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Pregnancy-Related Issues in the Management of Addictions

A Client Centered Approach to Screening for Substance Abuse in Pregnancy

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www.addictionpregnancy.ca

PRIMA Materials

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Pregnancy-Related Issues in the Management of Addictions

A Women-centered Approach to Problematic Substance Use in Pregnancy

Learning Objectives

At the end of this presentation participants will be able to:

1. Discuss four models of care around PSUP.
2. Describe difficulties in determining the extent PSUP.
3. State six ways psychosocial factors can influence the development of PSUP.
4. Identify four components of a woman-centered approach to managing PSUP.
5. Identify factors that can lead to substance use in teenage women. (Case Study)

PSUP: Moral Model

Belief System

- Dependence on alcohol or other drugs is due to moral weakness
- Women are “out of control”; selfish and self-serving

Reason for problem

- Character flaw
- Woman not really trying to change

Intervention

- Punishment (often child apprehension)
- Incarceration – “serves her right”

PSUP: Disease/Medical Model

Belief System

- Addictive substance use is a disease
- Users are in denial about the extent of the problem
- They may need to “hit bottom” to change
- Disease accelerates until it is “out of control”

Reason

- Genetics a factor: “the family has a drinking problem”

Intervention

- Abstinence
- Can never fully recover – always “an addict”

PSUP: Biopsychosocial Model

Belief System

- Anyone can develop a problem
- Problems arise from a combination of biopsychosocial factors

Reason

- Individual characteristics, combined with environmental/societal factors
- Substance use progresses to self-harm

Intervention

- No single treatment is appropriate

PSUP: Harm Reduction Model

Belief System

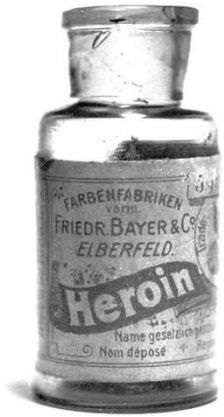
- Societal substance use cannot be eliminated – harm can be reduced
- Woman benefits by reducing harm

Reasons

- Substance use is normal in society
- Benefits as well as risks
- Can reduce dependence by reducing harm

Interventions

- Practical way to deal with harmful behaviors
- See risks as well as benefits
- Help by strategies to reduce harm (abstinence not necessarily the end goal)



Harm Reduction

- A practical concept/philosophy and strategy for women, caregivers and institutions
- Through education and support the woman can reduce harm by reducing risks
- A concept that supports ‘safe use’ not ‘safe abstinence’

The woman

- Takes small steps
- Develops a sense of hope
- Acquires skills in self- and life-management
- Builds a relationship of trust with providers
- Feels safe, respected and listened to

Difficulties Determining the Extent of PSUP

- Women may not reveal their use because of the social stigma attached to disclosure
- Screening for PSUP is not routine
- Providers may have little or no skills in identifying and managing PSUP
- Women may not fit the stereotype of a drug user and without discernable evidence (e.g., needle marks, smell of alcohol), providers may not inquire about drug use

Psychosocial Factors and PSUP(1)

- Traumatic life events, e.g., physical or sexual violence, or chaotic family life often precede the use of substances
- Women often use substances to cope with memories of abuse and symptoms of past trauma (PTSD)
- Consistently, women are initiated to drug use by a male friend or a male partner who is a daily user
- Women with PSUP have a high prevalence of psychiatric conditions: depression, suicide ideation and completion, eating disorders, phobias and panic disorders

Addiction Research Foundation. Women's use of alcohol, tobacco and other drugs in Canada, 1996. Editors Adrian M, Lundy C and Eliany M.

Hser, Y.-I., M.D. Anglin, and W. McGlothlin, *Sex differences in addict careers. 1. Initiation of Use.* American Journal of Drug and Alcohol Abuse, 1987;13(1 & 2): p. 33-57.

Martin SL, Kilgallen DL, Dee S, Dawson S, Campbell J. Women in prenatal care/substance abuse treatment programs: Links between domestic violence and mental health. Matern Child Health J, 1998;2(2):85-94

Ross H, Shirley M. Life-time problem drinking and psychiatric co-morbidity among Ontario women. Addiction, 1997; 92(2):183-96

Psychosocial Factors and PSUP(2)

Women with PSUP have unique psychosocial characteristics:

- Women tend to be younger, more isolated, with fewer friends or relatives to provide emotional support
- Women tend to have lower educational and income levels
- Many rely on social assistance, on partners, or illegal activities for financial income

Young NK. Effects of alcohol and other drugs on children. J Psychoactive Drugs, 1997;29(1):23-42.

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Why do women use drugs and/or alcohol?

- It relieves pain (emotional/physical)
- It numbs them out
- It's forced on them by a partner
- It medicates against anxiety, panicky feelings
- It makes them feel in control
- It makes them feel powerful
- It makes them feel accepted
- It is part of their family-of-origin culture

Why do women use drugs and/or alcohol?

- It’s experimentation, especially teens
- It’s prescribed by a physician (opiates for pain)
- It helps them lose weight (body image)- smoking
- It appeases their abuser
- It’s socially accepted
- It’s the only way they have to cope
- It’s fun in a not-so-fun world

Woman-Centered Care (WCC)

A woman-centered philosophy includes:

- Women **are principals** and have choice and autonomy in decision-making
- Women **define their family** as whomever they choose rather than on traditional blood lines
- Caregivers have the role of **facilitator** for the woman's pregnancy and birth experience
- Birth is viewed as a **process** rather than an obstetrical event in a woman's life
- The **social context** of birth is emphasized and accorded significance and value

Midmer D. Does Family-Centered Childbirth empower women? The development of the Woman-Centered Model. *Family Medicine*, 1992; 24,3:216-221.

Woman-Centered Care Strategies

- Put women's **safety** first
- Focus on **empowerment**
- Minimize system **risks**
- Recognize **diversity** and **complexity** of women's lives
- Respect her **choices (consumer advocacy)**
- **Believe** her

Woman-Centered Care Strategies (2)

- Be **honest**
- **Advocate** for her
- Give her **information** to help her make choices
- Support her **decisions**
- Maintain **confidentiality**
- Always obtain **consent**
- Partner with **community** support services

WCC and PSUP

- Women with PSUP have special needs
- New ways are needed to engage them into care
- Because of possible estrangement from family, traditional sources of support may be absent
- Lack of an involved partner, over-involvement of a partner or presence of a drug-using partner may complicate care

Creamer, S. and C. McMurtrie (1998). "Special needs of pregnant and parenting women in recovery: a move toward a more woman-centered approach." *Women's Health Issues* **8**(4): 239-45

Case Study: Delia

Delia is a 22-year-old who has been on methadone since the birth of her last child. She is from a 2nd generation Puerto Rican family and, although she speaks some "Spanglish", English is her preferred language.

She was skipping school, acting out and became pregnant at 16. Her mother and step-father threw her out. She had multiple partners, beginning with her teenage boyfriend who initiated her into heroin use, followed by several other partners who were also involved in buying and using drugs. She lived with her partners or on the street, shoplifting or working in the sex trade in order to pay for her habit.

What issues in Delia's life may have contributed to her use of substances?

What issues in Delia's life may have contributed to her use of substances?

- Delia was introduced to heroin use by her boyfriend
- Teenagers may begin to use alcohol and drugs in social settings as a way to be accepted by peers or to cope with school pressures
- For teenagers, the differentiation, or individuation, from the family of origin requires a separation and move to autonomy
- This stage may also be marked by a shift from minor use of alcohol and softer drugs, such as marijuana, to heavier use of cocaine or heroin
- Women may also begin to use substances as a way to cope with traumatic life events, such as early childhood sexual assault

In her first pregnancy, Delia went to the hospital in labour with Angela, her long and stead-fast teen-aged friend, who was also dealing with a SUD. The hospital staff refused to allow Angela to support Delia during labour because she was not family. When Delia complained of ongoing severe pain even after a shot of narcotic analgesic, one provider suggested she was drug-seeking and would not call for further orders. The delivery was uneventful and the baby was taken to the NICU.

During labor Delia tested positive for marijuana, cocaine, and heroin, mandating the involvement of social services. Delia did not have a chance to hold the baby, and once stabilized in the NICU, the baby was taken into custody by child protection services. Little was done by the staff to ease Delia's sense of loss. No one inquired if Delia was safe on her discharge from the hospital.

What went wrong in Delia's first pregnancy and what barriers to care did she experience?

What went wrong in Delia's first pregnancy?

- Traditional definition of family prevented her from being supported
- Punitive behaviour from staff when Delia asked for pain relief – "drug-seeking"
- Delia may not have been told she was being tested for other drugs or that social services would be called
- Delia was denied the basic right to hold her baby
- No counselling or f/u for this high-risk teen

Barriers to Care (1)

- The health care system is difficult to navigate for women PSUP
- Because of feelings of fear, guilt, and shame due to misusing substances, women often may not present for antenatal care until delivery
- Pregnant women who do access prenatal care may not be compliant with all appointments or may delay seeking medical care late in the third trimester
- Negative and harsh attitudes of providers lead to feelings of rejection during birth

Barriers to Care (2)

- Staff attribute stereotypical motivations to the need for higher doses of analgesia
- Providers may have feelings of pessimism or hopelessness when caring for long-term substance users
- Prejudicial treatment during Delia's first birth may have created or strengthened feelings that the healthcare system was punitive for women like her
- The abrupt removal of her infant by Social Services did not even allow Delia the opportunity to make a transition into being a mother

Delia was soon back on the streets staying with friends or living in derelict buildings and, within 10 months, she was pregnant again at age 18. She made attempts to change her life and even went to an out-patient rehab centre, but found the program too male-dominated and she felt intimidated to speak up at meetings. She could not “stay clean”. During this pregnancy, Delia spent 4 months in the regional detention center for shoplifting.

While in prison, she was treated with methadone, but was also able to “score” cocaine and marijuana through friends. This pregnancy ended with her second child also taken into custody because of her chaotic lifestyle and ongoing addiction to heroin. She had no contact with her children and was given no information about their well-being or whereabouts.

What issues contributed to Delia's becoming pregnant again and continued use of substances?

What issues contributed to Delia's becoming pregnant again & her continued use of substances?

- She was homeless and needed to live by her wits and may have exchanged sex for money, food, or protection
- Out-patient treatment is of little use for a homeless woman with no financial assets
- Many programs are mixed and male-dominated
- Men in the groups can threaten women into silence and make them feel objectified
- Prisons are easy places to "score" drugs
- Removal of her second child once again left her without a "mother" identity

After the 2nd pregnancy, motivated by support from Angela and other non-using friends, Delia went through a 28-day in-patient rehab program and was successfully initiated on methadone maintenance therapy.

Delia made a strong connection with the social worker in the program and revealed to her the details of her past history of sexual assault by her step-father during adolescence.

What circumstances changed to allow Delia to stop misusing drugs?

What circumstances changed to allow Delia to become clean?

- She received support and encouragement from friends
- She entered a residential program
- She connected with a caring social worker
- She began to look at the experiences in her life that may have contributed to her drug use

Delia's revelation to the social worker of her childhood sexual abuse facilitated a deeper connection than she had previously ever made with a clinician, and she was able to voice her anger, without relapsing.

She found a part-time job as a cashier at a grocery store and entered into a stable relationship with a new partner, Paco, a welder. Paco, also a former drug user, has been on methadone for the last 2 years. They met at Narcotics Anonymous meetings and have tried to support each other in recovery from problematic substance use.

During Delia's third pregnancy and delivery, she was supported emotionally and financially by Paco, who was very involved as a new father. His presence at prenatal appointments and during labour impressed the staff who perceived Delia differently, and provided more compassionate care. Under close surveillance by Social Services, she and Paco were allowed to take home her third baby, Jeromey.

What contributed to Delia finally begin to change her life around?

What contributed to Delia finally begin to change her life around?

- Delia was able to voice her anger without resorting to previous dysfunctional behaviour
- She met a clinician who was non-judgmental
- She found and held down a job – increasing her self-esteem
- She attended Narcotics Anonymous for support
- She partnered with a man in recovery who understood her desire to not use drugs
- Staff at the hospital treated her differently because she and Paco presented as a more traditional couple

Delia's Recovery

- Getting and staying "clean" is a life transition for Delia
- Values similar to those imbued in woman-centered care guide the recovery process:
  - the woman is the principal
  - care givers and counselors are facilitators
  - recovery is a process not an event

Woman-Centered Care for PSUP (1)

- A central philosophic tenet is the belief in a continuum of drug use treatment options, from complete abstinence at one end to harm reduction at the other
- Women are counselled to make choices that will work in their life situations
- The woman is supported in her recovery process to achieve her own goal
- Harm reduction focuses beyond the drug use to decreasing harm in other areas of their lives

Woman-Centered Care for PSUP (2)

- “Falling off the wagon” or slips in recovery are seen as learning opportunities and normalized as part of the transition process
- The openness and acceptance of the providers encourages the pregnant woman to disclose continued substance use rather than to hide it because of fear of reprisals
- Respecting choices and offering support represent basic strategies in a woman-centered model of care
- Women are encouraged to report to social services themselves, increasing their sense of control and power

Role of Social Services

- For many women with PSUP, social services (SS) have negative connotations and are viewed with great suspicion
- This view can also extend to involvement with public health or community health nurses and other government services
- Stories of horrific child apprehensions by aggressive case workers do not endear women with PSUP
- Women who contact SS themselves often feel more positive and experience more control through their proactive consultation
- For women who have had negative past experiences, anxiety may always be present

Social Services:

Between a rock and a hard place!

- Social services can often be a major support for women, especially those in need of housing, financial assistance and counseling

But…

- Mandate may only start after delivery and preclude prenatal planning
- Often caught between doing what's best for the woman and following agency guidelines
- If they do not follow guidelines and something happens to the infant/child they are directly in the line of fire
- Yet, if they apprehend the infant they are "baby snatchers"
- Low job satisfaction and burn-out are often consequences of being in such a stressful position

It’s not always easy…

- Caring for women with PSUP can be challenging and frustrating
- Not all women are as easy as Delia - other women can be difficult and argumentative, arriving for visits intoxicated or “high”
- Providers are often trained to take charge and make decisions about treatment and care unilaterally
- Working from a woman-centered model requires that providers collaborate with women, allowing them the lead in making decisions
- Relinquishing control is a challenge for some providers, and accepting a woman’s decisions can be frustrating if they do not conform to the provider’s perspective

…yet the rewards are great.

- Helping a woman successfully tackle her substance use has far-reaching benefits to the woman, her fetus/infant and other children and family members
- By building a woman's self-esteem and sense of self-efficacy, providers can help her to change her view of herself and to engage in life with a greater sense of direction
- Success builds success and strengthening a woman's positive sense-of-self will encourage her to be more optimistic and affirmative both in her short- and long-term mothering experience

The Sound of Success

When I first met you I thought of myself as worthless and was quite used to being treated that way by every person that I had come into contact with.

Your easy kindness was felt immediately and I remember that you gave me that shred of hope that I so desperately needed. I think you should know that your belief in me and your kindness and non-judgment played a huge part in how my life is today.

Excerpt from letter received from former patient of Fir Square Combined Care Unit, Vancouver, BC

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