ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

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Session Date: Friday, January 20, 2023

Didactic Topic and Presenter:
Perinatal Care and Substance Use: Legal Considerations in the State of Wisconsin

Alyssa Bruehlman, MD
Addiction Medicine Fellow
Clinical Instructor, ACHC Wingra Clinic
University of Wisconsin Department of Family Medicine and Community Health

Content Experts:
Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation and Discussion
  - Presenter: Evan Nolander, DO - *Access Community Health Centers*
- 1 PM: Didactic Presentation
  - Presenter: Alyssa Bruehlman, MD
- 1:15 PM End of Session

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2022 Universal Activity Number (UAN): JA0000358-0000-22-098-L01-P

2023 Universal Activity Number (UAN): JA0000358-0000-23-025-L01-P

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Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN-MADISON
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School of Nursing
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University of Wisconsin

ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2022-2024
Perinatal Care and Substance Use: Legal Considerations in the State of Wisconsin
1/20/2023

Didactic Presenter: Alyssa Bruehlman, MD
Case Presenter: Evan Nolander, DO

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

1. Explain the principle of the right to privacy as it pertains to reproductive rights and substance use care
2. Define WI Act 292 and discuss through a lens of patient privacy and autonomy
3. Summarize current guidelines on WI Child Protective Services reporting for perinatal alcohol or substance use and its potential implications

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	2/15/2022
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	2/17/2022
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	4/27/2022
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	2/13/2022
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	2/15/2022
Susan Mindock	Planner	No relevant financial relationships to disclose	No	2/15/2022
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/18/2022
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	2/14/2022
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	6/23/21
Alyssa Bruehlman	Presenter	No relevant financial relationships to disclose	No	12/25/22
Evan Nolander	Presenter	No relevant financial relationships to disclose	No	1/15/2023

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Polysubstance Use and Adrenal Insufficiency

Evan Nolander, DO

Access Community Health Centers

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Case Introduction

- 52 year old male with OUD on methadone presents to ED with altered mental status after 10 months of unintentional weight loss, LUQ abdominal pain, left groin pain, severely diminished appetite, low energy.
- Outpatient workup prior to ED included:
  - Labs: CMP, CBC, HIV, Hep C, Troponin, Alcohol Level, Lactate, TSH, PSA, TTG, Mag/Phos
  - Imaging: CT A/P, CT Chest, CT Thoracic Spine, MRI Head, Colonoscopy, EGD, Colonoscopy, Abdominal US

Medical & Behavioral Health Diagnosis	Current Medications
• Opioid Use Disorder • Tobacco Use Disorder • Seasonal Affective Disorder • GAD • Hx of pancreatitis • Stable left inguinal hernia	• Methadone 70mg daily • Previous trials of quetiapine, lamotrigine, metoclopramide (for diminished appetite), single week trial of modafinil (energy).

Substance Use Reported Prior to Admission

- Began methadone program 2/2 inability to discontinue opiates following treatment for chronic pancreatitis.
- Distant history of "party drugs" mainly consisting of stimulants and psychedelics.
- Nicotine/THC
- Actively attempting to rapidly taper off methadone. Daily dose was 70mg. +withdrawal symptoms.
- Consequences of Substance Use:
  - Self employed (though interfering with jobs), relationship stress, ongoing housing instability, interactions with criminal legal system

Social History	Family History
• Lives with partner (who also reports SUD history) • High school education • Self employed as roofer for >30 years	• Mother: Lung Cancer • Father: Lymphoma • Various SUD in immediate family. Sister in recovery for many years (unknown substances)

Patient Strengths & Protective Factors	Risk Factors
• Strong family support from sister • Highly usable skill set • High self esteem and motivation • Multiple creative outlets	• Concomitant SUD by partner • Financial Stress • Housing Instability • Multiple high risk, volatile relationships

Substance Use at time of Admission

- Urine drug screen positive for cocaine, opiates, methadone, benzodiazepines
- Patient reports use of “uppers” for last 6 months to attempt to self medicate, low energy, and inability to work. Mainly cocaine and methamphetamine.
- Unable to obtain ROI for Methadone Clinic records, unfortunately.

Labs

- Inpatient labs reveal:
  - Low AM cortisol level of 1.2 (3.7-19.4)
  - Low-normal ACTH
  - Normal renin, aldolase, and aldosterone levels.
  - Mildly elevated ALT (62)
  - Mild iron deficiency anemia
  - CK elevated to 677 (improved with hydration)
  - UDS as previously stated

Endocrinology Consult

- Assessment of low cortisol and inappropriately low normal ACTH indicate likely secondary adrenal insufficiency.
- Recommend empiric treatment with hydrocortisone 10mg qam/5mg qpm
- Follow-up in clinic with endocrinology

Opioid Induced Adrenal Insufficiency

- Reported in 9%-29% of individuals on long-term opioids.[4]
- Opioid-induced hypogonadism:
  - 75% to 89% of men
  - 23% to 67% of women.
- MME cumulative exposure only predictor for OIAI (no evidence MME <20)[4]
- Recovery of HPA Axis has been described after cessation of opioids

Patient Goals & Motivations for Treatment

- Patient expressed longstanding desire to be completely off opiates.
- Given difficulty with methadone taper, patient consented to microdose titration with Suboxone.
- Initial attempt complicated by possible precipitated withdrawal and perception of inadequate adrenal response to stress or transition.
- Patient stabilized at 16mg daily without further withdrawal symptoms after approximately 10 days.
- Subsequently elected for inpatient treatment for stimulant use disorder → Discontinued Suboxone.

Proposed Diagnoses

- Opioid Use Disorder
- Methamphetamine Use Disorder
- Cocaine Use Disorder
- ADHD?

Proposed Treatment Plan

- If stability improves, consider treatment of suspected ADHD with Vyvanse with very close follow-up for methamphetamine use.
- Consider modafinil?
- Naltrexone (oral vs injectable) for dual (opioid/methamphetamine) diagnosis benefit[1].
- Topiramate for dual (cocaine/methamphetamine) diagnosis benefit[2,3]
- Recommend engaging with peer recovery coaches, behavioral health, formal AODA program

Discussion:

- In patients with dual diagnosis opioid/stimulant use disorder, is HPA axis suppression an underdiagnosed risk factor for ongoing reliance on stimulants?
- Optimal treatment strategies in patients with dual opioid/stimulant use disorder?
- Role of adrenal function testing in patients on chronic opioid therapy?

DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
- Withdrawal

} **Physical Dependence ≠ Use Disorder**

- Larger amts/longer periods than intended
- Persistent desire/failed attempts to quit/control use
- Much time obtaining/using/recovering
- Important activities sacrificed
- Continued use despite known adverse effects
- Failure to fulfill major obligations
- Recurrent hazardous use
- Craving
- Ongoing use despite interpersonal problems

2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

Perinatal Care and Substance Use: Legal Considerations in the State of Wisconsin

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Disclosures

- No relevant financial disclosures
- I’m not a lawyer, nor do I play one on TV
- Acknowledge my own biases
- Keeping an eye to language

Objectives

- Examine principles of privacy and autonomy pertaining to reproductive rights and substance use disorder (SUD) care
- Define WI Act 292 and discuss through a lens of patient privacy and autonomy
- Summarize current guidelines on WI Child Protective Services reporting for perinatal alcohol or substance use and potential implications

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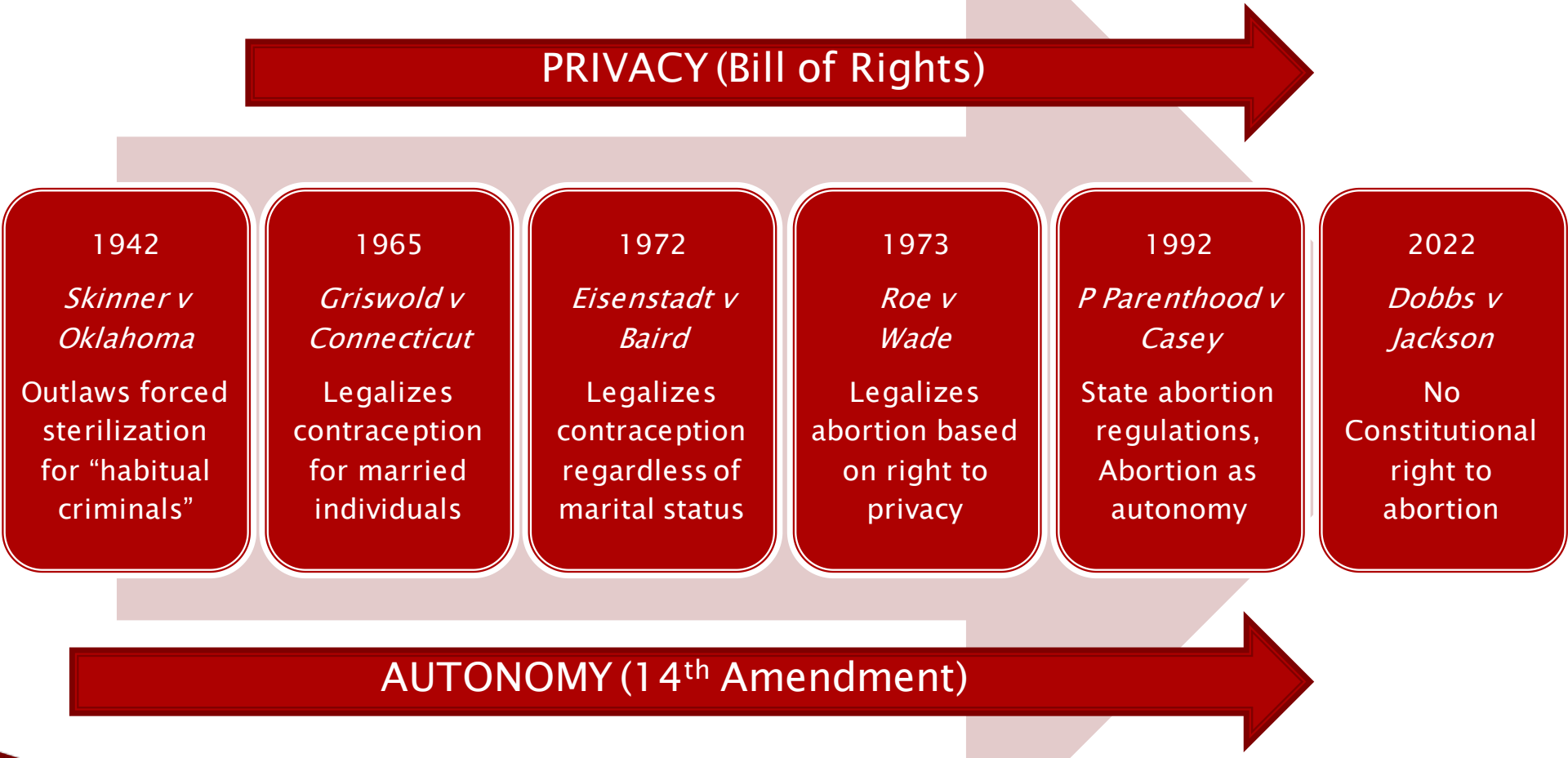
Important Cases in Reproductive Rights



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1. Embryo Project 2021, 2. ACLU 2023. 3. U.S. 2022

Privacy, Autonomy, and Substance Use

- HIPAA
- 42 CFR Part 2
  - Exceptions: medical emergency, alleged child abuse or neglect
  - Ferguson v Charleston (2000)
- Harm Reduction
  - Privacy vs stigma: “providing a safe space” to share openly without “perpetuating feelings of isolation”
  - Autonomy: “empower PWUD” as "primary agents of change”

4. ASAM 2023, 5. U.S. 2001, 6. National Harm Reduction Coalition 2020

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WI Act 292

- "Unborn Child Protection Act," "Cocaine Mom Law"(1997)
- Allows civil commitment of pregnant person if:
  1. "Severe and habitual lack of self-control" with alcohol or drugs
  2. "Creating serious physical harm to unborn child"
  3. Declined or "not made a good faith effort" to engage in treatment
- Brief vs continued custody
  - Mandated treatment as per involuntary commitment laws (Ch 51)
  - Potential incarceration if decline to attend treatment

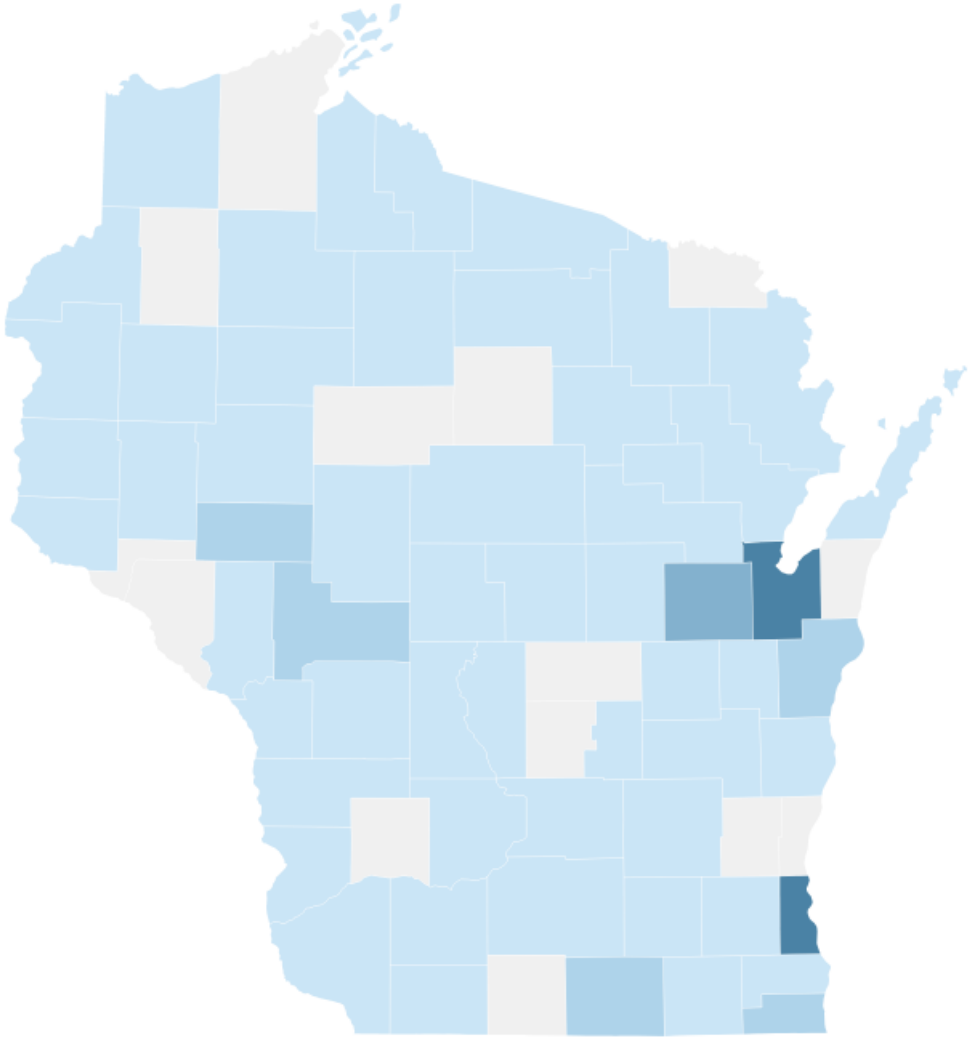
WI Act 292: Concerns

- ”Unborn child” at fertilization
  - Personhood of embryo/ fetus, contrary to *Roe*
  - Embryo/fetus has legal counsel, not necessarily pregnant person
- Previous legal challenges
  - 2013 *Beltran v Strachota:* habeus corpus w/o active use
  - 2014 *Loertscher v Anderson*: unconstitutionally vague
- Prosecution and punishment over voluntary treatment
  - Punitive state policies do not improve pregnancy or neonatal outcomes
  - Opposed by medical and PH organizations (ACOG, AAFP, ASAM, AAP)

7. WI 1997, 8. UW CORE 2022, 10. Atkins 2020, 11. NAPW 2021

Unborn child abuse allegations in Wisconsin - 2021

Scroll across this map to see how many allegations of unborn child abuse each county's Child Protective Services received. If the number is between one and nine, Wisconsin Department of Children and Families does not provide the exact number to protect families' identities.



Map: Amena Saleh / Wisconsin Watch • Source: Wisconsin's Department of Children and Families • Created with Datawrapper

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12. PBS Wisconsin 2022

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Relevant federal laws

- CAPTA: Child Abuse Prevention and Treatment Act (1974)
- CARA: Comprehensive Addiction and Recovery Act (2016)
  - Plan of Safe Care: Services separate from abuse/neglect reporting
- CAPTA Reauthorization Act – introduced Nov 2021, did not pass prior to adjourning of 117th Congress
  - Public Health response

WI Child Protective Services Reporting

- Required Services Report
  - Separate from Abuse/Neglect Reporting
  1. "Unborn child abuse" prenatally (not mandated)
  2. Newborn with controlled substance in their bodily fluid **(mandated)**
  3. Newborn with Fetal Alcohol Spectrum Disorder **(mandated)**
- Toxicology testing
  - Pregnant person tests +: "physician *may* report" (not mandated)
    - Informed consent for testing of pregnant patient
  - Infant tests +: "physician *shall* report" **(mandated)**

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15. WI DCF 2021, 16. WI 146.0255.

Reflections and Realities

- Delivery hospitalization
  - Policies and culture drive toxicology and care
  - Limitations and bias of tox interpretation
  - Lack of communication between continuity providers and hospital team
  - Similar supportive care for neonate regardless of withdrawal syndrome
- Discrepancy between reporting for alcohol vs drug use
  - FASD is clinical diagnosis, rare at birth
- Connection to services vs implications on family separation
  - War on drugs parallels increase of children in foster system
  - BIPOC disproportionately affected

12. PBS Wisconsin 2022, 17. Sangoi 2020

SOURCES

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