

**North Carolina Resources  
for Pregnant and Parenting  
Women with Substance Use  
Disorder**

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Division of Mental Health, Developmental Disabilities & Substance  
Use Services Addictions & Management Operations Section

October 12, 2023

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**Disclosures**

- 1.5 NCPD Contact Hours and CPH Recertification Credits may be earned upon successful completion  
**For successful completion, participants must attend 100% of educational activity and complete the online course evaluation. There will be no partial credit awarded.**
- No relevant financial relationship or commercial support exists for anyone in the position to control content for this activity.
- The Public Health Nursing Institute for Continuing Excellence is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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**Reminders**

Online evaluation should be completed by **each attendee** to download a certificate for the live and archived webinars.

**October 12-29, 2023 COB**, the live webinar evaluation and certificate can be accessed. **Please Note:** This will be your only option to receive evidence of the NCPD contact hours and CPH Recertification Credits. You will need to save this certificate.

**October 30, 2023 by COB**, the archived webinar link, handout and evaluation will be posted.

- o **Access these items at**  
<http://whb.ncpublichealth.com/provPart/training.htm>,  
 click the heading *Maternal Health Non-Required Trainings*.

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### Objectives

- Identify the importance of acknowledging the barriers to accessing care
- Participants will increase their knowledge on NC resources for pregnant and parenting women with a Substance Use Disorder (SUD)
- Participants will increase their understanding of how to access care for pregnant or parenting women with a SUD
- Address increases in particular substances in the past year
- Participants will be able to identify an Evidence-Based Curriculum (EBT) that is effective for women with a Substance Use Disorder (SUD) who have families
- Prevalence of prenatal alcohol exposure and fetal alcohol spectrum disorder (FASD)

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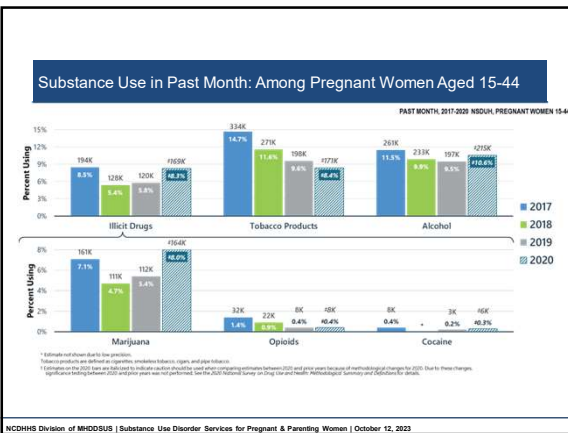
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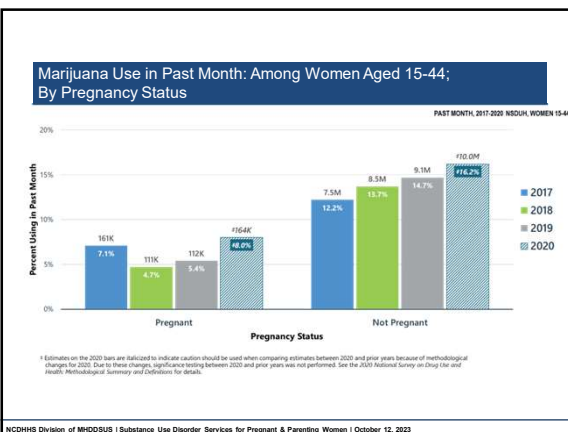
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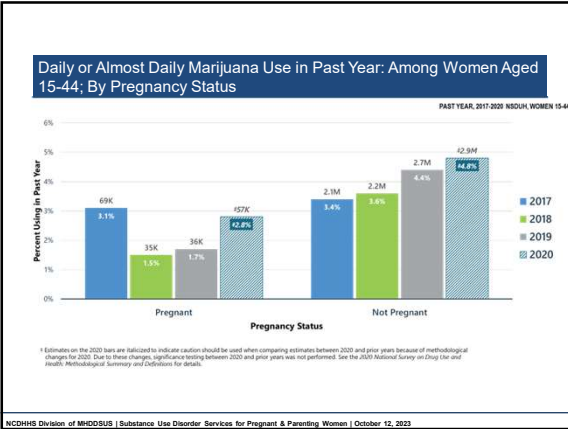
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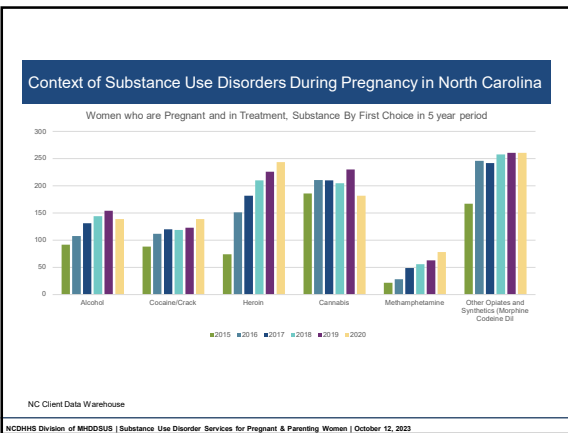
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**NC SFY 22: Women Entering Any SUD Treatment Substance Use Upon Admission**

**Women 18-45 Years Old: (19,577)**

- 1) Heroin
- 2) Other Opiates and Synthetics (morphine, codeine, Dilaudid)
- 3) Alcohol
- 4) Marijuana
- 5) Methamphetamine
- 6) Cocaine

**Pregnant Women 18 & Older: (775)**

- 1) Other Opiates and Synthetics (morphine, codeine, Dilaudid)
- 2) Heroin
- 3) Marijuana
- 4) Alcohol
- 5) Cocaine
- 6) Methamphetamine

(Client Data Warehouse Data-Principal SUD Diagnosis)

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### Infants With Prenatal Substance Exposure and Their Families: Five Points of Family Intervention\*




**PRE-PREGNANCY**

Focus on preventing substance use disorders before a woman becomes pregnant through promoting public awareness of the effects of substance use (including alcohol and tobacco) during pregnancy and encouraging access to appropriate substance use disorder treatment




**PRENATAL**

Focus on identifying substance use disorders among pregnant women through screening and assessment, engaging women into effective treatment services, and providing ongoing services to support recovery




**BIRTH**

Focus on identifying and addressing the needs of infants affected by prenatal substance exposure, withdrawal symptoms, and Fetal Alcohol Spectrum Disorder including the immediate need for bonding and attachment with a safe, stable, consistent caregiver



**NEONATAL, INFANCY & POSTPARTUM**

Focus on ensuring the infant's safety and responding to the needs of the infant, parent, and family through a comprehensive approach that ensures consistent access to a safe, stable caregiver and a supportive early care environment



**CHILDHOOD & ADOLESCENCE**

Focus on identifying and responding to the unique developmental and service needs of the toddler, preschooler, child, and adolescent who was prenatally exposed through a comprehensive family-centered approach

\*The National Center on Substance Abuse and Child Welfare (NCSACW) has developed a five-point framework. Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. Substance-Exposed Infants: State Responses to the Problem. HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.

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### Barriers to Treatment

- Shame and Guilt
- Providers giving misinformation, " No resources"
- Child welfare- "will they take my kids?"
- Clients question safety for themselves and children concerning COVID-19 while in treatment
- Concerns of the physical impact of withdrawal
- Client's have additional monetary resources" stimulus checks"
- Domestic Violence relationships
- Transportation & childcare

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### Addicts In Recovery to People Who Thrive

Old Language	New Language
<p><b>Negative labels include:</b></p> <ul style="list-style-type: none"> <li>Addict/Alcoholic/Drug Addict</li> <li>In Recovery, Clean and Sober,</li> <li>Getting Clean, Having Clean Time</li> <li>Abuser, Dirty,Disease,and Dependent</li> </ul>	<p><b>Positive Language:</b></p> <ul style="list-style-type: none"> <li>Thriver/Thriving</li> <li>Substance Use Disorder</li> <li>Motivated to Change</li> <li>Growing from Adversity</li> <li>People do and can move on</li> </ul>

Spieths et al., (2018)  
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**Facts on Substance Use Disorders**

- Genetic vulnerability 50-60%
- Adverse Childhood Experiences
- Brain disorder
- Primary chronic disease
- Relapse risk factors for hypertension, asthma & diabetes:
  - lack of adherence to diet, medications, or behavior change
  - low socioeconomic status,
  - low family supports
  - psychiatric co-morbidity

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**Impact on Women, Pregnant and Parenting**

**Opioids**

<p><b>Illicit Opioids</b></p> <ul style="list-style-type: none"> <li>o Overdose risk</li> <li>o Exposure to violence, trauma</li> <li>o Exposure to STIs, including HIV</li> <li>o Infections related to IV use including <i>Endocarditis</i></li> <li>o Preterm labor</li> <li>o Unable to breastfeed</li> <li>o Risk of being unable to parent infant.</li> </ul>	<p><b>Medication for Opioid Use Disorders (Methadone &amp; Buprenorphine)</b></p> <ul style="list-style-type: none"> <li>o Engagement in Prenatal Care</li> <li>o Engagement in Comprehensive SUD treatment</li> <li>o Stability</li> <li>o Focus on building life in recovery</li> <li>o Less vulnerable to violence, infections and legal consequences</li> <li>o Breastfeeding encouraged if no contraindications</li> </ul>
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ACOG 2017, AAP 2012, Kochevskaya 2015

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**Active Opioid Use Disorder During Pregnancy Provider Role**

- **Prioritize access and engagement to and with healthcare, and other supports (safe housing, food, etc.)**
  - Utilize unconditional positive regard
  - Utilize person first language
  - Utilize trauma informed care
  - Utilize motivational interviewing approach
- **Provide fact-based information, not fear based**
  - Be knowledgeable about potential risks of illicit opioid use, and other use, in pregnancy and impact on birth outcomes.
  - Be knowledgeable around child welfare policies and practices in your community and share in straightforward way.
  - Share the knowledge and belief that treatment and recovery is available, if she is interested.
- **Naloxone**

National Harm Reduction Coalition and Academy of Perinatal Harm Reduction 2020

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**Pregnancy and Medication for Opioid Use Disorders**

- Women who are pregnant experience the same benefits as non-pregnant population with Opioid Use Disorders
  - Stability
  - Focus on building life in recovery
  - Less vulnerable to violence, infections and legal consequences
- Women taking MOUD are more likely to engage in prenatal care and SUD treatment
- Developing baby doesn't go through frequent periods of withdrawal, reducing prenatal complication
- Infant more likely to be born full term and average weight for gestational age

SAMHSA, 2018

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**Case**

Nora is a 25-year-old women and is approximately 6 months pregnant with no prenatal care. She reports that she is on probation for possession of cannabis. She is currently unemployed & homeless, living from place to place. She reports daily use of marijuana and IV opioids for the past 5 years, and a pack of cigarettes daily. When asked about her treatment history she reports 2 episodes in Intensive Outpatient. She is asking for help with her substance use at your agency, which may or may not provide SUD services.

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**NC Perinatal & Maternal Substance Use & CASAWORKS for Facilities Residential Initiatives**



The shaded counties provide services for the Perinatal/Maternal/CASAWORKS Initiative

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**Why It Is Important to Be Gender Responsive**

- Gender-responsive services create an environment that reflects the understanding of the reality of women’s lives and addresses women’s issues.
- Gender-responsive services help improve the effectiveness of services for women and girls.

Source: Substance Abuse and Mental Health Services Administration.(2017) Addressing the Gender-Specific Treatment Needs of Women

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**NC Perinatal & Maternal Substance Use Initiative**

- Family centered, trauma informed **treatment** services for pregnant and parenting women with a **primary substance use disorder**, & their child(ren)
- Nineteen programs statewide
  - o Eleven residential programs (**200+ slots statewide**)
  - o 8 comprehensive outpatient programs
- Residential programs are **Cross Area Service Programs (CASPs)**
- Services include screening, assessment, case management, substance use disorder and co-occurring services, parenting education/skills, vocational/educational skills and referrals & coordination with primary and preventative health care.
- The children also benefit from the services provided by the local health departments (pediatric care, CMARC), early intervention programs, behavioral health services, & substance use prevention services

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**NC CASAWORKS for Families Residential Initiative**

- The CASAWORKS for Families model was developed by the Center for the Study of Addiction and Substance Abuse (CASA) at Columbia University in response to the impact of welfare reform on families who are substance use involved.
- The model philosophy is built on the best way to help families receiving TANF to become economically self-sufficient is to provide an integrated and **concurrent gender-specific substance use disorder and co-occurring treatment and job readiness, training, coaching and employment programming.**
- 7 comprehensive residential programs for women with a **primary substance use disorder** and their child(ren)
- Programs are **Cross Area Service Programs (CASPs)**

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**NC Perinatal & Maternal Substance Use & CASAWORKS for Families Residential Initiatives**

All of the perinatal, maternal & CASAWORKS programs provide or provide access to Medications for Opioid Use Disorder (MOUD) for individuals with an Opioid Use Disorder.

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**SUD Services for Women and their Children**

- A Comprehensive clinical assessment or Diagnostic Assessment with an ASAM level of care determination is the FIRST STEP in the process.
  - Community SUD Provider
  - LME/MCO
  - Perinatal Substance Use Specialist:
- Residential substance use disorder treatment is not a housing placement.
- Licensed Facilities: 10A NCAC 27G .4100-Residential Recovery Programs for Individuals with SA Disorders and Their Children
  - Must have physical custody of at least one child or be pregnant upon admission
  - The age and number of children that can enter care with their parent depends on the type of program and type/size of setting (e.g. room square footage)
- ASAM Level 3.5 Clinically Managed High Intensity Residential Services
- Treatment covered by Medicaid, however, Medicaid does not cover room and board

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**SUD Services for Women and their Children**

- New Medicaid & State-Funded clinical policies in development
- Evidenced-Based Programs/Practices/Models: MI, MAT, Seeking Safety, Trauma Recovery & Empowerment, Circle of Security, Celebrating Families, Safe Sleep, etc.
- Coordination with county agencies and community-based stakeholders is essential! (DSS (WF/CW/FNS), LHD, MAT, Adult & Child MH providers, DV/SA, CDSA, Vocational services, Probation/Parole, Courts, SUD Prevention, Housing, other treatment & support providers)
- Transitional Housing/Wraparound Services

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Alcohol & Drug Abuse Treatment Centers	
ADATC	Counties Served
<b>Walter B. Jones ADATC</b> 2577 West 5th Street Greenville, NC 27834 Phone: 252-830-3426 Fax: 252-707-5274	Alamance, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Caswell, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Durham, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Martin, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Richmond, Robeson, Rockingham, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Wilson, Washington, Wayne
<b>Julian F. Keith ADATC</b> 201 Tabernacle Road Black Mountain, NC 28711 Phone: 828-257-6200 Fax: 828-257-6300	Alexander, Alleghany, Anson, Ashe, Avery, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Cherokee, Clay, Cleveland, Davidson, Davie, Forsyth, Gaston, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Polk, Randolph, Rowan, Rutherford, Stanly, Stokes, Surry, Swain, Transylvania, Union, Watauga, Wilkes, Yadkin, Yancey

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Local Management Entity/Managed Care Organization (LME/MCO)		
LME/MCO	Counties Served	Crisis Line
<b>Alliance Health</b>	Cumberland, Durham, Johnston, Mecklenburg, Orange, Wake	<b>800-510-9132</b>
<b>Eastpointe</b>	Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Warren, Wayne, Wilson	<b>800-913-6109</b>
<b>Partners Health Management</b>	Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin	<b>888-235-4673</b>
<b>Sandhills Center</b>	Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Rockingham	<b>800-256-2452</b>
<b>Trillium Health Resources</b>	Bladen, Brunswick, Carteret, Columbus, Halifax, Nash, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington	<b>877-685-2415</b>
<b>Vaya Health</b>	Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey	<b>800-849-6127</b>

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**Alcohol & Drug Council of NC Hotline Perinatal Substance Use Project**

- Provides screening, information & referral for pregnant and parenting women using substances
- Provides consultation, training & technical assistance for the public and for professionals regarding perinatal substance use, gender responsive treatment & recovery resources
- Weekly Bed Availability List ([jjones@alcoholdrughelp.org](mailto:jjones@alcoholdrughelp.org))

**1-800-688-4232**

Judith Johnson-Hostler, LCMHC, LCAS, NCC, CSI

<https://www.alcoholdrughelp.org/perinatal>

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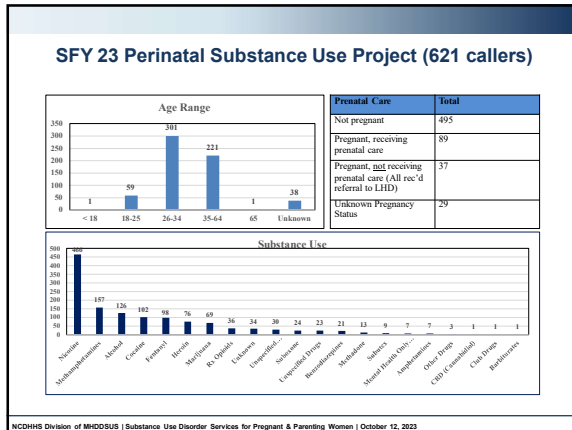
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### SFY 23 Perinatal Substance Use Project Referrals

Caller type	Total
Self	350
Significant Other	6
Family Member/Friend	165
Professional: SUD Agency	3
Professional: SUD	21
Professional: Other	20
Other	4
Professional: Health Agency	20
Hospital	4
Perinatal/Maternal/CASAWORKS	11
LME/MCO	1
Professional: DSS	16
<b>TOTAL</b>	<b>621</b>

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**93%** of women in North Carolina quit drinking alcohol after they found out they were pregnant.

**7%** of women in North Carolina continued drinking alcohol after they found out they were pregnant.

**8,628** This is the estimated number of babies born alcohol exposed annually in North Carolina.

Source: North Carolina State Center for Health Statistics, 2020 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results. Slide used with Permission from Proof Alliance NC.

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Pop quiz: is it safest to drink alcohol during the first, second or third trimester?

Slide used with Permission from Proof Alliance NC

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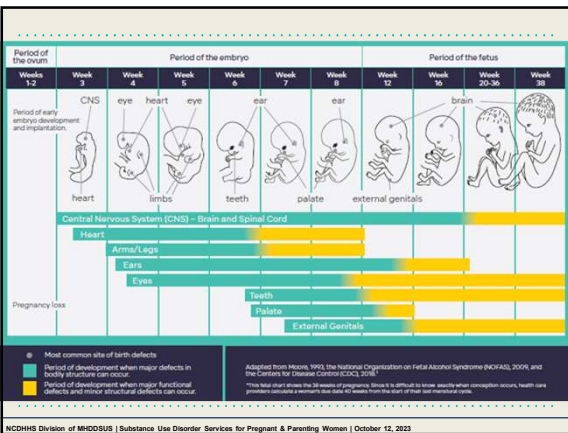
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### What is FASD?

**Fetal Alcohol Spectrum Disorder**

- Brain-based
- Medical disorder
- Caused by prenatal alcohol exposure (drinking during pregnancy)
- Effects are lifelong and irreversible
- Impacts 1 in 20 school-age children
- 100% preventable
- Early identification and support can help individuals with FASD reach their potential

Slide used with Permission from Proof Alliance NC  
 May et al., 2018

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**Fetal Alcohol Spectrum Disorders Characteristics**

It is estimated over 90% of individuals with an FASD have a co-occurring mental health disorder.



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**Planned pregnancies can help prevent FASD.**



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**North Carolina Fetal Alcohol Spectrum Disorder Prevention Program**

**PROOF ALLIANCE NC offers training, education, and resources on FASD Free of Charge!**

<https://www.proofalliancenc.org/>

Contact Amy Hendricks at [ahendricks@arcnc.org](mailto:ahendricks@arcnc.org)

**1-800-662-8706**

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**NC Oxford Houses**



- Oxford Houses are peer-driven, democratically run, and self-supported group residences for individuals in recovery from a substance use disorder.
- As of March 2022, there are 287 houses in North Carolina
- With an average of 8 beds per house, there are more than 2,200 available beds across the state.
- Individuals typically enter an Oxford House after completing a treatment program or reentering from a correctional setting.
- Visit <http://www.oxfordvacancies.com/> enter your location in the search criteria to find an Oxford House near your area

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**The NC Pregnancy and Opioid Exposure Project is an umbrella under which information, resources and technical assistance are disseminated regarding the subject of pregnancy and opioid exposure.**

- Key Messages for Infant Care Providers, Women or Persons of Reproductive Age & Pregnant People and Providers Working with Pregnant & Parenting People
- Pregnancy & Opioid Exposure: Guidance for NC
- Resources/Information Links
- **Services Locator: (CMARC/CM/Home Visiting Programs/L & D Hospitals/MOUD Tx/Perinatal SUD Tx/Prenatal Care**
- For more information contact Melissa Godwin at [mgodwin@email.unc.edu](mailto:mgodwin@email.unc.edu)

<https://ncpoep.org>

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**Shared Goals**

BABY
+
MOTHER

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## Training Toolbox

**Acknowledgment**  
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## References

Kocherlakota, Prabhakar. Neonatal Abstinence Syndrome, PEDIATRICS Volume 134, Number 2, August 2015

Mark L. Hudak, Rosemarie C. Tan, THE COMMITTEE ON DRUGS and The COMMITTEE ON FETUS AND NEWBORN, Pediatrics 2012;129:e640.

May et al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. JAMA. 2018;319(5):474-482. Popova S, Lange S, Probst C, Gmel G, and Rehm J. Estimation of National, Regional, and Global Prevalence of Alcohol Use During Pregnancy and Fetal Alcohol Syndrome: A Systematic Review and Meta-analysis. The Lancet Global Health. 2017;5(3), e290-e299.

North Carolina State Center for Health Statistics. 2020 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results. North Carolina Department of Health & Human Services State Center for Health Statistics. North Carolina resident births for 2020 by age of mother and birth order for all women

Opioid Use and Opioid Use Disorder in pregnancy. Committee Opinion No.711. American College of Obstetricians and Gynecologists. 2017;130:e81-94

Spiehs, J., & Connor, S. (2018). Considerations for substance-use disorder language: cultivating a shift from 'addicts in recovery' to 'people who thrive'. *Journal of Public Health Policy*, 372-378. <https://doi.org/http://dx.doi.org.ezproxy.liberty.edu/10.1057/s41271-018-0127-y>

Substance Abuse and Mental Health Services Administration. (2017) Addressing the Gender-Specific Treatment Needs of Women.

Substance Abuse and Mental Health Services Administration. (2018) Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No.

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