

A new understanding of

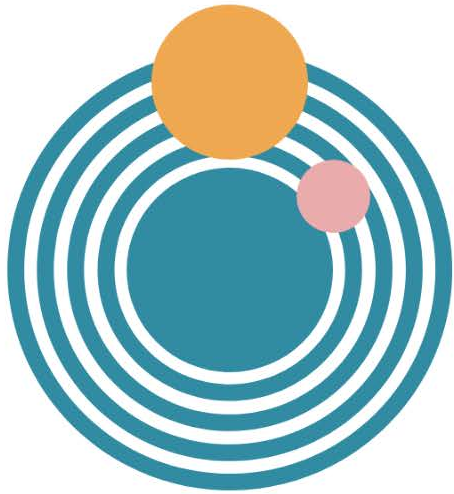
# PERINATAL SUBSTANCE USE

- sharing evidence
- fighting stigma
- reducing harm
- preserving families



A new understanding of

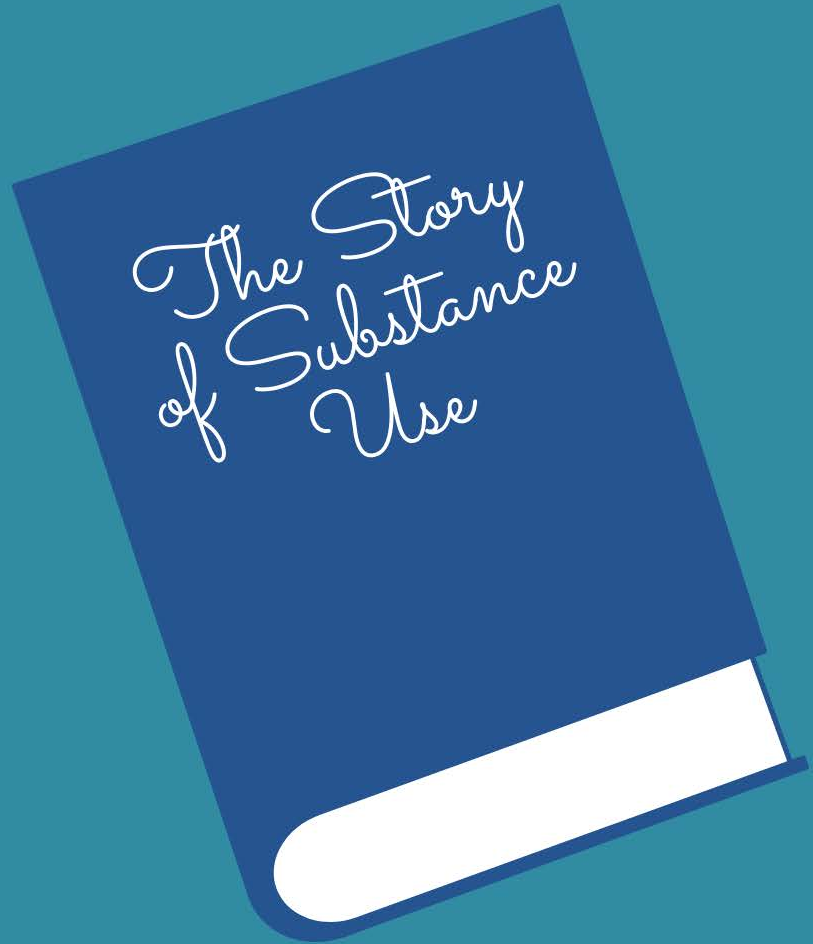
# PERINATAL SUBSTANCE USE



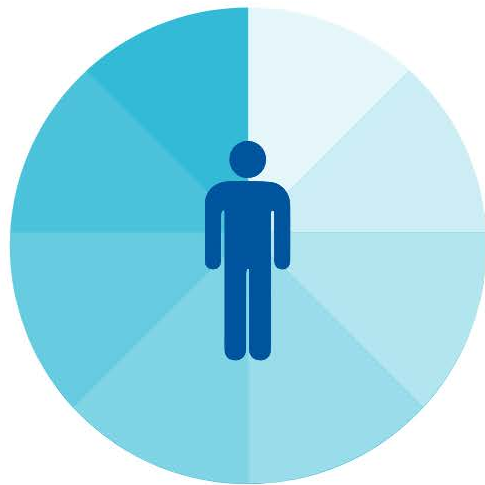
Academy of Perinatal  
Harm Reduction

[www.perinatalharmreduction.org](http://www.perinatalharmreduction.org)

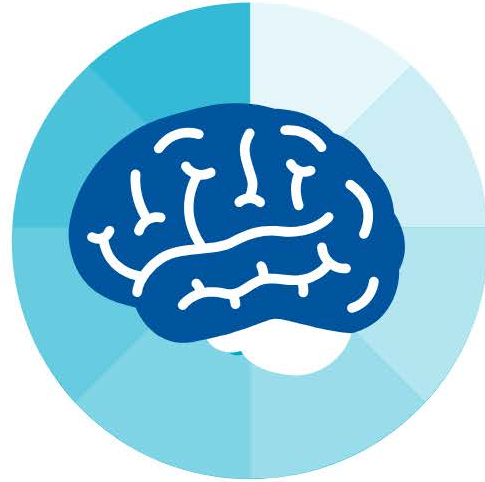
Substance use  
over the  
lifecourse...



We all have  
beautiful  
bodies.



We all have  
beautiful  
brains.



Our bodies  
and brains  
speak to each  
other in  
chemicals or  
"feelings."



hello, brain



hello, body

Some of these  
feelings are  
normal and  
adaptive.

Tiger!!!

run away!

Some of  
these feelings  
cause us  
anxiety and  
deep distress,  
like pain.

panic, brain

flee, body



Some of them  
are the result of  
having  
traumatic  
experiences.

I don't feel  
safe.

be hyper-  
vigilant

Some of them  
are just a part  
of being a  
complex,  
emotional  
being.

Why do I feel  
like this?

No good  
reason.

We can  
change these  
feelings by  
changing the  
chemical  
conversations.

I don't want to  
feel like this.

This will  
help.

I want to try  
something new.

We can  
change these  
feelings by  
changing the  
chemical  
conversations.

I don't want to  
feel like this.

This will  
help.

I want to try  
something new.

Sometimes  
they can be  
produced with  
chemical  
assistance.

endocannabinoids

serotonin

endorphins

That's why we  
meditate.

That's why we  
use medication.

And that's why  
we use drugs.

SSRIs

cannabis

opioids

nicotine

alcohol

Drugs work...  
they help us...

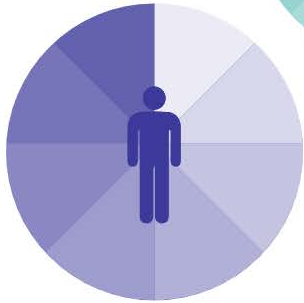
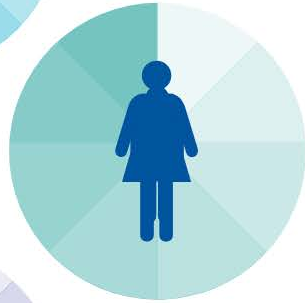
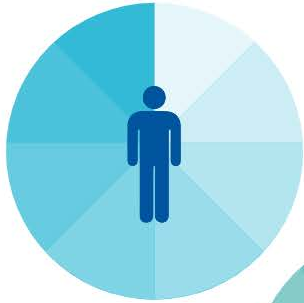
- to relieve pain.
- to relax.
- to cope with trauma.
- to quiet anxiety.
- to be productive.
- to experience pleasure.

... Until  
they don't.

The  
reproductive  
lifecourse...

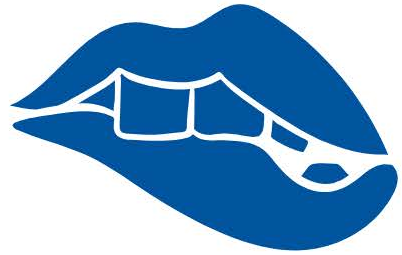






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People have  
beautiful bodies  
and beautiful  
brains.

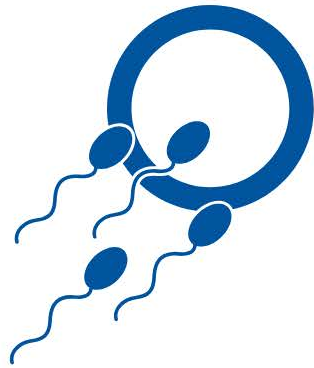


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*This can lead  
to attraction .*



And getting  
it on.



Sometimes  
someone gets  
pregnant.



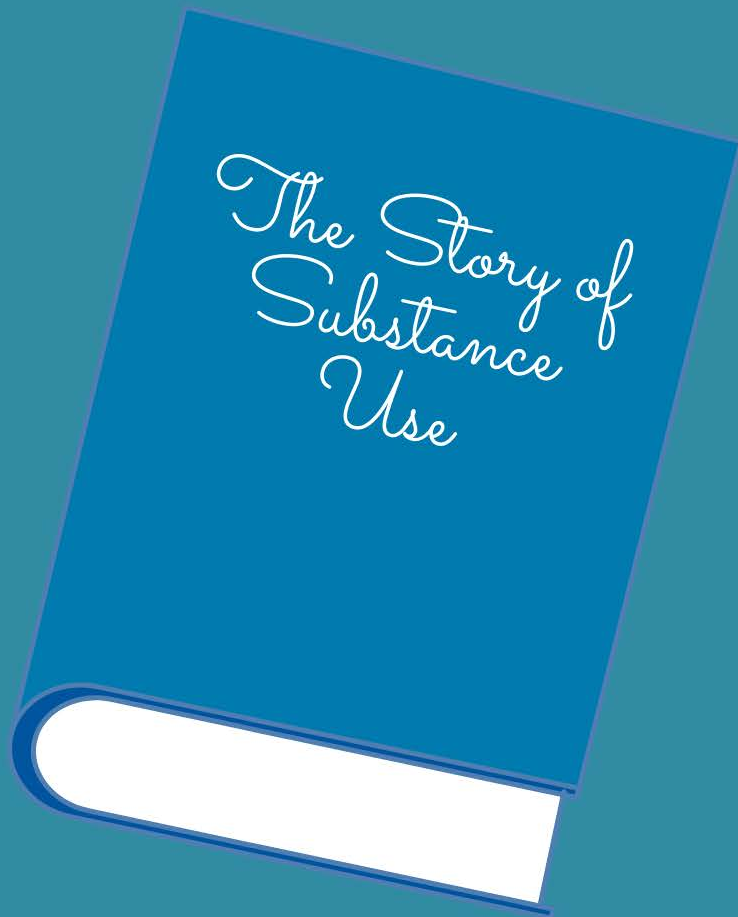
Sometimes they  
are excited to be  
pregnant.

Sometimes they  
are ambivalent.

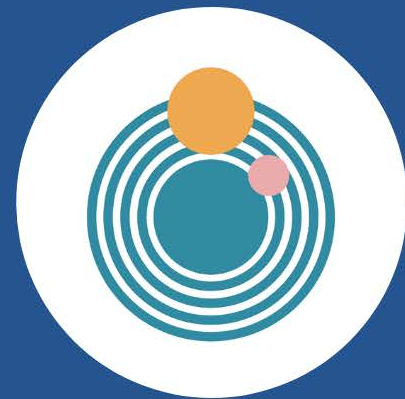


Sometimes  
people decide to  
parent.

Sometimes  
they don't.



# PERINATAL SUBSTANCE USE

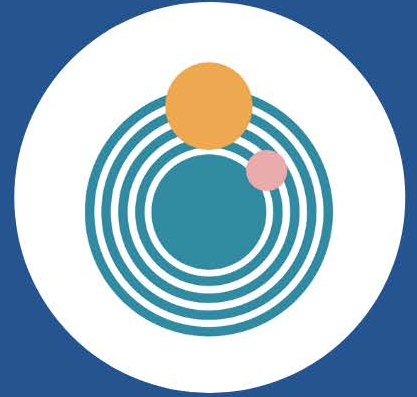


The words we use shape our attitudes and behaviors. They betray our biases. And they signal to people how we really feel about them.

words matter



# words matter



I hope you never hear me say...

"clean"

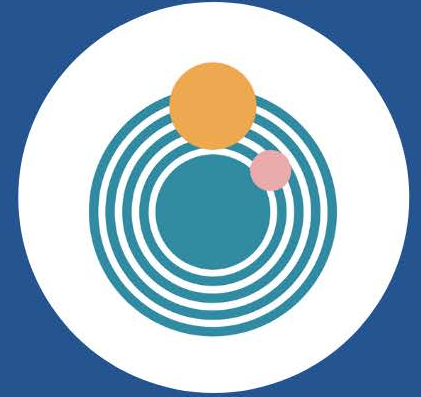
"dirty"

"junky"

"druggo"

"tweekee"

# words matter



- "drug use" and "drug misuse"
- "substance use"
- "illicit substance use" and "licit substance use"
- "substance dependent" and "physiologically dependent"

# recovery language: a guide

Here are some ways to avoid using words that stigmatize substance use and addiction:

**1** Use "people-first language." For instance, refer to a "person who uses substances", or a "person who has a substance use disorder"; and not a "drug user", "addict" or "alcoholic". This is more neutral language that helps to maintain the individuality of the person.

**2** Refer to "substance use" rather than "substance abuse". "Abuse" or "abuser" has been shown to contribute to negative judgments about people with substance use disorders, and may suggest that people should be punished rather than receive treatment.

**3** Choose to recognize that substance use disorders are health disorders. They are not the result of any kind of character flaw or lack of personal willpower. In fact, substance use disorders are the second most common mental health disorder.

**4** Choose to refer to "drug poisoning" rather than a "drug overdose" as the latter perpetuates the myth that a person has "brought this on themselves".

**5** Referring to a "drug habit," or "drug of choice" implies that the person can simply choose to stop. Refer instead to "the substance a person is using".

**6** Choose language that promotes the recovery process. This means not describing a person as being "clean" or "dirty" but rather as "not currently using substances". Also, refer to a person who is not using substances, or is reducing use, as being "in recovery".

**7** Avoid perpetuating negative stereotypes and biases through the use of slang and pejorative names.

**8** The recommended use of non-stigmatizing language also applies when describing a person with other mental health problems and illnesses.

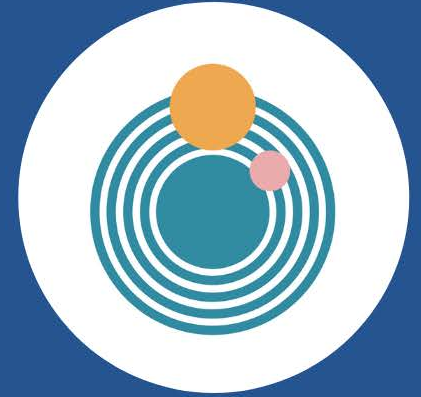
References:  
Michael P. Botticelli. Memo: Changing the Language of Addiction, Office of the National Drug Control Policy, 2017. (Lauren M. Broyles, Ingrid A. Blawieger, Jennifer A. Jenkins, Deborah S. Finnell, Babalola Fasenu, Alan Cavalcata, Marianne Pugatch & Adam J. Gordon. Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response. Substance Abuse Vol. 35, Iss. 3, 2014

John F. Kelly, Richard Saltz & Sarah Wakeman. Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-free" Alcoholism Treatment Quarterly Vol. 34, Iss. 1, 2016  
MG Weiss, J Ramakrishna, & D. Somme. Health-related stigma: rethinking concepts and interventions. Psychol Health Med. 2006;11:277-87.  
Michael P. Botticelli & Howard K. Koh. Changing the Language of Addiction. JAMA October 4, 2016 Volume 316, Number 13 www.facesandvoicesofrecovery.org.

The Canadian  
Mental Health  
Association  
(CMHA)

[https://  
northwest  
vancouver  
.cmha  
.bc  
.ca](https://northwestvancouver.cmha.bc.ca)

# words matter



- Are the words we're using **useful**?
- Do they **accurately describe** the behavior or condition?
- Are they **empowering**? Or diminishing?

# words matter ADDICTION



- "problematic" or "chaotic substance use"
- Babies are never "addicted." They are "substance exposed" or "substance dependent."
- "Addiction" is a set of behaviors babies can't do.



# words matter **TRAUMA**

"When engaging with someone who has experience trauma, remember..."

\* National Council  
on Behavioral Health  
[www.thenationalcouncil.org](http://www.thenationalcouncil.org)

When engaging with someone who has experienced trauma, remember:

**THEY...**

- can change, learn, and grow
- have trauma that is hard to hear, but harder to talk about
- are asking for help
- are communicating that something is wrong

**THEY ARE NOT...**

- permanently damaged with no future
- making it all up
- attention seeking
- just a bad kid or acting out

**BE ATTENTIVE LANGUAGE MATTERS YOUR WORDS HAVE POWER**  
**USE SPEECH FREE FROM LABELS, JARGON, AND JUDGMENTS**

www.thenationalcouncil.org

MENTAL HEALTH FIRST AID  
**NATIONAL COUNCIL**  
FOR BEHAVIORAL HEALTH  
Heads. Think. Strong Communities.

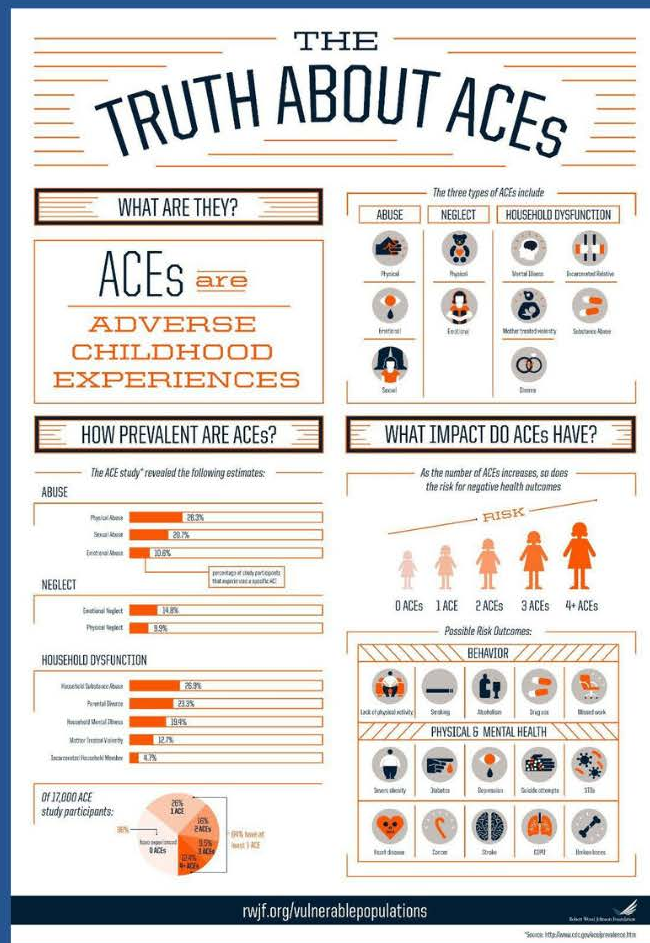
words matter ACEs

# adverse childhood experiences

Vulnerable Populations  
Research and Policy Briefs

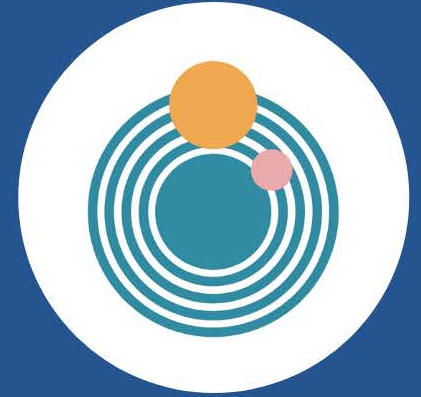
Robert Wood Johnson Foundation

[www.rwjf.org](http://www.rwjf.org)



# words matter

- "recovery" "living in recovery"
- "abstinence" "moderation"
- "actively using"

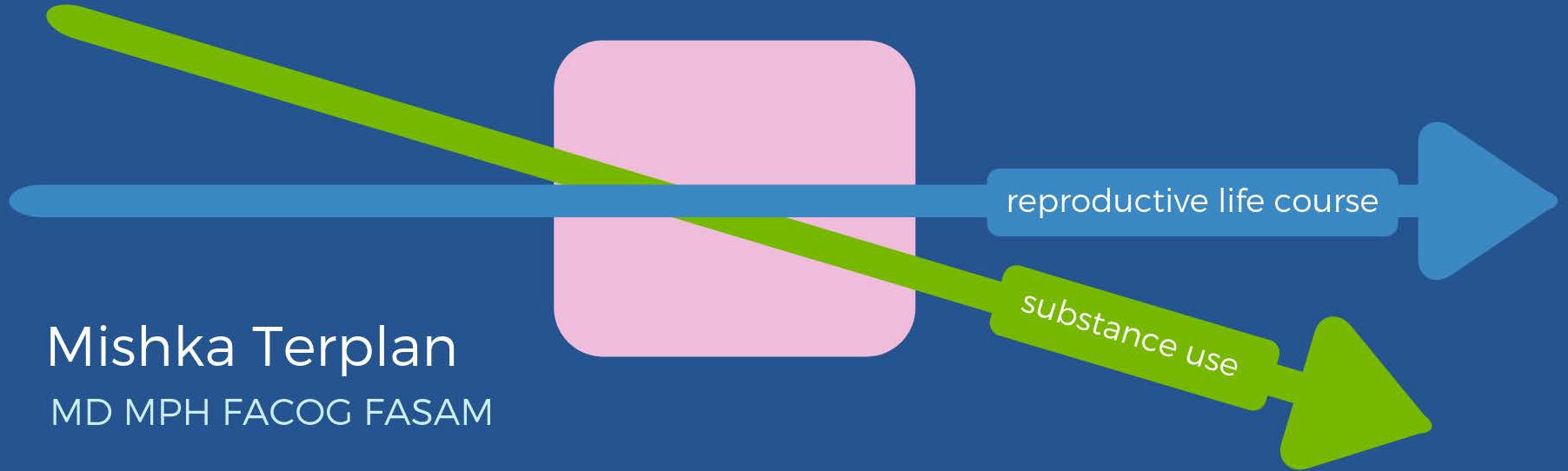


Harm Reduction

\* Meeting people where they're at.



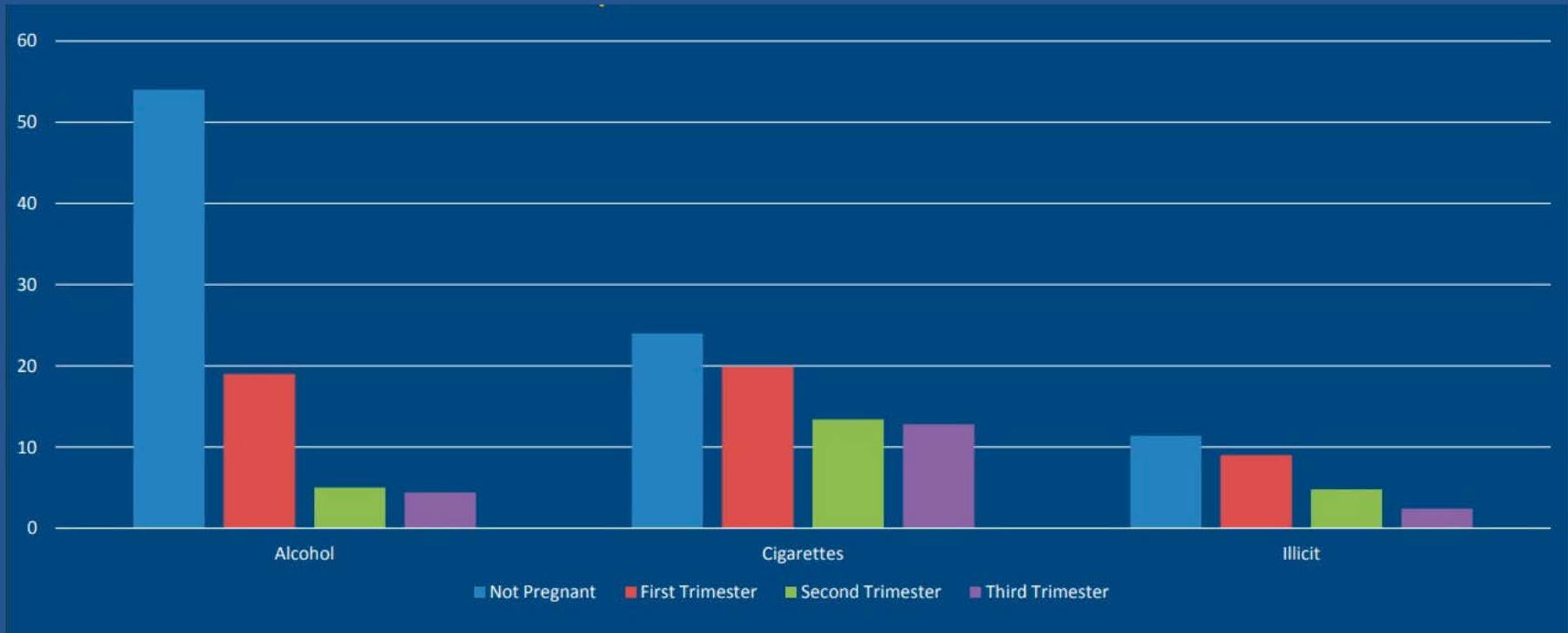
# THE PREGNANCY BOX.



Mishka Terplan  
MD MPH FACOG FASAM

Virginia Commonwealth University [Mishka.Terplan@vcuhealth.org](mailto:Mishka.Terplan@vcuhealth.org)

# What happens when women who use drugs get pregnant?



Mishka Terplan  
MD MPH FACOG FASAM

National Survey Drug Use and Health 2013/2014 Past Month Use Data



- Pregnancy is a powerful incentive to change behaviors.
- People cut down or quit altogether.

Those who continue  
use in spite of adverse  
consequences

=

Those who have a  
Substance Use  
Disorder (SUD)

# GENDER: Mental Health Considerations

Diagnosis	Percent Reporting	
	Female	Male
<b>Serious Psychological Distress</b> (past month)	<b>6.0%</b>	<b>4.1%</b>
<b>Any Mental Illness</b> (past year)	<b>26.2%</b>	<b>17.3%</b>
<b>Serious Mental Illness</b> (past year)	<b>5.0%</b>	<b>3.0%</b>
<b>Major Depressive Episode</b> (past year)	<b>8.5%</b>	<b>4.7%</b>

National Survey on Drug Use and Health 2014, 2015

GENDER:

# Utilization of Medications

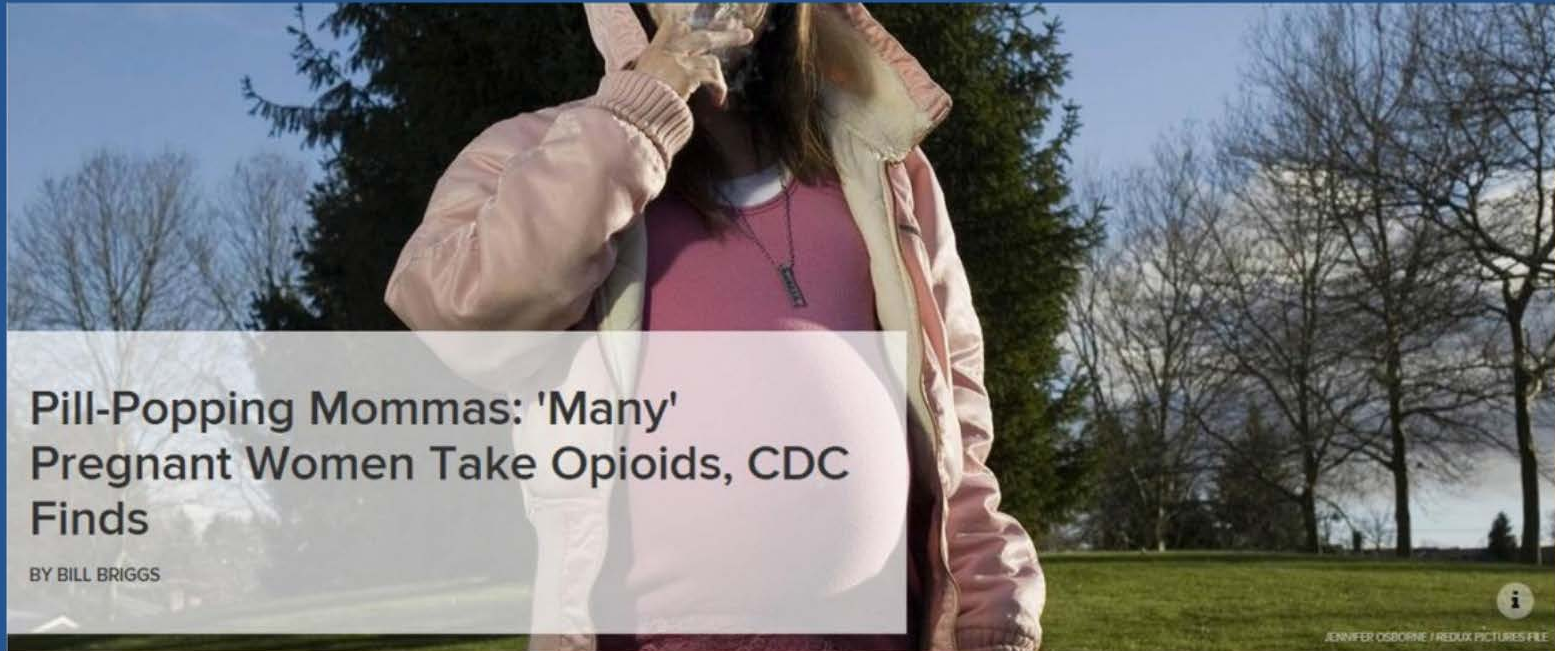
Past Year	Male	Female
Prescription psychotherapeutic drugs	40.9%	47.8%
“Pain Relievers”	33.9%	38.8%
Tranquilizers	11.3%	17.9%
Sedatives	5.6%	8.2%
Stimulants	6.5%	6.3%

National Survey on Drug Use and Health  
2014, 2015

# STIGMA

If you're a womxn...

If you're parenting... If you're pregnant...



**Pill-Popping Mommas: 'Many'  
Pregnant Women Take Opioids, CDC  
Finds**

BY BILL BRIGGS



JENNIFER OSBORNE / REDUX PICTURES FILE



# STIGMA

"No bystander could be more innocent. No damage so helplessly collateral."

\* crack cocaine

A parent's heroin addiction, a newborn's death sentence



Mike De Sist

Nicole Beltrame with her 18-month-old daughter, Nevaeh, with whom she was recently reunited. Beltrame became addicted to painkillers after a bad car accident, but she's off the drugs now and pregnant again, with her baby due 1 month.

# Criminalization: Substance Use During Pregnancy

Policy	Number of States
Substance Use Considered Child Abuse	24+DC
Substance Use Grounds for Civil Commitment	3
Mandatory Reporting	23+DC
Targeted Programs for Pregnant Women	19
Pregnant Women Given Priority Access	17+DC
Pregnant Women Protected from Discrimination	9

Terplan

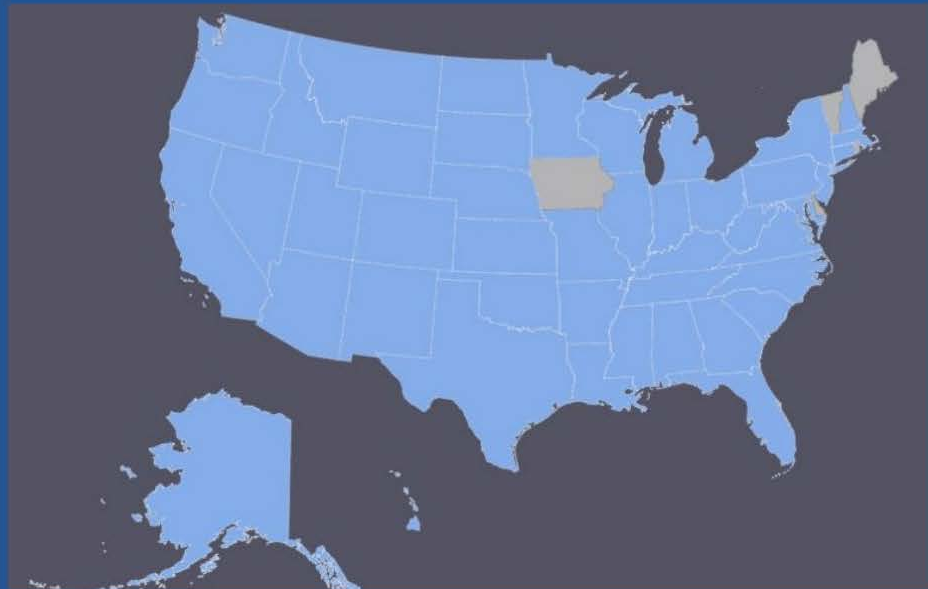
Guttmacher  
Institute  
April 1, 2017



# Prosecuted Prosecutorial Discretion

The first known indictment of an American woman for drug use in pregnancy was in California in 1977.

DE, IO, ME, RI, VT

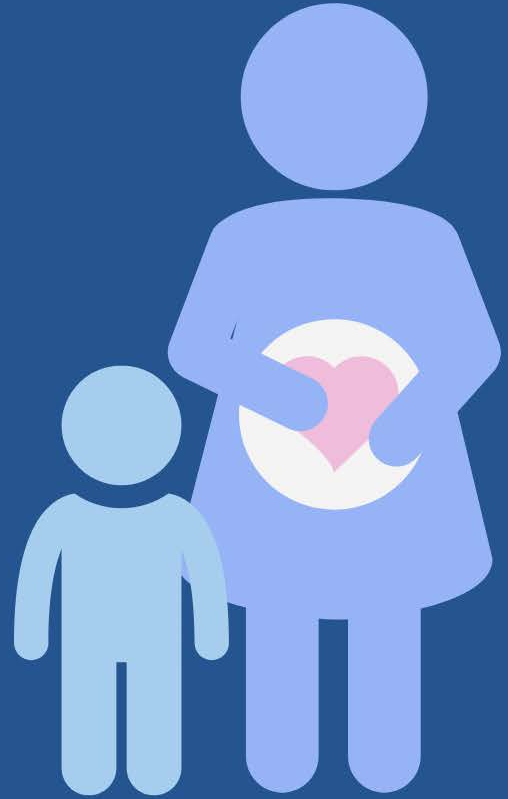


Terplan

How States Handle Drug Use During Pregnancy

[projects.propublica.org/graphics/maternity-drug-policies-by-state](https://projects.propublica.org/graphics/maternity-drug-policies-by-state)

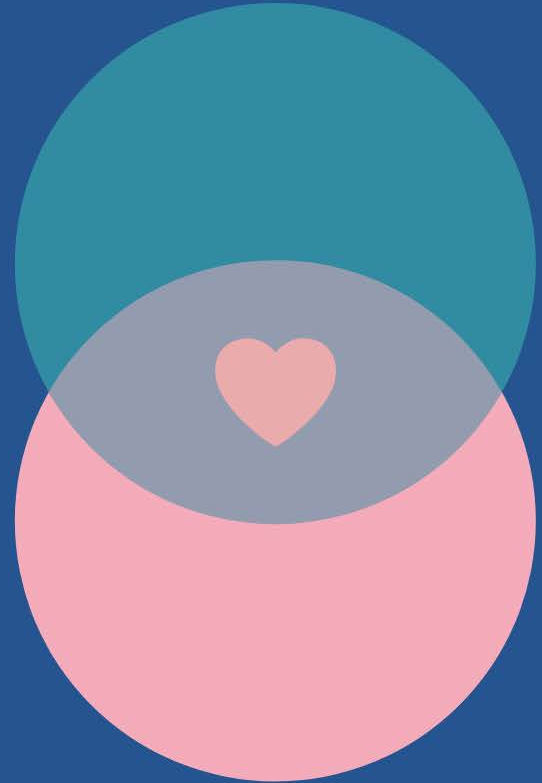
PUBLIC HEALTH  
VS  
PUNITIVE HEALTH



# Pregnant Body

"A structurally and functionally interconnected metabolic unit shared by a mother and fetus through the placenta."

ACOG Committee Opinion 664, June 2016

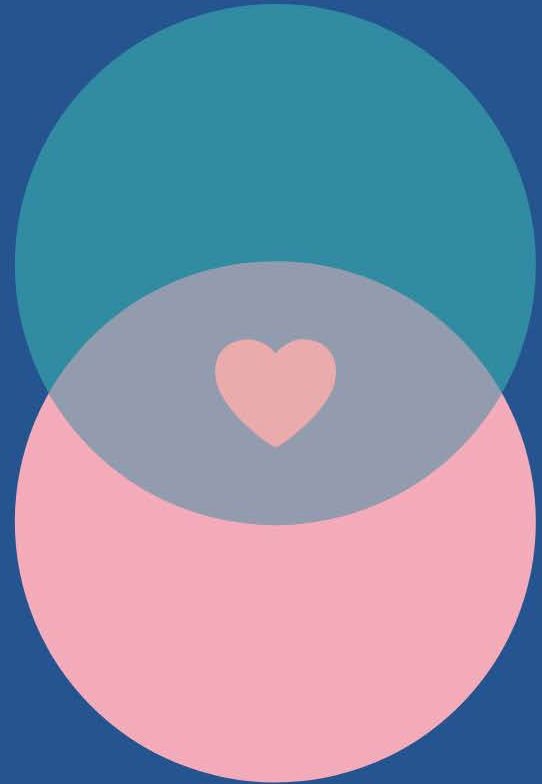


# Dyad

“There is no such thing as a baby ...”

“If you set out to describe a baby, you will find you are describing a baby and someone. A baby can not exist alone, but is essentially part of a relationship”

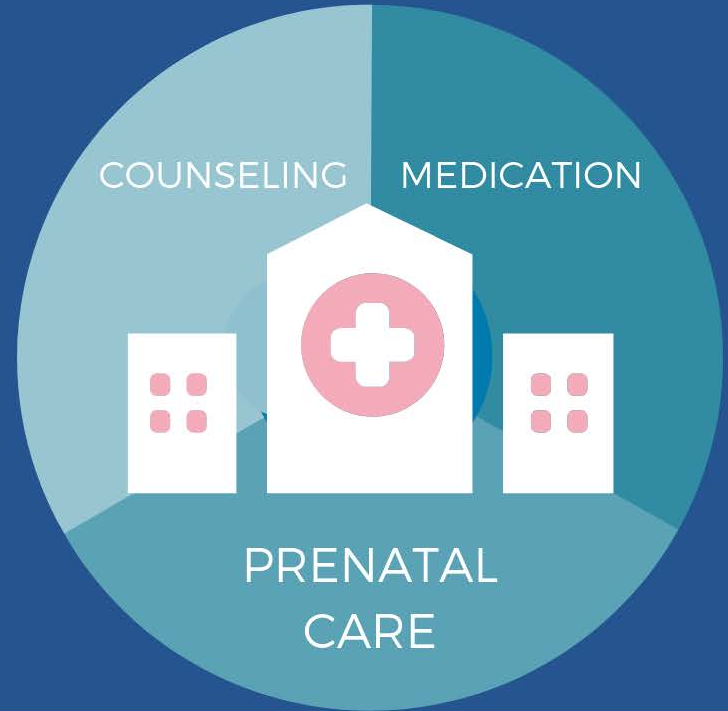
DW Winnicott, 1966



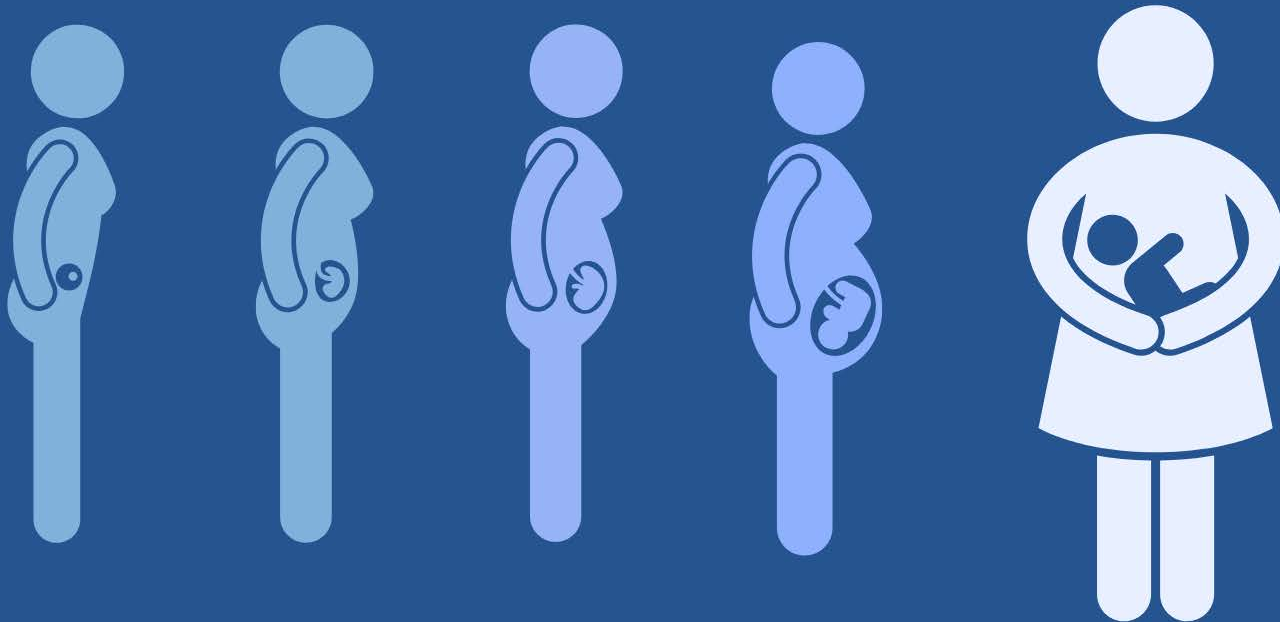
WE KNOW  
WHAT WORKS.

## INTEGRATED CARE

Comprehensive,  
Integrated  
Care.



# PRENATAL CARE



El-Mohandes A, Herman AA, Nabil El-Khorazaty M, Katta PS, White D, Grylack L.

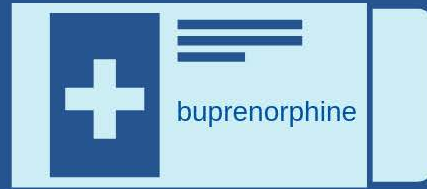
Prenatal care reduces the impact of illicit drug use on perinatal outcomes. *J Perinatol* 2003;23:354–60.

# CONTINUITY OF CARE



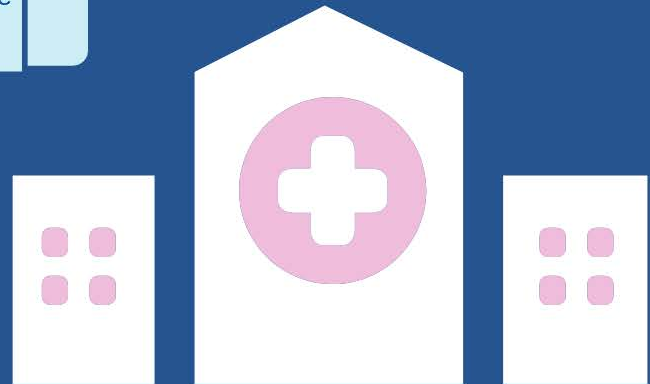


# WE KNOW WHAT WORKS.



We've known this since  
our last opioid crisis.  
We've known it for 100+ years.

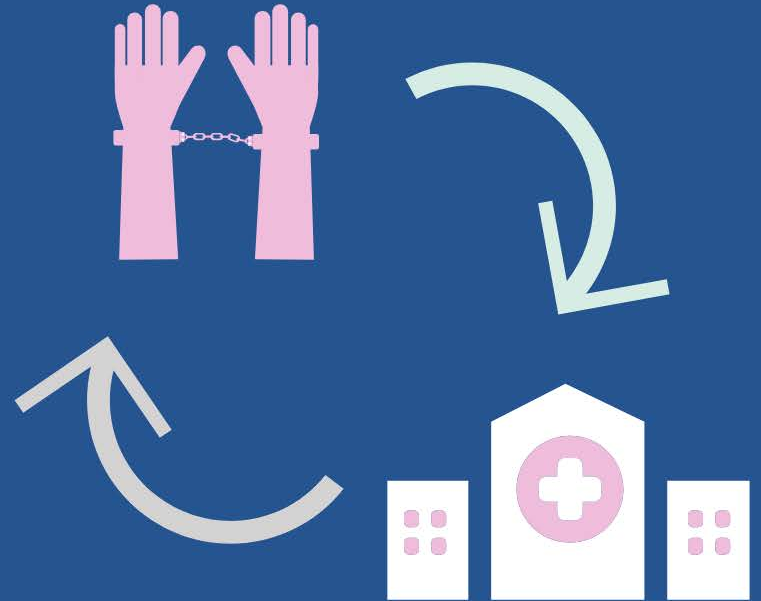
Dr Benjamin Rush





# BUT WE'RE NOT DOING IT.

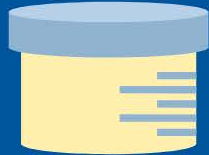
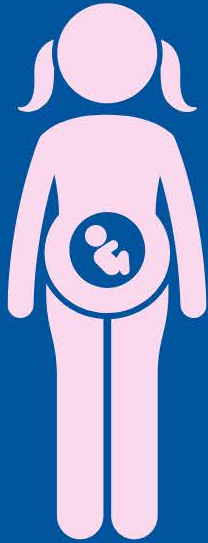
Programs that provide comprehensive treatment and pharmacotherapy are rare... and unavailable for most pregnant women.



Pregnant Women and Substance Use: Overview of Research & Policy in the United States

The Bridging the Divide project at the Jacobs Institute of Women's Health, George Washington Univ. School of Public Health

# WHAT ARE WE OFTEN DOING INSTEAD?

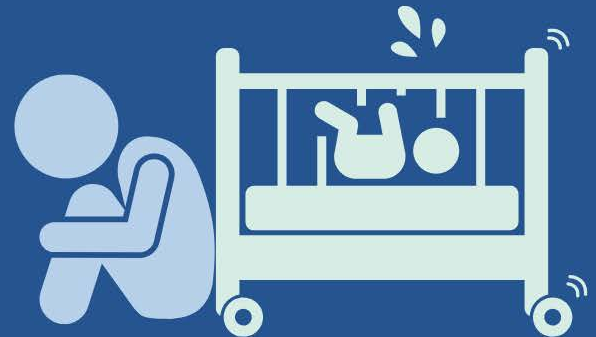


# BABIES AS VICTIMS OF MOTHERS

From publicizing stories about “crack babies” in the 1980s to “opioid babies” today, the tendency toward moral panic has a long history in prevention messaging and media coverage of substance use disorders.

Moral panics inevitably marginalize people who are vulnerable and often bring their morality or even humanity into question.

This moral panic may prevent mothers who use drugs from accessing prenatal care because they are afraid of being judged or mistreated by medical professionals, or of being forced into the child welfare system.



# Prenatal Substance Abuse: Short- and Long-Term Effects on the Exposed Fetus

Marylou Behnke, Vincent C. Smith

COMMITTEE ON SUBSTANCE ABUSE, COMMITTEE ON FETUS AND NEWBORN

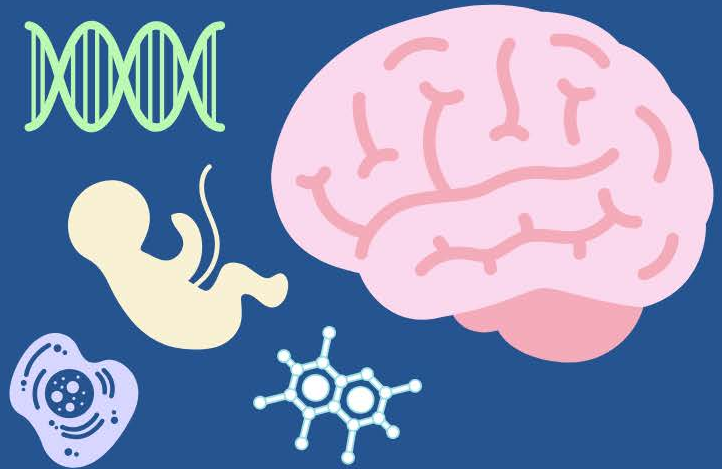
## TABLE 2: Summary of Effects of Prenatal Drug Exposure

- NO EFFECT
- EFFECT
- STRONG EFFECT
- NO CONSENSUS
- NO DATA

TABLE 2:							
	✓						
	✓	✓					●
			✓				●
✓			✓	✓		✓	✓

- SOCIAL DETERMINANTS OF HEALTH
- NEUROTRANSMITTERS / NEUROIMAGING
- CHILDHOOD DEVELOPMENT

functional  
differences

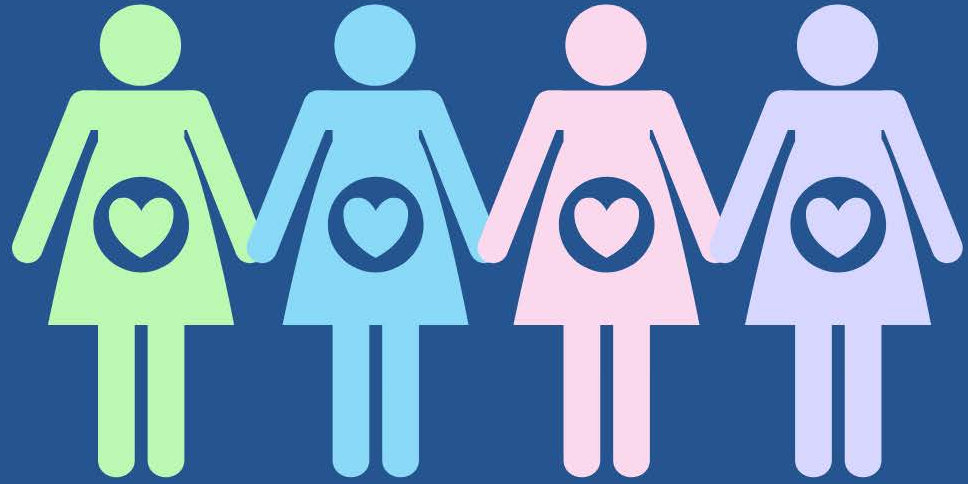




animal  
models



# GETTING GOOD DATA



- CDC: Treating for Two [www.cdc.gov/pregnancy/meds/treatingfortwo](http://www.cdc.gov/pregnancy/meds/treatingfortwo)
- NIH: LactMed [toxnet.nlm.nih.gov/newtoxnet/lactmed.htm](http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm)

# GETTING GOOD DATA

- genetic - metabolic
- nutrition
- synergistic effects \*



POLYSUBSTANCE USE IS THE NORM.



# ALCOHOL

80+%

National Survey Drug Use and Health

- Most commonly used substance
- Teratogenic
- Seldom tested for in urine screening



# ALCOHOL

[www.cdc.gov/ncbddd/fasd/facts.html](http://www.cdc.gov/ncbddd/fasd/facts.html)

- Fetal Alcohol Spectrum Disorders (FASD)
- NOT dose dependant

There is no known safe amount of alcohol during pregnancy or when trying to get pregnant. There is also no safe time to drink during pregnancy. Alcohol can cause problems for a developing baby throughout pregnancy, including before a woman knows she's pregnant. All types of alcohol are equally harmful, including all wines and beer.



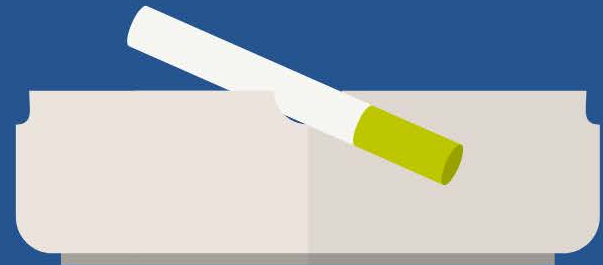
# SMOKING

63%

National Survey Drug Use and Health

- nicotine vs tobacco
- nicotine is a stimulant
- other compounds are toxic
- POLYSUBSTANCE USE

- \* mental health care settings
- \* during treatment for SUDs



# CANNABIS

44%

National Survey Drug Use and Health

- Of the 50% of people who have used illicit substances

49% 

- Decriminalization \*
- Opportunities for Understanding

Cultural context "infamous Jamaica study"

Prenatal marijuana exposure and neonatal outcomes in Jamaica: an ethnographic study.  
Dreher MC1, Nugent K, Hudgins R. Pediatrics. 1994 Feb;93(2):254-60.



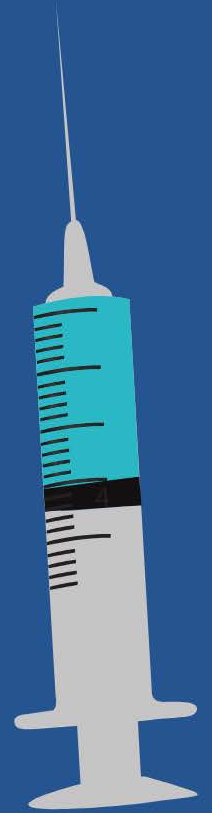
# OPIOIDS

- Humankind's "Drug of Choice"
  - history
  - efficacy
  - pharmacology
- Dependence
- Overdose \*



# OPIOIDS

- Dependence
- Safety \* + benzodiazapines + alcohol
  - Rx
  - route of administration
  - fentanyl
  - synthetic opioids



# GOLD STANDARD

MEDICATION + ROUTINE CARE

- methadone
- buprenorphine
- prenatal care.... postpartum





# OVERDOSE

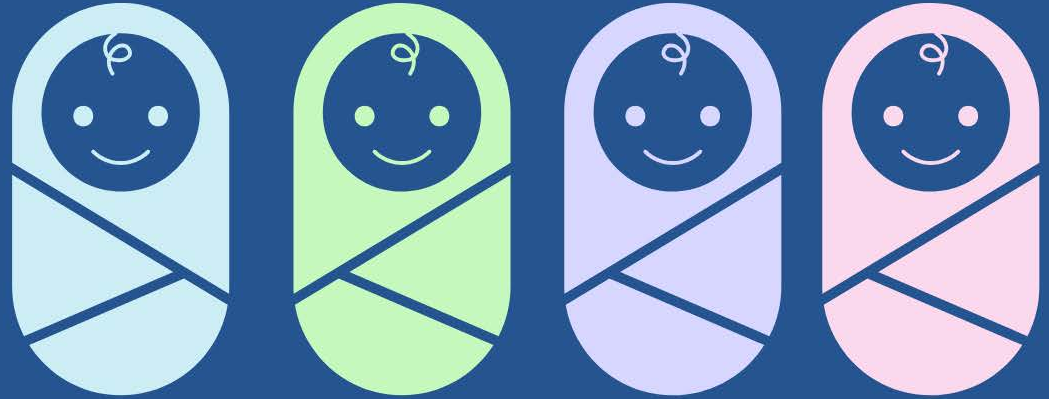
the pregnant and postpartum body

- weight
- metabolism
- volume of water
- DETOX... risk of relapse





20%  
- 80%  
INFANTS

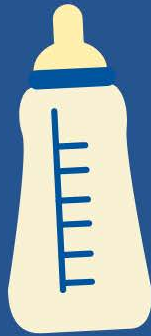


NEONATAL OPIOID WITHDRAWAL (NOW)

NEONATAL ABSTINENCE SYNDROME (NAS)

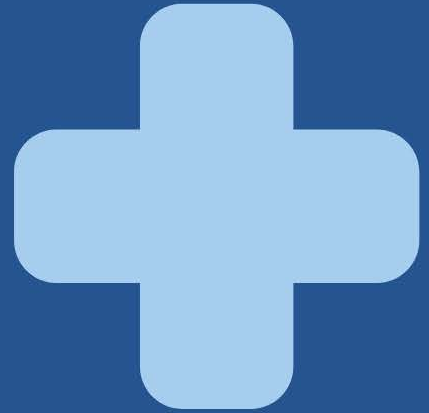
• EAT • SLEEP • CONSOLE

non-pharmacological

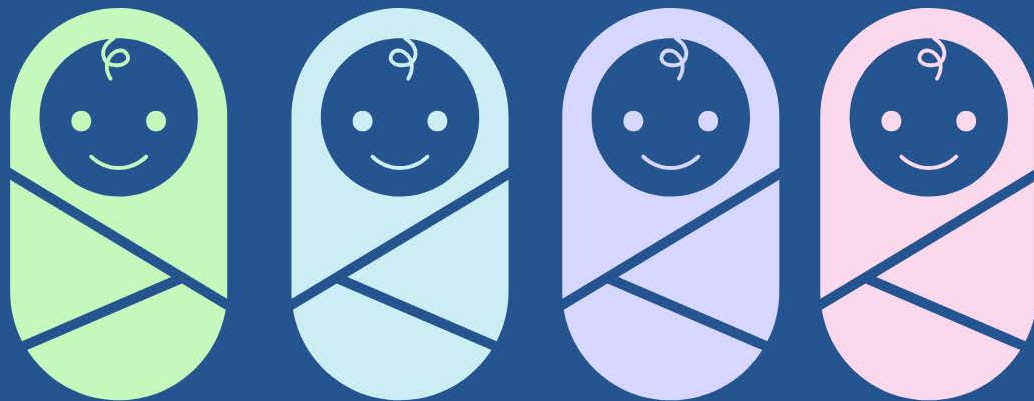


WHAT IS GOOD for MOM...  
GOOD for BABY

pharmacological



NOW  
NAS  
INFANTS

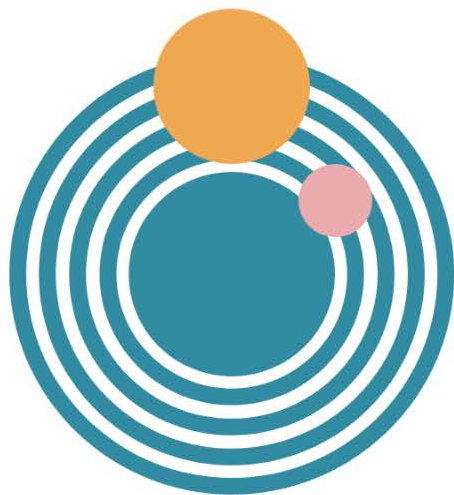


TEMPORARY and  
TREATABLE CONDITION

# THANK YOU

Contact me:

[Ria@perinatalharmreduction.org](mailto:Ria@perinatalharmreduction.org)



## Academy of Perinatal Harm Reduction

[www.perinatalharmreduction.org](http://www.perinatalharmreduction.org)