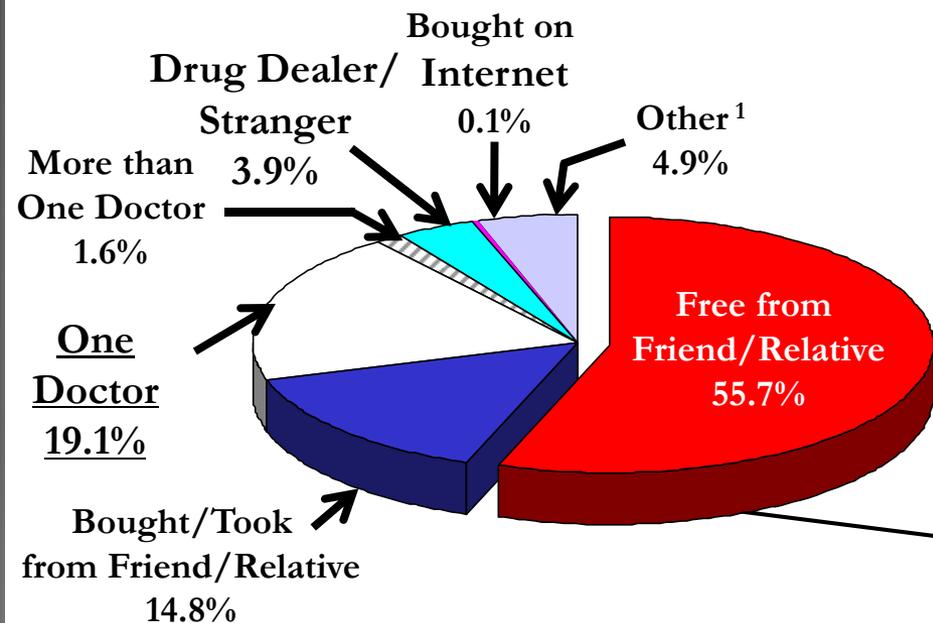
- It is a HUGE problem
- You can't save everyone
- Abstinence doesn't work

Drug Abuse during Pregnancy

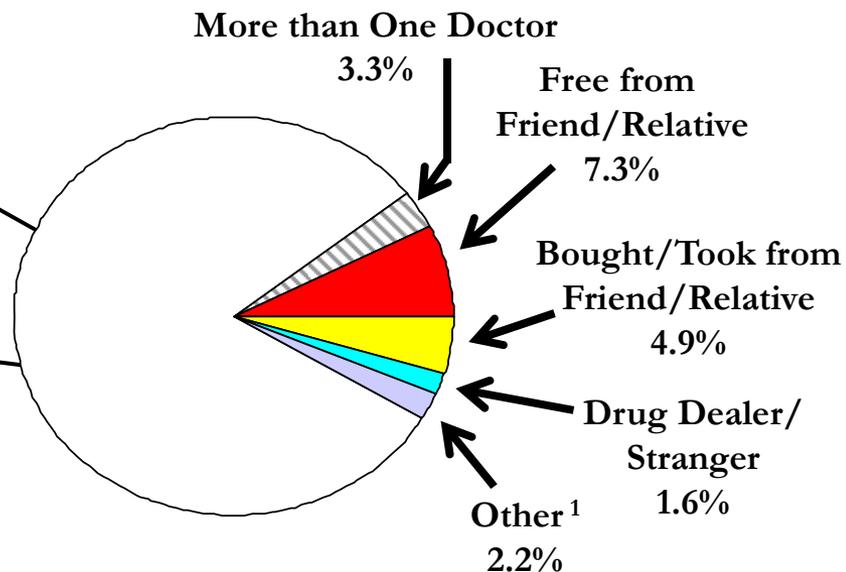
- It is a HUGE problem
- You can't save everyone
- Abstinence doesn't work
- Subutex is not a cure but a tool

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older (NSDUH 2006)

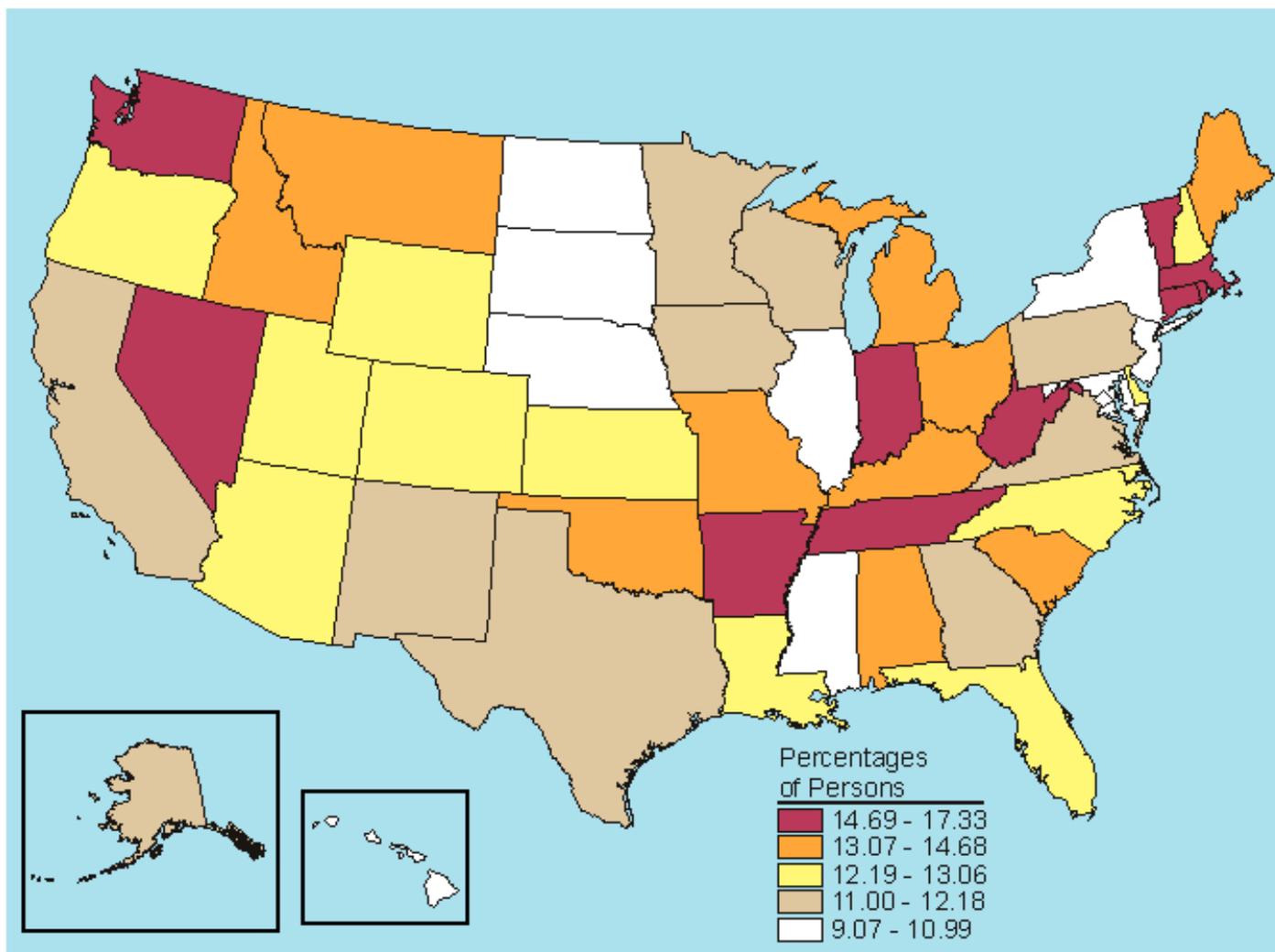
Source Where Respondent Obtained



Source Where Friend/Relative Obtained

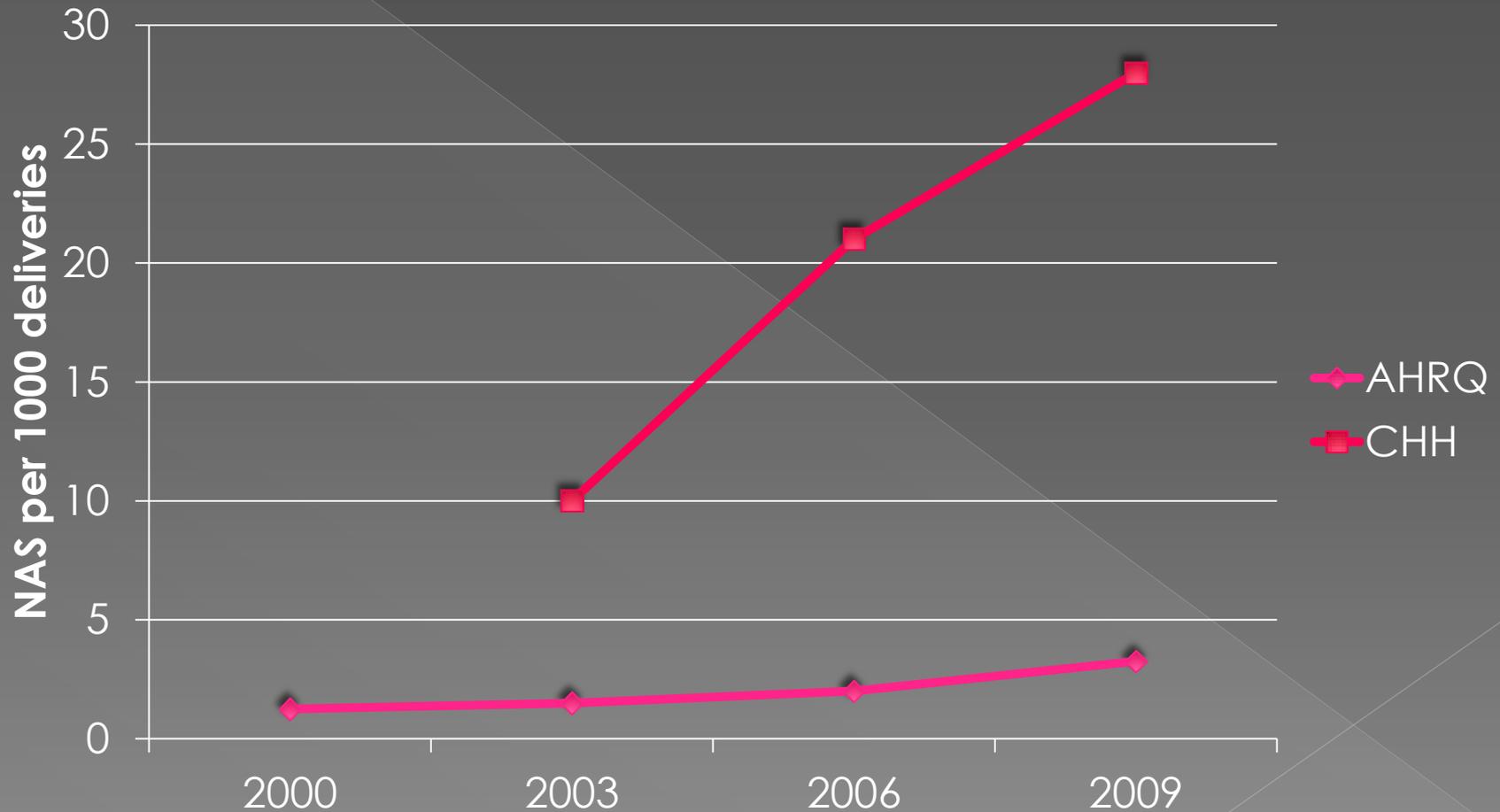


Non-medical use of pain relievers, age 18-26, 2005-2006

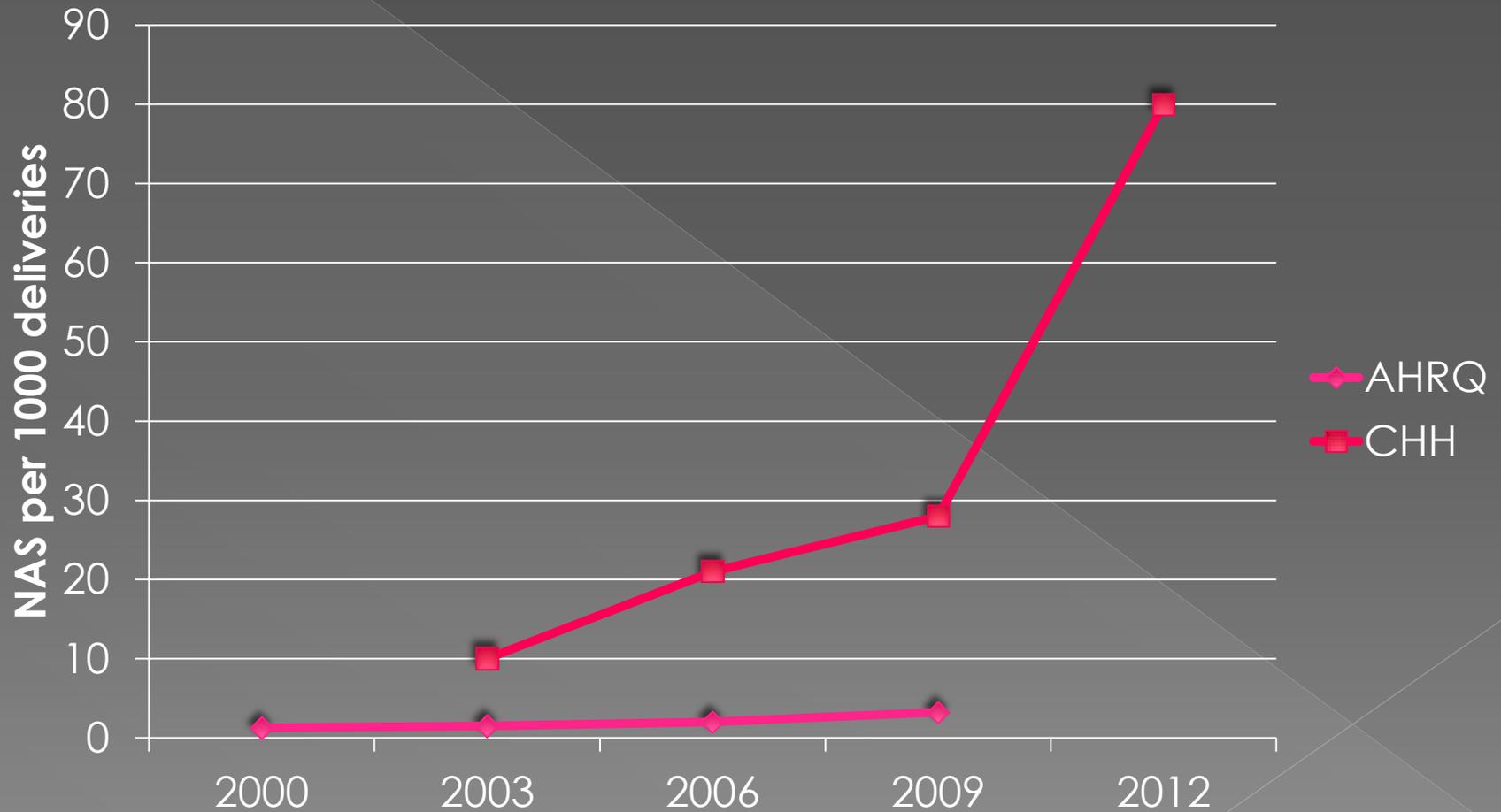


Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006

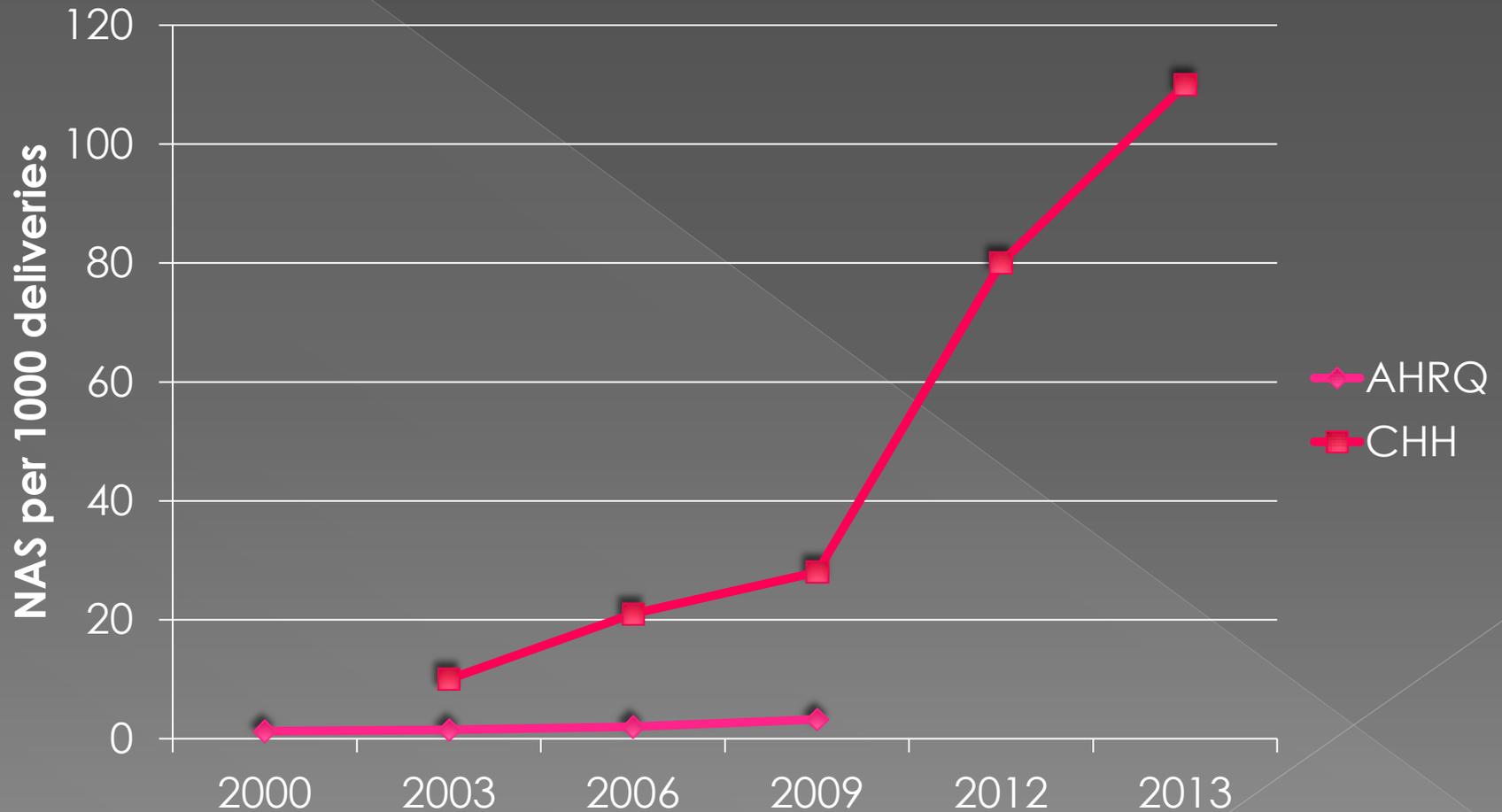
They don't know us and why we were forced to act



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Opiate abuse is the single most common pregnancy comorbidity

Addiction as a chronic disease

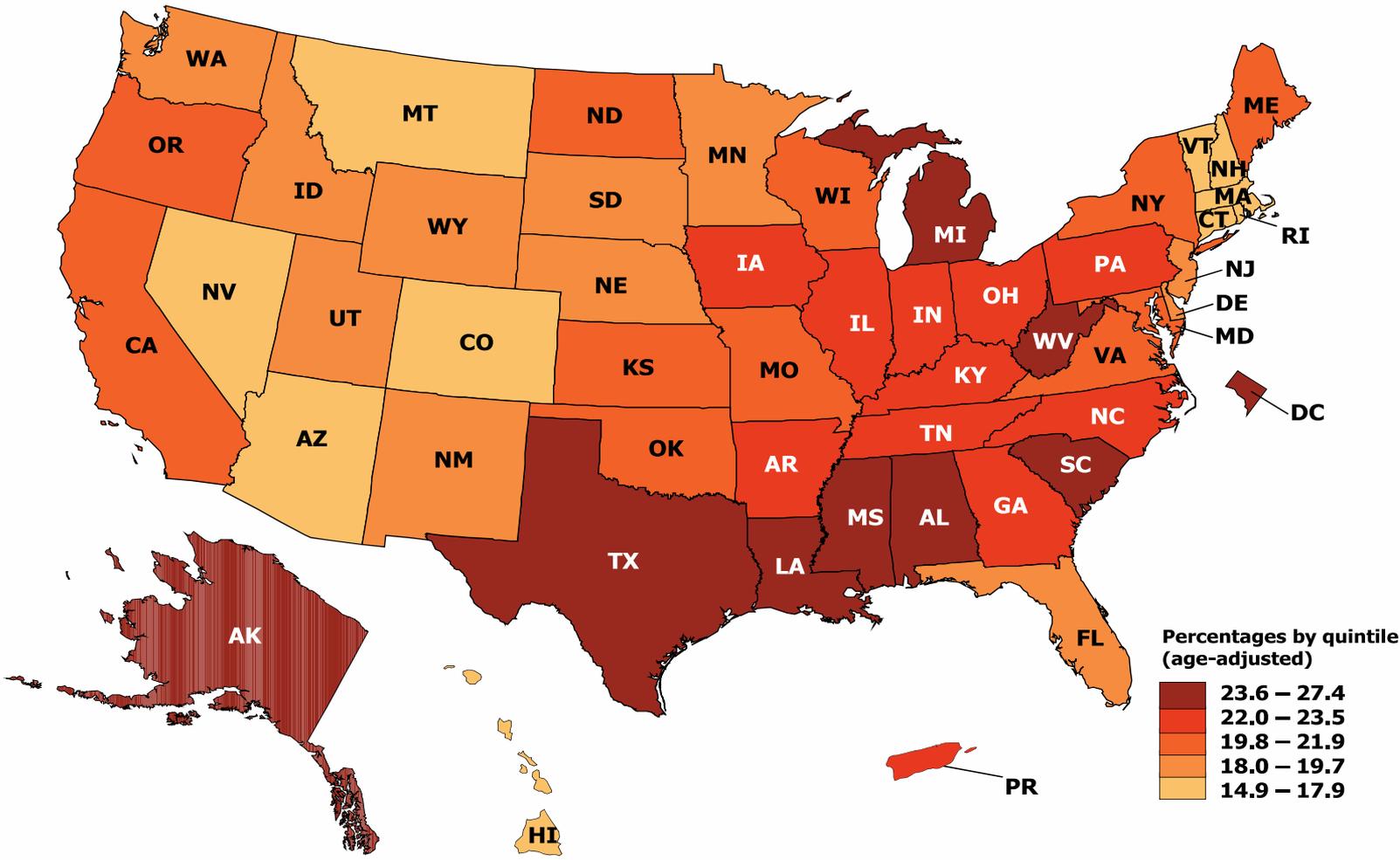
- Chronic relapsing condition which untreated may lead to severe complications and death

Addiction as a chronic disease

- ◉ Chronic relapsing condition which untreated may lead to severe complications and death
- ◉ Treatable but not curable

Percentages of women aged 20 and older who are obese by State, 2000 – 2002

21



Addiction as a chronic disease

- ◉ Retention in treatment is key
- ◉ Behavioral changes are needed
- ◉ Adherence is around 30% (similar to asthma, hypertension and diabetes)

Medication assisted treatment (MAT) for addiction during pregnancy

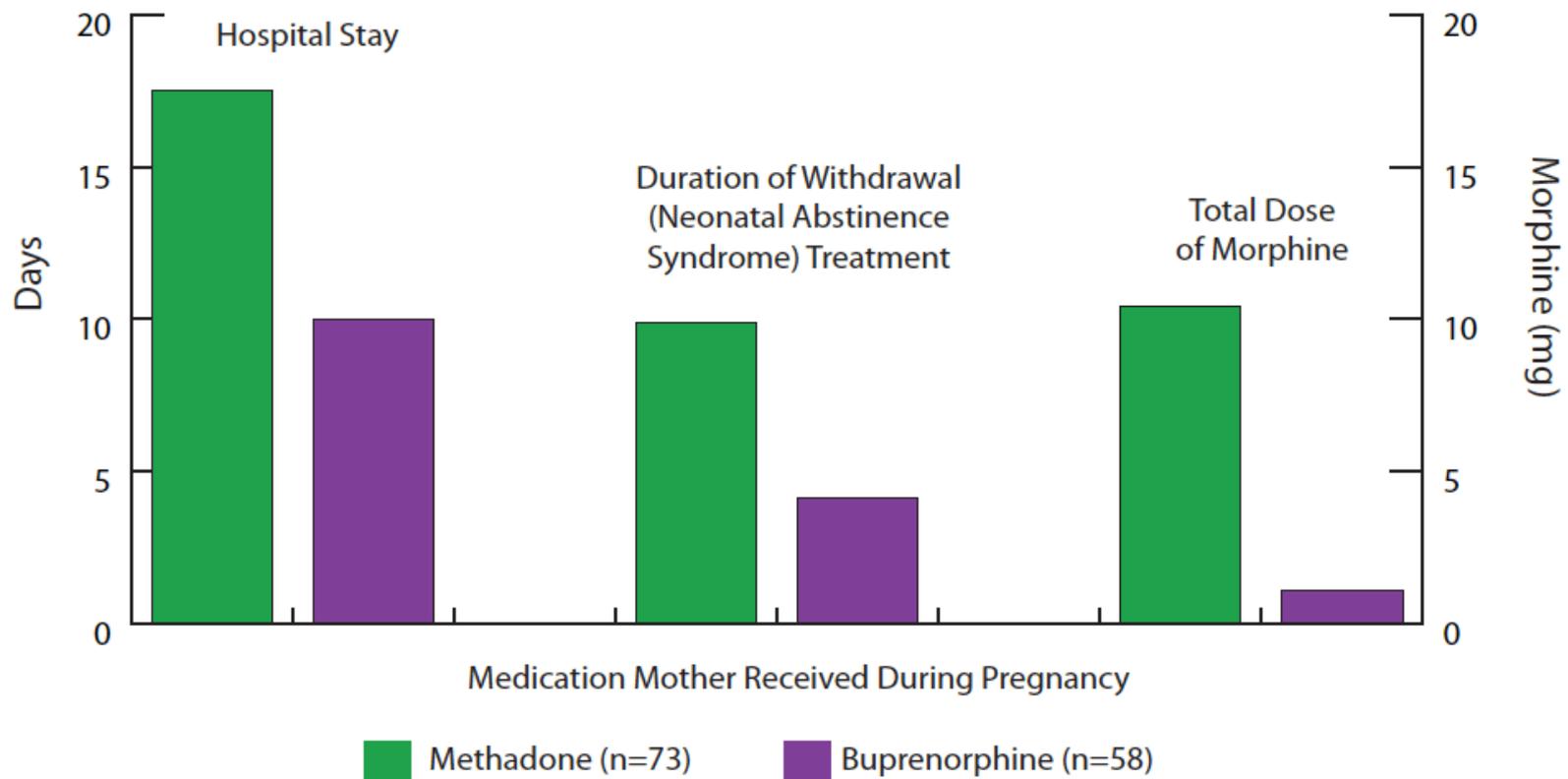
- Relapse is main issue
- Methadone maintenance is current treatment of choice for opiate addicted pregnant women

Why we started a Subutex program

- Maternal Opioid Treatment: Human Experimental Research (MOTHER Trial)

Mother Trial

Mothers' Buprenorphine Treatment During Pregnancy Benefits Infants



Maternal Addiction and Recovery Center (MARC)

- Open enrollment
- Weekly group therapy by addictions counselor
- Individual therapy monthly or more often if needed
- Twice weekly NA or AA meetings
- Random urine AND blood drug screens

Maternal Addiction and Recovery Center (MARC)

- Combined OB and addiction treatment
- Patients integrated into clinic population
- Sobriety is key: no THC (follow quantitative urine screens)
- Nursing involvement

Maternal Addiction and Recovery Center (MARC)

- 192 patients converted to buprenorphine

Maternal Addiction and Recovery Center (MARC)

- 192 patients converted to buprenorphine
- 36% failed to make initial counseling appointment
 - > Preexisting methadone use
 - > Otherwise, no common theme

Maternal Addiction and Recovery Center (MARC)

- 192 patients converted to buprenorphine
- 36% failed to make initial counseling appointment
- Of patients making at least one appointment, 20% have been discharged
 - > Non-compliance
 - > Relapses (after stabilization)

Maternal Addiction and Recovery Center (MARC)

- 52 Women have delivered

Maternal Addiction and Recovery Center (MARC)

● 52 Women have delivered

> Good News

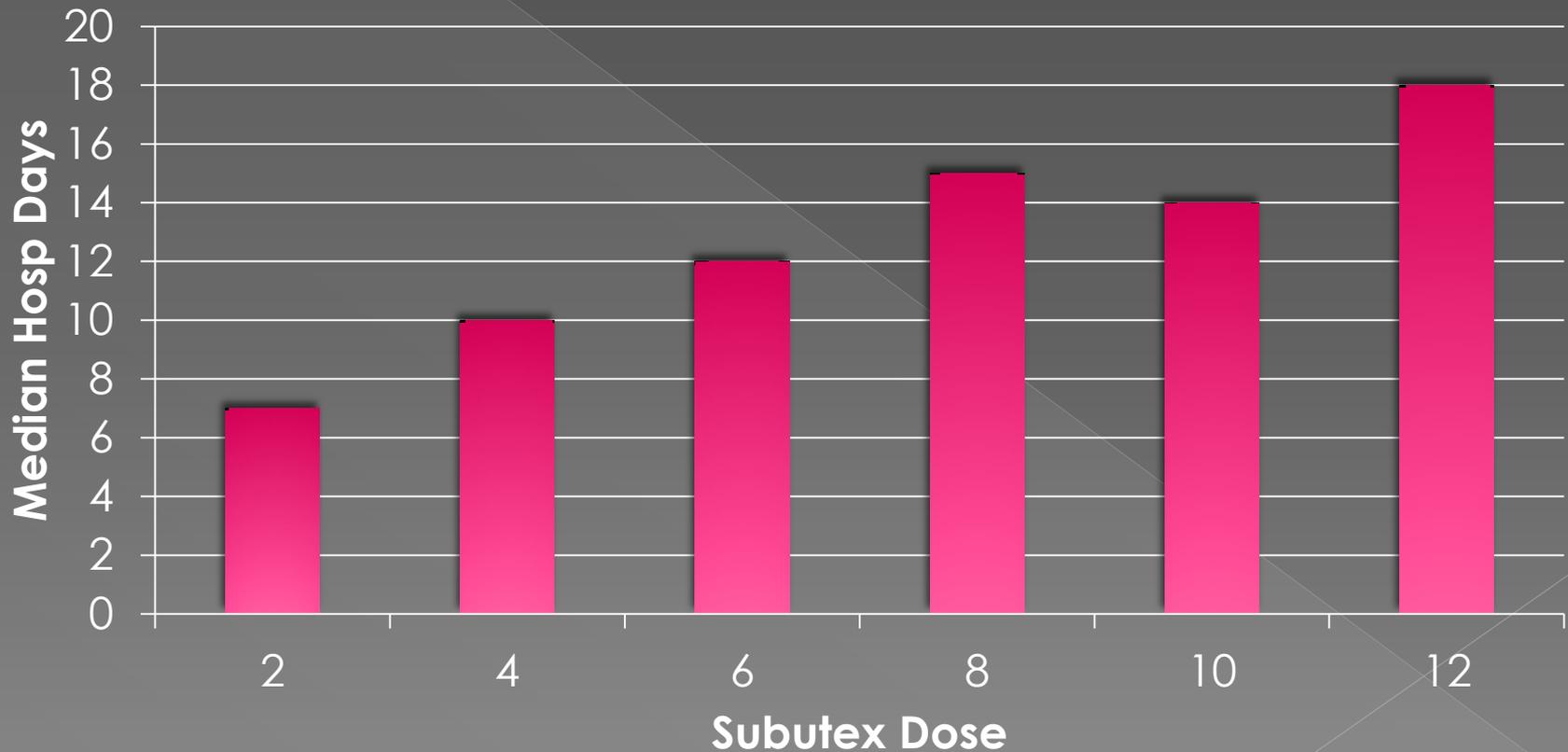
- Median EGA 39 weeks, 90% > 35 weeks
- Mean birthweight 2900 grams
- 25% did not require methadone treatment
- Median hospital stay 6.3 days for infants not requiring treatment

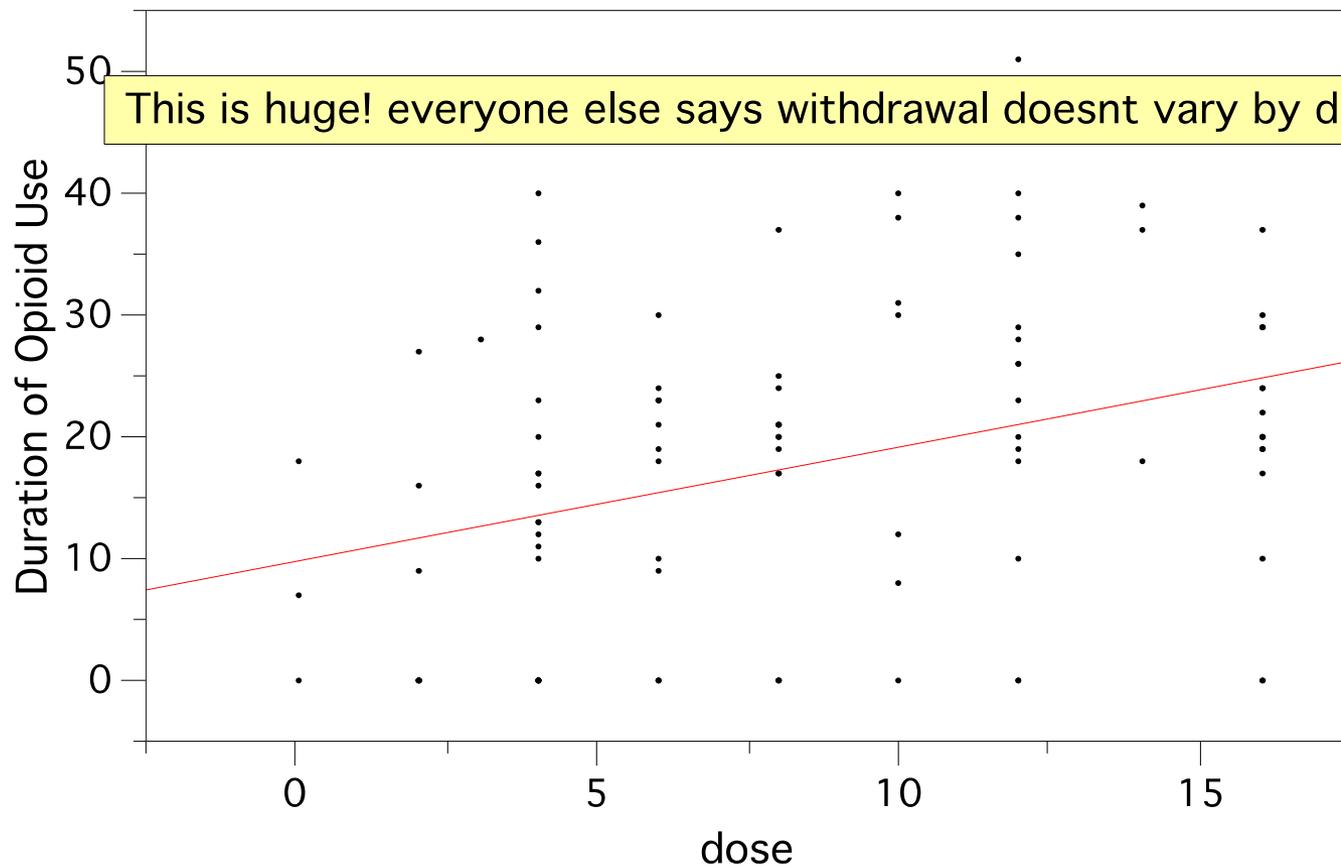
Maternal Addiction and Recovery Center (MARC)

- 52 Women have delivered
 - > Good News
 - > Disturbing news
 - Median hospital stay 22 (range 7 to 48) days for infants requiring treatment
 - NO dosage threshold

Maternal Addiction and Recovery Center (MARC)

Median Hosp Days





This is huge! everyone else says withdrawal doesnt vary by dose!

— Linear Fit

Notice the n of 102. this is ONLY bup users delivering at term

Maternal Addiction and Recovery Center (MARC)

○ Ongoing Challenges

> Patient compliance

- ENVIRONMENT!
- Transportation
- Child care

Maternal Addiction and Recovery Center (MARC)

- Ongoing Challenges
 - > Patient compliance
 - ENVIRONMENT!
 - > Judgmental attitudes

Maternal Addiction and Recovery Center (MARC)

○ Ongoing Challenges

- > Patient compliance
- > Judgemental attitudes
- > Psychiatric comorbidity
 - You might use drugs too if you experience the life challenges of these women

Maternal Addiction and Recovery Center (MARC)

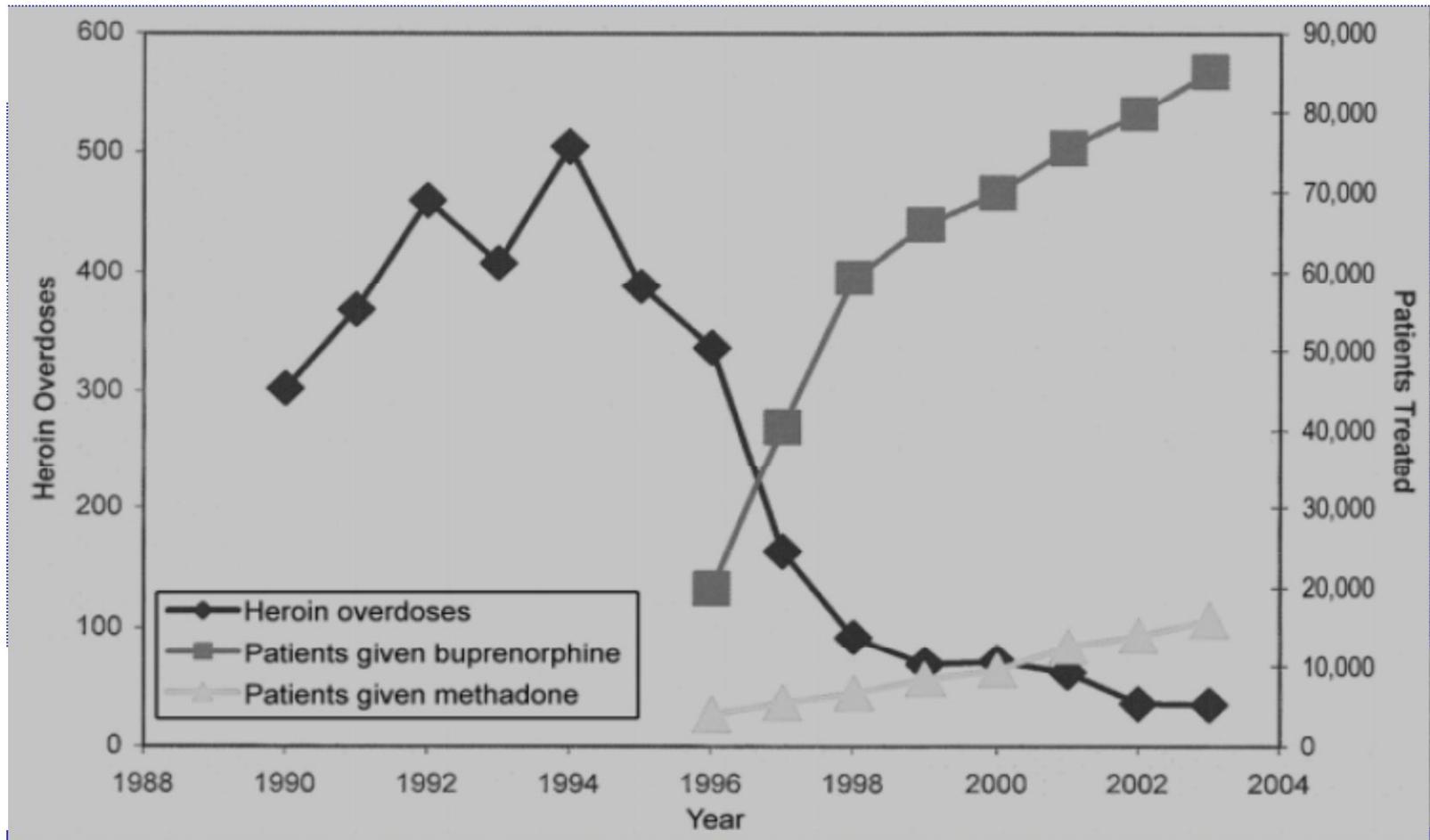
- Ongoing Challenges
 - > Patient compliance
 - > Judgemental attitudes
 - > Psychiatric comorbidity
 - > Postpartum placement

Maternal Addiction and Recovery Center (MARC)

○ Ongoing Challenges

- > Patient compliance
- > Judgemental attitudes
- > Psychiatric comorbidity
- > Postpartum placement
 - In WV, number one cause of death in 1st year postpartum is overdose!

Heroin Overdose in France



Source: Carrieri PM, 2006, Clin Infect Dis, 43: S197-215, data from Emmanuelli

Maternal Addiction and Recovery Center (MARC)

- “...for the secret to the care OF the patient is in caring FOR the patient”

Francis W. Peabody. 1925

West Virginia Regional MARC

Deliveries in WV per year	20,000.00	20,000.00
Percentage to addicted mothers	10.00	5.00
Babies exposed	2,000.00	1,000.00
Percent withdrawal	75.00	75.00
Babies withdrawing	1,500.00	750.00
Days difference methadone vs BUP	7.00	7.00
Cost per day withdrawing	1,000.00	1,000.00
Bup program success %	50.00	50.00
Cost of babies withdrawing bup vs meth	\$5,250,000.00	\$2,625,000.00
# of patients per counselor	60.00	60.00
Number of counselors per psych	2.00	2.00
Cost of counselor	\$50,000.00	\$50,000.00
Cost of psychiatrist	\$200,000.00	\$200,000.00
Number of counselors for BUP	17	8
Number of Psychiatrists	9.00	4.00
Cost of therapy	\$2,650,000.00	\$1,200,000.00
Available for transportation, etc	2,600,000.00	1,425,000.00

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Babies exposed	2,000.00	2,200.00
Percent withdrawal	75.00	75.00
Babies withdrawing	1,500.00	1,650.00
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# of patients per counselor	60.00	60.00
Number of counselors per psych	2.00	2.00
Cost of counselor	\$50,000.00	\$60,000.00
Cost of psychiatrist	\$200,000.00	\$250,000.00
Number of counselors for BUP	17	18
Number of Psychiatrists	9.00	9.00
Cost of therapy	\$2,650,000.00	\$3,330,000.00
Available for transportation, etc	2,600,000.00	13,170,000.00