

Self-Study Review



FASD Primer for Healthcare Professionals

- Highlights
 - Described risky drinking and prevention of AEPs
 - FASD is an umbrella term used to describe conditions caused by prenatal exposure to alcohol
 - No known safe time, safe kind, or safe level of drinking during pregnancy
 - FASDs are leading known preventable cause of physical and intellectual disabilities
 - Lifelong effects—early identification facilitates early intervention

Questions



What providers in our area specialize in this?



Are children getting misdiagnosed with ADHD/ADD and not getting treated for FASD?



With all the other behavior diagnoses, how can one be sure alcohol has played a part?



How can training get into the hands of more people (i.e., Certified Peer Specialists)?

Neonatal Abstinence Syndrome--Video

- Highlights
 - At least half of newborns exposed to opioids prenatally will experience withdrawal
 - Factors include type of drugs and use of other drugs
 - Withdrawal from short-acting opioids (i.e., heroin) may begin 24 hours
 - Withdrawal from long-acting (i.e., methadone) may start within 1-3 days, but may not start for 5-7 days
 - Screening tools available

Questions



Are there updated videos addressing Eat Sleep Console?

<https://anhi.org/education/course-catalog/8FB46CF287084770ACEB4E61CB40BD8B>



Are there long-lasting effects that occur with babies as a result of experiencing withdrawal?



How much and how often does a mother have to use to cause this?



Are babies in pain while experiencing NAS? Would this be considered trauma?

Supporting Your Collaborative when Planning for Safe Care for Infants with Prenatal Substance Exposure---Webinar

- Highlights

- Review of changes in CAPTA related to infants in prenatal substance exposure
 - Further clarified target: “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder”
 - Plan to include needs of infant and family/caregiver
- Review elements of a Plan of Safe Care
 - Beyond a treatment plan for mom: family wellness plan
- Examples of implementation

Questions



How can one find information for the state they are in to know what the parameters are?



How do Plans of Safe Care accommodate for cultural differences and beliefs?



Is a safety assessment tool universally used in Wisconsin's birthing hospitals/birth centers?



When CPS is contacted they decline to open a case until birth. How does the Plan of Safe Care fit into this approach?

CAPTA Reauthorization 2021: Proposed Changes

- Amend title to include “Public health response”
- Requires comprehensive “Family care plan”
- Governor of State shall designate a lead agency to carry out the Stat’s public health response
- State plan must include “how the State is implementing and monitoring family care plans”
- State must describe plan to develop a notification system that is distinct and separate from the system used to report child abuse and neglect

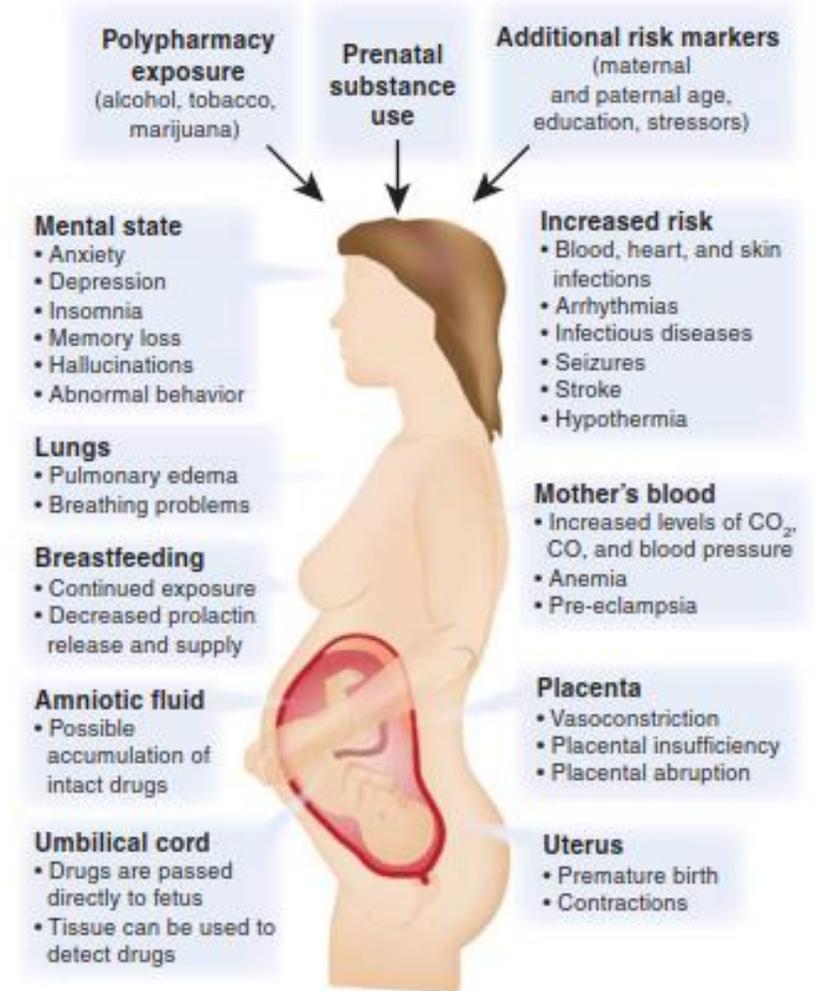
Additional Resources

National Center for State Courts: Plans of Safe Care Issue Brief for Judicial Officers [https://cff-cav56vrdcl.netdna-ssl.com/wp-content/uploads/2020/05/Judicial Officers POSC Brief-1.pdf](https://cff-cav56vrdcl.netdna-ssl.com/wp-content/uploads/2020/05/Judicial%20Officers%20POSC%20Brief-1.pdf)

ECHO Didactic: Updates to Plans of Safe Care <https://vimeo.com/609881661>

Developmental Consequences of Fetal Exposure to Drugs: What we Know and What we Still Must Learn

- Highlights
 - Mechanisms
 - Pregnant person's physiology
 - Uterus/placenta
 - Fetus
 - Limitations



Questions



How do we expand research into less studied substances?



Why isn't harm reduction mentioned?



What are some efforts that are effective for reducing stigma so more families are willing to seek help for substance use?



What are long-term biological targets of fetal exposure to drugs on their life-course, particularly when in reproductive age?

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

Summary resource: Table 1. *Maternal, perinatal, fetal and childhood outcomes associated with stimulant use*

- p 19 in article
- p 27 in handout packet

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

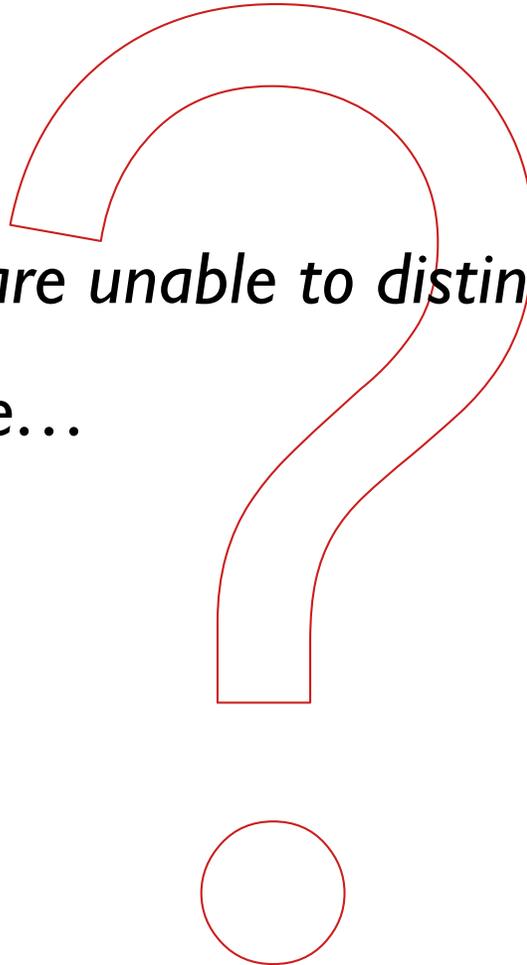
Little is known ...

Studies are unable to distinguish ...

No available evidence...

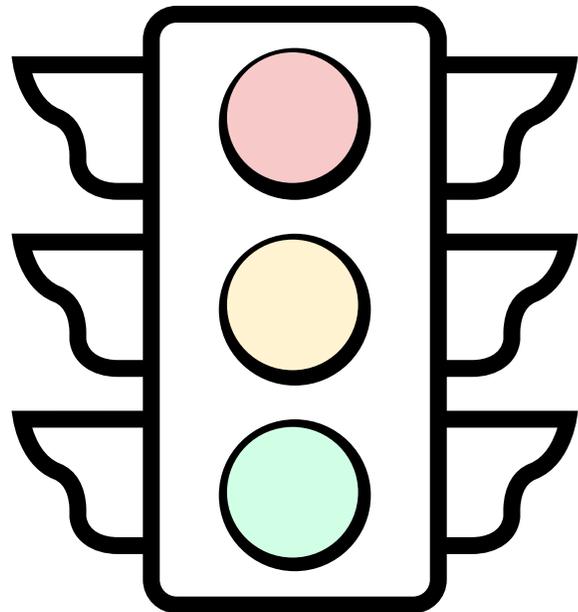
Findings are mixed ...

Little information ...



Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

How do researchers gather evidence?



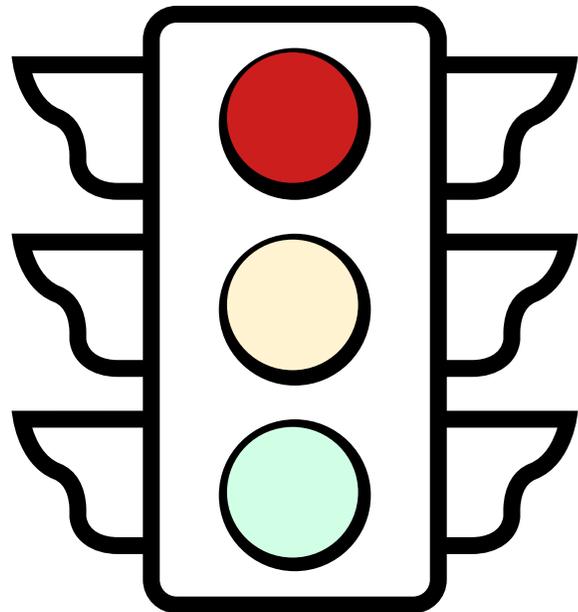
Randomized-controlled trial (RCTs)

Case-control studies

Meta-analyses

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

How do researchers gather evidence?



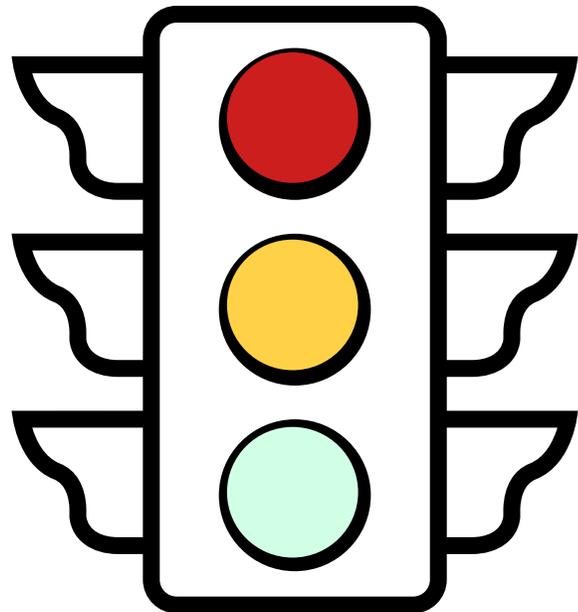
Randomized-controlled trial (RCTs)

Case-control studies

Meta-analyses

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

How do researchers gather evidence?



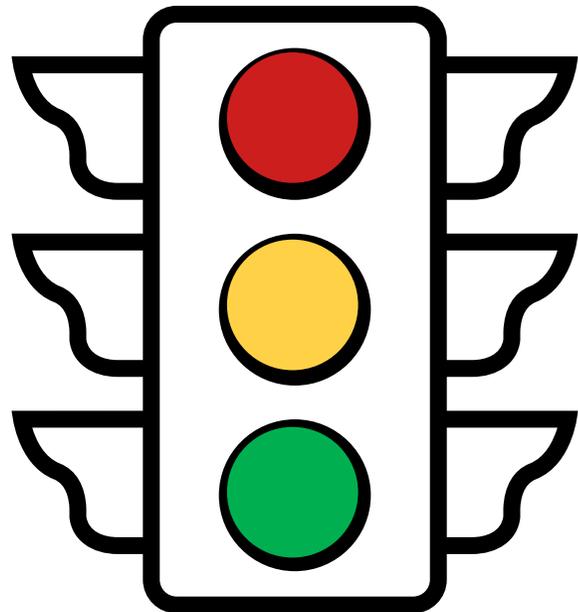
Randomized-controlled trial (RCTs)

Case-control studies

Meta-analyses

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

How do researchers gather evidence?



Randomized-controlled trial (RCTs)

Case-control studies

Meta-analyses

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

A note on balancing openness to new and surprising ideas with maintaining healthy skepticism

Page 3

use opioids for non-medical purposes, 9.4% of reproductive age women (18–44 years) used cocaine in the past 30 days and 7.4% used methamphetamine or other stimulants.³¹ In 2015, cocaine was the second most common illicit substance used by pregnant women; 3.4% of pregnant women used cocaine in the past month.¹ Pregnant women using cocaine or crack cocaine tend to be older, African-American and of low socioeconomic status.^{32,33} While on

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

Page 3

use opioids for non-medical purposes, 9.4% of reproductive age women (18–44 years) used cocaine in the past 30 days and 7.4% used methamphetamine or other stimulants.³¹ In 2015, cocaine was the second most common illicit substance used by pregnant women; 3.4% of pregnant women used cocaine in the past month.¹ Pregnant women using cocaine or crack cocaine tend to be older, African-American and of low socioeconomic status.^{32,33} While on



References

1. Center for Behavioral Health Statistics Quality. 2015 National survey on drug use and health: Detailed tables In:2016.

Stimulant Use in Pregnancy: An Under-Recognized Epidemic Among Pregnant Women

Page 3

use opioids for non-medical purposes, 9.4% of reproductive age women (18–44 years) used cocaine in the past 30 days and 7.4% used methamphetamine or other stimulants.³¹ In 2015, cocaine was the second most common illicit substance used by pregnant women; 3.4% of pregnant women used cocaine in the past month.¹ Pregnant women using cocaine or crack cocaine tend to be older, African American and of low socioeconomic status.^{32,33} While on

References

1. Center for Behavioral Health Statistics Quality. 2015 National survey on drug use and health: Detailed tables In:2016.



National survey on drug use and health

SAMHSA
Substance Abuse and Mental Health Services Administration

Search SAMHSA Data Search

Find Treatment Practitioner Training Public Messages Grants **Data** Programs Newsroom About Us Publications

National Survey on Drug Use and Health (NSDUH)

NSDUH measures:

- use of illegal drugs, prescription drugs, alcohol, and tobacco and misuse of prescription drugs
- substance use disorder and substance use treatment major depressive episode and depression care
- serious psychological distress, mental illness, and mental health care

The data provide estimates of substance use and mental illness at the national, state, and substate levels. NSDUH data also help to identify the extent of substance use and mental illness among different subgroups, estimate trends over time, and determine the need for treatment services.

Where Do the Data Come From?

History

Our Products

Annual Detailed Tables

Description: These tables provide estimates, including by demographic, geographic, and socioeconomic groups.

Location: National

Format: XLS, ZIP, PDF, or HTML

[Get more details about our Annual Detailed Tables](#)

DAWN Drug Abuse Warning Network

MH-CLD Mental Health Client-Level Data

N-MHSS National Mental Health Services Survey

N-SSATS National Survey of Substance Abuse Treatment Services

N-SUMHSS National Substance Use and Mental Health Services Survey

NSDUH National Survey on Drug Use and Health

- 2020 NSDUH Releases
- 2019 NSDUH Releases
- 2018 NSDUH Releases
- 2017 NSDUH Releases
- 2016 NSDUH Releases
- 2015 NSDUH Releases
- 2014 NSDUH Releases

NSDUH State Reports

NSDUH Substate Reports

RDC Research Data Center

SAMHDA

SAMHSA & NSDUH: Detailed Tables

Illicit Drug Use in Past Month among Females 15 to 44

	Pregnant		Not Pregnant	
	2015	2020 ¹	2015	2020 ¹
Any illicit drugs	4.7%	8.3%	12.5%	17.8%
Marijuana	3.4%	8.0%	10.3%	16.2%
Cocaine	0.0%	0.3%	0.7%	0.9%
Methamphetamine	*	*	0.3%	0.8%
Misuse of Psychotherapeutics	1.0%	0.6%	3.2%	2.3%
Opioids	0.8%	0.4%	1.7%	1.1%

* = Low precision

1. Caution should be used when comparing estimates between 2020 (*italicized*) and prior years because of methodological changes for 2020

Questions



Where is the U.S. in terms of medication-assisted treatment (MAT) for stimulants?



How can contingency management be incorporated into office-based obstetric and primary care?



What are successful programs doing to holistically treat stimulant use disorder during pregnancy?



Are there any preventive initiatives that target youth of childbearing ages, such as programs that go into schools to provide this education early on?

Neonatal Opioid Withdrawal Syndrome

Summary resource: *Recommendations* Section

- p 12 – 14 in article
- p 2 – 5 in handout packet

NOWS: Other resources in handout packet

Neonatal Abstinence Measure: tool created as part of MOTHER (Maternal Opioid Treatment: Human Experimental Research)

Neonatal Abstinence Measure Scoring Instructions

PATIENT ID# _____		Morphine Maintenance							
Dose given q 3-4 hrs with feeds; do not exceed 4 hrs between doses		<ul style="list-style-type: none"> Maintain dose if score 0-8 Increase dose by 0.02 if score is 9-12 (rescore before dosing) Increase dose by 0.04 if score 13-16 Increase dose by 0.06 if score 17-20 							
SCORE Morphine (0.04mg/0.1ml) DOSE FOR INITIATION		Weaning Instructions							
0-8	0	<ul style="list-style-type: none"> Maintain on dose 48 hrs before starting weaning Wean 0.02 mg morphine every day if score is 0-8 Defer wean if score is 9-12 							
9-12	0.04 mg/dose	Re-escalation							
13-16	0.08 mg/dose	<ul style="list-style-type: none"> If neonate score is 9-12, re-score as described for initiation If second score is 9-12, increase morphine 0.01 mg q3-4 hrs If 2 consecutive scores of 13-16, increase 0.02 mg q3-4 hrs If 2 consecutive scores of 17-20, increase 0.04 mg q3-4 hrs etc 							
17-20	0.12 mg/dose	Morphine Initiation:							
21-24	0.16 mg/dose	<ul style="list-style-type: none"> If neonate scores 9-12 re-score after feeding or within the hour and if re-score is 9-12 start treatment based on highest score. If re-score is 0-8, do not initiate treatment. If initial score is 13 or greater, start treatment immediately without reassessment. 							
25 or above	0.20 mg/dose	Timing of Scoring: Hospitalized infants scored every 3-4 hrs before feeds. Reassessment occurs immediately after feeds or within 1 hour.							
		Discharged (e.g., in GCRC) infants scored twice a day, scores must be separated by 8 hrs							
		NOTE: Discharged infants are to be admitted to hospital if the infant receives a single score of 9 or more							
SIGNS AND SYMPTOMS	SCORE	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time	Date/time
Please note presence (pr) or absence (ab) of items where indicated. Include observations for the past 4 hour period.									
Crying: Excessive High Pitched	2								
Crying: Continuous High Pitched	3								
Steepest < 3 hours after feeding	1								
Steepest < 2 hours after feeding	2								
Steepest < 1 hour after feeding	3								
Hyperactive Moro Reflex	1								
Markedly Hyperactive Moro Reflex	2								
Mild Tremors: Disturbed	1								
Moderate-Severe Tremors: Disturbed	2								
Mild Tremors: Undisturbed	1								
Moderate-Severe Tremors: Undisturbed	2								
Myoclonic Jerks	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Increased Muscle Tone	1-2								
Excoriation (indicate specific area):	1-2								
Mottling	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Generalized Seizure (or convulsion)	8								
Convulsions	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Fever ≥ 37.3 C (99.2 F)	1								
Fever ≥ 38.4 C (101.2 F)	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Frequent Yawning (4 or more successive times)	1								
Sweating	1								
Nasal Stuffiness	1								
Sneezing (4 or more successive times)	1								
Tachypnea (Respiratory Rate > 60/min)	2								
Retractions	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Nasal Flaring	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Poor Feeding	2								
Excessive Sucking	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Vomiting (or regurgitation)	2								
Projectile Vomiting	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Loose Stools	2								
Watery Stools	present/absent	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab	<input type="checkbox"/> pr <input type="checkbox"/> ab
Failure to Thrive (Current weight ≥ 10% below birth weight) 90% BWT=	2 (record weight in score box 1x/day)								
Excessive Irritability	1-3								
TOTAL SCORE									
CURRENT MORPHINE DOSE	Dose in mg								
	Time Given								
STATUS OF TREATMENT ®	N.I.M.W.R.								
INITIALS OF SCORER									
® Note: Code Status of Treatment as follows: N="No treatment", I="Initiation", M="Maintenance", W="Weaning", R="Re-Escalation"									



NOWS: Other resources in handout packet

Common Immediate-Release, Sustained-Release, and Maintenance Opioids: Article
Table 1

Drug	Immediate Release	Sustained Release	Maintenance
Buprenorphine	—	—	✓
Codeine	✓	—	—
Dihydrocodeine	✓	—	—
Fentanyl	✓	✓	—
Hydrocodone	✓	—	—
Hydromorphone	✓	✓	—
Levorphanol	✓	—	—
Meperidine	✓	—	—
Methadone	—	—	✓
Morphine	✓	✓	—
Oxycodone	✓	✓	—
Oxymorphone	✓	✓	—
Tramadol	✓	—	—

NOWS: Other resources in handout packet

Signs of NOWS: Article Table 2

<input checked="" type="checkbox"/> Signs of NOWS ⁴	
Central Nervous System Irritability	
<input type="checkbox"/> High-pitched, continuous crying	<input type="checkbox"/> Increased muscle tone
<input type="checkbox"/> Decreased sleep	<input type="checkbox"/> Hyperactive Moro reflex
<input type="checkbox"/> Tremors	<input type="checkbox"/> Seizures
Gastrointestinal Dysfunction	
<input type="checkbox"/> Feeding difficulties	<input type="checkbox"/> Loose or watery stools

Discharge Checklist for Infants with Opioid Exposure: Article Table 4

<input checked="" type="checkbox"/> Discharge Checklist for Infants with Opioid Exposure ⁵
<input type="checkbox"/> No significant clinical signs of withdrawal for 24–48 h
<input type="checkbox"/> Parent education about NOWS and routine newborn care, emphasizing safe sleep
<input type="checkbox"/> Pediatrician or PCP follow-up visit scheduled within 48 h of discharge
<input type="checkbox"/> Early intervention services referral

NOWS: Other resources in handout packet

Screening for Substance Use

4 Ps: Article Table 3

4 Ps ^{6,7}	Yes	No
Parents: Did any of your parents have a problem with alcohol or other drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Partner: Does your partner have a problem with alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Past: In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
Present: In the past month, did you drink any alcohol or use	<input type="checkbox"/>	<input type="checkbox"/>

CRAFFT: Article Table 3

CRAFFT Substance Abuse Screen for Adolescents and Young Adults (≤ 26 y/o) ^{6,8}	Yes	No
C: Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
R: Do you ever use alcohol or drugs to relax , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
A: Do you ever use alcohol or drugs while you are by yourself or alone ?	<input type="checkbox"/>	<input type="checkbox"/>
F: Do you ever forget things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

NOWS: Other resources in handout packet

Screening for Substance Use

NIDA Quick Screen

NIDA Quick Screen Question:					
In the past year, how often have you used the following?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Alcohol: 4 or more drinks a day	<input type="checkbox"/>				
Tobacco Products	<input type="checkbox"/>				
Prescription Drugs for Non-Medical Reasons	<input type="checkbox"/>				
Illegal Drugs	<input type="checkbox"/>				

NIDA-Modified ASSIST

Question 1 of 8, NIDA-Modified ASSIST		
1. In your <u>LIFETIME</u> , which of the following substances have you ever used?		
<i>* Note for clinicians: For prescription medications, please report nonmedical use only.</i>	Yes	No
a. Cannabis (marijuana, pot, grass, hash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Cocaine (coke, crack, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Methamphetamine (speed, crystal meth, ice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Sedatives or sleeping pills (Valium, Serenax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
h. Street opioids (heroin, opium, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet],	<input type="checkbox"/>	<input type="checkbox"/>

NIDA tools recommended by ACOG for Screening for Opioid Use and Opioid Use Disorder in Pregnancy

Questions



Why is there not more emphasis on integrated and co-located obstetric, neonatal, and addiction care services?



How can pediatricians offer the kind of care described, considering their patient loads and time constraints?



Why haven't we found a more definitive opioid scoring system?



In my part of the state, heroin use is the rise while misuse of prescription opioids is declining. What are the trends around Wisconsin?

Parenting and Addiction: Neurobiological Insights

- Highlights
 - Reward-stress dysregulation model
 - Caregiving may be compromised by parents experiencing addiction
 - Decreased importance of infant signals
 - Brain regions affected by addiction associated with reward
 - Increased stress of caregiving
 - Stress increases subjective reports of craving
 - Decreased gray matter (particularly frontal lobe)

Questions



How can providers create earlier intervention to assist and prevent complications related to addicted parenting?



Is there information available to the public that is easy for them to understand how addiction impacts parenting?



How do we help bridge this gap for folks with histories of addiction that have custody of their children?



What supports and skills can be used to help families when there are barriers in neurobiology of parenting?

Comment

