EVIDENCE-BASED PRACTICES AND COMMUNITY-DEFINED EVIDENCE FOR CARING FOR PREGNANT PEOPLE WITH SUBSTANCE USE DISORDERS

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“Pregnant People With Substance Use Disorders Need Treatment, Not Criminalization”

–Article by Dr. Nora Volkow, Director of the National Institute on Drug Abuse
• **Approximately 1 in 10 birthing people** have a SUD diagnosis at the time of delivery

• **Neonatal Abstinence Syndrome (NAS) rate has tripled** between 2008 and 2021

• Drug-related pregnancy-associated death increased **190%** from 2010 to 2019

• Behavioral health conditions, including SUD, were the underlying **cause for 41.2% of all pregnancy-related deaths** from 2018 to 2020
OREGON STRENGTHS

- Oregon has some of the least punitive policies for pregnant people meaning that a report is not required at the time of birth unless a safety concern is present is a best practice associated with improved care engagement.
- Oregon was one of the first states to adopt Medicaid expansion and covers both methadone and buprenorphine and Medicaid expansion is a best practice associated with increased access to medication for opioid use disorder.
OREGON OPPORTUNITIES FOR GROWTH

• Disparities in treatment access and overdose death
  • American Indian/Alaska Native, Black/African American, and Hispanic/Latino

• Disparities in medication for medication for OUD among
  • Pregnant people living in rural communities (aOR = .58)
  • Those younger than 25 (aOR = 0.1; .58)
  • Those who are American Indian/Alaska Native and Black (aOR = 0.59; 2.09)

• Systems of care are fragmented
  • Must often travel to receive care
  • Experience fear of stigmatization that deters them from seeking care
PRELIMINARY EVALUATION OF A MEASURE 110 FUNDED PROGRAM: DAISY CHAIN’S DANDELION PROGRAM

• **Interviews/Coding**
  • 6 full spectrum doulas with personal or family lived experience
  • 12 program participants
  • Interviews were transcribed, coded, and shared back with Daisy CHAIN for reflection

• **Goals**
  • Collaborate closely with community partners to promote relevance and integration of findings
  • Characterize program implementation
  • Understand program benefits and areas for growth
FINDINGS: PROGRAM IMPLEMENTATION

- **Goal**: build a safe, non-judgmental relationship and support in meeting self-defined needs; prevent removal and decrease substance use
- Support prenatally up to 1 year postpartum
- **Resources**: shelter including motel vouchers and rental assistance, food, transportation, baby supplies, other urgent needs)
- **Emotional and information support**
- **Systems navigation**: Housing, child welfare, and medical
“To be there with them as an advocate during that time is really important... because [a care provider] would never treat a different patient this way...”
FINDINGS: PARTICIPANT EXPERIENCES

- Participants experienced a range of psychosocial needs including:
  - Basic needs resources (e.g., housing, clothing, transportation, food)
  - Emotional support for day-to-day stressors and more complex mental health challenges
  - Domestic violence
  - Medical advocacy
- Participants expressed that their Dandelion worker was often the only safe person they felt they could talk to and reported frequent interactions with their worker, sometimes daily.
“I’ve been homeless and really have been trying to get back on my feet and they’ve been one of my biggest support systems…

Emotionally, she's been a great advocate for me when other community resources weren’t able to support me related to domestic violence or when I was nervous to go to treatment…

They are good at giving me resources like clothes, food, tents, blankets, clothes, transportation, a hotel room, hygiene supplies like shampoo, conditioner, and soap.”
“I had nobody else. I felt like I got family”
“You actually talked to me once and told me that I could get clean and here I am...Here's some food - Don't give up hope.”