Neonatal Abstinence Syndrome in the Age of the Opioid Crisis: Policy, Politics and Patient Care

Neonatal Abstinence Syndrome Symposium
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1. NAS in context
A. The structural determinants lens
B. Root causes of medical and non‐medical opioid use

2. Policy responses
1. Background and trends
2. Interdisciplinary critiques
3. Towards a true public health model

Overview
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1. Opioid Crisis: It’s Not about the Opioids
2. NAS, its Landscape, and its Imperatives
3. Focus on Winnable Battles

The Opioid Crisis: What We’re Told

1. Overprescribing
   - Lack of education, info
   - Underuse of alternatives
   - Diagnostic challenges
   - System, patient pressure
2. Doctor shopping, diversion, “pill mills,” rogue docs
3. Pharmaceutical industry greed, DTC advertising, poor regulation, regulatory capture
Favored Responses: Reduce Supply

- Prescribing limits, guidelines
- PDMPs
- Pill-mill laws
- Drug trafficking, diversion enforcement
- Prosecution of prescribers
- Reformulation of prescription drugs ("abuse deterrence")
- Patient “tapering,” discontinuation
- Increasing treatment access

Dismal Access to Treatment

![Graph showing access to treatment stages](image)

Source: Williams et al, "To Battle The Opioid Overdose Epidemic, Deploy the ‘Cascade of Care Model’" Health Affairs Blog (2017)
But What About Pain?

We knew that transition to black market drugs was going to be an issue, that we were going to push addicts in a direction that was going to be more deadly... But, we also know that you have to start somewhere.

Dr. Carrie DeLone
Pennsylvania’s Former Physician General
Opioid Crisis: Tip of an Iceberg

Middle-aged white mortality has skyrocketed
Overdose, suicide and alcohol-related deaths per 100,000 for white non-Hispanics ages 50 to 54, by gender and education


Structural Determinants of Overdose

Percent of people who took painkillers the day before, by employment status

Source: American Time Use Survey via Alan Krueger
WAP0.ST/WONKBLOG
Structural Determinants of Overdose

Wrong Diagnosis-Wrong Solutions

Source: CDC WONDER
Credit: Sarah Frostenson
NAS, in Context

- Reasons for opioid consumption
  - Acute or chronic pain care (may be pregnancy-related)
  - Mental health needs
  - Maintenance therapy
    - May be medical or non-medical

- Broader context
  - Gaps in maternal care
  - Gaps in other care
  - Social determinants of health

NAS Landscape in Texas

Despite hosting only 8.5 percent of the Medicaid-funded births in Texas in 2015, Harris County had 14 percent of the state’s babies going through drug withdrawal. Texas only tracks these cases in births funded by Medicaid.

Source: Texas Health and Human Services Commission

*Counties totals for Medicaid births do not include births to women in the country illegally whereas county totals for NAS cases do include babies born to women in the country illegally.
NAS Intervention Framework

NAS Imperative: Support Don’t Punish

1. Provide quality prenatal, post-natal care
2. Ensure non-judgement, respect in all services
3. Lower logistical, financial, and other barriers
4. Offer wraparound, integrated services
   ➢ With right approach, NAS is totally treatable
Focus on the Winnable Battles

1. Health Care System
2. Law Enforcement and CPS
3. Judicial System
4. Substance Use Treatment System
5. Policymaking

- Question drug testing/screening policy and practice
  - Who is being tested?
  - How does information inform care?
  - Who is being reported?
- Engage, support, and retain:
  - Address real, perceived concerns about dual loyalty
  - Address real, perceived financial and other barriers
  - Avoid care disruption
  - Integrate physical, emotional, SUD, and structural care
- Discretion = double edged sword
CPS and Law Enforcement

- Must not be a deterrent to women seeking care
- Best interest of the child: keep families together
- Highlight harm of removal
  - Trauma for the baby
  - Trauma for parents
  - Foster system: Major predictor of substance use disorder
- Punishment is not shown to be a deterrent
- Retribution and vengeance: not a valid motivator

Judicial System

1. Exposure to court system carries potential harm, even family and drug court
2. Improve judge education, guidelines to correct misconceptions
3. Engage knowledgeable expert witnesses
   ➢ Must not practice medicine without a licence
Substance Use Treatment System

- Acknowledge chronic nature of SUD
- Prohibit involuntary tapering
- Eliminate time limits on coverage
- Nudge, enforce best practices
- Integrate care: address bigger picture
- Provide community and support

Politics and Policymakers

- Engage and mobilize mothers, other users affected by policies
- Resist tendency to provide easy answers to complex problems
- Address structural issues
- Sound alarms on unintended consequences
- Partner with academic experts. Framing is key
Closing Thoughts

1. With right care, NAS babies fully recover
2. Meet people where they are at
3. Resist easy solutions to complex problems
4. Follow the data on un/intended consequences
5. Ensure responses and resources distributed in equitable ways

Contact

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