

Perinatal Substance Use WNC Project CARA

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*Why are we here talking about
this?*

<https://vimeo.com/262458387>

Substance Use Disorders

Addiction is a BRAIN DISEASE

Public Policy Statement: Definition of Addiction

ASAM

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

DSM 5

Opioid Use Disorder

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, defines OUD as

“a problematic pattern of opioid use leading to clinically significant impairment or distress” (American Psychiatric Association, 2013)



Do Substance Use Disorders Affect Women Differently from Men?

p.s. the answer is yes

Biological differences:

- Smaller doses for less time

- Higher rates of craving

- Higher rates of relapse

Gender role differences

- SUDS associated with higher rates of domestic violence

- SUDS associated with higher rates of anxiety and depression

- SUDS care barriers include childcare, transportation, multiple specialty appointments at high frequency

Data from NIDA website: <https://www.drugabuse.gov/>

What do Perinatal Substance Use Disorders look like in WNC?

FYI : It is not something new

- **24-27 y/o**
- **Multiparous**
- **White**
- **Medicaid**
- **Opioids/Opiates**
- **50% Buncombe County, 50% surrounding counties**
- Data obtained from MAHEC database, patients seen in routine care as well as consultation from 2013-2015 with drug dependence in pregnancy code



The counties of Western North Carolina

What do Perinatal Substance Use Disorders look like in WNC?

You can not talk about PSUDS without talking about trauma

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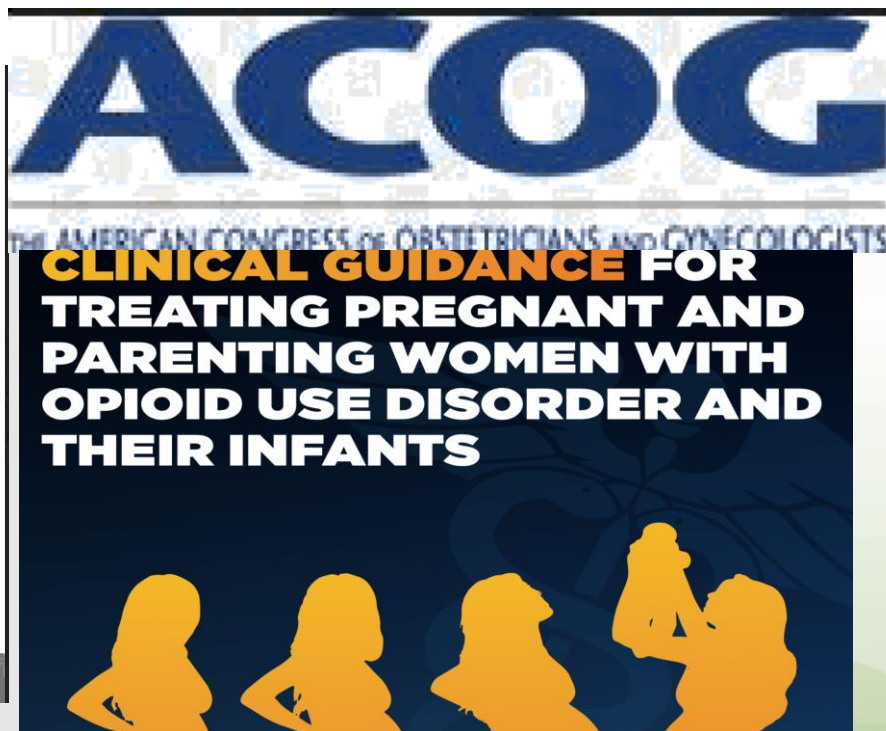


Evidence Based Recommendations for Care

Pregnant Women with Opioid Use Disorder

Medication Treatment:

Methadone (OTP ONLY) Buprenorphine (OTP or OBOT) Naloxone for OD



What are We Doing in the West?



SUBSTANCE USE TREATMENT
AND PERINATAL CARE
IN ONE COMPREHENSIVE PROGRAM

*We aim to change generational patterns of substance use disorders
one pregnancy at a time*



What are We Doing in the West?

CARA Founders Council

provides leadership and advisement to



An integrated medical and behavioral health model of healthcare delivery

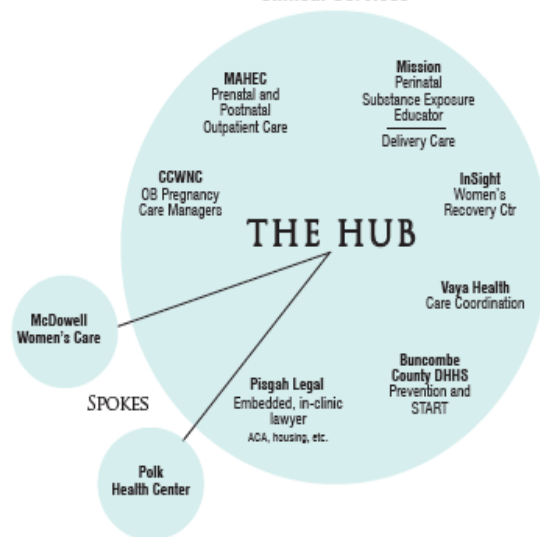
Regional Collaboratives

VAYA Alliance

Regional PSUDS Teams

PSUDS Community Teams

Clinical Services



Education, Training, and Research

Rural Providers/Perinatal SUD in Rural Communities

MAHEC Family Health Center Office-Based Opioid Treatment (OBOT)

MAHEC Residents

UNC School of Medicine Asheville Campus Students

UNC Gillings School's Master of Public Health Program in Asheville Students

WCU Nurse Practitioner Students

MAHEC Research Department



We are **EFFECTIVE**, helping women reach their goals

78% of clients come to their expected number of prenatal visits

58% of clients are illicit-drug free at delivery

100% of clients agree or strongly agree that we provide the support needed to reach their treatment goals

These are some of the primary predictors for keeping babies out of foster care

What's most important to me?

"Being healthy. Having a healthy baby. Staying clean."

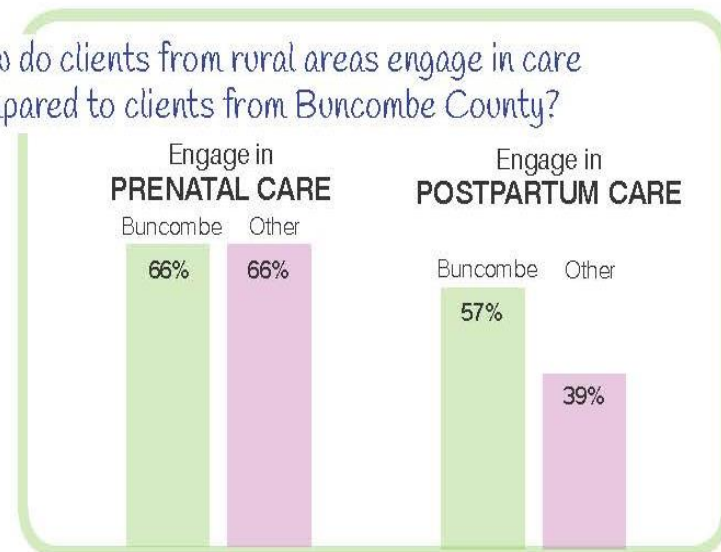
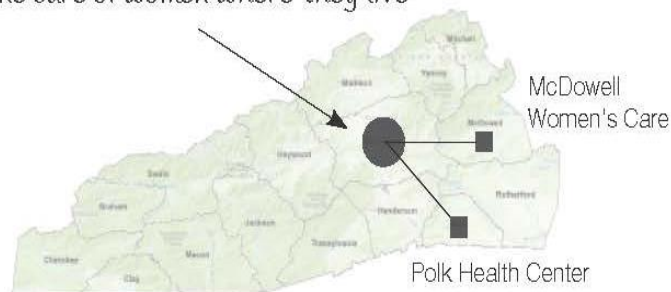
"Being able to receive recovery treatment that is included with OB services makes taking the steps into recovery more comfortable as well as convenient."

We are **GROWING**, seeing more women, especially from rural areas

From 2014 to 2018, the number of clients increased **266%** from 91 → 242

We serve women from **19** rural WNC counties> How do clients from rural areas engage in care compared to clients from Buncombe County?

This is the **HUB & SPOKES** model we use to take care of women where they live



- ! Women who engage in prenatal care locally and remain in postpartum care locally
- may increase their chances of staying with their babies and staying in recovery

Number of Patients Served by Project CARA

Estimated Due Dates in

2014



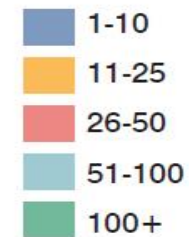
2015



2016

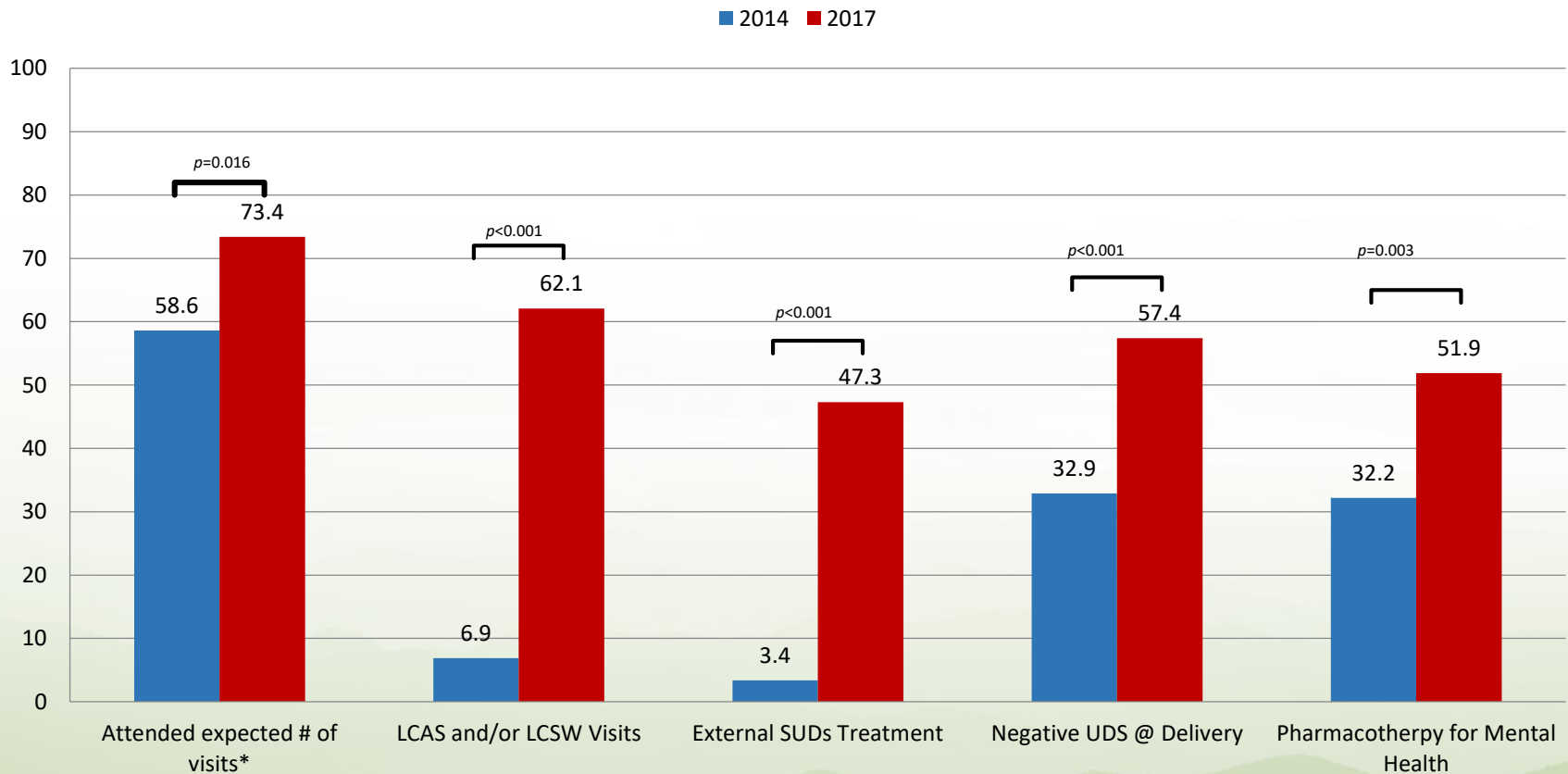


2017



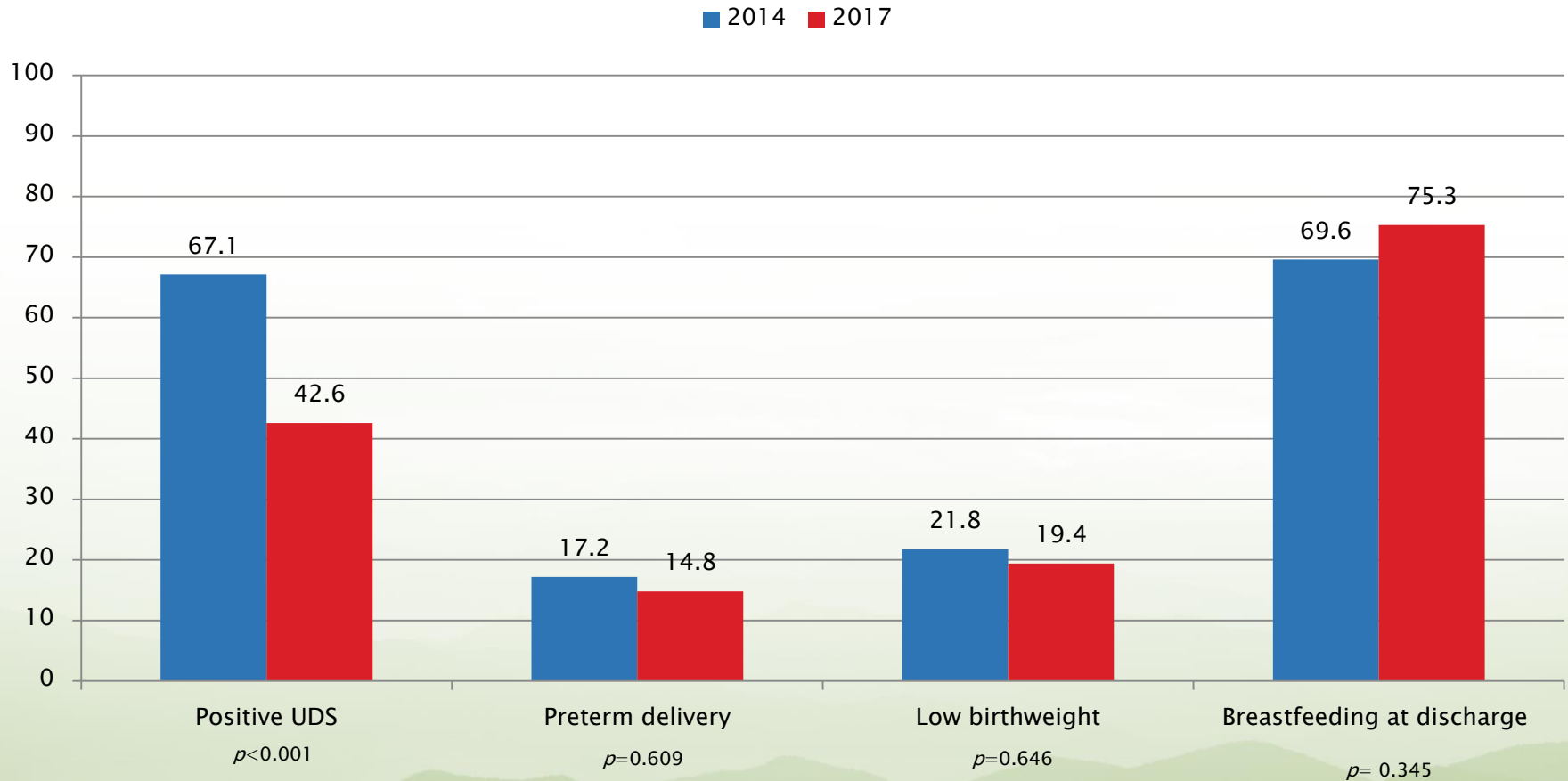
2014 to 2017 Comparison

Project CARA: Engagement Outcomes



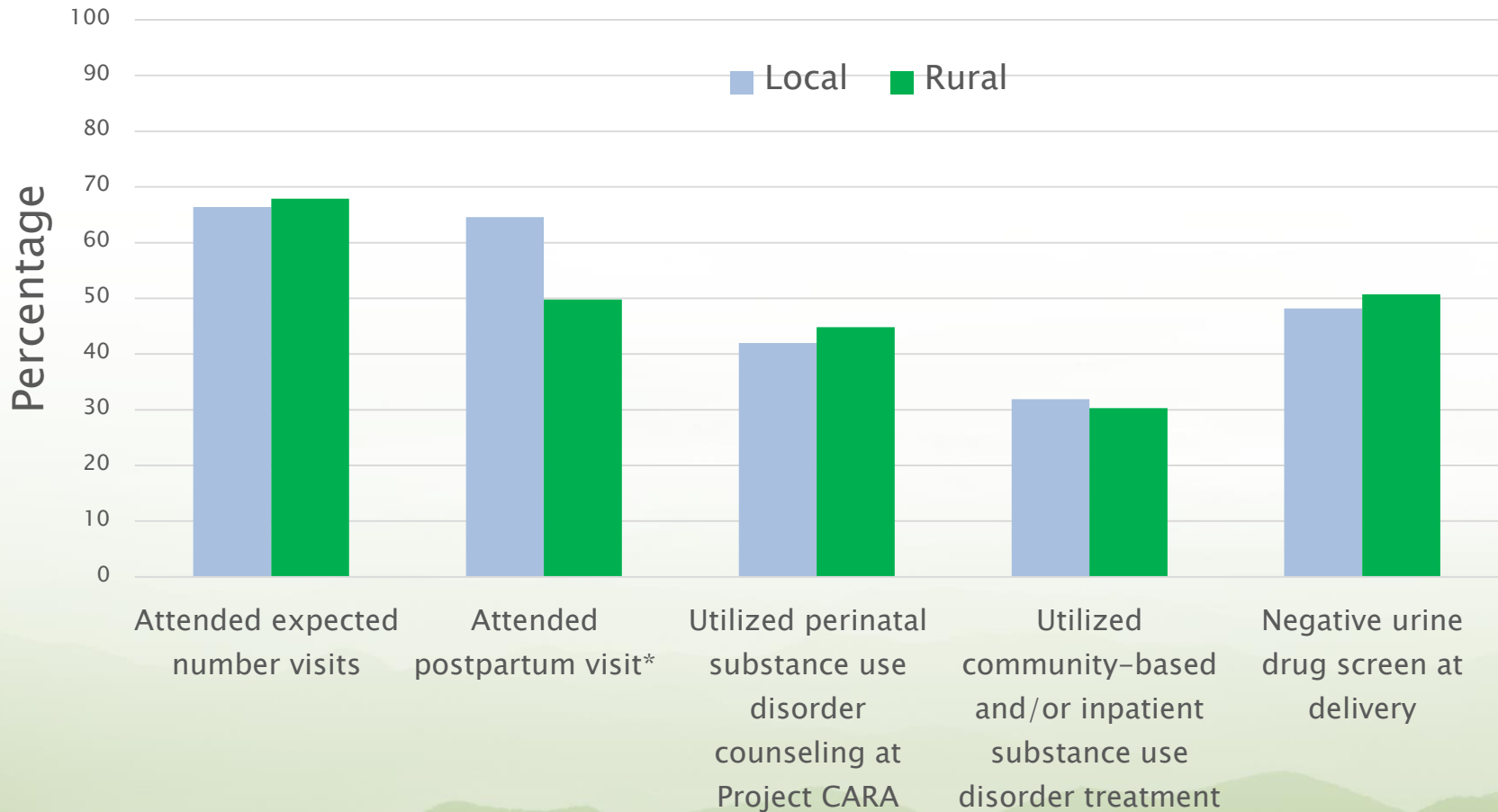
2014 to 2017 Comparison

Project CARA: Delivery Outcomes



2017 Comparison

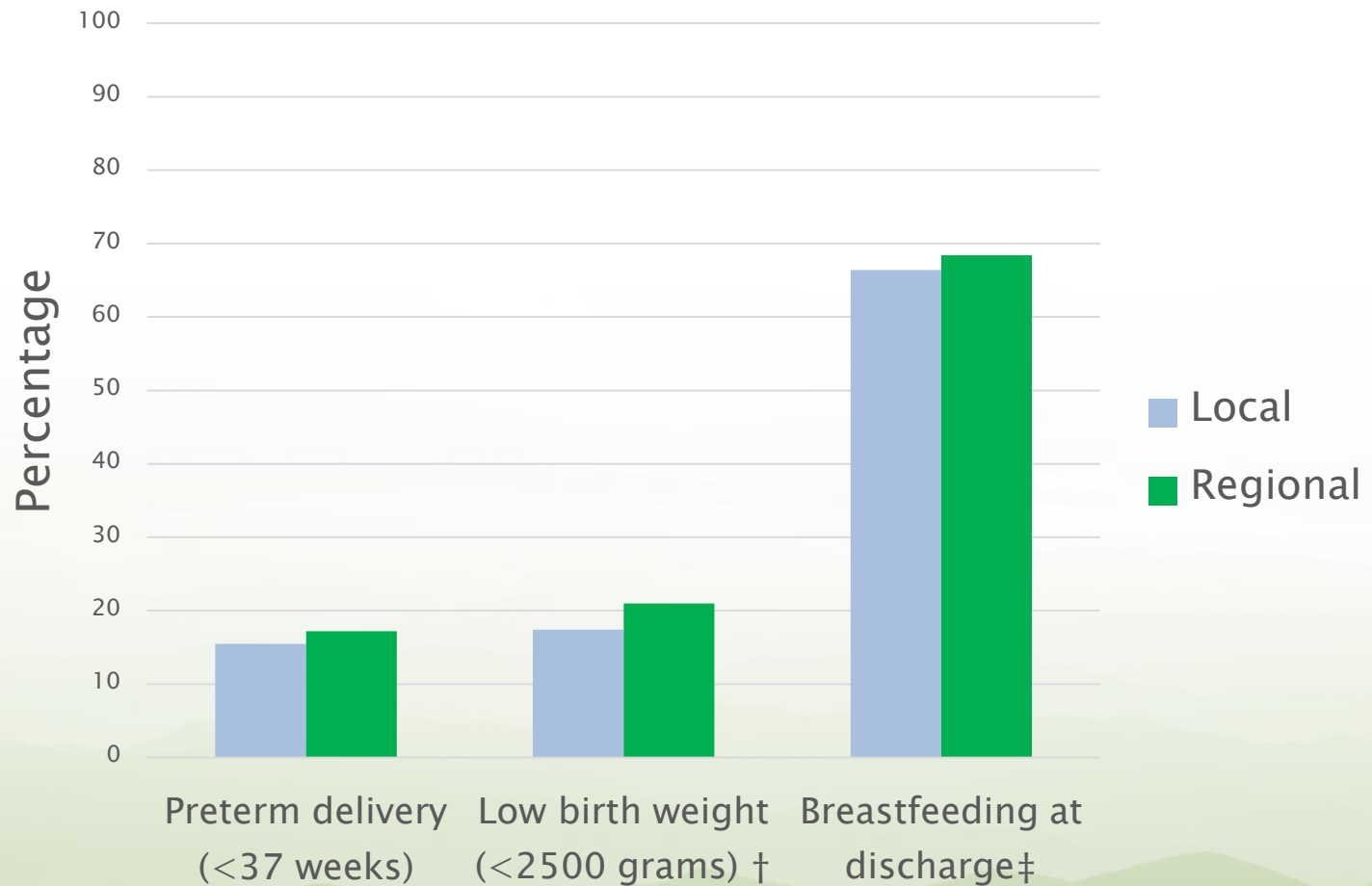
Project CARA: Local vs. Rural



* $p=0.002$

2017 Comparison

Project CARA: Local vs Rural



What Are Our Next Steps?

That's how we

KEEP MOMS AND BABIES
TOGETHER AND BABIES
OUT OF FOSTER CARE

Each baby born at term saves **\$47,100** at delivery

Each baby born not needing treatment for NAS saves **\$50,000** at delivery

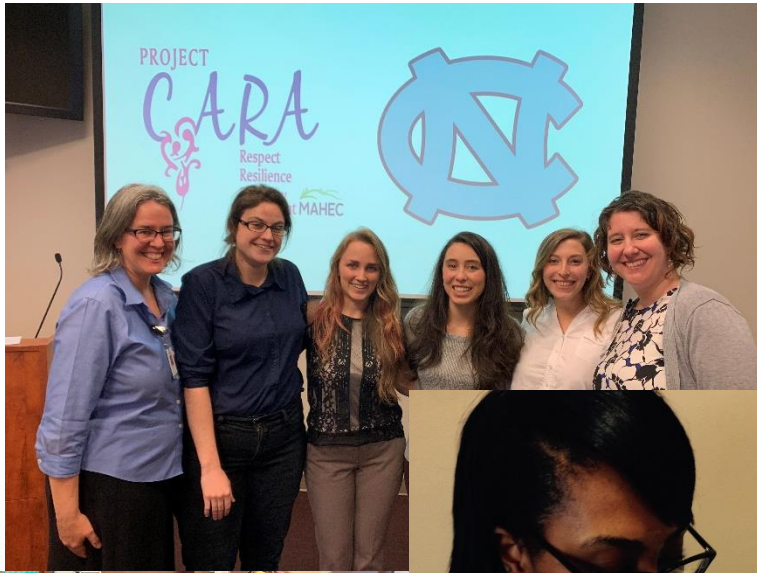
Each mom who delivers without illicit drugs in her system saves **\$2,500** per social services investigation

Each child who stays with mom and family saves **\$26,000 a year** from foster care

So that more women who use substances will be able to get care locally, where they live,

we **EDUCATE AND TRAIN** rural providers and healthcare students who will become rural providers







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