Changes in Assumption of Care and Primary Drug Use in Substance Use in Pregnancy Service.

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Introduction

- Substance Use in Pregnancy Services (SUPS) aim to improve antenatal care for pregnant women with substance use problems.
- A SUPS is located in John Hunter Hospital (JHH), a Level 6 tertiary referral hospital in Newcastle, NSW, with ~4000 births/yr.
- SUPS are staffed by addiction medicine specialists, obstetricians, midwives, social workers, drug and alcohol (D&A) hospital consultation liaison and community based clinicians.
- Pregnant women referred receive a comprehensive multidisciplinary assessment and collaborative treatment plan developed that includes:
  - Drug and alcohol treatment: counselling, withdrawal, pharmacological treatment, case management.
  - Case management: women’s health, mental health, psychosocial (domestic violence and homelessness), child safety, parenting, accommodation.
  - Infant health needs: fetal monitoring, screening and treatment for neonatal abstinence syndrome and/or fetal alcohol spectrum disorder (FASD).

Key Findings

- Referrals
  - No. of Referrals vs. AoC
  - Assumptions of care
    - A total of 127 infants removed from parental care at birth.
    - AoC rate remained consistent (26.0-29.1%) for period 2010-2014.
    - AoC decreased to 15.2% in 2015, p<0.001.
    - Of note, this has increased to 21.6% (11/51, June 2016).

Primary Substance Use Changes

- Reduction in opioid use may be related to changes in patterns of substance use and ageing cohort of patients on opiate agonist treatment.
- Increases in cannabis use may be related to better identification of cannabis associated harm and/or increased popularity of ‘medical’ cannabis use.
- Increases in amphetamine use may be related to increased availability and lower cost.
- Disclosure of alcohol use remains low, potentially due to stigma associated with FASD.

Future Direction

- Share information across services to aid in clinical outcomes for patients.
- Postnatal follow up services to support, review, and treat patients, their partner and the newborn.
- Implement longer term follow-up, addressing psychosocial risks to improve management of women and infants.
- Multiple substance use including tobacco consumption is high with infrequent tobacco smoking cessation.
  - Counselling and Nicotine (CAN) QUIT in Pregnancy Rewards Plus (contingency management) trial funded by NSW Health TRGS scheme aims to address this.

Discussion

Assumption of Care

- Increased referral numbers may reflect SUPS integration into standard of care at JHH.
- The AoC decreases observed coincided with implementation of the Child Protection and Wellbeing Policy in 2014-15 (NSW Government).1

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- Increases in amphetamine use may be related to increased availability and lower cost.2
- Disclosure of alcohol use remains low, potentially due to stigma associated with FASD.
- The trends for amphetamine and cannabis use suggest a need for increased therapeutic support and resources.

Key Findings Cont.

Table 1. Number of referrals (% of all referrals).

<table>
<thead>
<tr>
<th>Substance</th>
<th>2010</th>
<th>Mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid</td>
<td>66.7% (32/48)</td>
<td>9.8% (5/51)</td>
</tr>
<tr>
<td>Cannabis</td>
<td>10.4% (5/48)</td>
<td>52.9% (27/51)</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>10.4% (5/48)</td>
<td>31.4% (16/51)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>12.5% (6/48)</td>
<td>5.9% (3/51)</td>
</tr>
</tbody>
</table>

References


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