Opiate Abuse and the Growing Impact on Maternal and Child Health in West Virginia

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Overview

• Describe the epidemic in West Virginia.
• Discuss the collaborative relationships used to develop the Drug Free Moms and Babies Project.
• Provide an overview of key strategies and results.
• Discuss lessons learned.
Drug Overdose Rates by State

US Resident Overdose Deaths by State, 2015

West Virginia #1
41.5 deaths per 100,000

US Rate – 16.3

Data Source: CDC Wonder

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West Virginia vs. United States

2001-2015 Resident Drug Overdose Mortality Rate
West Virginia and United States

Data Source: WV Health Statistics Center, Vital Surveillance System and CDC Wonder
Rates are adjusted by age to the 2000 US Standard Million.
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Maternal and Child Health Impact

Neonatal ICUs at Capacity

Lack of Available Treatment Centers

Increasing Numbers of Children in Foster Care

Increased Substance Abuse Identified in Infant Deaths

Increased Enrollment in Early Intervention

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CoIIN

Infant Mortality Innovation and Improvement Network (CoIIN)

- SIDS/SUID/Safe Sleep
  - Improve safe sleep practices.
- Smoking Cessation
  - Reduce smoking before, during and/or after pregnancy.
- Prevention of preterm and early term births
  - Increase appropriate utilization of 17-P OH progesterone and/or reduce early elective deliveries.
Substance Abuse Trends – Select Indicators

- OCME Cases x 10
- Opioid Deaths
- Foster Care/0-35 Mths
- NAS
- Revenue (in Millions)

Standardized Definition

- In September 2014, West Virginia neonatologists and pediatricians met with coders and members of the Perinatal Partnership to develop a standardized definition for neonatal withdrawal and guidance on documenting exposure and withdrawal in newborns.
  - Neonatal Abstinence Syndrome (NAS) includes neonatal withdrawal from many substances, not just opiates;
  - It is exposure with clinical symptoms; and
  - It is not limited to those cases that require pharmacological treatment.
Intrauterine Substance Exposure

October 2016 - August 2017

- No Exposure: 86%
- Exposure: 14%
- NAS: 5%
- Exposure without NAS: 9%

Initial Challenges

Data
Infrastructure
Expertise
Treatment Options
Critical Partnerships

Perinatal Partnership

• Founded in 2006 to bring together individuals and organizations involved in all aspects of perinatal care.
• The Partnership formed the Substance Use in Pregnancy Committee to:
  o Make policy recommendations;
  o Identify best practices; and
  o Develop a collaborative and coordinated approach to best meet the needs of this high risk population.
Funders

- Claude Worthington Benedum Foundation
- West Virginia Department of Health and Human Resources
  - Bureau for Behavioral Health and Health Facilities
  - Bureau for Public Health, Maternal Child and Family Health

Drug Free Moms and Babies

- Prevention
- Early Intervention
- Integrated and Comprehensive Care
- Addiction Treatment
- Recovery Support Services
Key Aspects

- Uniform Screening
- Integrated and Comprehensive Care
- Long-Term Follow-Up
- Program Evaluation
- Provider Outreach
Results

- Improved Identification
- Increased Collaboration
- Availability of Case Management
- 429 Participants
- Increase in Self-Referrals
- 72-95% Negative for Illicit Substance at Delivery

Lessons Learned

- Requires investments in time, flexibility, and patience.
- Trust takes time and affects early enrollment.
- Transportation and childcare are significant barriers.
- Co-morbidities are common and complicate treatment.
- Coordinating care with physicians in private practice is difficult.
- Following women past the postpartum period is challenging.
- Recovery coaching services are often hard to locate and may be difficult to manage.
- Sustainability plans should be incorporated early.
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