

Opioid Epidemic: A Public Health Emergency among Pregnant Mothers/Infants, Adolescents and Children

THE PROBLEM

More than **70,000** people in the United States died of drug overdoses in 2017. About **67.8%** of those deaths were due to opioid.¹

Pregnant mothers/Infants

Every 15 minutes, 1 baby is born suffering from opioid withdrawal²

About **55% to 94%** of babies born to mothers addicted to or treated with opioids while pregnant may develop neonatal abstinence syndrome (NAS).³

Adolescents and Children

Children's hospitalization for opioid overdoses **doubled** from 2004 to 2015⁴

The mortality rate for kids and teens due to opioid poisonings nearly **tripled** between 1999 and 2016.⁵ The majority were male (73%) and non-Hispanic whites (80%).

In Texas....

Rates of NAS increased by **51.3%** between 2010 and 2014⁶

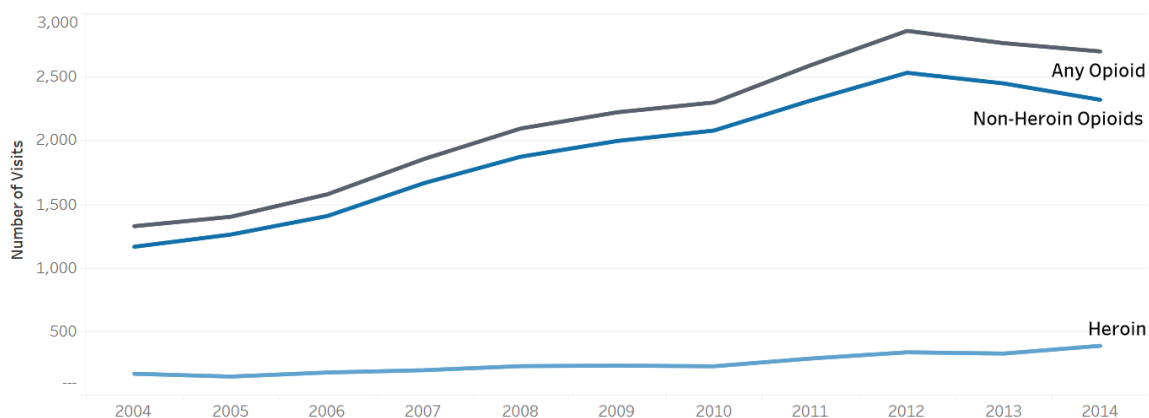
58% of maternal death due to drug overdoses in Texas involved the use of legal and illegal opioids⁷

1 in 5 of Texas high school students reported having taken prescription drugs without a doctor's prescription⁸

About **5%** of Texas college students reported opioid misuse in 2017⁹

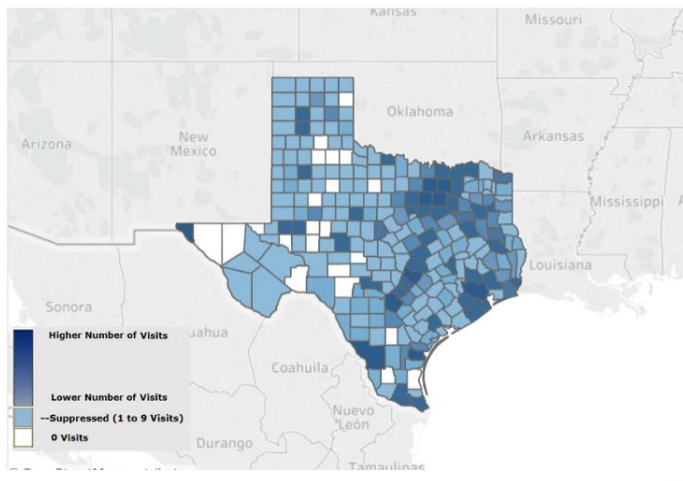
Opioid-Related Inpatient Emergency Department in Texas

Number of Inpatient ED Visits



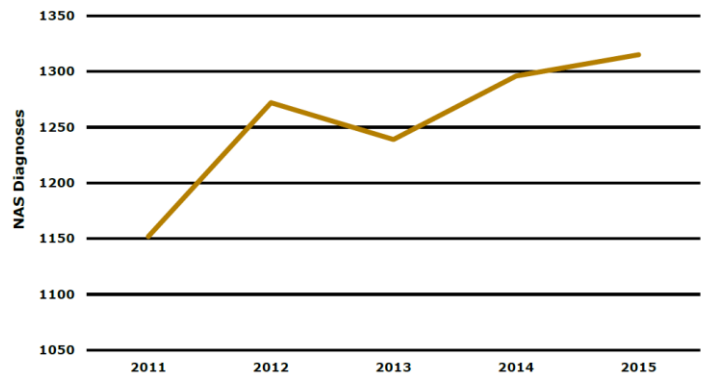
Source: The Texas Health Care Information Collection program <http://healthdata.dshs.texas.gov/Opioids/EmergencyDepartment>

Number of Inpatient ED Visits by County



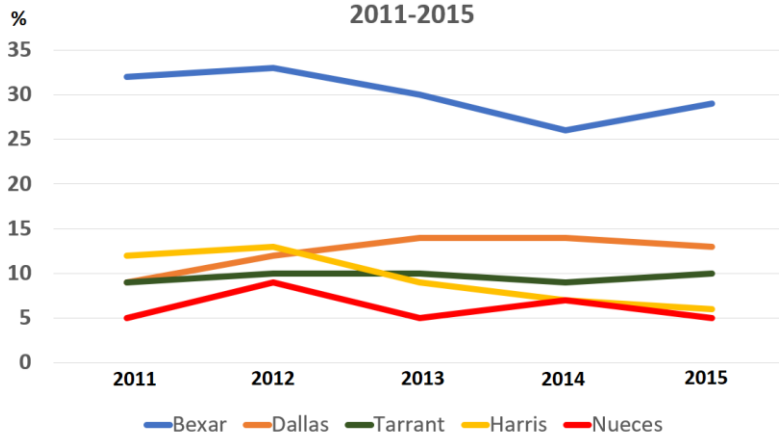
Source: The Texas Health Care Information Collection program
<http://healthdata.dshs.texas.gov/Opioids/EmergencyDepartment>

Texas Neonatal Abstinence Syndrome Trends



Source: Presentation to the Senate Health and Human Services Committee: Substance Use Disorder in Texas
<https://hhs.texas.gov/reports/2018/03/presentation-senate-health-human-services-committee-substance-use-disorder-texas>

Texas Counties Ranked by NAS Percentage 2011-2015



Graph developed based on Bridger, CM. (2018) Public Health: Responding to the Opioid Epidemic

THE IMPACTS

Health problems

NAS increases the risk of low birth weight, behavioral problems, developmental delays, learning disabilities, birth defects and stillbirth.¹⁰

There is a wide range of health consequences for opioid misuse, such as drowsiness, nausea, constipation, and, depending on the amount taken, slowed breathing.¹¹

Negative behavioral changes

Adolescents and children with opioid misuse can lead to school failure, risky behaviors like alcohol and drug use.

Stressful and traumatic experiences due to parent's opioid misuse influence children's mental health, later and adult development and puts them at risk of lifelong consequences.

Rising number of children in foster care

Based on anecdotal evidence and expert opinion, the rise of children in foster care has been linked to the parallel rise in parental opioid addiction and overdose.¹²

Growing medical costs

Treatment of neonatal abstinence syndrome or neonatal opioid withdrawal syndrome (NAS/NOWS) has increased by six times (\$90.9 million to \$563 million) during 2004–2014.² The majority of the charges (82%) were from state Medicaid programs.

CHALLENGES

- The stigma directed at pregnant women experiencing opioid disorders can lead denial of addiction because of the shame associated with opioid use and the fear that their babies will be taken away.
- Easy access to opioid. Many opioid deaths happen not in a medical setting, but in homes.
- Insufficient report system for children who are neglected or abused in households where parents struggle with substance abuse.
- Not meeting capacity of foster care and other service for increasing child removals.

SOLUTIONS BEING PROPOSED

The Protecting Our Infants Act of 2015

Efforts to develop strategies and best practices to prevent and treat maternal opioid use and abuse, as well as provide recommendations for diagnosing and treating babies suffering from withdrawal.

Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants

Substance abuse and mental health services Administration (SAMHSA) provides a comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants.¹³

Prescription drug monitoring programs (PDMPs)¹⁴

State-level electronic database interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.

Operation Prevention

The United States Drug Enforcement Administration (DEA) and Discovery Education launched a joint nationwide education initiative to combat rapidly growing opioid and heroin epidemic. Educator lesson plans, interactive student resources, and parent toolkit are provided for middle and high school students, educators and parents.¹⁵



- **The Texas Neonatal Abstinence Syndrome (NAS) Initiative**

The initiative provides overdose prevention training, media campaigns, specialized treatment, Mommies programs, targeted outreach and engagement, the MOM Study, Kangaroo Mother Care, and statewide stabilization center. The Texas NAS Initiative has emphasis on safe prescribing and reducing exposure to opioids during pregnancy.

- **The Mommies Toolkit¹⁶**

Funded by the Texas Department of State Health Service, this toolkit provides a resource for community agencies and partners who are interested in designing an integrated substance use treatment program, similar to the Mommies Program, for pregnant and parenting women with substance use disorders in their communities.

CALL FOR ACTION

- Improve current data reporting infrastructure so that we have a better estimate of the magnitude of the problem in Texas
- Investigate social and environmental determinants of opioid misuse among pregnant women, children and adolescents for implementing effective prevention programs.
- Increase awareness of the dangers of opioid use among pregnant mothers, teens and children, and distribute educational resources.
- Encourage medical professionals to prescribe opioids with limited use to pregnant women.
- Examine and evaluate other pain treatments for safer alternatives.
- Implement effective community-based prevention and treatment, including residential programs for parents and their children.
- Evaluate the effectiveness of the currently available interventions (e.g., The Mommies Toolkit) for additional guidelines.
- Analyze geographic health disparities in diagnosis of and ED visits for opioid-related NAS for improving resource delivery.
- Address criminal justice reforms to recognize the special needs of parents and the importance and urgency of maintaining parent-child connections at home and foster care settings.
- Enhance physical, social, and emotional resources and supports through a collaboration among public health officials, clinicians, parents and pediatric-specific and family-centered legislators.
- Assess the needs of local communities and organizations facing issues related to opioid misuse among pregnant women, children, and adolescents.



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ADDITIONAL RESOURCES

Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome

<https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

Opioid Prescribing Rates in Nonmetropolitan and Metropolitan Counties Among Primary Care Providers Using an Electronic Health Record System — United States, 2014–2017

https://www.cdc.gov/mmwr/volumes/68/wr/mm6802a1.htm?s_cid=mm6802a1_w

The National Opioid Epidemic and the Risk of Outpatient Opioids in Children

<http://pediatrics.aappublications.org/content/142/2/e20181623>

Treating the Opioid Epidemic as a Children's Health Crisis

<https://www.nichq.org/insight/treating-opioid-epidemic-childrens-health-crisis>

The US Opioid Crisis: Addressing Maternal and Infant Health

<https://www.cdc.gov/reproductivehealth/opioid-use-disorder-pregnancy/index.html>

Youth and the Opioid Epidemic

<http://pediatrics.aappublications.org/content/143/2/e20182752>

