Trends in Investigative Practice

Information to keep you up to date with the most recent developments in the field of child protection

Florida Department of Children and Families
Office of Child Welfare

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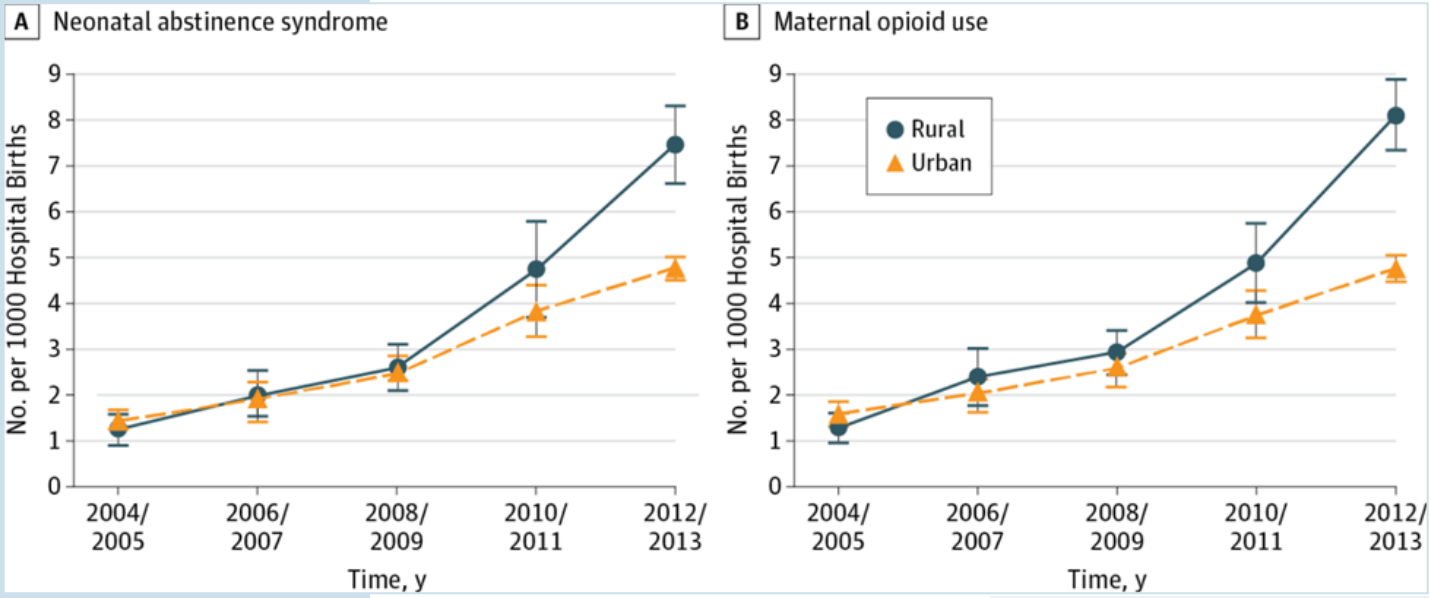
Maternal Opioid Use and Neonatal Abstinence Syndrome (NAS)

ISSUE: Maternal opioid use (heroin, morphine, oxycodone, fentanyl, etc.) and the incidences of infants subsequently diagnosed with NAS after birth have increased nearly 5-fold in the United States between 2000 and 2012.

According to a Research Letter published Online dated December 12, 2016 in the medical journal *JAMA Pediatrics* there was **a disproportionately greater increase in opioid use and NAS in rural counties** from 2004 to 2013 relative to urban counties as shown in the charts below.



PRACTICE APPLICATION: Investigators should have a heightened awareness of the possibility of substance misuse involving opioid substances in general, and particularly as related to mothers of infants in rural communities. Investigators should screen for potential substance use disorders (SUD) by looking for declining levels of caregiver adult functioning as represented by the following behaviors or conditions:

- Inability to maintain stable housing/ couch "surfing"
- Unstable life management
- Inconsistent meal preparation
- Varying bedtime/awake routines
- Deterioration in grooming and personal hygiene
- Decreased productivity
- Inability to maintain employment/more frequent work absences
- Inability to manage household chores
- Inability to maintain upkeep on residence
- Emotional and/or physical "cutoffs" from immediate or extended family
- Social isolation (less time spent with friends/peers or outside the home)

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NAS SYMPTOMOLOGY: Neonatal abstinence syndrome (NAS) is a condition experienced by neonates exposed to opioids (prescribed or illicit) during pregnancy.[1] The infant may undergo withdrawal from these substances that manifests as excessive high-pitched crying, irritability, sleep-wake disturbances, alterations in infant tone and movement, feeding difficulties, or gastrointestinal disturbances, usually 1-3 days post-delivery.[2]

[1]MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (U.S.); [reviewed 2012 Jan 27]. Neonatal Abstinence Syndrome; [reviewed 2012 Jan 27]. Available from: http://www.nlm.nih.gov/medlineplus/ency/article/007313.htm

[2]Hudak ML, Tan RC, Committee On Drugs, Committee On Fetus and Newborn, American Academy of Pediatrics. Neonatal drug withdrawal. *Pediatrics.* Feb 2012;129(2):e540-560.

ILLICIT VS. PRESCRIPTION OPIOID ABUSE: Public perception tends to be familiar with the dangers of illicit drug use (e.g., heroin) while not fully appreciating the potential for similar risks associated with prescription drugs. Investigators need to be aware, and inform families accordingly, that **about 75% of new heroin users first became addicted to prescription drugs**.[3] In 2015, more than 52,000 people died from a drug overdose in the United States, and of those, over 33,000 (63.1%) involved an opioid (prescription or illicit).[4]

[3]Centers for Disease Control and Prevention. (2015). *Today's Heroin Epidemic: More People At Risk, Multiple Drugs Abuse*.

[4]Centers for Disease Control and Prevention. (2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. Morbidity and Mortality Weekly Report, 64, 1378-1382.

IN-HOME OBSERVATIONS: The following medications are typically prescribed as part of medication-assisted treatment (MAT) regimens to treat opioid addiction. Investigators should be familiar with these medications and ensure that they are not accessible to children in the home.

- **Methadone –** A medication that treats opioid addiction, prescribed as part of a comprehensive treatment plan that includes counseling and social support programs. Methadone is an opioid agonist which is initially only dispensed at Opioid Treatment Programs and requires patients to come in for daily dosing. Individuals who have appropriately followed a treatment regimen at the program may eventually be allowed to take a week to a month's supply home with them.

Methadone reduces or eliminates cravings for opioid drugs, prevents the onset of withdrawal for 24 hours or more, blocks the effects of other opioids, promotes increased physical and emotional health, and raises the overall quality of life of the individual. **Women who are pregnant or breastfeeding can safely take methadone.** Undergoing methadone maintenance while pregnant will not cause birth defects, but some babies may go through withdrawal after birth – this does not mean the baby is addicted. When withdrawal from an abused drug happens to a pregnant woman, it causes the uterus to contract and may bring on miscarriage or premature birth. Methadone's ability to prevent withdrawal symptoms helps pregnant women better manage their addiction while avoiding health risks to mother and baby.[5]

[5]Substance Abuse and Mental Health Services Administration (SAMHSA). *Methadone Treatment for Pregnant Women. (2009). Available from:* https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone

Learn more on page 3 about:
Buprenorphine • Naltrexone • Vivitrol • Naloxone

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IN-HOME OBSERVATIONS: The following medications are typically prescribed as part of medication-assisted treatment (MAT) regimens to treat opioid addiction. Investigators should be familiar with these medications and ensure that they are not accessible to children in the home.

- **Buprenorphine** – A medication that treats opioid addiction, prescribed as part of a comprehensive treatment plan that includes counseling and social support programs. Buprenorphine is an opioid partial agonist which may be prescribed by specially licensed physicians in private practice settings. It has unique pharmacological properties that help lower the potential for misuse, diminish the effects of physical dependency to opioids (such as withdrawal symptoms and cravings), and increase safety in cases of overdose. It may be absorbed as a tablet (swallowed or sublingual), a transdermal patch, implanted subcutaneously or injected. Case reports available on the use of buprenorphine in women who are pregnant and have an opioid dependency have not demonstrated any significant problems resulting from the use of buprenorphine during pregnancy.[6]

- **Naltrexone** – A daily oral opioid antagonist that works by blocking neurotransmitters associated with pleasurable effects of recreational drugs.

- **Vivitrol** – An extended release (once-a-month) formulation of naltrexone that is received via intramuscular gluteal (buttocks) injection. It is typically only dispensed by trained personnel at a medical setting. Investigators will typically not find this medication in the home.

- **Naloxone** – A nasal spray or injectable medication (brand names Narcan Nasal Spray, Evzio) used to reverse the life-threatening effects of opioid overdose (respiratory depression) usually within 2 to 3 minutes. Naloxone is remarkably safe and has no potential for abuse. When administered to individuals under the influence of opioids, naloxone may produce symptoms of opioid withdrawal, and while rapid opioid withdrawal may be unpleasant, it is not life-threatening. Naloxone has no effect on non-opioid overdoses, such as those involving cocaine, benzodiazepines, and alcohol. However, if opioids were ingested in combination with stimulants, alcohol, or other drugs, naloxone can reverse the opioid component of that overdose. Naloxone can be used in life-threatening opioid overdose circumstances in pregnant women. There is no evidence indicating that naloxone distribution encourages or increases the use of heroin or other opioids. Rather, studies suggest that increasing health awareness through training programs that accompany naloxone distribution actually reduces the use of opioids and increases users' desire to seek addiction treatment.[7] **It is critical to get naloxone into the hands of individuals who use opioids, as well as caregivers, friends, and family members who may witness an overdose and have the ability to administer naloxone before first responders arrive on the scene.** Naloxone is available without a prescription at all CVS and Walgreens pharmacies in Florida. The price of naloxone will vary depending on an individual's insurance plan. Individuals should call the pharmacy and ensure naloxone is in stock before traveling to pick up the medication.

SUBSTANCE ABUSE CONSULTATIONS

Accurate assessment of substance misuse requires specialized training and experience. CFOP 170-5, Chapter 11-2 requires investigators to consult with a substance abuse expert at any point the investigator believes that substance misuse is occurring in the home.

[6] Substance Abuse and Mental Health Services Administration (SAMHSA). *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction.* (2007). Available from: https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine

[7] SAMHSA. (2016). *Opioid Overdose Prevention Toolkit.* Available from: http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742

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