

# Panel: Policies aimed at preventing and addressing opioid misuse and promoting well-being for families today and tomorrow: SAMHSA efforts

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# Disclaimer

- Dr. Larson is employed by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Disclaimer: The views, opinions and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Office of the Chief Medical Officer, SAMHSA, or the Department of Health and Human Services.

# Agenda

- SAMHSA efforts to support families impacted by the opioid epidemic
- Promising programs
- Pertinent policies

# Introduction

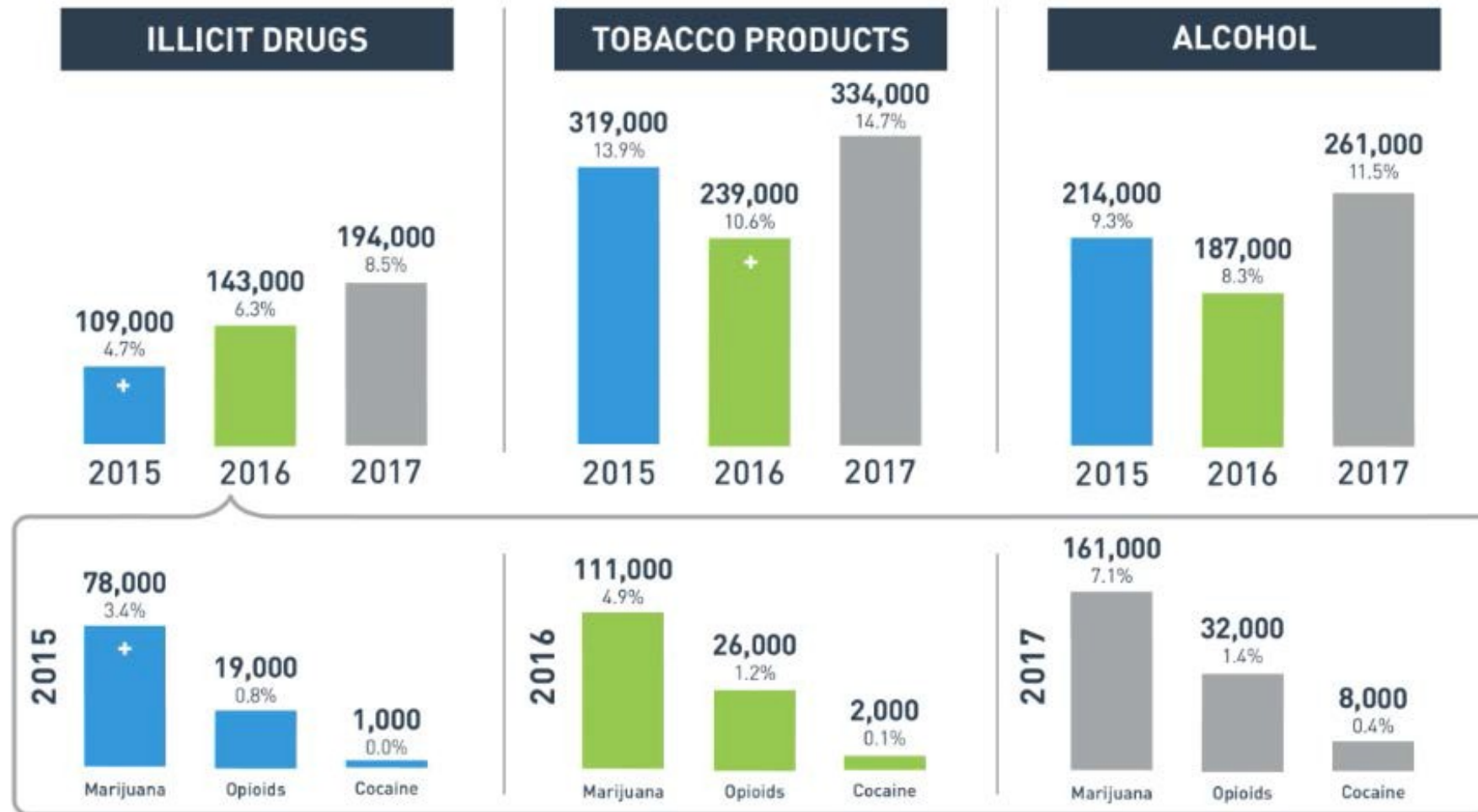
- 27 million people in the US using prescription or illicit opioids (CBHSQ)
- 109,000 women of childbearing age (ages 15 – 44) used heroin in 2013 – 2014 (CBHSQ)
- 98,000 women of childbearing age (ages 15 – 44) misused prescription opiates in the same year (CBHSQ)

# Polysubstance use common among women using opioids

- Co-exposures to other substances (licit or illicit) is often seen in women with OUD.
- Alcohol, marijuana and tobacco use as common correlates in methadone-treated pregnant women (Hans & Jeremy, 2001).
- Also many commonly co-prescribed medications (e.g. amphetamines, antidepressants, benzodiazepines, gabapentin, and non-benzodiazepine hypnotics).
  - High rates (50-70%) of BZD abuse have been noted in methadone- and buprenorphine-maintained patients. (Hanley et al, 2013; Huang et al, 2014)

# Substance Use among pregnant women

PAST MONTH, 2015 - 2017, 15 - 44



Special analysis of the 2017 NSDUH Report.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

# Expert panel on cognitive and behavioral impacts

## Cognitive and Behavioral Impact on Children Exposed to Opioids During Pregnancy

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*Pediatrics*, In press



# Scientific research on the immediate impact

- Most research to date is on outcomes immediately following birth
- Some examples include:
  - Premature delivery (Whiteman et al, 2014; Stover et al, 2015)
  - Increased length of hospital stay (Asti et al, 2015; Holmes et al, 2015)
  - Lower birth weight (Patrick et al, 2012)
  - Rates of NAS (Patrick et al, 2014)





# Motor development

- **Early follow-up studies found significant delays in motor development (e.g. Rosen and Johnson, 1982)**
- **Hunt et al (2008) examined outcomes in 133 children ages 18-36 months born to mothers compliant with methadone. No difference between exposed babies and controls**



# Cognitive development

- Differences in cognitive development may widen with age:
  - Exposed children showed significantly lower performance scores as measured in many studies (Hunt et al, 2008; Bakhireva et al, 2018)
  - Bauman and Levine found that exposed children 3-6 years of ages had significantly lower IQ scores, Verbal, Performance, and Full Scale scores than controls. (Bauman & Levine, 1986)
  - Davis and Templar explored cognitive function in a group of school-age children 6 to 15 years of age with prenatal methadone exposure and found lower Performance and Full-Scale IQ scores when compared to controls (Davis & Templar, 1988)
  - Lower IQ, higher total behavioral problem scores, higher proportion of school problems (Soepatmi, 1994)
  - 2015 metanalysis found impairments in verbal working memory, cognitive impulsive, and cognitive flexibility in preschool children (Baldacchino, 2015)



# Academic development

- Australian study compared 2235 children with NAS with a matched control (N = 4330) and all other children in the region (N=598,265)
  - Academic test scores significantly lower in every grade in every domain of testing
  - Children with NAS had lower scores in grade 7 than 5
  - Other authors raised concerns about the controls not being appropriately matched (Oei et al, 2017)
- Another recent report found that children with NAS were more likely to:
  - Be referred for a disability
  - Meet criteria for a disability
  - Require classroom therapist or services
  - DD and S/L impairments common
  - Speech therapy more likely to be needed
  - Controlled for maternal tobacco use, maternal education, BW, gestational age, and NICU admission (Fil et al, 2018)

# Many other factors make a difference!

- **A number of co-existing variables impact outcomes. Some examples:**
  - specific opioid exposure in pregnancy or during NAS treatment
  - Gender
  - polysubstance exposure
  - postnatal environment (biologic or adoptive home setting)
  - genetics and environment interaction.



# Research priorities

## Research priorities

Genomic research

Understand the role of other substances in pregnancy and their impact on development

Understand optimal maternal pharmacology

Develop better animal models

Include fathers

Study appropriate service delivery models

Study longitudinal outcomes!



# Program priorities

## Program priorities

Consider caregiving role of people in SUD treatment

Provide parenting support

Make case management available

Make early intervention and screening accessible

Utilize peers to support parents in recovery

Educate people working in early childhood systems about impact

Leverage home visiting models

Expand integrated, holistic care models

# Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders



**Purpose:** Support the efforts of States, Tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

## **Audience**

- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

## **National Workgroup**

- 40 professionals across disciplines
- Provided promising and best practices; input; and feedback over 24 months.

<https://www.ncsacw.samhsa.gov/files/Collaborative Approach 508.pdf>



# Selected SAMHSA initiatives

- Two workgroups:
  - Federal workgroup on the Impact of Opioids on Young Children and Families.
    - The workgroup consists of members from across HHS (e.g. SAMHSA, HRSA, ACF, CDC, IHS, ASPE) as well as the Departments of Justice, Education and USDA.
  - Protecting our Infants Act (POIA) workgroup
    - Became law on November 25, 2015. The Act (Public Law 114-91)
    - Addresses problems related to prenatal opioid exposure and includes several mandates for the U.S. Department of Health and Human Services (HHS).



# Selected SAMHSA initiatives

- Early Childhood Mental Health Grant Program (nine grants awarded at the end of September, 2018)
  - To increase access to promotion, prevention and treatment services for young children at risk for or showing signs of behavioral health problems, including children exposed to opioids in-utero, and children living in families with opioid misuse.
- SAMHSA's Pregnancy and Postpartum Women program has created several Fact Sheets for clinicians, women and their families.



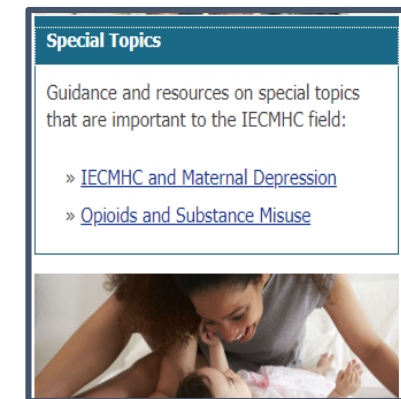
# Selected SAMHSA Programs, continued

## Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC)



IECMHC is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children...The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children—early and before intervention is needed.

Center of Excellence Toolbox on [samhsa.gov](http://samhsa.gov) has a special section on helping families affected by opioids and substance misuse  
<http://www.samhsa.gov/iecmhc>



# National Center on Substance Abuse and Child Welfare



National Center on  
Substance Abuse  
and Child Welfare

A Program of the

Substance Abuse and Mental Health Services  
Administration

Center for Substance Abuse Treatment

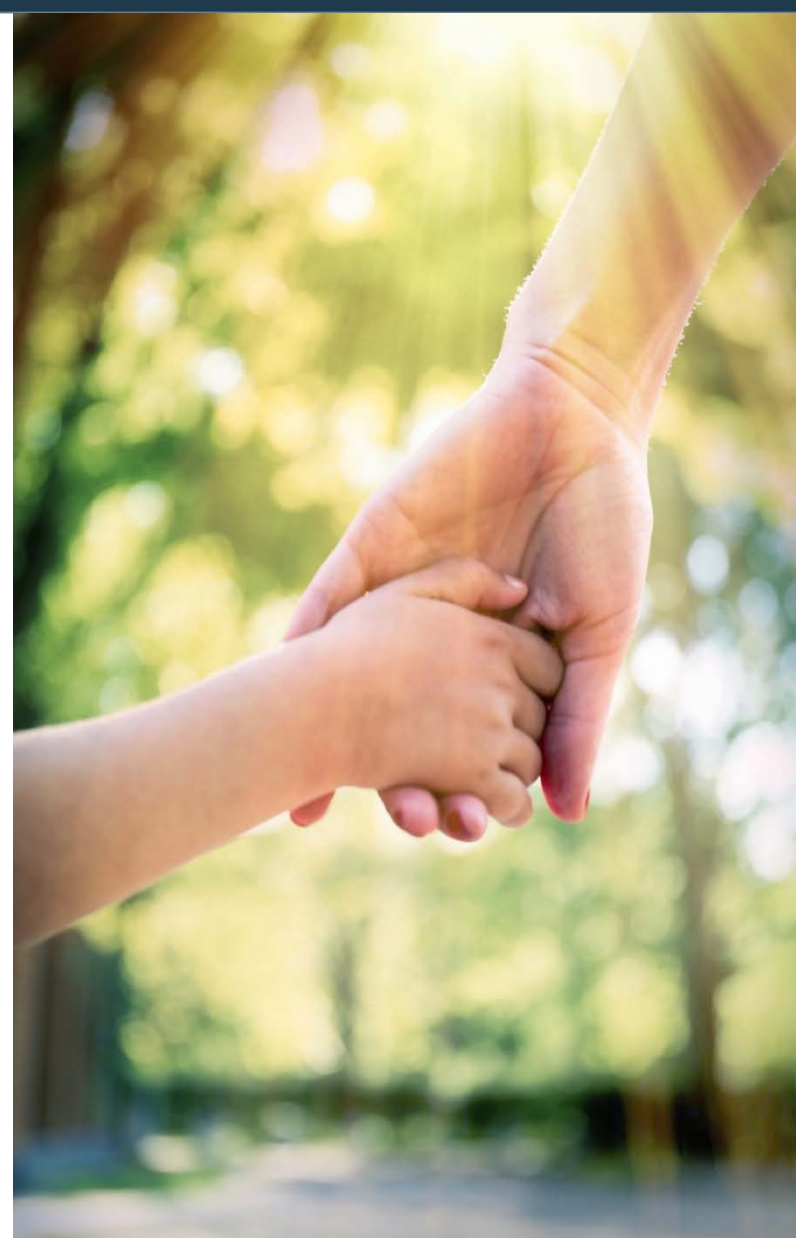
and the

Administration on Children, Youth and Families  
Children's Bureau

Office on Child Abuse and Neglect

[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)  
[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



# NCSACW Opioid Resources



## Substance-Exposed Infants, In-Depth Technical Assistance

- 18 months of technical assistance designed to strengthen collaboration and linkages across systems
- 8 sites: Connecticut, Delaware, Kentucky, Minnesota, New Jersey, New York, Virginia, West Virginia

<https://ncsacw.samhsa.gov/technical/sei-idta.aspx>

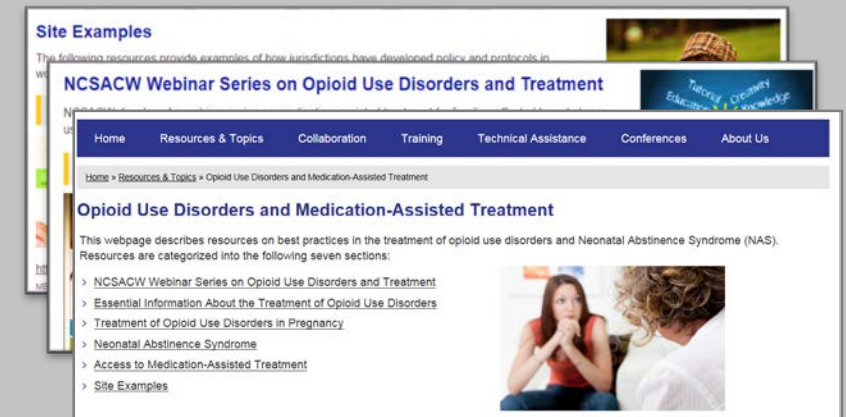
## Technical Assistance: Plan of Safe Care Implementation

- Clarifying key decisions for states
- Defining “affected infants”
- Understanding different populations of pregnant women
- Identifying components in plans of safe care

## NCSACW Resource Directory

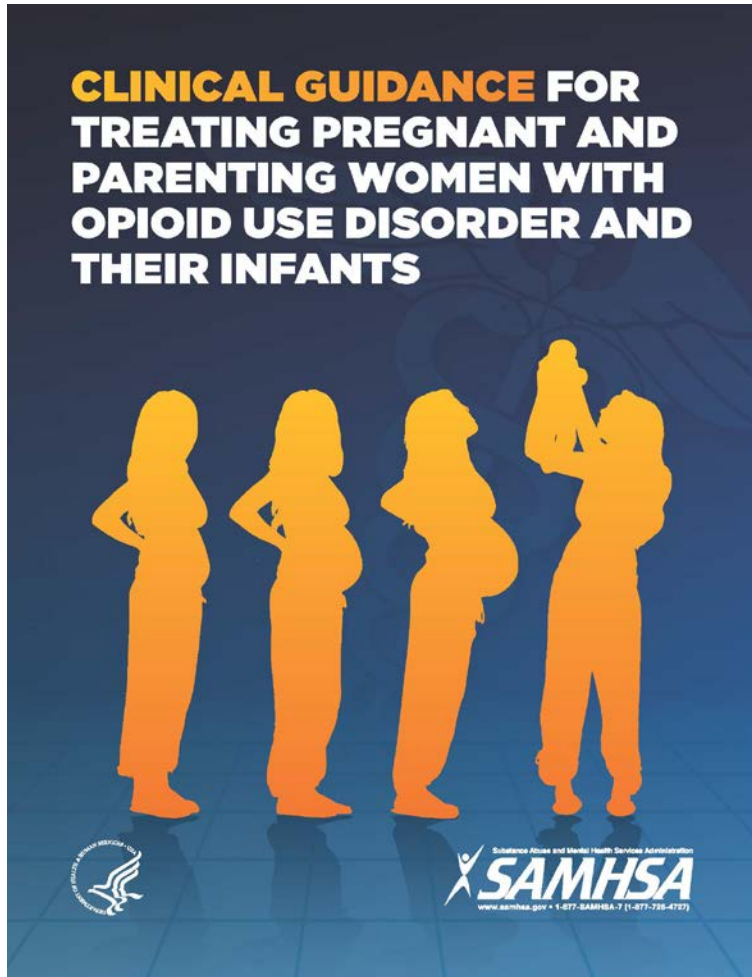
- Web-based Includes up to date research, training materials, videos, site examples and other resources
- Webinar Series:  
8 recorded webinars

<https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>





# SAMHSA Clinical Guidance



Comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorders and their infants.

The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

<https://store.samhsa.gov/shin/content//SMA18-5054/SMA18-5054.pdf>

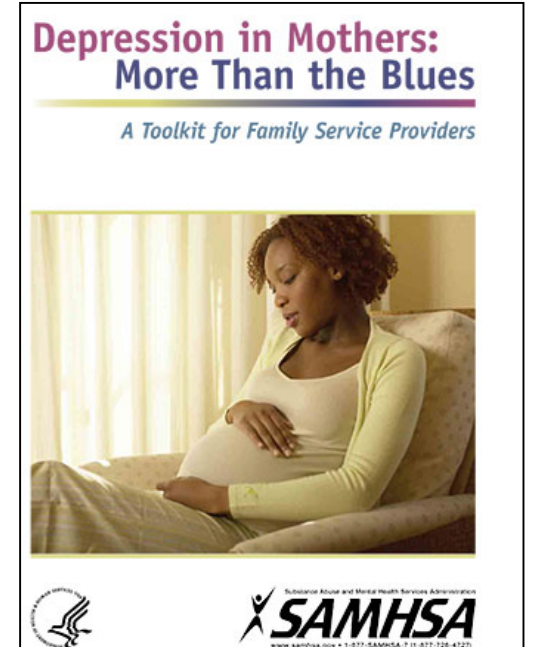
# Selected SAMHSA Resources

- The National Child Traumatic Stress Network <https://www.nctsn.org/>
- National Center for Substance Abuse and Child Welfare  
<https://ncsacw.samhsa.gov/>
- SAMHSA's *Treating Women, Children, and Families*  
Webpage <https://www.samhsa.gov/women-children-families/publications-resources>

# Selected SAMHSA Resources (cont.)

## Depression in Mothers: More Than the Blues A Tool Kit for Family Service Providers

This toolkit equips providers with information about depression, and offers strategies in working with mothers who may be depressed. The toolkit includes resources, referrals and handouts for depression, and screening tools for more serious depression.



<https://store.samhsa.gov/product/Depression-in-Mothers-More-Than-the-Blues/sma14-4878>

# Recent Congressional Acts that relate

- Protecting our Infants Act
  - November 2015
  - Provisions to help prevent and treat infants exposed to opioids in utero
- 21<sup>ST</sup> Century Cures Act
  - December 2016
  - Established Interagency Serious Mental illness Coordinating Committee
  - Established Assistant Secretary
  - Established Infant and Early Childhood Mental Health Grant Program
- Families First Prevention Services Act
  - February 2018
  - Changes how Title IV E funds can be spent
- SUPPORT for Patients and Communities Act (P.L. 15-2701), Section 7132
  - October 2018
  - Multiple provisions to address opioid crisis
  - Established Interagency Task Force on Trauma Informed care



# Discussion

