PARTICIPANT HANDOUTS

Reducing Stigma in Pregnant and Parenting Persons with Substance Use Disorders

Thank you for attending today's training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

Presented by:
Maridee Shogren, DNP, CNM, CLC Mountain Plains Addiction Technology Transfer Center (MPATTC) a Substance Use and Mental Health Services Administration (SAMHSA) funded organization.

Live Broadcast Date/Time:
Thursday, October 16, 2023
1:00–2:30PM Mountain Time / 2:00–3:30PM Central Time

Target Audience:
This series is intended for integrated clinical care teams that may include clinical leadership, clinicians, and clinical support staff at Region VIII (CO, MT, ND, SD, UT, WY) health centers.

Event Overview:
Stigma associated with substance use disorders (SUDs) is a significant barrier to detection and treatment efforts. Persons with SUDs who are pregnant and/or parenting are particularly impacted and experience many different forms of stigma and adverse encounters when seeking healthcare services. Strategies to reduce barriers related to stigmatizing attitudes and practices will be addressed.

Learning Objectives:
Upon completion of this session, participants should be able to:

1. Describe the unique differences in adverse stigma encounters experienced by persons who are pregnant and parenting
2. Recognize the consequences of stigma related to substance use disorders in persons who are pregnant and parenting
3. Consider opportunities to reduce healthcare stigma

CONTENTS

CHAMPS ARCHIVES

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit http://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-designated Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, policy and funding communications, and the collection and dissemination of regional data. Staff and board members of CHAMPS Organizational Members receive targeted benefits in the areas of business intelligence, networking and peer support, recognition and awards, recruitment and retention, training discounts and reimbursement, and more.

For over 35 years, CHAMPS has been an essential resource for Community Health Center training and support! Be sure to take advantage of CHAMPS' programs, products, resources, and other services. For more information about CHAMPS, please visit www.CHAMPSonline.org. The Happenings box on the lower left side of the CHAMPS home page highlights the newest CHAMPS offerings, while the CHAMPS Membership box on the lower right side of the page lists current benefits for CHAMPS Organizational Members.

SPEAKER BIOGRAPHY

Dr. Maridee Shogren is a Clinical Professor at the University of North Dakota and a Certified Nurse-Midwife. She has practiced women's health, obstetrics, and family planning in a variety of settings where she shares her passion for women's health with her colleagues and her patients. Maridee has been a faculty member at the UND College of Nursing and Professional Disciplines since 2008. Maridee has also been involved in SAMHSA funded grant work at UND where she spent three years on an interprofessional SBIRT training grant and currently works with the Region 8: Mountain Plains Addiction Technology Transfer Center team. In 2020, Dr. Shogren began work as the principal investigator on the Foundation for Opioid Response Efforts grant funded program, Don't Quit the Quit, where she worked to increase access to care and grow community support for persons who are pregnant or postpartum and in recovery from opioid use disorder. Dr. Shogren has published and has presented nationally on the impact of stigma and substance use disorders in pregnant and parenting persons.

Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

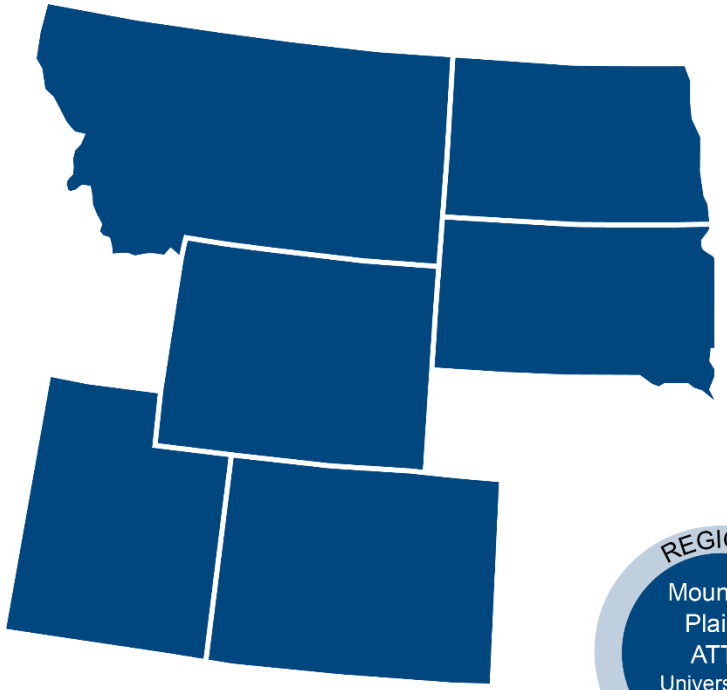
Reducing Stigma in Pregnant and Parenting People with Substance Use Disorders

SAMHSA

Substance Abuse and Mental Health Services Administration

The Mountain Plains Addiction Technology Transfer Center

The MPATTC provides training and technical assistance on evidence-based practices in substance use disorder treatment and recovery services in Region 8 (North Dakota, South Dakota, Montana, Wyoming, Colorado, and Utah). We are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)



REGION 8
Mountain Plains ATTC
University of North Dakota

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At the time of this presentation, Miriam E. Delphin-Rittmon, served as SAMHSA's Acting Assistant Secretary for Mental Health and Substance Use. The opinions expressed herein are the views of Dr. Maridee Shogren and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

Learning Objectives

- **At the end of this presentation, participants will be able to:**
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The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Substance Use Disorder (SUD) Defined

A substance use disorder is a chronic medical disease characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. It is considered both a complex brain disorder and a mental illness

- Example: Opioid Use Disorder (OUD)
  - Pattern of opioid use characterized by tolerance, craving, inability to control use and continued use despite adverse consequences

"Addiction is the most severe form of a full spectrum of substance use disorders, and is a medical illness caused by repeated misuse of a substance or substances." (NIDA, 2018)

Stigma

Significant Barrier to Caring for People with SUDs

Education

Significant Opportunity to Improve Care for People with SUDs

Stigma Defined

Also known as Explicit Bias: includes attitudes, stereotypical beliefs and/or feelings about people or groups that can motivate one to consciously discriminate and marginalize (NQIIC, nd)

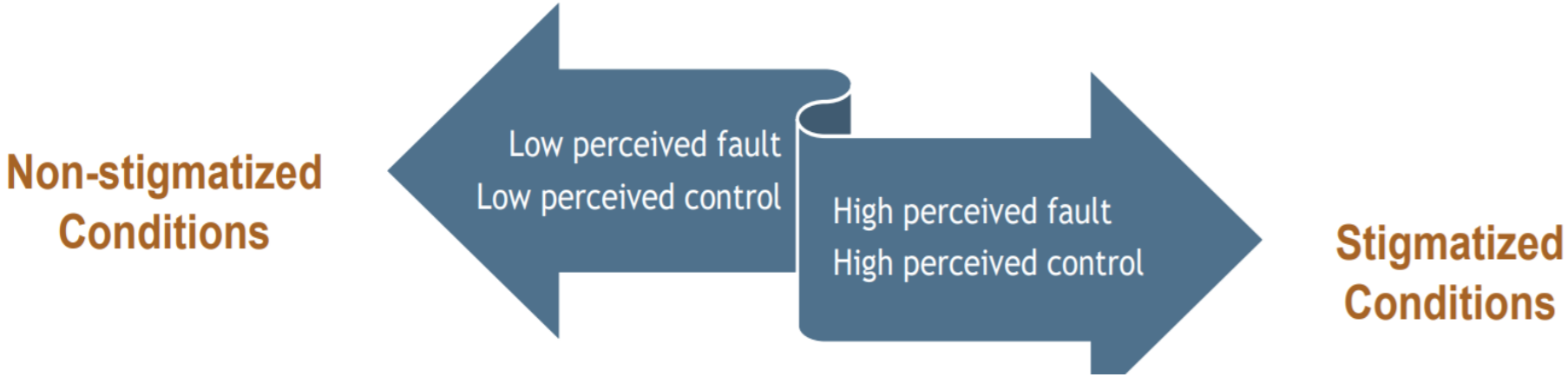
An attribute that is deeply discrediting and reduces the bearer from a whole and usual person to a tainted, discounted one (The Stigma of Addiction)

SUDs are among the most stigmatized conditions in the U.S. and around the world.

People with SUDS who are pregnant and/or parenting are particularly impacted by stigma

The Burden of Stigma

- Upon diagnosis of a disease or SUD, there may be a perceived implication that the client has control over the condition and is at fault for acquiring it (SAMHSA, 2018)



Consequences of Stigma

- Poor self-image
- Shame / Embarrassment
- Fear
- Depression / anxiety
- Defensiveness
- Suboptimal prenatal care
  - Care NOT grounded in empathy and respect can retraumatize women, trigger return to use and further impede access to care (Kramlich et al., 2020)
  - NOT engaging in treatment or withdrawing early from treatment
- Incarceration
- Death (Frazer, McConnell, & Janssen, 2019)

Different Views of Stigma

- **Perceived stigma**
  - Internalized negative belief that others have a commonly held stereotype about a stigmatized group

- **Public stigma**
  - Endorsement of stereotypes by general population through discrimination
    - Found in communities, including private and governmental organizations that intentionally or unintentionally proliferate stigma
    - Can undermine delivery of lifesaving programs and interventions (Recto et al., 2020)

Different Views of Stigma

- **Self-stigma**
  - Internalized negative belief that someone holds about themselves
  - 4 stages:

Becoming aware of stigmatization	**“Society thinks that people who use drugs are bad”**
Agreeing with public stereotypes and prejudice	**“They’re right”**
Self-application	**“I have this condition; therefore, I am a bad person/mother”**
Decrease in self-esteem and self-efficacy	**“Why should I even try”**

(Adapted from Recto et al, 2020)

  - Overall impact of stigma may indirectly sabotage treatment outcomes by sustaining negative emotions
    - Lack of quality healthcare due to self-stigma and shame can impact both maternal and fetal outcomes (Shadowen, Wheeler, & Terplan, 2021)

Implicit Bias

- **Implicit bias** refers to attitudes or stereotypes that adversely impact or influence our understanding, actions and decisions in an **unconscious** way
  - Healthcare professionals with strong implicit biases may provide a lower quality of care by
    - Showing less compassion for certain clients
    - Share incomplete or misleading information
    - Spend less time and effort in a therapeutic relationship with certain clients
    - Disregard the values and perspective of certain clients (Office of Minority Health, U.S. Department of Health & Human Services, 2022)
      - https://thinkculturalhealth.hhs.gov/education/maternal-health-care

Implicit Bias

- Are healthcare providers vulnerable to Bias? Quite possibly!
  - Healthcare structure:
    - Standardized systems of care
    - Population health management
    - Clinical decision support systems
  - Internal narratives
    - Demographic characteristics noted before even seeing the client
  - Burnout
  - Lack of diversity across medical professions
    - Lack of racial, ethnic, cultural parity between providers and patients
  - Lack of provider training on bias, stigma, health disparities, cultural awareness (NQIIC, nd)

Stigma or Implicit Bias

- **Culture**
  - Women socially assigned roles as Mothers, Caregivers, Wife, “Central to the Family Unit”
    - “Pregnant woman using drugs violates this construct=more stigma” (Richelle, Dramaix-Wilmet, Roland, Kacenelenbogen, 2022)
  - Mothers with SUDs have historically been considered selfish, a “moral failure”
    - Many believe that SUDs cause intentional harm to families, placing burden on society
    - Strongly drives “self-stigma” and “perceived stigma”
      - Internalization of a narrative of blame, shame and guilt
      - Struggle between “secrecy and disclosure”
  - Stigma **Disproportionately Noted** among poor people and people of color (Chou et al., 2018)

The Impact of Motherhood

- Mothers with SUDs perceive stigma throughout the perinatal period from
  - Healthcare providers
  - General Public
  - Loved ones
  - Themselves
  - Addiction community

(Frazer, McConnell, Janssen, 2019; Paterno, Low, Gubrium, Sanger, 2019)

Time Frame	Perception
Preconception	You shouldn't have a baby
Prenatal	You are hurting your baby
Postpartum	You can't care for your baby

The Impact of Motherhood

- Pregnant people with SUDs are increasingly stigmatized, even prosecuted for substance use
  - Disclosure of use can lead to financial, emotional and legal consequences
  - Mothers may be hesitant to seek treatment for fear of legal action and social service involvement

- As many as 70% of women entering treatment for SUDs have children AND primary responsibility for children.
  - Family responsibilities can interfere with regular attendance in treatment sessions

The Impact of Motherhood

- Thoughts for Self-Reflection & Discussion:
  - Response to a mother filling a prenatal vitamin along with buprenorphine (MOUD)
  - A mother with an SUD asks you to help with breastfeeding planning
  - Discussing alcohol use with a mother who is trying to conceive
  - A mother tells you they have stopped contraception to try to conceive while they have an active SUD or are in treatment for an SUD

Understanding Health Care Culture & Stigma

- Each health care interaction occurs in context of at least three cultures
  - Healthcare **provider's** lived experiences
    - Stigma can develop and strengthen over time and practice (Richelle, Dramaix-Wilmet, Roland, Kacenelenbogen, 2022)
  - Experiences of **person** seeking care
  - Culture of healthcare **system** itself (Institutional Stigma)
  - * Culture of the **broader community** (state, rural, urban)?

- Wide variations in attitudes, beliefs, behaviors, exist among all individuals
  - This includes bias and stigma
- **"A single interaction with a healthcare professional can be empowering…or one that negatively impacts all subsequent interactions…"** (Locke, 2020)

Discussion Point

- Please consider a “Not so pleasant” healthcare encounter (either provider or consumer) YOU have experienced
  - Did the encounter impact your future care options?
  - Can you recognize stigmatizing behaviors now that occurred at the time of the encounter?
  - Have you thought about the encounter since it happened?

Negative Perinatal Healthcare Encounters

- Mothers with SUDs report experiencing the following kinds of negative encounters (Renbarger, Shieh, Moorman, Latham-Mintus, & Draucker, 2019)
  - **Judgmental**
    - Sense providers' disapproval of SUD
    - "Look down on them"
    - Sense blame when infants experience withdrawal symptoms
    - Feelings of shame, frustration, irritation and being dismissed during visits
  - **Scrutinizing**
    - Feel closely observed or monitored
    - Identified as "Drug User"
    - Causes mothers to avoid prenatal care, lie about SUD, use other women's urine for drug testing
    - Feel watched for indications they were "high" when holding infants, visiting NICU, breastfeeding
    - Feel questioned about ability to mother
      - Inhibits mother-infant bonding

Negative Perinatal Healthcare Encounters

- **Disparaging**
  - Overt critical behaviors
  - Experience eye-rolling, name calling “Addict,” “Junkie Mom,” “Methadone Mom” told to “Get their life together”
  - Whispering
  - Results in sense of low self-worth
- **Disempowering**
  - Cause mothers to feel like they have little or no control over own health and infant’s health
  - Don’t feel believed, listened to or feel like health concerns taken seriously
  - “No voice” in healthcare decisions, type of SUD treatment
  - Feelings of frustration and anger

Negative Perinatal Healthcare Encounters

- **Deficient care**
  - Mothers often feel they receive lower quality of care because of substance use
  - Feel they are not provided with adequate health information
  - Lack of time during visits secondary to SUD
  - Causes mothers to discontinue care
- Research tells us that most mothers desire **MORE** information about SUD in pregnancy, SUD treatment options and breastfeeding with SUDs

Now Consider This…

Typically, a person engaged in routine care could have, at a minimum, the following perinatal encounters

- Prenatal visits: 9
- Labor and delivery stay: 2 days
- Postpartum visit: 1

AND

- Remember, each interaction occurs in a context of at least three cultures

THEREFORE

- If a person discloses substance use during pregnancy, they could potentially have at least **36 negative stigmatizing experiences** from routine perinatal care **ALONE!**

AND

- This doesn't include interactions with family, friends, colleagues, the addiction community, behavioral health professionals AND/OR negative encounters during the first year postpartum, i.e. newborn/pediatric appointments, WIC visits, family planning visits

A Deeper Look at In-Patient Care

- The hospital environment is both a source of support and tension for mothers exerting autonomy in their infant's care
- Environment contributes to feelings of internal and external stigma negatively impacting mothers' self-efficacy
  - Mothers have heightened awareness during labor/delivery and postpartum and can perceive that providers and staff:
    - Attend to their infant less often
    - Communicate less
    - More stringently enforce hospital rules because of people's addiction histories (Howard et al, 2018)

Nurses' Perceptions

- Shaw et. al. (2016) interviewed nurses from large birthing centers
  - *Nurses' Perceptions of Caring for Childbearing Women Who Misuse Opioids*
    (Shaw, Lederhos, Haberman, Howell, Fleming, & Roll, 2016)
    - Four primary themes emerged from the study
    - **Nurses desire more knowledge for providers, nurses, patients and healthcare system about OUD**
      - Effects of OUD on mom/baby dyad
      - Available resources; especially in rural areas
      - Felt earlier patient education needed for mothers (prior to arriving to hospital for birth)
    - **Nurses feel challenged**
      - Hard to provide optimum care while dealing with biases
      - Patients with OUD may be more demanding of nursing time needed to manage pain
        - Pain as the fifth vital sign has placed emphasis on prevention and treatment of pain
          - Difficult to find/implement an individualized approach
          - Concern about providing adequate pain relief accompanied by fear of contributing to the addiction

Nurses' Perceptions (Shaw, Lederhos, Haberman, Howell, Fleming, & Roll, 2016)

- **Nurses express concern for both mothers and infants**
  - Worry about mother's ability to provide newborn care in hospital
  - Concern over potential for newborn withdrawal and neglect once discharged
    - Especially if discharged to rural areas
  - Concern over lack of family support for mother outside of hospital
- **Difficult to "Know the Truth"**
  - Difficult to take a complete history; "not sure" about honesty of answers
    - ***Many pregnant people don't recall dates, some information!**

Discussion Point

- Do Healthcare Professionals Experience Consequences of Stigma Too?
  - Do we feel stigmatized because we care for childbearing people with SUDs?
  - Do our experiences with seeing how perinatal people with SUDs are stigmatized prevent healthcare professionals with SUDs from reaching out for the same care?
    - Addiction occurs among healthcare professionals at rates similar to general population
    - Complexities of disclosure : loss of license, employment, restrictions upon return to work, guilt, shame
    - Nurses Study: Upon disclosure of an SUD, nurses reported hearing: “personal choice, a failure of moral character” rather than colleagues seeing their SUD as a disease (Foli, Reddick, Zhang, & Krcelich (2020)
      - Does this sound familiar to stigma faced by persons who are pregnant/parenting with SUD?
  - Do we feel bias toward our peers with SUDs?

Awareness About Other Forms of Stigma

- **Mislabeling**
  - “Crack babies” and “Junkie”
- **Misinformation**
  - “Babies are born addicted”
    - Infants may experience withdrawal symptoms from exposure to maternal substance use and abuse, BUT they are not born addicted.
    - American Society of Addiction Medicine describes addiction as a “treatable, chronic medical disease involving *complex interaction among brain circuits, genetics, the environment, and an individual’s life experiences*. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.” (ASAM, 2019)
  - “MOUD should not be used during pregnancy/ breastfeeding”
    - Our best evidence reports safety of use in the perinatal period

MOUD: Medications to Treat Opioid Use Disorder

Awareness About Other Forms of Stigma

- **Media** (Avery & Avery, 2019)
  - Most Americans now get health information from news media, social media, public information campaigns
  - **Agenda setting**
    - Topics receiving high levels of media attention likely perceived by public as priorities for intervention
    - Focuses attention on topics likely to generate/mitigate stigma toward a population
      - Illicit drug use typically receives more media than alcohol/tobacco
      - Stigmatizing attitudes greater toward people who use illicit drugs
  - **Framing**
    - Emphasizes certain aspects of an issue over others; influences how public views that issue
      - Consequence framing: Emphasizes consequence of problem of interest over others
        - FAS/FASD campaigns: Highlight consequences of alcohol use on fetus; rarely mentions maternal impact or treatment
        - Drug epidemic: Children left without parents

This is Stigma?…YES!

- **Devaluing maternal relationship with child**
  - "Saving" the vulnerable infant from the "harming mother"; restricting participation in initial infant care (Frazer, McConnell, & Janssen, 2019)
- **Punishment**
  - Forced detoxification from treatment for Opioid Use Disorder
  - Incarceration during pregnancy
    - Guttmacher Institute: Substance Use During Pregnancy:
    - 25 states and District of Columbia consider substance use in pregnancy child abuse
      - 5 as grounds for civil commitment
    - 26 states and District of Columbia require health care professionals to report suspected prenatal drug use
      - 8 require them to test for prenatal drug exposure if suspect drug use (as of 8-31-23)

    https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

*** NO evidence that criminalization functions as a deterrent!**

*American College of Obstetricians and Gynecologists (2015; 2017) calls for efforts to improve availability of treatment and rehabilitation services and to ensure that pregnant women with SUDs who are seeking prenatal care are not criminalized

Region 8 Information

State Policies on Substance Use During Pregnancy

STATE	SUBSTANCE USE DURING PREGNANCY CONSIDERED:		WHEN DRUG USE DIAGNOSED OR SUSPECTED, STATE REQUIRES:		DRUG TREATMENT FOR PREGNANT INDIVIDUALS		
	Child Abuse	Grounds for Civil Commitment	Reporting	Testing	Targeted Program Created	Pregnant People Given Priority Access in General Programs	Pregnant People Protected from Discrimination in Publicly Funded Programs
Colorado	**X**				**X**		
Montana			**X**				
North Dakota	**X**	**X**	**X**	**X**			
South Dakota	**X**	**X**	**X**	**X**			
Utah	**X**		**X**			**X**	

Information for WY Not Available

Guttmacher Institute. (10-13-2023). Retrieved from https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

Global Comparisons to U.S. Health Care

- No global guidelines provide recommendations for identifying and managing substance use and SUDs in pregnancy
- Several high-income countries have developed national guidelines, but low- and middle-income countries lack similar guidance (WHO, 2014, p. x)
- **Canada:** "There are no laws specific to substance use during pregnancy" and "health care providers do not have a legal obligation to make a report about prenatal substance use" (Canada FASD Research Network, 2014, p. 3-5)
  - The Society of Obstetricians and Gynaecologists of Canada (2017) acknowledges the unique and complex needs of women with SUDs
  - Canadian health care providers are encouraged to employ a flexible approach to women with SUDs in the perinatal period through a harm reduction philosophy of care

Global Comparisons to U.S. Health Care

- **Australia**
  - Each state and territory have requirements about reporting the potential for harms from substance use to the unborn child
  - Guidelines recommend that pregnant women with SUDs benefit from appropriate referral for specialist drug and alcohol assessment
  - **Over-arching emphasis is placed on importance of establishing an effective, trusting relationship with the woman with SUD during pregnancy**
    - Encourage a holistic approach based on respect and a non-judgmental attitude that engages “the woman into adequate antenatal care and maintains continuity of care and carers throughout the pregnancy and postnatal period” (Australian Government Department of Health, 2018, p. 98-100)

Additional Access Barriers to Perinatal SUD Treatment

- In addition to stigma, other key barriers experienced by pregnant and parenting people:
  - Lack of access to gender-specific care
  - Limited child-care availability at treatment facilities
    - Not wanting to leave children or a partner at home
    - Minimal access to transportation or childcare, limited availability on housing units
      - *Attendance and retention best predictors of treatment success
  - Few providers with obstetric AND addiction treatment expertise, especially in rural areas
  - Perinatal period is actually a very short period of time to receive services
    - Wait times to access may be prohibitive

“The way a mother experiencing Perinatal Substance Use Disorder is treated, and her view of herself as being a capable (or incapable) mom, will impact how her relationship and attachment with her baby develops.” (MAIMH, 2017)

We have work to do!

How Can We Reduce Stigma & Improve Care?

- **Everybody's Language Matters**
  - Stigmatizing language is dehumanizing and contributes to unsatisfactory treatment outcomes for people with SUDs
  - View addiction as a chronic disease, not a moral shortcoming
  - Use nonbiased language in health care encounters
  - Correct our colleagues who use stigmatizing language
    - *ACTS

Words to Avoid	Words to Try
Clean	In Recovery
Dirty Test	Positive drug test
Relapse	Recurrence of use, return to use
Addict, Junkie	Person with substance use disorder
Drugs	Medications to Treat OUD
Born Addicted	Physiologic Dependence After Delivery

How Can We Improve Care?

- **Education**
  - Present and discuss the facts
  - Correct MIS-information
  - Increase training for health care professionals (Merrill & Monti, 2015)
    - A 2022 study indicated that 20% of surveyed medical students favored punishing pregnant people with SUDs (Richelle, Dramaix-Wilmet, Roland, Kacenelenbogen, 2022)
    - Most schools of nursing lack SUD education
    - Education should include storytelling by people with lived experience
      - Helps generate positive attitudes and diminish social intolerance (Werder, Curtis, Reynolds, Satterfield, 2022)

How Can We Improve Care?

- **Maternal CLAS Standards**
  - Culturally and Linguistically Appropriate Services (CLAS)
    - Providing services that are respectful and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs
    - Meets Six Aims of Care
      - Safe
      - Effective
      - Patient-Centered
      - Timely
      - Efficient
      - Equitable

How Can We Improve Care?

- Apply **Maternal CLAS Standards** to
  - Increase our Self-Awareness
    - Understand that health professionals hold
      - Privilege & Power
        - Knowledge
        - Expertise
        - Authority
        - Access to medications, treatment, resources
  - Implement strategies for listening and learning
  - Build partnerships through shared decision-making
  - Respect and respond appropriately to client's experiences, values, and beliefs
  - https://thinkculturalhealth.hhs.gov/education/maternal-health-care

How Can We Reduce Stigma & Improve Care?

- **Increase community awareness of substance use and recovery**
  - Remember the context of the 4th culture!
  - Providers cannot improve care alone
- **Ask Questions**
  - Talk about recovery with persons with lived experience
  - Talk openly with our colleagues

Things People with SUDs Want Us To Know

"Mothers want to succeed. Don't assume we are not trying, or that we chose the challenges we face."

"Listen, be curious about what might work for each of us."

"Don't judge. Instead care."

"Show empathy, not pity."

(Adapted from: Mothering and Opioids: Addressing Stigma and Acting Collaboratively, 2019)

Opportunities

- **Pregnancy** may provide a **“WINDOW of OPPORTUNITY”** to engage in treatment and recovery (ACOG, 2017;Terplan, McNamara, Chisolm, 2012; Terplan & Minkoff, 2017)
  - Be open and transparent about testing and reporting requirements
  - Universal screening (self-report)
  - Consider peer services, group prenatal care programs
    - Peer support can be a counterbalance to discrimination, rejection, isolation that may sustain longer term and more regular treatment utilization

Opportunities

- **In-patient**
  - Create a caring environment
  - Involve mothers in all aspects of infant's care (Wright, Temples, Shores, Chafe, Lannamann, Lautenschlager, 2021)
  - Review perinatal strategies to prevent unnecessary use of pharmacologic pain management
    - Are doulas welcome?
  - Encourage keeping mothers and infants together
    - Breastfeeding and rooming-in are recommended as first-line treatments for NAS during birth hospitalization and associated with a reduction in pharmacologic treatment, shorter hospitalizations (Howard et al., 2018)
  - Emphasize community resources and local referral options for families upon discharge (Munoz, Suchy, & Rutledge, 2021)

Affect Change

- **Support Providers**
- **Caring for families impacted by SUDs** can be connected to ethical distress, moral distress, and compassion fatigue
  - It can be helpful for all us to:
    - Become more aware of our own biases
    - Continue to increase personal knowledge about mental health and SUDS
    - Learn more about intimate partner violence and family dynamics in the context of SUDs
    - Become aware of local and state treatment options for pregnant and parenting women with SUDs (Recto et al, 2020)
    - Be kind….to each other

*The ACTS Script

- **ACTS** is a guide for responding respectfully and constructively to clinical situations where you see your coworkers stigmatizing or judging your patients

  - **Acknowledge**
    - Create an opportunity to open the dialogue
    - Do not criticize
  - **Create Circumstance for Reflection**
    - Ask questions or think out loud
  - **Teach**
    - Share an article
    - Ask permission to share some knowledge about what you have learned
  - **Support**
    - Encourage peers to try new approaches to clients and then debrief those approaches
    - Celebrate successes!

- Please consider “ACTing” when you encounter a colleague who is using stigmatizing language!

- Marcellus, L., & Poag, E. (2016). Adding to our practice toolkit: Using the ACTS script to address stigmatizing peer behaviors in the contact of maternal substance use. Neonatal Network, 35 (5), 327-332. doi: 10.1891/0730-0832.35.5.327

Yes, the Stigma is Real…

But so is the Opportunity to Impart Change

and

Support Pregnant and Parenting People with SUDs

THANK YOU!

SAMHSA appreciates your feedback!

Please take the survey about today's webinar

- Worth the Watch
  - YouTube: Dr. Mishka Terplan, MD, MPH -- “Gender & Use, Misuse, Treatment and Recovery” (May 17, 2017)

    Dr. Mishka Terplan talks about how developing addiction to opioids and other drugs vary across gender, and how those expectations impact the conception of treatment and stigma around use. Dr. Terplan is a Professor of Obstetrics and Gynecology and Psychiatry and the Associate Director of Addiction Medicine at Virginia Commonwealth University. The From Research to Recovery Town Hall brings together speakers from across the country to address mental health, substance use and other facets of behavioral and emotional health.

    https://www.youtube.com/watch?v=siC6Cd4Q3MQ&t=33s