

FASD

What more can we do?

Kevin Kunz, MD, MPH
Improving Outcomes Across Systems of Care
2nd Hawaii Conference on FASD
September 10, 20219
Honolulu, Hawaii



Opioid
Response
Network
STR-TA



Overview of Talk

- ✦ Opioid Response Network
- ✦ Terminology
- ✦ Social Determinants of Health
- ✦ Its not just about alcohol
- ✦ Maternal SUDs are pediatric diseases
- ✦ Opioids and alcohol
- ✦ What more can we do?



Working with communities to address the opioid crisis.

- ✦ The STR-TA Consortium provides local, experienced consultants to communities and organizations to help address the opioid public health crisis.
- ✦ The STR-TA Consortium accepts requests for education and training resources.
- ✦ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS) who is an expert in implementing evidence-based practices.



Working with communities to address the opioid crisis.

- ✦ SAMHSA's State Targeted Response Technical Assistance (STR-TA) Consortium assists STR grantees and other organizations, by providing the resources and technical assistance needed to address the opioid crisis.
- ✦ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.



Substance Abuse and Mental Health Services Administration (SAMHSA)

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Contact the STR-TA Consortium

✦ To ask questions or submit a technical assistance request:

- Visit www.opioidresponsenetwork.org
- Email str-ta@aaap.org
- Call 401-270-5900

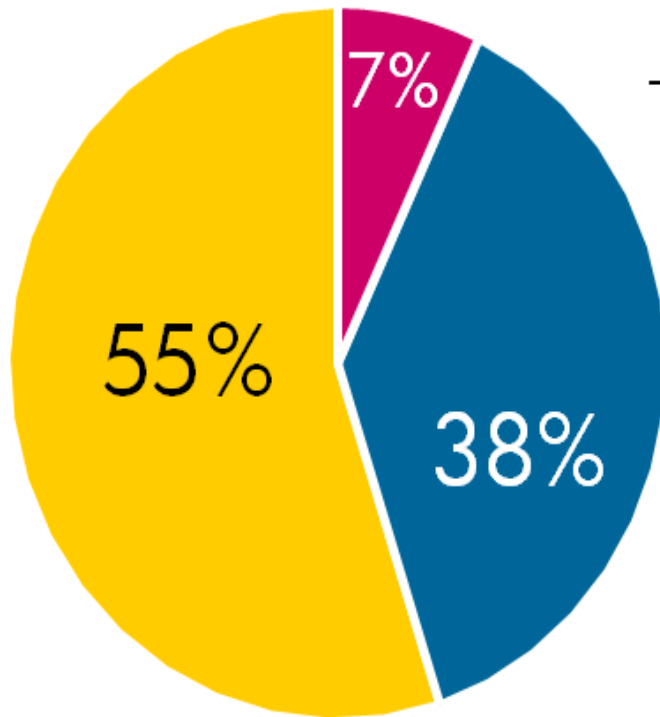


Terminology

- ✧ Words count
- ✧ Words are expressions of thinking and feeling
- ✧ Communicating is more than words



More Than Words.....



Dr. Albert Mehrabian's 7-38-55% Rule

Elements of Personal Communication

- 7% spoken words
- 38% voice, tone
- 55% body language



SUD: Recommended Terminology

AVOID

Abuse, Misuse

Addict, Alcoholic, Ice Head, etc.

Relapse

Detoxification



PREFER

Use (risky, unhealthy, hazardous)

Person with an SUD, addiction

Use, return to use, recurrence
(disorder vs. remission terms)

Withdrawal, withdrawal
management



**The way you see
people is the way
you treat them, and
the way you treat
them is what they
become.**

**Johann Wolfgang von
Goethe**

Social Disparities of Health

- ✧ All women:

 - 50% of women 18-35 used alcohol recently (30 d)

 - 5% used illicit substances

 - 14-18% used tobacco

- ✧ Risk Factors for perinatal substance use

 - Partner's alcohol and drug use, single vs. married?

 - Ethnicity, Education, Employment, Income level?

 - Health care coverage? Type?

 - Island of residence, rural or urban, Zip code?

- ✧ **Pregnant women: prevalence of SU: .5 – 25%**

 - (reporting may only indicate 50% of what UDS indicates)**



Its Not just About Alcohol

- ✦ 9 % of pregnant women use alcohol
 - 20% of these use tobacco
- ✦ 8-15% use tobacco
- ✦ 7-30% use cannabis
- ✦ 4-6% use non medically prescribed opioids (NMPO)
 - 97% of these use tobacco
- ✦ 28% received an opioid prescription in pregnancy
- ✦ 1.1% use cocaine
- ✦ 1% use methamphetamine
- ✦ Pregnant women treatment admissions: 40% use alcohol (primary substance in 20%), 40% use cannabis, 40% use opioids, 24% methamphetamine

Data on co-use is incomplete:

“up to 50% of pregnant women have poly substance use”



Continuum of Substance Use

Percent of Population Age 12+
by Level of Substance Use*



* Includes tobacco, alcohol, illicit drugs and misuse of controlled prescription drugs. Source: CASAColumbia® analysis of *The National Survey on Drug Use and Health (NSDUH)*, 2010.

Substance Use Disorders: many flavors and many silos

Many Flavors

✧ Old world



✧ New world



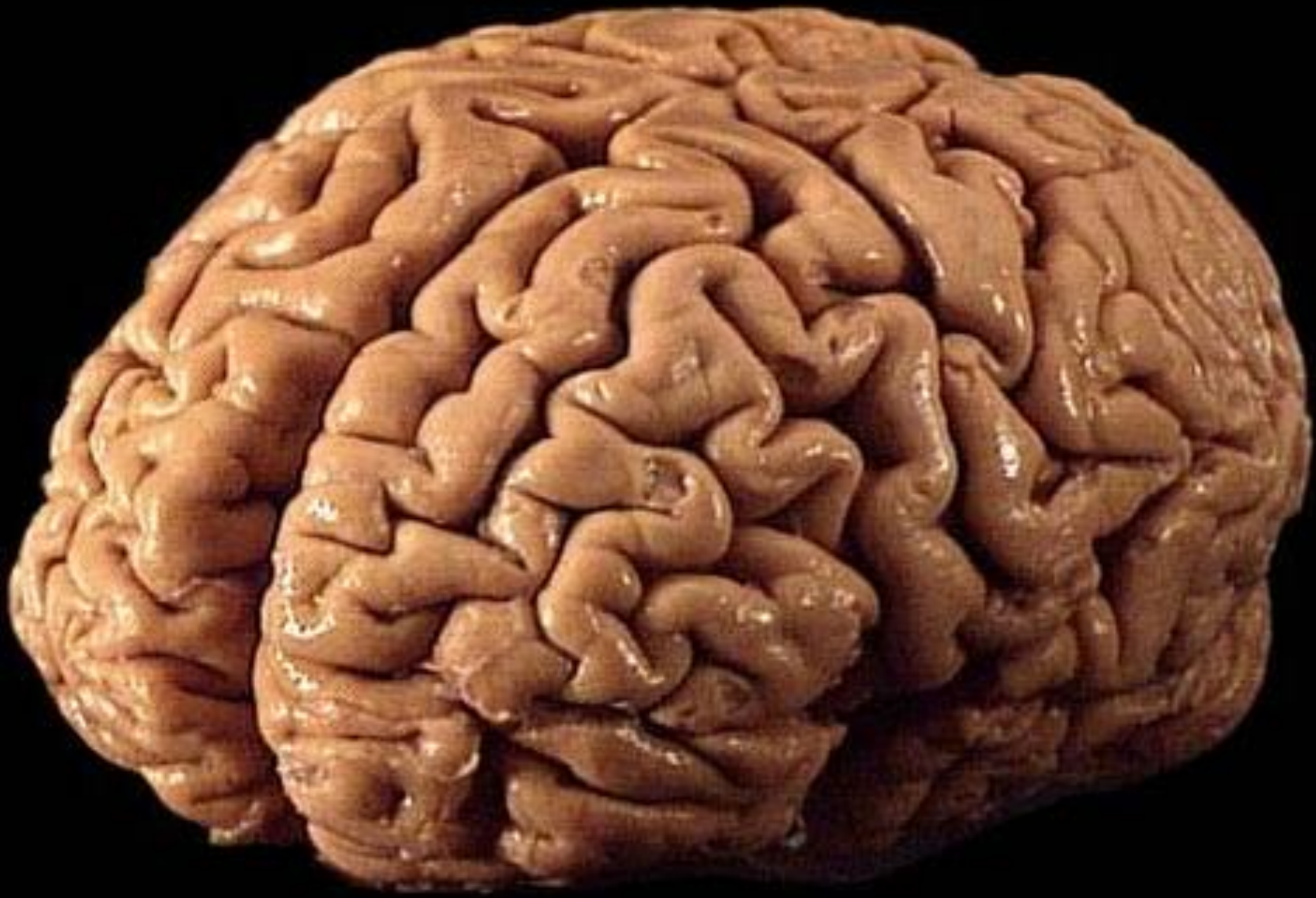
Many Silos

- ❖ Alcohol: NIAAA
- ❖ Drugs: NIDA
- ❖ Tobacco: National Cancer Center, CDC
- ❖ Professions. Specialty. Health Systems. Society

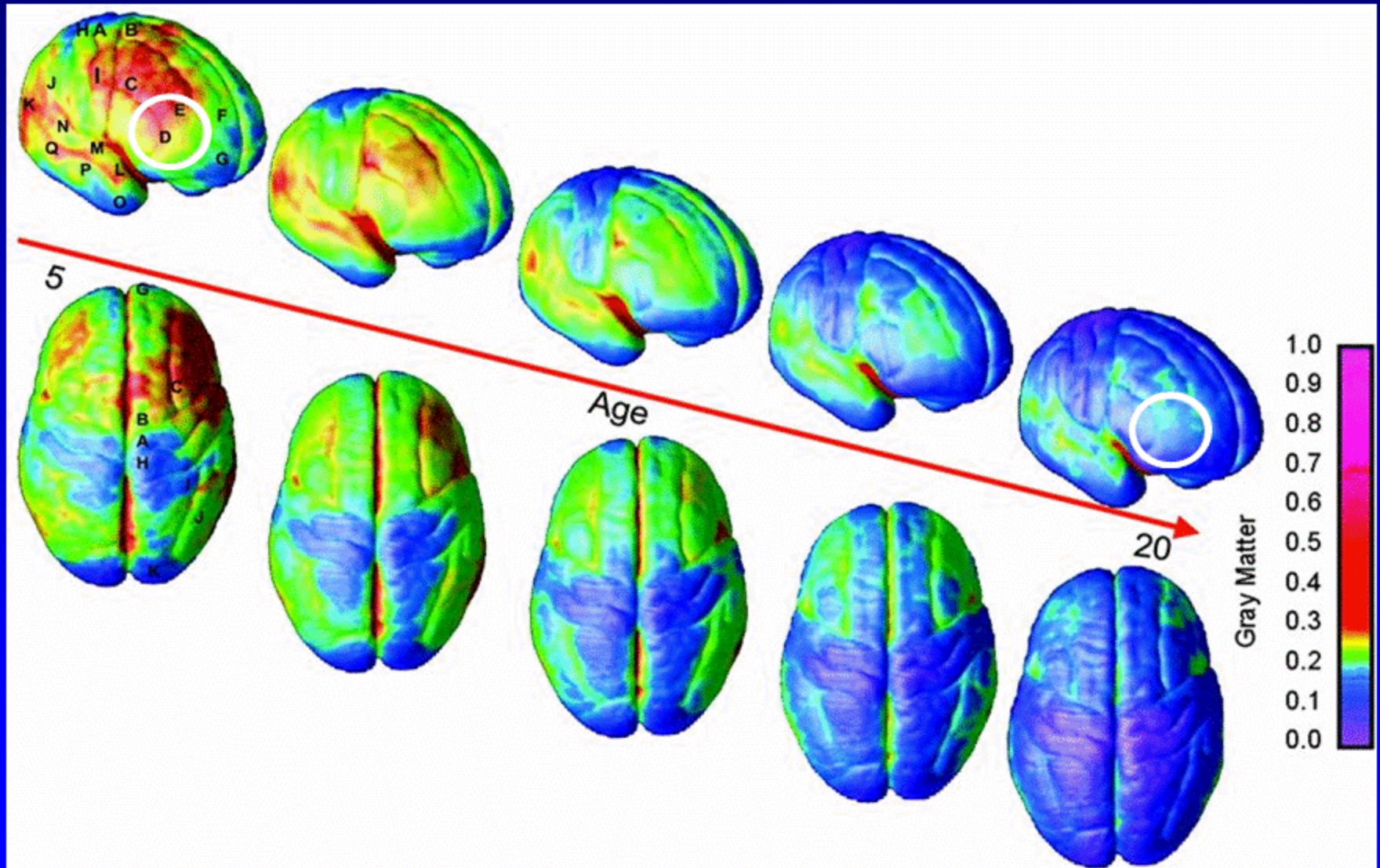


Maternal SUD are Pediatric Disorders





MRI Scans of Healthy Children and Teens Over Time



TEEN Brain Development

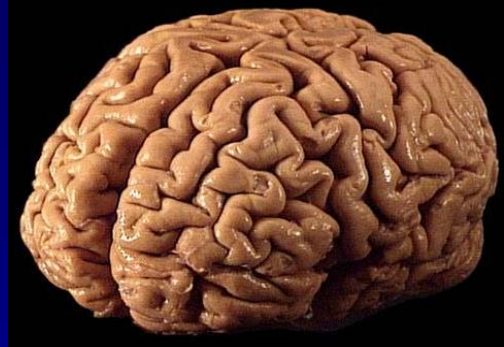
- Areas of brain to develop in **EARLY TEEN YEARS:**

- Risk-taking and sensation-seeking

- Areas of brain to develop **LATER:**

- Regulates emotions
- Impulse control
- Considering consequences
- Judgement and decision-making





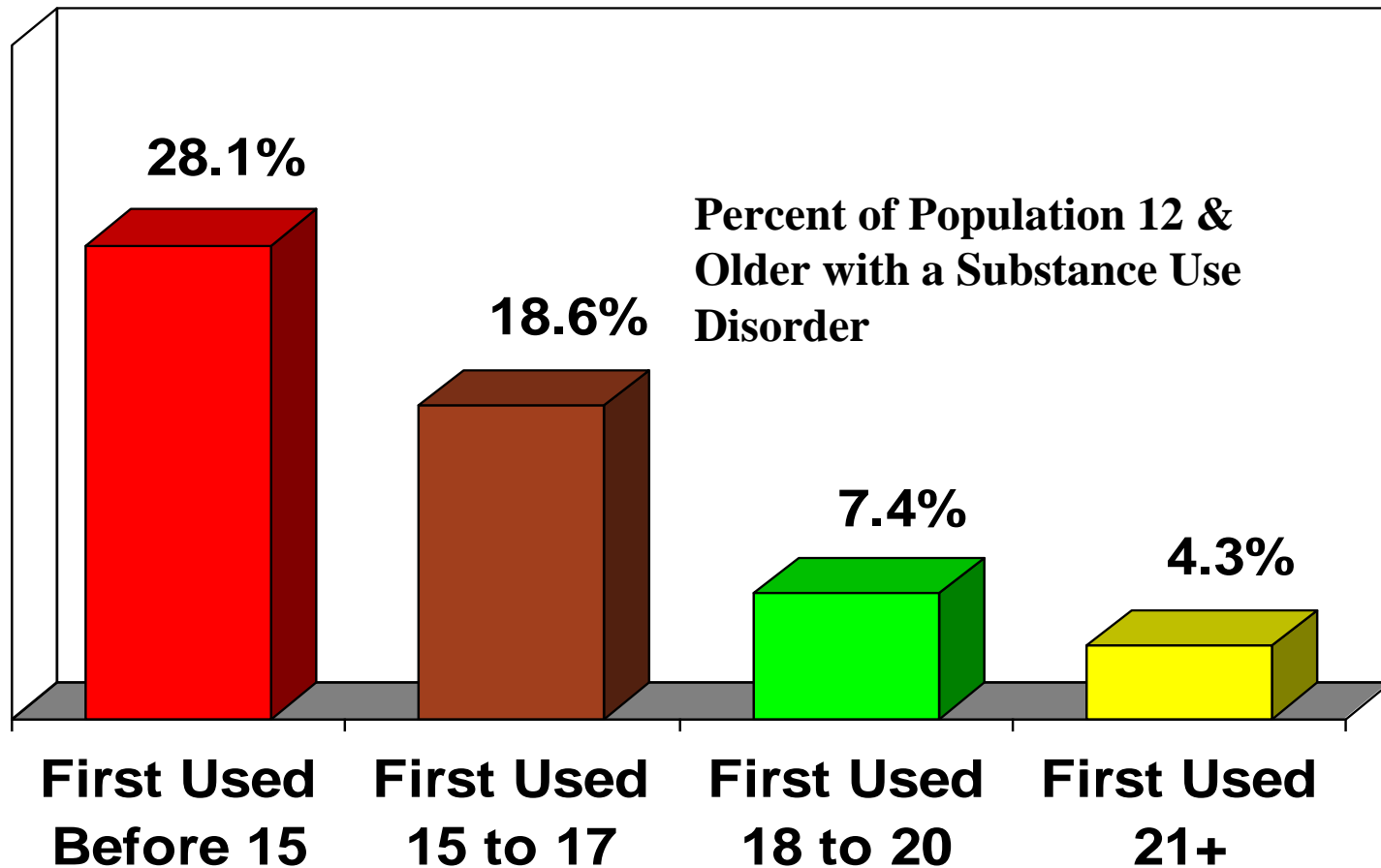
**Voluntary
Drug Use**



**Compulsive
Drug Use
(Addiction)**



The Earlier Teens Use Any Substance, the Greater the Risk of Addiction



Source: CASA analysis of the *National Household Survey on Drug Use and Health* (NSDUH), 2009.



Opioids and Alcohol



Alcohol and Opioids



More than half of the 4.2 million people who misuse prescription opioids in the U.S. also binge drink.

www.cdc.gov/alcohol



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CS 306178-A

Prescription opioid misuse among people who binge drank varied by age and social factors

While young people who binge drank had higher rates of prescription opioid misuse, 2 in 3 people who binge drank and misused prescription opioids were age 26 years and older.

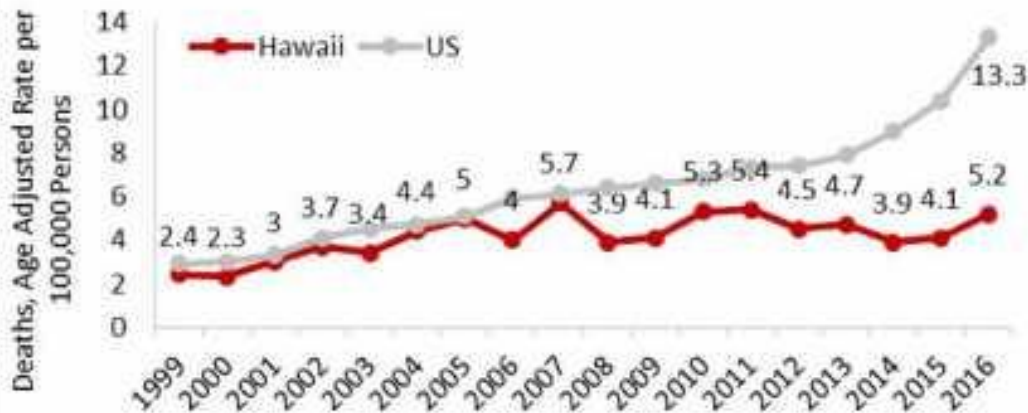
Prescription opioid misuse was more common among people who binge drank with lower education and income levels.

Prescription opioid misuse increased with the frequency of binge drinking.



Opioid Crisis- Hawaii

Figure 1. HI Rate of Opioid Related Overdose Deaths



¹ Source: Death certificate database of Hawaii DOH. Based on average of 5-year period 2013-2017.

² Source: Hospital emergency department and inpatient records, provided by the Hawaii Health Information Corporation. Based on average of 5-year period 2013-2017.

³ Calls in 2017.

⁴ Source: EMS patient care reports submitted to Hawaii DOH. Number for 2017.

HAWAII OPIOID DATA

August 1, 2017 - August 1, 2018

59

OPIOID-RELATED FATAL OVERDOSES¹

384

NONFATAL OPIOID
OVERDOSES²

180

OPIOID-RELATED CALLS TO
THE HAWAII POISON HOTLINE³

503

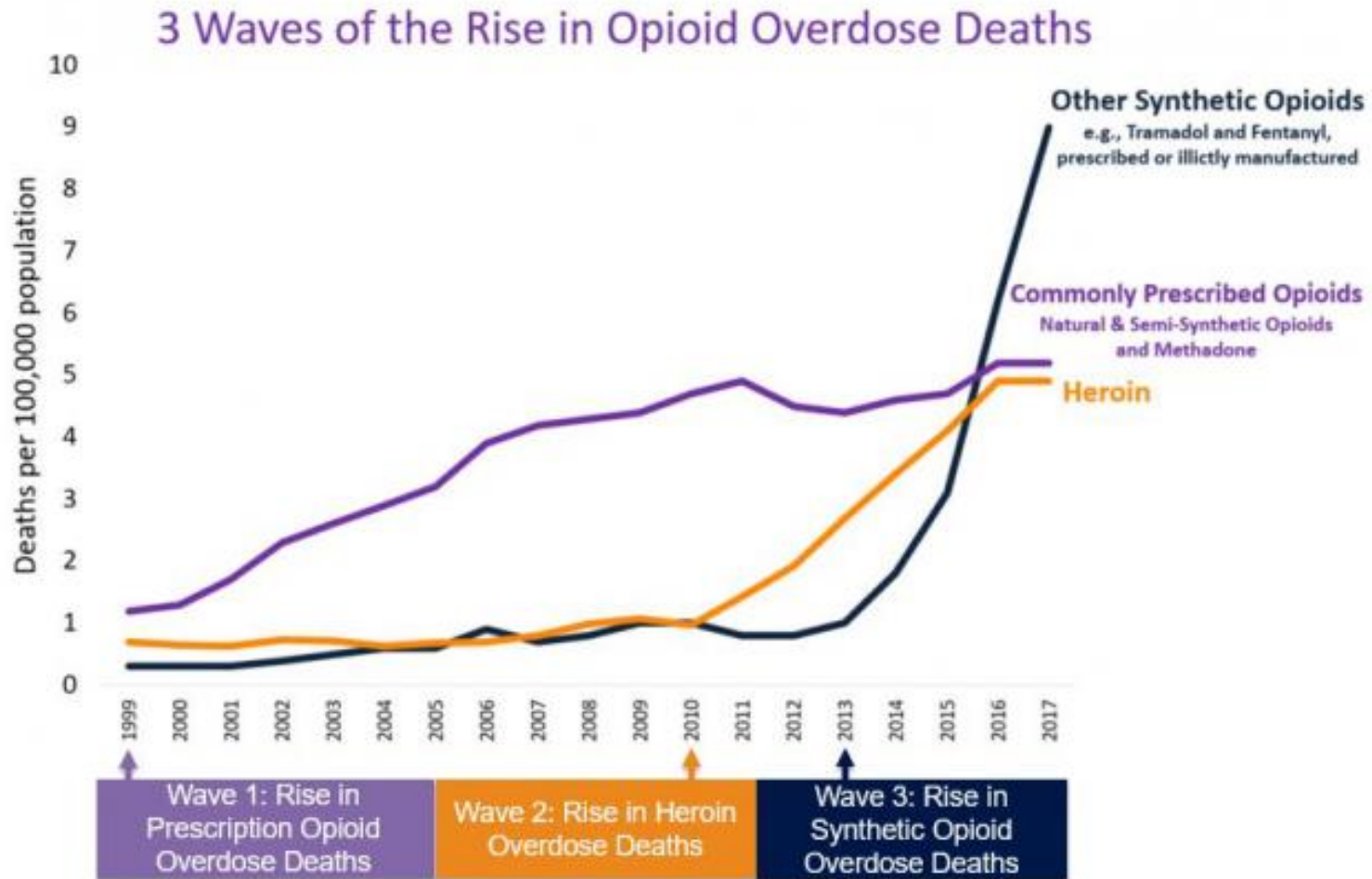
ADMITTED TO TREATMENT
PROGRAM

1,332

EMS PATIENTS TREATED WITH
NALOXONE⁴



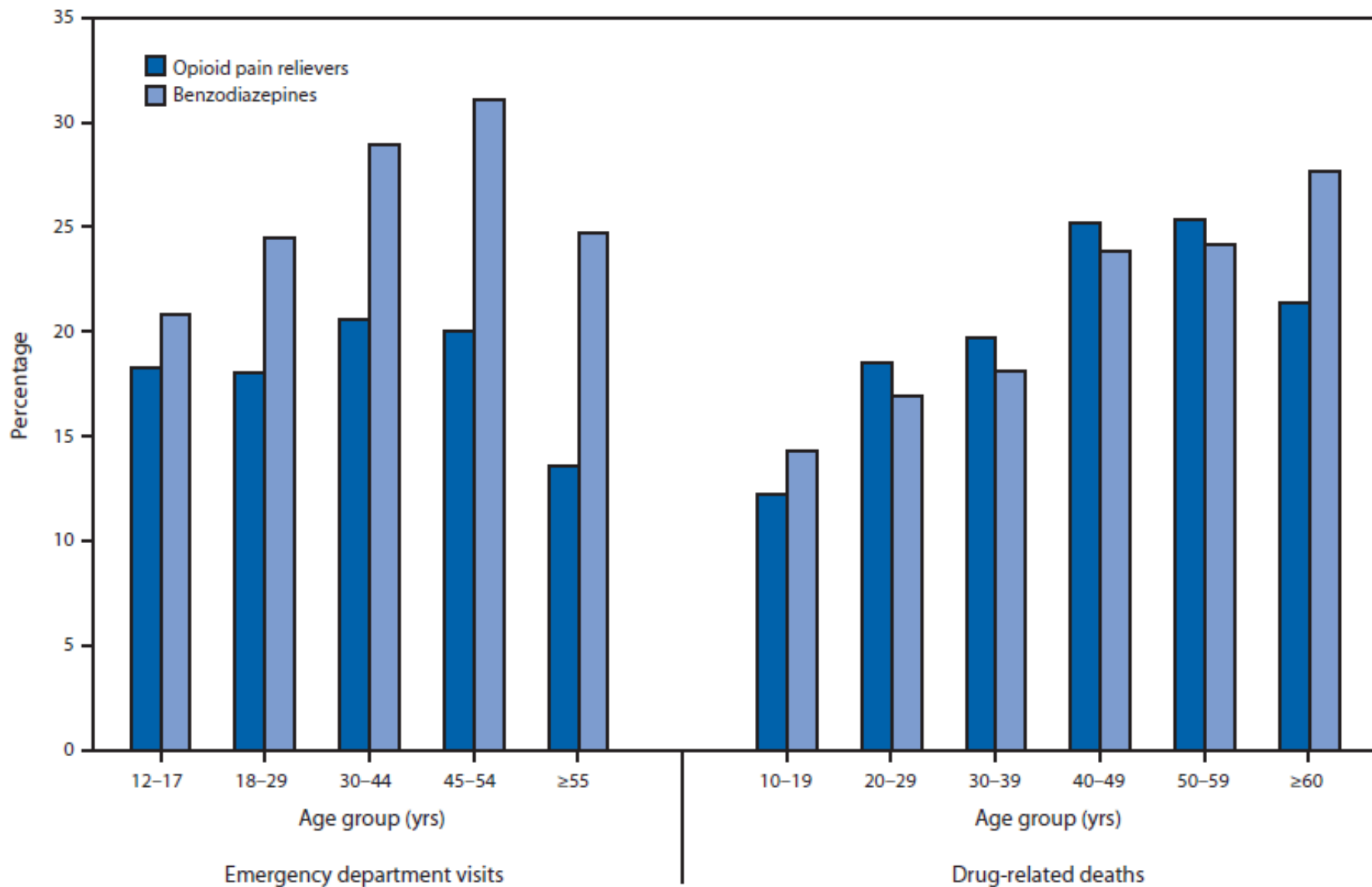
Death is a measure of health



SOURCE: National Vital Statistics System Mortality File.



Percentage of opioid pain reliever and benzodiazepine drug abuse–related emergency department visits in the United States and drug-related deaths in 13 states that involved alcohol, by age group — Drug Abuse Warning Network, 2010



Goals of Medication for OUD

- ✧ Decrease pregnancy and birth complications
- ✧ Reduce morbidity and mortality
- ✧ Reduce/eliminate opioid agonist use
- ✧ Address other substance use
- ✧ Increase retention in addiction treatment
- ✧ Improve general health and well-being
- ✧ Reduce drug-related crime



Buprenorphine/Naloxone film or tablet (4:1 combination)

- ✦ Partial opioid agonist, Schedule III

- ✦ Dosing

- Once daily, sublingual

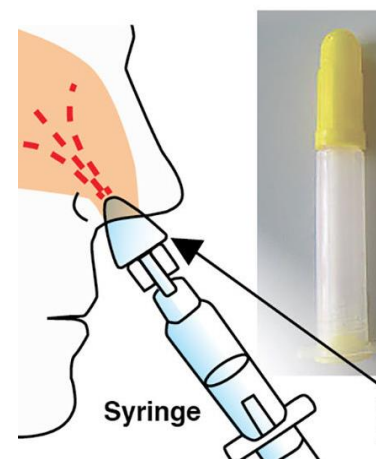


- ✦ Office based prescribing by physicians, PAs, or NPs with DATA 2000 waiver or “X license”



Naloxone

- ✧ Opioid antagonist that prevents lethal opioid overdose by rapidly displacing opioid
- ✧ Nasal formulation fast acting
- ✧ Risk factors for overdose
 - Concurrent use of sedatives, especially benzodiazepines, and/or alcohol
 - Recent abstinence
 - Use of illicit opioids, especially injected
 - Use of high dose prescription opioids
 - Underlying pulmonary disease or sleep apnea



Sequelae of substance use in Pregnancy

Alcohol

Tobacco

Cannabis

Opioids/Pain Meds

Cocaine

Methamphetamine

Heroin

Benzodiazepines

Aspirin?



FASD Incidence

- ✧ United States: .5- 2.0 cases per 1,000 births
- ✧ Hawaii annual live births: 19,000
- ✧ Estimated annual FASD incidence: 8- 58
- ✧ 45 – 50% of all live births in Hawaii are the result of unintended pregnancies.



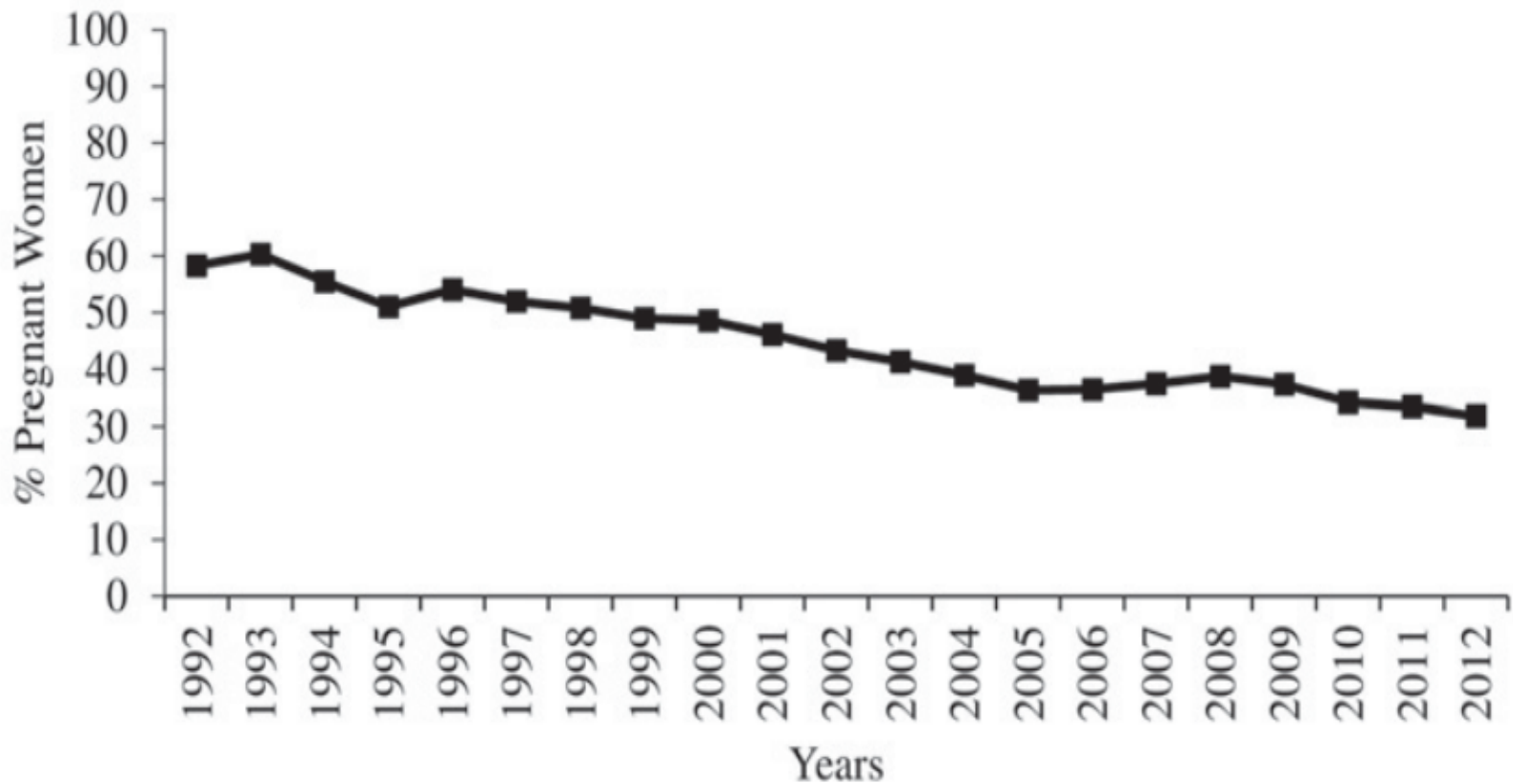


Fig. 1. Proportions of pregnant women who reported alcohol use each year at substance abuse treatment admission (N = 166,863).



**We will never treat our way out of
FASD and other sequelae of
substance use in pregnancy**



What More Can We Do?





Approaches to Curative and Preventive Medicine

Curative

- ❑ Identify pathology
- ❑ Restore health (return to the norm)
- ❑ Promote individual service ethic
- ❑ Clinical intervention predominates

Preventive

- ❑ Identify risk
- ❑ Reduce risk (shift in the norm)
- ❑ Responsibility is to the population
- ❑ Behavioral and social interventions are prominent, accompanied by clinical intervention



Strategies to Overcome Obstacles to Prevention

- ✧ Pay for prevention.
- ✧ Make prevention cheaper than free.
- ✧ Involve employers.
- ✧ Reengineer to reduce need for individual action.
- ✧ Use policy to make the right choices easier.
- ✧ Use multiple channels to educate, reframe, and elicit positive



Barriers to Primary Prevention

- ✧ Success is invisible.
- ✧ A lack of drama makes prevention less interesting.
- ✧ Statistical lives have little emotional effect.
- ✧ There is usually a long delay before rewards appear.
- ✧ Benefits often do not accrue to the payer.
- ✧ Advice is inconsistent or changes.



Barriers (continued)

- ✧ Persistent behavior change may be required.
- ✧ Bias against errors of commission may deter action.
- ✧ Avoidable harm is accepted as normal.
- ✧ Prevention is expected to produce a net financial return, whereas
- ✧ Treatment is expected only to be worth its cost.
- ✧ Commercial interests may conflict with disease prevention.
- ✧ Advice might conflict with personal, religious, or cultural beliefs.



Barriers We Must Address

- ❖ Competing priorities and time constraints
- ❖ Lack of adequate screening skills and protocols
- ❖ Relationship between providers and pregnant women
- ❖ Healthcare providers perceptions
- ❖ Under-reporting, or none/false disclosure
- ❖ Guilt, anxiety
- ❖ Stigma, ignorance



Substance Use Disorder 101 Core Curriculum, July 2019

- While healthcare professionals are often on the front lines of treating substance use disorders most have limited (if any) training in this area.
- The curriculum was created to provide a foundation of the current research, resources, and support needed to increase providers' competence and confidence in the care of their patients across the continuum of care.
- Each of the 22 modules is available at no cost and is designated for interprofessional continuing education credits.

<https://pcssnow.org/education-training/sud-core-curriculum/>





**Knowing is not
enough; we must
apply. Willing is not
enough; we must do.**

Johann Wolfgang von Goethe