



STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

CULTURAL COMPETENCY UPDATE

...a newsletter to address cultural issues that enable us to effectively work in cross cultural situations.

December 2015

Volume 11, Issue 12

Opiate Use Disorder in Pregnancy

By John O'Brien

Behavioral Health Specialist, Genesis Program

Inside this issue:

Opiate Use Disorder in Pregnancy 1/2

Meeting Highlights 2

Christina age 33, entered treatment pregnant and has been clean and sober two years, "I delivered a healthy, drug free baby. The support and information gave me confidence in my recovery."

The term "addiction" is used primarily among non-clinical staff when referring to various substance use disorders. This term carries a number of negative connotations adopted by our society. Clinically, however, a substance use disorder is manifested when an individual experiences a disruption in one's ability to perform at work, home or school as a direct result of the use of a substance. For example, an opiate use disorder may be evidenced by an individual who has become homeless due to spending significant amount of time and money devoted to opiate use in order to avoid withdrawal and achieve intoxication. If the individual was not using opiates, they would be less likely to be homeless. In youth, an example might be the decline in grades as they increase the use of marijuana. Experiences with substance use disorders vary depending on one's culture and gender.

Mary age 30, entered treatment while pregnant, and remains drug free one year and six months and living independently, "I didn't have to stick a needle in my arm. This program has helped me so much I could write a book on it."

Pregnancy is a gender specific issue with substance use disorder, especially when the individual chooses not to terminate the pregnancy. Typically, she is abandoned by her peer group due to her pregnancy, and is left to navigate her life circumstances with little to no help from her social circle. The popular concept of "tough love" in these circumstances usually results in unnecessary harm. National Advocates for Pregnant Women (NAPW) report that the use of injectable drugs during pregnancy is generally associated with poor nutrition, anemia, high risk of infectious diseases such as hepatitis and HIV, and inadequate prenatal care, as well as exposing the patient to significant risk of overdose. These consequences place both the expectant mother and the fetus at risk. NAPW further reports that Opiate detoxification (whether by going "cold turkey" or gradually with the aid of medication) always is associated with a significant risk of relapse to illicit drug use, but is particularly dangerous during pregnancy because withdrawal can cause uterine contractions, miscarriage or early labor.

Suzie age 33, entered treatment while pregnant, remains drug free four years and is attending college, "I tried other programs, but couldn't handle the kick. Others (pregnant women) need to know there is help"

The American Journal of Obstetrics & Gynecology indicates that there is a scientific consensus recognized by US government authorities and researchers that methadone is safe and effective for the management of opioid dependence during pregnancy.



BHRS Cultural Competence, Equity and Social Justice Committee meets on the 2nd Monday of each month from 9:00 a.m. to 10:30 a.m. in the Martin Conference Room, 830 Scenic Drive



Jenny age 22, entered treatment while pregnant and remains drug free for two years and eight months, "Everyone here (Genesis) is understanding and supportive. I needed consistency, and this has helped me more than anything. It's (methadone) way different than the drug because you are not getting high, you are just not going through withdrawal."

The Stanislaus County Genesis program offers priority narcotic replacement therapy to pregnant women under supervision of a physician. Further, she is placed on a specific caseload staffed by professional medical personnel for ongoing counseling and case management. The staff at the Genesis program ignores the common prejudices of society regarding "addiction" and "tough love." Genesis has enjoyed seeing many pregnant women deliver healthy babies while stabilizing their life through a smooth transition into ongoing perinatal care. With the use of methadone, community resources can be added to new mothers in order to assist in continued growth in recovery, while suppressing the harm created by withdrawal symptoms (such as craving and physical illness which lead to relapse). Young mothers who have benefitted from treatment at Genesis continue to pursue careers and other opportunities to share their hope with women feeling isolated by the combination of an opiate use disorder and pregnancy.

Jeanette age 22, about to deliver her first child, "This place (Genesis) has helped me so much, I have even stopped smoking."

The actual names of the women quoted have been changed to maintain confidentiality.

For more information you can contact the Genesis program at:
800 Scenic Drive, Bldg. 4
Modesto, Ca. 95350
209-525-6146

If they do not have Medi-Cal then it is private pay 300 per month.



Highlights of November Cultural Competency, Equity and Social Justice Committee (CCESJC) Meeting



- * Dr. Mukherjee, Medical Director at Stanislaus County Behavioral Health and Recovery Services, gave a PowerPoint presentation on the Cultural Aspects of Depression. Dr. Mukherjee explained the different types of depressive disorders, and how they present in people of various ethnic background (including African American, Asian, and Hispanic).
- * Madelyn shared with the committee that she attended a training, which had an exercise regarding unconscious bias. Madelyn found the results interesting as you may not think you have certain biases, the results of the exercise may reflect differently. Madelyn asked the members to go to the website in the handout provided and take at least one of the tests in the link.
- * Madelyn Schlaepfer asked the members what they have done in effort toward stigma reduction. The response was good, as many members raised their hand to show that they have actively worked to reduce stigma.
- * Jennifer Baker, Training Coordinator, wants to find a training based on or around the topic of Asian American issues with respect to trauma; with a focus on Asian American children and how culture affects methods of treatment.



If you have questions or suggestions regarding Cultural Competency, please e-mail:

Veronica Ortiz-Valle, vortiz@stanbhrs.org

Jorge Fernandez, jfernandez@gvhc.org