

Discussion Guide: Increase Healthy Start and Home Visiting Staff Knowledge of Opioid Use among Pregnant Women

How to Use This Guide

This guide is designed to support Healthy Start and home visiting staff with facilitation of a group discussion on opioid and other substance use among pregnant women by providing context and an introductory overview of this issue.

Facilitators should feel free to adapt and revise this guide to the length of time and format they can have for discussion. Facilitators may choose to:

- Convene staff for a standing meeting (e.g., monthly)
- Convene a series of staff meetings about this topic
- Convene Community Action Network (CAN)¹ members for a discussion about the topic

Learning Objectives

By the end of this session, participants should be able to:

- Describe what opioids are and how they can affect program participants and people in their community
- Describe opioid use disorder treatment options for pregnant women
- Describe how Healthy Start and home visiting can address opioid use among pregnant program participants and in the community

Length

Plan for at least 90 minutes, with more time for discussion as schedules allow. Example discussion questions are provided; facilitators can use them based on participant interest and existing knowledge.

Materials

Pre-work: Consider sending the videos clip and fact sheets with participants in advance for review:

- Videos:
 - Bring Them All: A Family-Centered Approach to Addiction Treatment (16 min. video): <https://vimeo.com/233560293>
 - The Opioid Epidemic's Toll on Pregnant Women and Their Babies (11 min. video): <https://www.pbs.org/newshour/show/the-opioid-epidemics-toll-on-pregnant-women-and-their-babies>
- ACOG: Opioid Use Disorder and Pregnancy: <https://www.acog.org/Patients/FAQs/Opioid-Use-Disorder-and-Pregnancy>
- SAMSHA: 4 NEW Fact Sheets offer treatment guidance for women who have opioid use disorders and who also are pregnant and/or are mothers of infants: <http://store.samhsa.gov/product/SMA18-5071>

Post-discussion: Consider printing or sharing these guides to support staff in continued self-study following the discussion:

- NIDA: Treating Opioid Use Disorder During Pregnancy <https://www.drugabuse.gov/publications/treating-opioid-use-disorder-during-pregnancy/treating-opioid-use-disorder-during-pregnancy>
- SAMSHA: Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants <https://store.samhsa.gov/system/files/sma18-5054.pdf>
- US DHHS: A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf
- HRSA: Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/MIECHV-Opioid-NAS-Resource.pdf>

¹ Healthy Start programs participate in Community Action Networks (CANs) that mobilize health care, social service and other providers to coordinate services, and steer local action to address social determinants of health related to poor birth outcomes.

Format

Discussions can be facilitated virtually or in-person.

Suggested Participants

Healthy Start and home visiting program staff. Involving multiple programs can facilitate peer-to-peer sharing. Having representation of clinical, administrative, and financial staff can help address system issues.

Orientation and Introduction to the Discussion Objectives

Activity 1: Conduct participant and facilitator introductions

Activity 2: Review discussion format

Activity 3: Discuss participants' learning objectives and consider what participants want to take away from this discussion

Review of Opioid Basics

Activity 4

- Brief summary of how the United States came to declare the opioid crisis as a national health emergency on October 26, 2017
- Review what opioids are and how they are used
- Review why opioids are addictive
- Define opioid use disorder
- Review how opioids can affect program participants (mother and baby)

How did we get to our current state?

In the late 1990s, there was a sharp increase in the number of opioid pain reliever prescriptions. This increase was influenced by a belief that opioids could successfully treat chronic pain, and reassurances from pharmaceutical companies and medical societies that their risk of addiction was very low.² As this shift in acceptance of opioids for treating pain was taking place, there was a simultaneous movement to standardize pain management practices across the medical community. In 2000, the Joint Commission released standards for pain management that, among other things, “mandated physicians to provide adequate pain control for patients.”³

All of this resulted in alarming reliance and rise in opioid prescriptions to treat pain. Before people realized that opioids could become highly addictive, there was widespread diversion and misuse.

Data from the Centers for Disease Control and Prevention (CDC) show that in 2016, drug overdoses killed 63,632 Americans across all geographic and demographic groups (e.g., gender, age (15+), race and ethnicity, rural and level of urbanization).⁴ CDC Principal Deputy Director Anne Schuchat, M.D. explains that, “No area of the United States is exempt from this epidemic—we all know a friend, family member, or loved one devastated by opioids.”⁵

In response to worsening overdose rates and substance use disorders, coupled with increasing cries for action, the President declared the opioid crisis a public health emergency on October 26, 2017.⁶

² National Institute on Drug Abuse (2018). Opioids. <https://www.drugabuse.gov/drugs-abuse/opioids>.

³ Phillips DM. JCAHO Pain Management Standards Are Unveiled. JAMA. 2000;284(4):428–429. doi:10.1001/jama.284.4.423b

⁴ Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;67:1419–1427. DOI: <http://dx.doi.org/10.15585/mmwr.mm675152e1>

⁵ Centers for Disease Control and Prevention (CDC) (2018). CDC Newsroom. U.S. drug overdose deaths continue to rise; increase fueled by synthetic opioids.

<https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html>

⁶ The Opioid Crisis. Fact Sheets: President Donald J. Trump is Taking Action on Drug Addiction and the Opioid Crisis. <https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-taking-action-drug-addiction-opioid-crisis/>

What are opioids?

Opioids are a class of drugs used to reduce pain. CDC describes opioids as natural or synthetic chemicals derived from the opium poppy plant that "interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain."⁷

Opioids include the illegal drug heroin and legally prescribed pain relievers, such as Oxycodone (OxyContin[®], Percocet[®]), Hydrocodone (Vicodin[®]), Oxymorphone (Opana[®]), Morphine (Kadian[®], Avinza[®]), Codeine and Fentanyl (a synthetic opioid 50 to 100 times more potent than morphine). There is also significant illicit production and sale of synthetic opioids in the United States, largely contributing to the majority of overdose deaths.

Why are opioids addictive?

Many factors lead to opioid use disorder. Two of the fundamental causes are:

1. Opioids create a sense of relief and euphoria greater than what a person's body can produce naturally.
2. Opioids inhibit the natural production of chemicals that lead to relief and euphoria.⁸

When a person takes an opioid, the drug enters the brain through the bloodstream, creating a flood of artificial endorphins and dopamine — neurotransmitters responsible for feelings of reward, pleasure, and satisfaction.⁹ This creates a rush of happiness or feeling "high". This "high" is unlike any naturally occurring rush of dopamine or endorphins, and the only way a person can relive this experience is by taking the opioid again.¹⁰

After repeated opioid use, a person's brain will stop creating its own dopamine and endorphins. When this happens, he or she can no longer feel this sense of euphoria naturally from activities that are typically pleasurable, such as exercise or being with friends. The only way to regain this feeling is to continue using opioids.¹¹

What is opioid use disorder?

Below are Surgeon General definitions of terms associated with alcohol and substance use (including opioid use) from the 2016 report on alcohol, drugs, and health.¹²

[Opioid] Use Disorders: A medical illness caused by repeated misuse of a [opioids] that seriously impairs their health, daily and social function, and ability to control their substance use. [Opioid] use disorders are diagnosable, treatable disorders of the brain from which people can and do recover.

[Opioid] Addiction: The most severe form of [opioid] use disorder, associated with compulsive or uncontrolled use of one or more substances. Addiction is a chronic brain disease that has the potential for both recurrence (relapse) and recovery.

Tolerance: Alteration of the body's responsiveness to [opioids] such that higher doses are required to produce the same effect achieved during initial use.

Withdrawal: A set of symptoms that are experienced when discontinuing use of [opioids] to which a person has become dependent or addicted, which can include negative emotions such as stress, anxiety, or depression, as well as physical effects such as nausea, vomiting, muscle aches, and cramping, among others. Withdrawal symptoms often lead a person to use [opioids] again.

How can opioids affect program participants?

Women

Opioid use disorder is increasing at startling rates for both men and women in the United States, but opioid use disorders disproportionately affect women. In their 2017 Final Report: Opioid Use, Misuse, and Overdose in

⁷ Centers for Disease Control and Prevention (CDC) (2017). Opioid Overdose: Commonly Used Terms. <https://www.cdc.gov/drugoverdose/opioids/terms.html>

⁸ US Department of Health and Human Services. Drugs, Brains, and Behavior: The Science Behind Addiction (2018).

<https://d14mgtrwz5a.cloudfront.net/sites/default/files/soa.pdf>

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. Facing Addiction in America:

The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

Women, the U.S. Department of Health and Human Services Office on Women's Health reported that,

Between 1999 and 2015, the rate of deaths from prescription opioid overdoses increased 471 percent among women, compared to an increase of 218 percent among men, and heroin deaths among women increased at more than twice the rate than among men. Most alarmingly, there has been a startling increase in the rates of synthetic opioid-related deaths; these deaths increased 850 percent in women between 1999 and 2015.

What accounts for this trend? When compared to men, women are more likely to experience chronic pain and use prescription opioid pain medications for longer periods of time and in higher doses. Women also tend to react to substances differently than men, sometimes using a smaller amount of drugs for a shorter amount of time before they become dependent.

Baby

If a woman uses opioids while she is pregnant, her child could be born with a physical opioid dependence and subsequently experience withdrawal symptoms. The group of conditions caused when a baby experiences withdrawal from certain drugs he/she is exposed to in the womb is called **neonatal abstinence syndrome (NAS)**. According to the March of Dimes, signs and symptoms of NAS may include breathing problems, seizures, excessive crying, diarrhea or throwing up. NAS also puts a baby at increased risk of low birth weight and jaundice.

Where can I learn more about opioids and their effect on women and children?

National Institute on Drug Abuse (NIDA)

<https://www.drugabuse.gov/drugs-abuse/opioids>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/atod/opioids>

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

https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

Alcohol and Substance-Exposed Pregnancy Prevention Program

<http://healthystartepic.org/training-and-events/astepp/>

Ask The Expert: How does prenatal exposure to alcohol, marijuana, opioids and other substances affect maternal and child health outcomes? (Presented live 12/12/17)

<http://healthystartepic.org/event/ask-the-expert-how-does-prenatal-exposure-to-alcohol-marijuana-opioids-and-other-substances-affect-maternal-and-child-health-outcomes/>

Discussion Questions

1. Which opioids (or other substances) are used in our community?
2. Is opioid use a problem among our program participants?
3. What are some factors in our community that might lead to substance use among our program participants? (e.g., stress, trauma, domestic violence, mental health issues)

Opioid Treatment and Recovery Options

Activity 5: Discuss recovery and treatment options for opioid use disorders

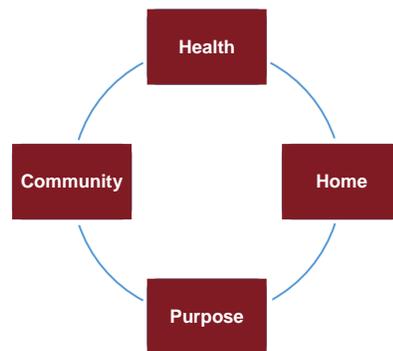
Long-term recovery from opioid use

Long-term recovery from opioid use disorder is possible! People with substance use disorders can live self-directed lives, be happy, healthy, good parents, and reach their goals.

To be successful in recovery, people need access to evidence-based clinical treatment and recovery support services. Recovery requires a holistic approach, and involves the person seeking help from their family, friends, and community. The use of medication-assisted treatment (MAT) during pregnancy, coupled with counseling and behavioral therapy, is the recommended best practice for the care of pregnant women with opioid use disorders.¹³

¹³ American College of Obstetricians and Gynecologists. (2017). Opioid use and opioid use disorder in pregnancy. Committee on Obstetric Practice, American Society of Addiction Medicine.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has delineated four major dimensions that support a life in recovery:



The process of recovery is challenging, and is characterized by continual growth that may involve setbacks, such as relapse. Efforts to build the resilience of the person in recovery can help her or him to cope with challenging situations, and be prepared to better respond to the next stressful situation. It is important that people who experience setbacks in their recovery continue to feel supported and are encouraged to continue on their recovery journey.

Recovery support services

Recovery support services can include support groups, recovery coaches/peer support specialists and services that reduce barriers to housing, food insecurity/nutrition, employment, education, transportation, and child care, etc.

Treatment options for opioid use disorders

Treatment for opioid use disorders takes many forms.

- Inpatient treatment
- Residential programs
- Partial hospitalization or day treatment
- Outpatient and intensive outpatient programs
- Medication-assisted treatment (MAT)

Medication Assisted Treatment (MAT)

MAT uses medications such as methadone, buprenorphine, and naltrexone to treat opioid use disorder. These drugs can both relieve the withdrawal symptoms and cravings that people with opioid use disorder experience and can support long-term recovery. MAT medications are safe to take for months, years, or a lifetime under the supervision of a qualified health care professional.

Women who are pregnant or breastfeeding should talk to their treatment provider about Medication Assisted Treatment. According to the National Institute on Drug Abuse, “Buprenorphine and methadone have both shown to be safe and effective treatments for opioid use disorder during pregnancy. While NAS may still occur in babies whose mothers received these medications, it is less severe than in the absence of treatment. Research does not support reducing medication dose to prevent NAS, as it may lead to increased illicit drug use, resulting in greater risk to the fetus.”

It is important to remember that medications kept at home must be locked in a safe place away from children. MAT-approved medications may be mistaken for soft drinks or candy by children. Children who ingest MAT medications are at risk for overdose and/or death.

Where can I find treatment programs in my community?

Find a HRSA Community Health Center Near You ¹⁴	https://findahealthcenter.hrsa.gov/?display=map&zip=&submit.x=23&submit.y=12
SAMHSA Behavioral Health Treatment Services Locator	https://findtreatment.samhsa.gov/
SAMHSA Buprenorphine Treatment Practitioner Locator	https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
SAMHSA Opioid Treatment Program Directory	https://dpt2.samhsa.gov/treatment/directory.aspx
Medication-Assisted Treatment (MAT) Support Organizations	https://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations

Naloxone

Naloxone, also known as Narcan, is a rescue medication that can quickly reverse opioid overdose. For example, it can quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of an opioid overdose. Naloxone is a harm-reduction strategy and is not treatment.

Naloxone can be purchased in a pharmacy, sometimes without a prescription (varies by state) and is available through distribution sites at low/no cost in many states. Law enforcement, EMS, and community-based naloxone distribution programs can apply to be a Qualified Purchaser to order naloxone or work with their state or local health departments. Talk with your doctor or pharmacist about obtaining naloxone, or visit this website to find locations to obtain Naloxone near you: <https://prevent-protect.org/individual-resources/faq-individual/>.

Discussion Questions

1. What treatment and recovery supports are available in our community?
 - a. Do any of our local community health centers offer substance use disorder and/or mental health disorder treatment, recovery coaches, peer support groups, etc.?
 - b. Do we know of any telehealth providers for MAT or counseling/therapy?
2. Where is naloxone available in our community? Do we want to make naloxone available at our program and/or refer to distribution sites?
3. Do the recovery support services in our community meet the unique needs of our clients? (Consider culture, language, pregnancy status, location, hours of operation, etc.)
4. Does our organization support women and their families in their recovery journey? In what ways could we improve?
5. How do we respond to a client in recovery who experiences relapse or another type of setback? How could we improve?
6. How does our program collaborate with the local recovery organizations to foster a supportive community for people in recovery?

Addressing Opioid Use

Activity 5: Discuss how your program can address opioid use among individual program participants

Identifying a Need

Healthy Start and home visiting programs have unique insights into the lives of their program participants through the trusted relationships they form and services they provide. The Healthy Start Screening Tools

¹⁴ Health centers are community-based and [patient-directed](#) organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services.

contain questions about substance use that can help staff identify substance use treatment and recovery needs. Additionally, home visitors have the opportunity to explore a participant's home environment, where they may encounter signs of substance use. In-home observations are brought back to program staff where decisions can be made as a team as to how to address the situation with the participant and encourage and support them or their partner to seek treatment. By identifying these needs in the context of your program, substance use needs can be addressed as part of the holistic care provided to participants and their families.

Linking to treatment and recovery services

Healthy Start and home visiting programs provide care coordination and linkage to services, meaning that they likely already have referral relationships or partnerships with organizations in their community. When a program identifies a participant that needs treatment or recovery supports, it can draw upon these existing relationships to link the participant to the treatment that she needs in order to ensure that she, her children, and her family have all of the tools that they need to achieve optimal outcomes. By deciding to participate in your program, a participant has already made the decision to do something good and healthy for both herself and her family. Continue to encourage clients to build on this positive decision to engage with support and recovery services.

Creating a supportive environment

As this guide noted earlier, support networks are essential to long-term recovery. The Healthy Start and home visiting programs can provide a welcoming, supportive environment in which a participant and her family can feel confident and secure that she is making healthy decisions for herself and her child. Staff should receive training on the proper use of person-centered and recovery-oriented language to ensure that participants with opioid or other substance use disorders do not experience feelings of embarrassment or shame, which can be harmful to the recovery process. Some Healthy Start and home visiting programs have also started support groups for participants and/or family members in treatment or recovery from opioid use disorders.

Where can I get more information about how to identify indications of opioid or other substance use?

Access the University of Cincinnati, College of Allied Health Sciences interactive e-learning module for providers caring for pregnant women on Screening, Brief Intervention, and Referral to Treatment (SBIRT). http://cahsmedia2.uc.edu/host/PregnancyModule/story_html5.html

View the Healthy Start EPIC Center webinar, "Using SBIRT in Healthy Start: Destigmatizing Addiction and Cultural Considerations" (4/13/17). <http://healthystartepic.org/event/using-sbirt-in-healthy-start-destigmatizing-addiction-and-cultural-considerations/>

How Healthy Start and Home Visiting can address opioid use in the community

Healthy Start and home visiting programs are uniquely situated to contribute to a community's response to the opioid crisis. Healthy Start and home visiting programs have great relationships with organizations in their community. Healthy Start, in particular is already tasked with participating in Community Action Networks (CAN). CANs can be a great mechanism through which organizations can come together to work towards creative solutions to complex problems in the community. CANs often work to address the social determinants of health, many of which underpin opioid use. If opioid use is identified as a problem in the community, CAN members should look at their organization's strengths and work together to build a resilient, supportive, recovery-focused community.

Additionally, Healthy Start programs can encourage staff and CAN members to carry and/or distribute naloxone. Naloxone (also known as Narcan) is an emergency rescue medication that can reverse an overdose. Naloxone is a harm-reduction strategy and is not treatment. Check out this website to find out where naloxone is available near your program: <https://prevent-protect.org/individual-resources/faq-individual/>.

Discussion Questions

1. Have program staff received training to help them identify signs of substance use or misuse in the home?
2. What would you do if you discovered that there was substance use in the home? Does our organization have a protocol for how to address suspicion of opioid or other substance use with clients?
3. Has our CAN discussed opioids in our community?
 - a. If yes, what has come from those conversations, and what are the next steps our organization can take to keep them moving forward?
 - b. If no, why not? Could our program take a leadership role in addressing opioid and other substance use in our community?
4. What barriers does our community experience in addressing opioid and other substance use?

This staff meeting training package was developed by the Alcohol and Substance-Exposed Pregnancy Prevention Initiative (AStEPP), a program of the Healthy Start EPIC Center. AStEPP offers training and technical assistance to increase Healthy Start grantees' understanding of the impacts of fetal exposure to alcohol and other drugs, and strengthen their capacity to engage in effective prevention and early identification activities with pregnant women, mothers, and newborns. For information, resources, and technical assistance on this topic area and others, visit the AStEPP Initiative at <https://healthystartepic.org/astepc>.

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