Market Analysis of Opioid Use Disorder in Pregnant Women

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WRITTEN ANALYSIS

Pregnant women suffering from OUD are considered high risk patients by most governments, as they are caring for more than just their own lives, one of them being a minor with no choice in the matter. The 2011 U.S. National Survey on Drug Use and Health found that 5% of pregnant women between 15 and 44 have reported using illicit drugs [1].

Although Doctors typically check for drugs on the monthly pregnancy check-up, many pregnant women avoid getting caught like the plague. One study goes into extensive detail on how easy it is for pregnant women to avoid the detection of drugs in their systems [2]. The main reason for their avoidance is due to social stigma, where pregnant women using drugs are looked down upon. Those who are aware also fear the legal ramifications of the law and child protective services for birthing a baby that is addicted to opioids [2]. In addition, there are numerous barriers that restrict patients with OUD from seeking help from a medical professional, and in a way, being pregnant opens many doors for certain addicts to better themselves. Before becoming pregnant, there were certain restrictions in place that prevented them access to certain resources. These barriers include; lack of insurance and/or insurance coverage for OUD, extensive waitlists at treatment programs, and transportation problems [3]. One research paper found that "The majority [of pregnant women with OUD] had Medicaid insurance, were not employed, and did not have an active driver's license. Only ~1 in 4 had access to a car but when combined with also having an active driver's license, only 38 women (9%) had both, showing that transportation to this dedicated clinic is a major challenge. Most graduated high school or its equivalent but only a few had an education degree beyond high school" [1]. To the patients, these blockages felt like a door slamming in their faces. One patient described their situation, how they had "tried calling … maybe a year, 9 months to a year before [becoming pregnant], only to be told: 'We have a waiting list,' or 'Your insurance doesn't cover,' and it just seemed like there were no avenues" [3]. Several patients who were interested in treatment programs were also not able to receive help because of the up-front costs of the programs, as they felt as though it was cheaper and more worthwhile for them to simply continue using opioids.

However, there are some women who are able to take the brave step forward and seek help regarding their opioid use disorder (OUD). Numerous studies have shown that the greatest barrier preventing pregnant women from seeking health is misinformation, or non-information. It's common knowledge that taking drugs while pregnant can be detrimental to both the user and the baby, but the exact details of the danger are less known. The handling of OUD for pregnant women is typically subdivided into three main further categories; those who quit cold turkey, those who seek alternatives, and those who quit progressively. These three main groups of pregnant women suffering from OUD (cold turkey, progessive, and alternatives) can be investigated in further detail. To develop a patient profile and work towards a solution, it is crucial to understand their headspaces, their needs, interests, etc., and how they differ between the three groups.

The "cold turkey" group's entire motive revolves around fear for the health and safety of their unborn child, so they decide to stop the use of all drugs altogether. Once they learn that their baby can experience severe withdrawal symptoms at birth, or be taken away to child protective services, they are more inclined to want to make a change in their lives [3, 4]. This can be especially taxing both physically

and mentally, so this group typically needs help in managing their withdrawal symptoms. Managing withdrawal symptoms can put a significant amount of strain on the resources of hospitals and healthcare providers – particularly in the case of long-term addicts and opiate users. Many hospitals are not equipped to handle certain patients, and this can make them feel ostracized and burdened. For example, one patient said: "…they were like, 'Oh, well, we don't really have the resources to deal', it kind of made me feel like I was, like 'Oh my God, we can't deal with you' type. So it made me feel like a disease. Like a contagious disease" [3]. This kind of response from healthcare providers, intended or not, only serves to further encourage patients suffering from OUD to relapse and/or hide their symptoms/conditions from medical professionals. As such, it is important to promote inclusivity to these patients since it has the potential to improve both their physical and mental health.

The "alternatives" group, after further research, can be subdivided into two further groups. The first subcategory is medical stigma. The women who choose this solution are more so addressing the previously mentioned fears of admitting their addiction in the first place. They are incentivized to have drugs prescribed to them by their doctor to avoid legal ramifications, social stigma, sneaking around, or the purchase of illegal drugs. Once they learn of potential alternatives that can be legally prescribed by their doctor, it becomes a massive incentive for them. They can continue using drugs without fear of legal ramifications, social stigma, sneaking around, or the purchase of illegal drugs. One woman in a study says "… it's every addict's dream to have a doctor condone their use" [5]. The women in this category typically have started off introductory substances which then developed into OUD. Only 1 in 6 women started directly with opioids, with the majority starting with either cigarettes or marijuana [1]. The second subcategory is the "research" group. Individuals in this group have done extensive research on potential solutions for their OUD and the ramifications on their baby. When somebody uses a drug for the very first time, the body was not prepared for it, and as a result the body has an extremely noticeable reaction to it. However, over repeated use of the drug, the body learns to predict when the drug will be administered based on physical, emotional, and environmental cues, and secrete certain hormones as a pre-emptive attempt to restore homeostasis (the body's natural balance). For example, if a drug were to induce hyper activeness, the homeostatic mechanism would be to make you extremely tired beforehand as a way to counteract the predicted effect. As a result, even when a drug is not used, the body could still pre-emptively secrete these hormones, which result in withdrawal symptoms. The "research" subcategory has also learned that withdrawal symptoms can have severe negative effects on the baby, which is why they decide to choose the "alternatives" method, to switch onto an easier drug whilst minimizing potentially harmful withdrawal symptoms [5].

The third group is the "progressive" or "self-care" group. This group is comprised of individuals who have wanted to stop their drug usage before pregnancy but were prevented from doing so by the aforementioned barriers. Now that they are pregnant, many of those barriers have been removed, allowing them to better themselves with the resources that they now have access to. This group typically needs support from a counsellor or mentor that will guide them through the process of eliminating opioids from their lifestyle.

In sum, pregnant women fear admitting to their OUD because of the legal ramifications and social stigma, but this is primarily due to the lack of information. Once they are well informed of the potential

paths that can be taken to ensure the well-being of the baby, they are more likely to choose to either quit cold-turkey, change to another drug that is prescribed by their doctor, or to progressively be taken off of the drug, regardless of their incentives.

REFERENCES

1. Alemu BT. Opioid use disorder among pregnant women in the 2000–2014 North Carolina State Inpatient Database [Internet]. Taylor & Francis. [cited 2022Mar31]. Available from: https://www.tandfonline.com/doi/full/10.1080/10550887.2020.1751023?casa_token=b3qETZ_f3r0AAAAA%3ATEOJVf4Id8rH_Jt9tXI6vtmLnSyQb8THvweTkr9viCW2oFV4xDjwFS_ensdOsWfByTfPtBaVHqepHw

2. Stone R. Pregnant women and substance use: Fear, stigma, and barriers to care [Internet]. Health & Justice. Springer Berlin Heidelberg; 2015 [cited 2022Mar31]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5151516/

3. Goodman DJ, Saunders EC, Wolff KB. In their own words: A qualitative study of factors promoting resilience and recovery among postpartum women with opioid use disorders - BMC pregnancy and childbirth [Internet]. BioMed Central. BioMed Central; 2020 [cited 2022Mar31]. Available from: https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-02872-5

4. Harter K. Opioid use disorder in pregnancy [Internet]. The mental health clinician. College of Psychiatric & Neurologic Pharmacists; 2019 [cited 2022Mar31]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6881108/

5. Brico E. I was pregnant while addicted to heroin. methadone saved my baby's life. [Internet]. Vox. Vox; 2017 [cited 2022Mar31]. Available from: https://www.vox.com/first-person/2017/8/9/16119194/methadone-pregnancy-heroin-opiates

6. Authored by Editorial StaffLast Updated: March 18 2022. Detoxing while pregnant [Internet]. American Addiction Centers. 2022 [cited 2022Mar31]. Available from: https://americanaddictioncenters.org/drug-detox/pregnant

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CUSTOMER PERSONAS

“Cold Turkey”
Decision: Immediately stop the use of all drugs altogether
Motives: Fear for the health and safety of their unborn child
Barriers: Needs help managing withdrawal symptoms, costs a lot of resources for hospitals and healthcare providers

“Addictive Alternatives”
Decision: Choosing to use alternative, safer drugs such as methadone instead of heavier opioids
Motives: They are incentivized by the lessening of social stigma, as the drugs are now prescribed by their physician
Barriers: Are for less likely to admit to their OUD in the first place

“Progressive & Self-Care”
Decision: Slowly reduce their intake of opioids to reduce withdrawal effects
Motives: Betterment of themselves, devoted to seeking a better lifestyle
Barriers: Requires significant resources, to manage their schedules, progress, and drug use

“Researched Alternatives”
Decision: Using alternatives drugs during pregnancy
Motives: Concern for their unborn child, but don’t want to endangers the child through withdrawal effects
Barriers: Low barriers, this group is extremely independent