Complex Cases

Pregnancy
LGBT+

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Disclosure

I, Cameron Risma, have no relevant financial or non-financial disclosures or conflicts of interest with the presented material in this presentation.

Objectives

1. Identify high risk/special need patient populations.
2. Describe at least 2 strategies for managing complex patients with SUD.
3. Understand unique risks and needs of managing SUD in pregnant and LGBT+ populations

PREGNANCY AND SUBSTANCE USE

Background

Criminalization + “War on Drugs”

- Punitive interventions
  - Arrest
  - Loss of custody
  - Incarceration

Pregnant moms forced into lose – lose

- Avoid treatment and risk health of self + baby
- Seek treatment and risk losing custody

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother], demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

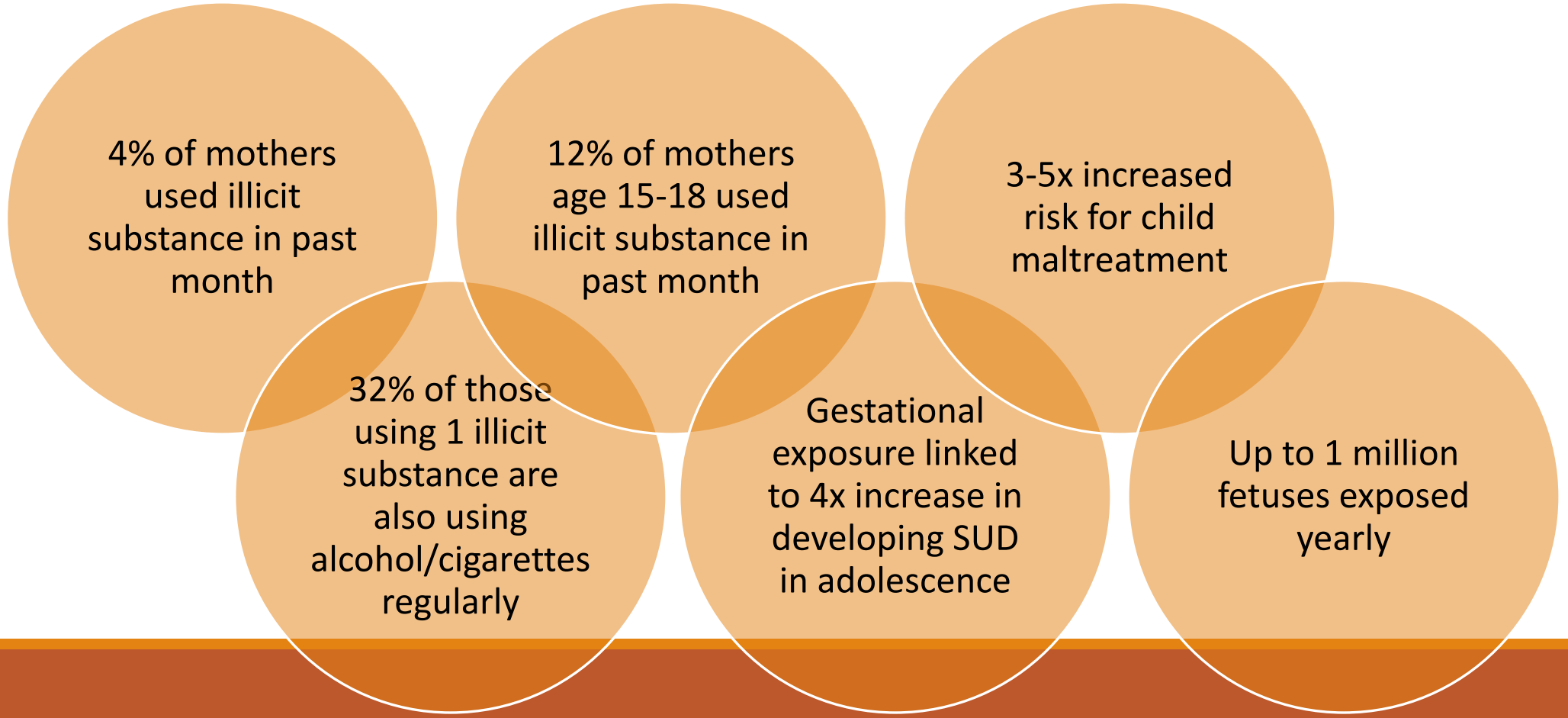
Substance Use During Pregnancy

Assessment challenges

- Social stigma
- Fear of losing child
- Limited self-report
- Legal implications

Substance Use During Pregnancy

National Household Survey on Drug Use and Health



Substance Use During Pregnancy

Opioids

- Maternal opioid use quadrupled from 1999 to 2014 (7 per 1000 births)
- 5-7% of pregnancies complicated by opioid use
- 23% filled prescription for an opioid during pregnancy

Cannabis

- One of the most commonly use during pregnancy (5-30%)
- 18% of pregnant moms meet criteria for CUD by self-report
- 50% of women who use cannabis will continue to do so in pregnancy
- Increased use in pregnancy during pandemic

Substance Use During Pregnancy

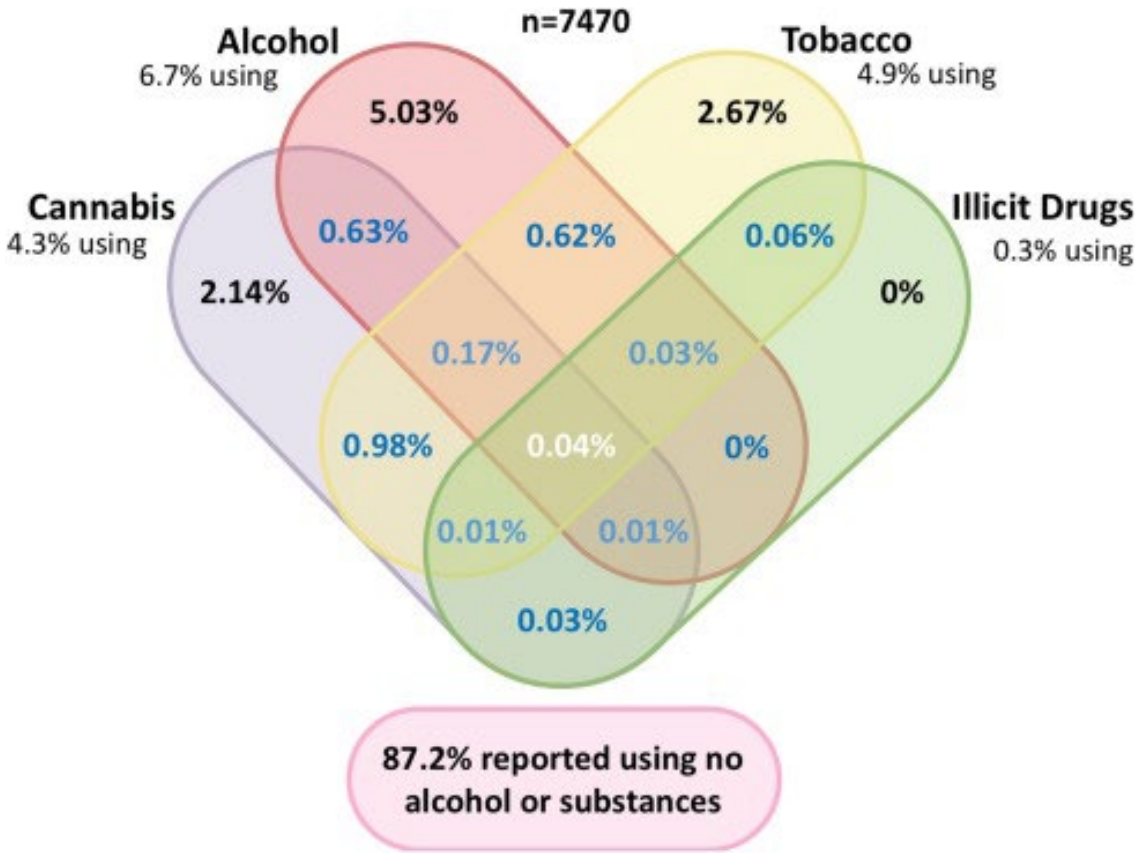
Cocaine

- Lower rates compared to other substances (1 – 4%)
- Decreasing use over past 20 – 30 years
- Detroit analysis: 31% meconium samples contained cocaine, despite 11% self-report
- High rates of fetal complications

Alcohol

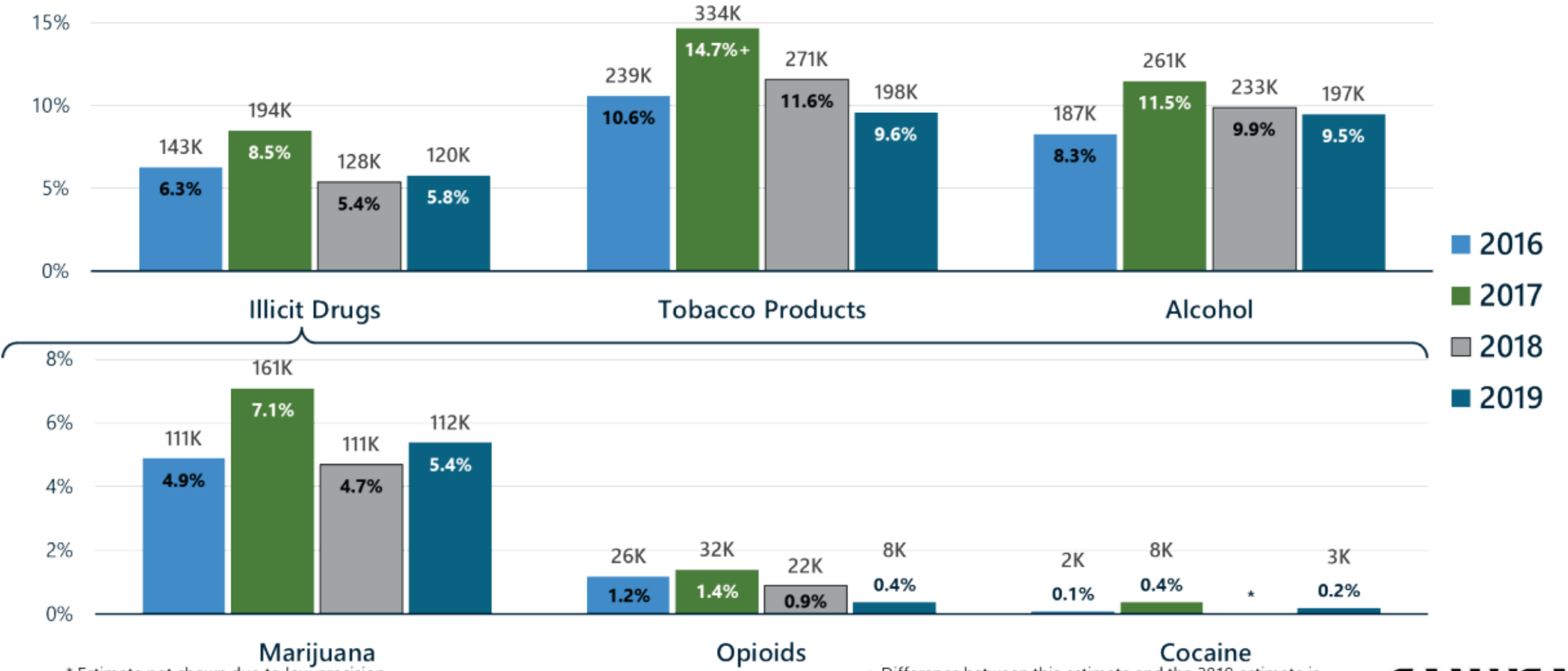
- 87% abstinent during pregnancy, 7% reduce intake, 6% maintain current intake
- 5% pregnant women binge drink during prior month (4+ drinks)
- Younger (<25) and older (>35) pregnant moms report drinking more than age 26-34

Substance Use During Pregnancy



Past Month Substance Use among Pregnant Women

PAST MONTH, 2016-2019 NSDUH, Women 15-44



* Estimate not shown due to low precision.

Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

\+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration


Help

Confusion Creates Barriers

Dichotomy between legal policies and recommendations of health care professionals (HCPs)

Hesitancy from HCPs to provide treatment

Legal statutes vary by state

Threat of legal action…

- Doesn’t reduce rates of substance use
- Sows distrust in treatment programs/health care professionals
- Discourages seeking care

Current State

Legal

- 24 states consider substance use during pregnancy to be child abuse
- 3 consider this grounds for civil commitment
- 25 states require health care professionals to report suspected perinatal substance use
- 8 require drug testing

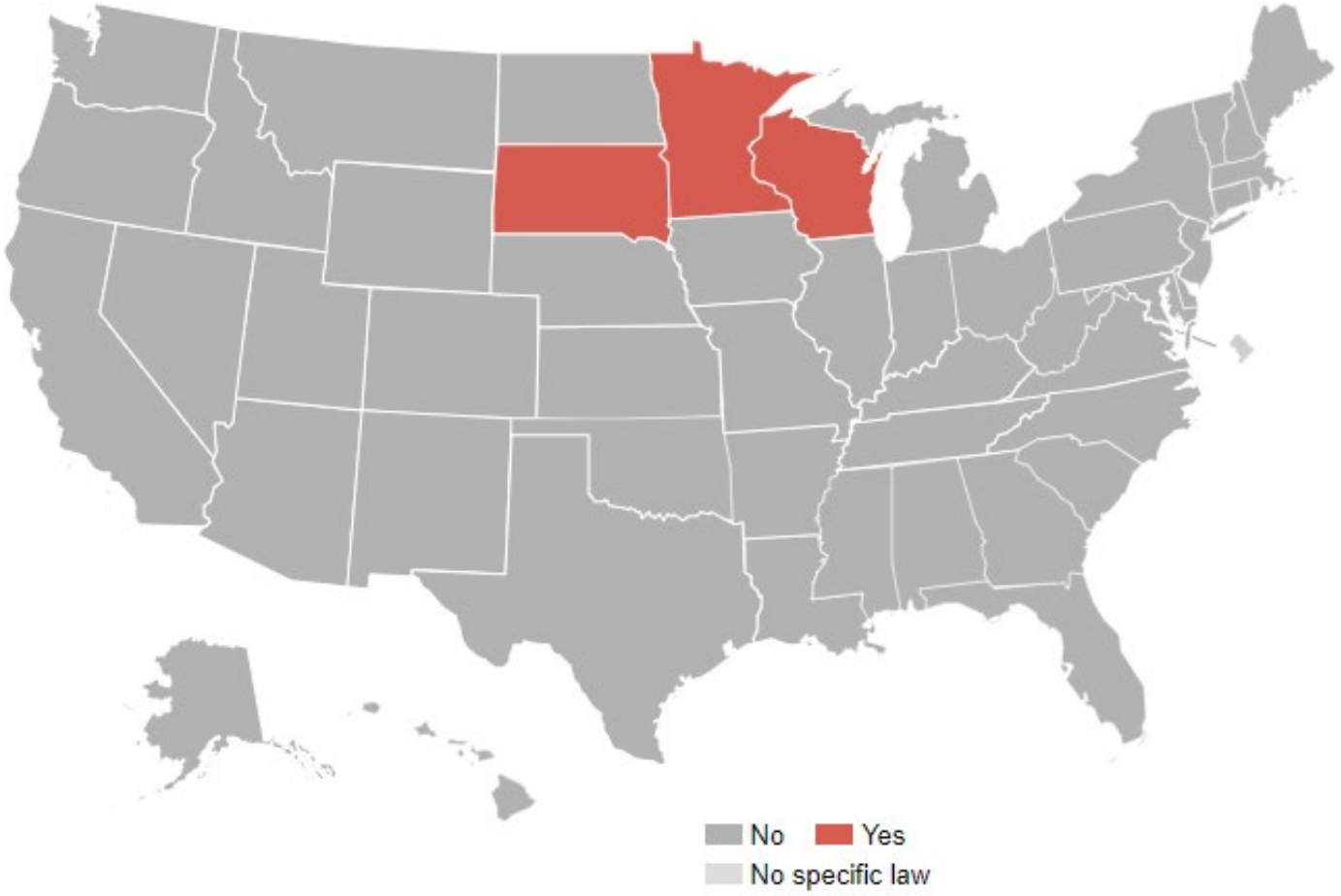
Funding

- 19 states fund treatment programs specifically for perinatal SUD
- Priority access to state funding
- <50 programs nationwide

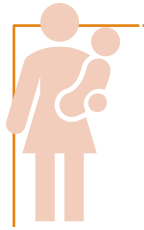
State Policies on Substance Use During Pregnancy

STATE	SUBSTANCE USE DURING PREGNANCY CONSIDERED:		WHEN DRUG USE DIAGNOSED OR SUSPECTED, STATE REQUIRES:		DRUG TREATMENT FOR PREGNANT INDIVIDUALS		
	Child Abuse	Grounds for Civil Commitment	Reporting	Testing	Targeted Program Created	Pregnant People Given Priority Access in General Programs	Pregnant People Protected from Discrimination in Publicly Funded Programs
Alabama	X*					X	X
Alaska			X				
Arizona	X		X			X	
Arkansas	X		X		X	X	
California			X		X		
Colorado	X				X$^{\xi}$		
Connecticut					X		
Delaware						X	
District of Columbia	X		X			X	
Florida	X				X		X
Georgia	X					X	
Illinois	X		X		X$^{\xi}$	X	X
Indiana	X†			X	X		
Iowa	X		X	X		X	X
Kansas						X	X
Kentucky	X		X	X	X	X	X
Louisiana	X		X	X			
Maine			X			X	
Maryland					X		
Massachusetts			X				
Michigan			X				
Minnesota	X	X	X	X	X		
Missouri	X$^{\Omega}$				$^{\xi}$	X‡	X

How States Handle Drug Use During Pregnancy

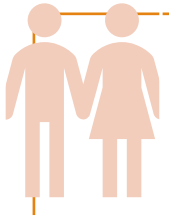


CPS Mandated Reporter



Mother's behavior + interaction with newborn

Prenatal protective capacity of mother and other adult caregivers in the home

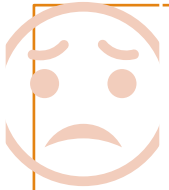


Family support system

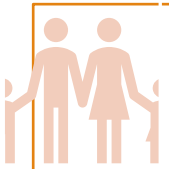
Home environment

Evidence of safe care of infant

Mental health concerns



Evidence of domestic violence



Assessment of all other adults + children in the home

Treatment Programs

Few programs actually accept pregnant patients

- <50% of states

Prenatal care

- Treatment should integrate prenatal care
- May improve outcomes…
  - Reduced substance use (12 OR)
  - Improved birth weights (14 OR)
  - Reduced prematurity (12 OR)

Approach to SUD in Pregnancy

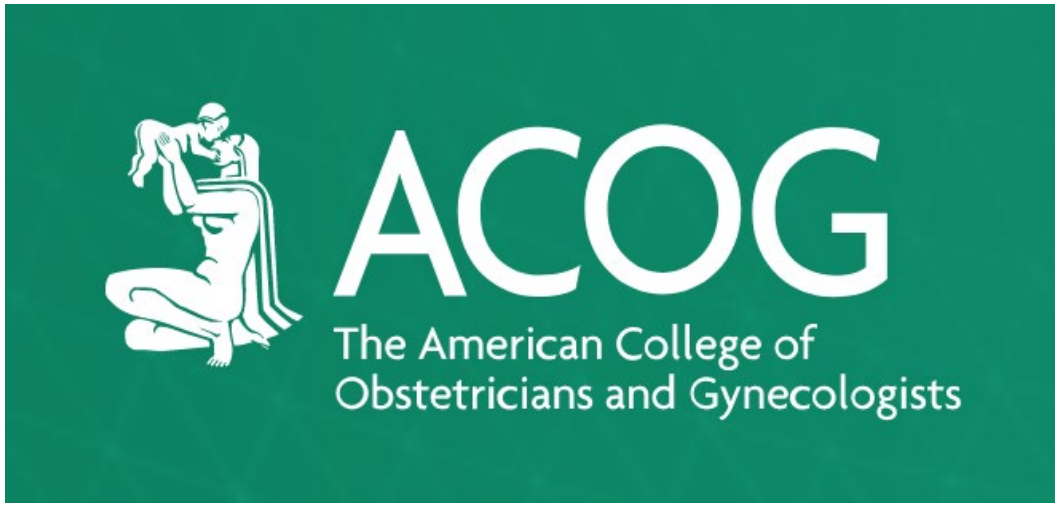
Universal screening and education

UDS

SBIRT

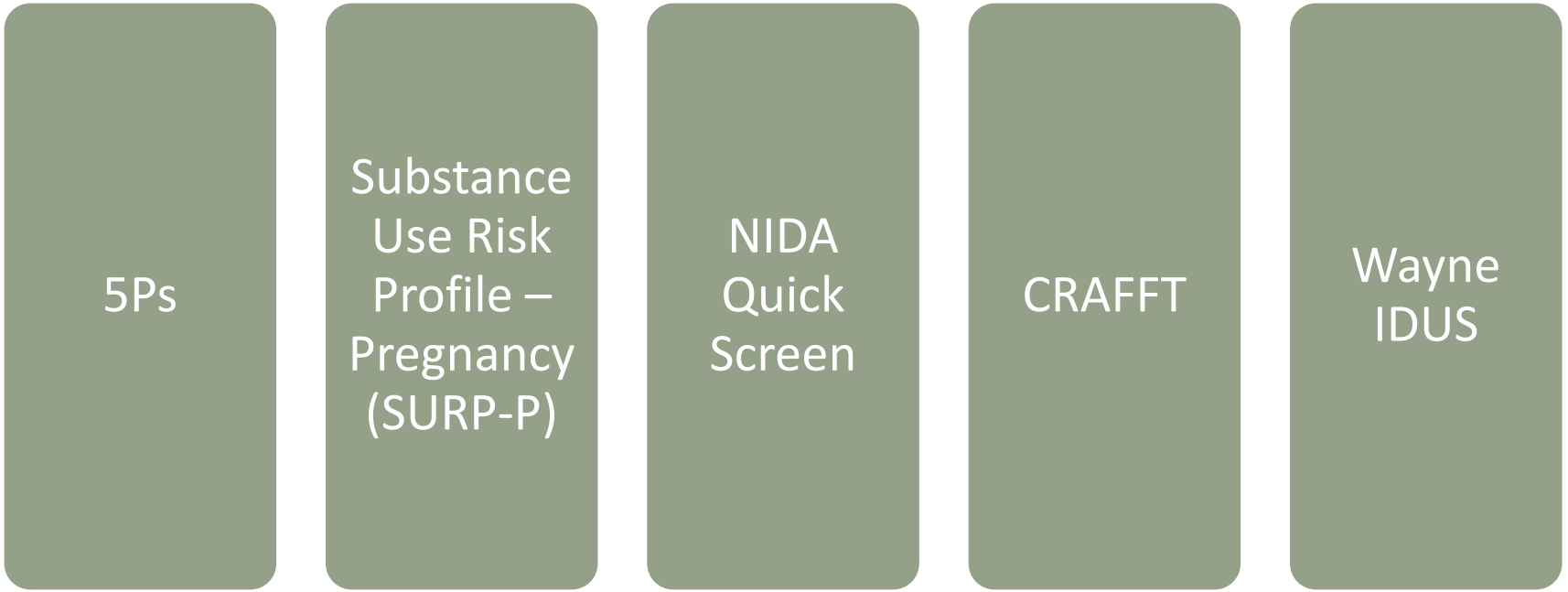
Referral + linkage

Supportive Prenatal Care



Screening Tools

- WHO, ACOG, SMFM, ASAM
- Education regarding medical/social/legal consequences of use during pregnancy



5Ps

The 5Ps Prenatal Substance Abuse Screen
For Alcohol and Drugs

The 5Ps* is an effective tool of engagement for use with pregnant women who may use alcohol or drugs. This screening tool poses questions related to substance use by women's *parents*, *peers*, *partner*, during her *pregnancy* and in her *past*. These are non-confrontational questions that elicit genuine responses which can be useful in evaluating the need for a more complete assessment and possible treatment for substance abuse.

- Advise the client responses are *confidential*.
- *A single "YES"* to any of these questions indicates further assessment is needed.

1. Did any of your *Parents* have problems with alcohol or drug use?
   ___ No ___Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?
   ___ No ___Yes
3. Does your *Partner* have a problem with alcohol or drug use?
   ___ No ___Yes
4. Before you were pregnant did you have problems with alcohol or drug use? (*Past*)
   ___ No ___Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (*Pregnancy*)
   ___ No ___Yes

NIDA Quick Screen

***Quick Screen* Question:** **<u>In the past year</u>, how often have you used the following?**	**Never**	**Once or Twice**	**Monthly**	**Weekly**	**Daily or Almost Daily**
Alcohol • **For men, 5 or more drinks a day** • **For women, 4 or more drinks a day**					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

SURP-P

Screening Tool	Questions
NIDA Quick Screen-ASSIST	
Quick Screen†	1. In the past year, how often have you used the following? a. Five or more alcohol drinks in a day for men or 4 or more alcohol drinks in a day for women b. Tobacco products c. Prescription drugs for nonmedical reasons d. Illegal drugs
ASSIST‡	1. In your lifetime, which of the following substances have you used? (response options of yes or no) 2. In the past 3 mo, how often have you used the substances you mentioned? (response options of never, once or twice, monthly, weekly, and daily or almost daily for items 2–5) 3. In the past 3 mo, how often have you had a strong desire or urge to use (each substance)? 4. (During the past 3 mo, how often has your use of (each substance) led to health, social, legal or financial problems? 5. During the past 3 mo, how often have you failed to do what was normally expected of you because of your use of (each substance)? 6. Has a friend or relative or anyone else ever expressed concern about your use of (each substance)? 7. Have you ever tried to control, cut down or stop using (each substance)? 8. Have you ever used any drug by injection?
SURP-P§	1. Have you ever used marijuana? 2. How many alcoholic drinks have you consumed in the month before knowing you were pregnant? 3. Do you feel the need to cut down on your alcohol or drug use?

* 4P's Plus questionnaire not included because it is covered by copyright; the researchers purchased a license to administer to participants.
† Response options for each substance are: never, once or twice, monthly, weekly, and daily or almost daily. For purposes of validation, both the Quick Screen and ASSIST were given to all participants to complete.
‡ Substances assessed are: tobacco products; alcohol; cannabis; cocaine; amphetamine-type stimulants (ATS); sedatives and sleeping pills (benzodiazepines); hallucinogens; inhalants; opioids; and "other" drugs.
§ Scoring involves classifying the number of alcoholic drinks consumed in the month before pregnancy as none vs any, and then counting the number of affirmative items. Negative responses for all items yields a low-risk individual, one affirmative response yields a moderate-risk individual, and two or three affirmative responses yield a high-risk individual.

CRAFFT

Part B	**No**	**Yes**
1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
4. Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

Wayne Indirect Drug Use Screener

WIDUS Items

#	Item
1	I am currently married
2	In the past year, I have been bothered by pain in my teeth or mouth
3	I have smoked 100 cigarettes in my entire life
4	There have been times in my life, for at least two weeks straight, where I felt like everything was an effort
5	Most of my friends smoke cigarettes
6	I get mad easily and feel a need to off some steam
7	I often have trouble sleeping

Comparing Screening Tools

	Sensitivity	Specificity	PPV	NPV
5 Ps	**0.80**	0.37	0.20	0.90
SURP-P	0.49	0.66	0.22	0.87
NIDA Quick Screen	0.27	**0.99**	**0.84**	0.88
CRAFFT	0.34	0.77	0.22	0.86
Wayne IDUS	0.63	0.78	0.36	**0.91**

Comparing Screening Tools

Coleman-Cowger et al.				
	Sensitivity	Specificity	PPV	NPV
4 Ps Plus	**0.90**	0.30	0.44	0.83
NIDA Quick Screen	0.80	**0.83**	**0.74**	**0.87**
SURP-P	**0.92**	0.22	0.42	0.83

Ondersma et al.				
	Sensitivity	Specificity	PPV	NPV
5 Ps	**0.80**	0.37	0.20	**0.90**
NIDA Quick Screen	0.27	**0.99**	**0.84**	0.88
SURP-P	0.49	0.66	0.22	0.87

UDS

Universal UDS **not** recommended as sole screening/assessment tool

- False positive and false negatives
- Intermittent + binge use patterns

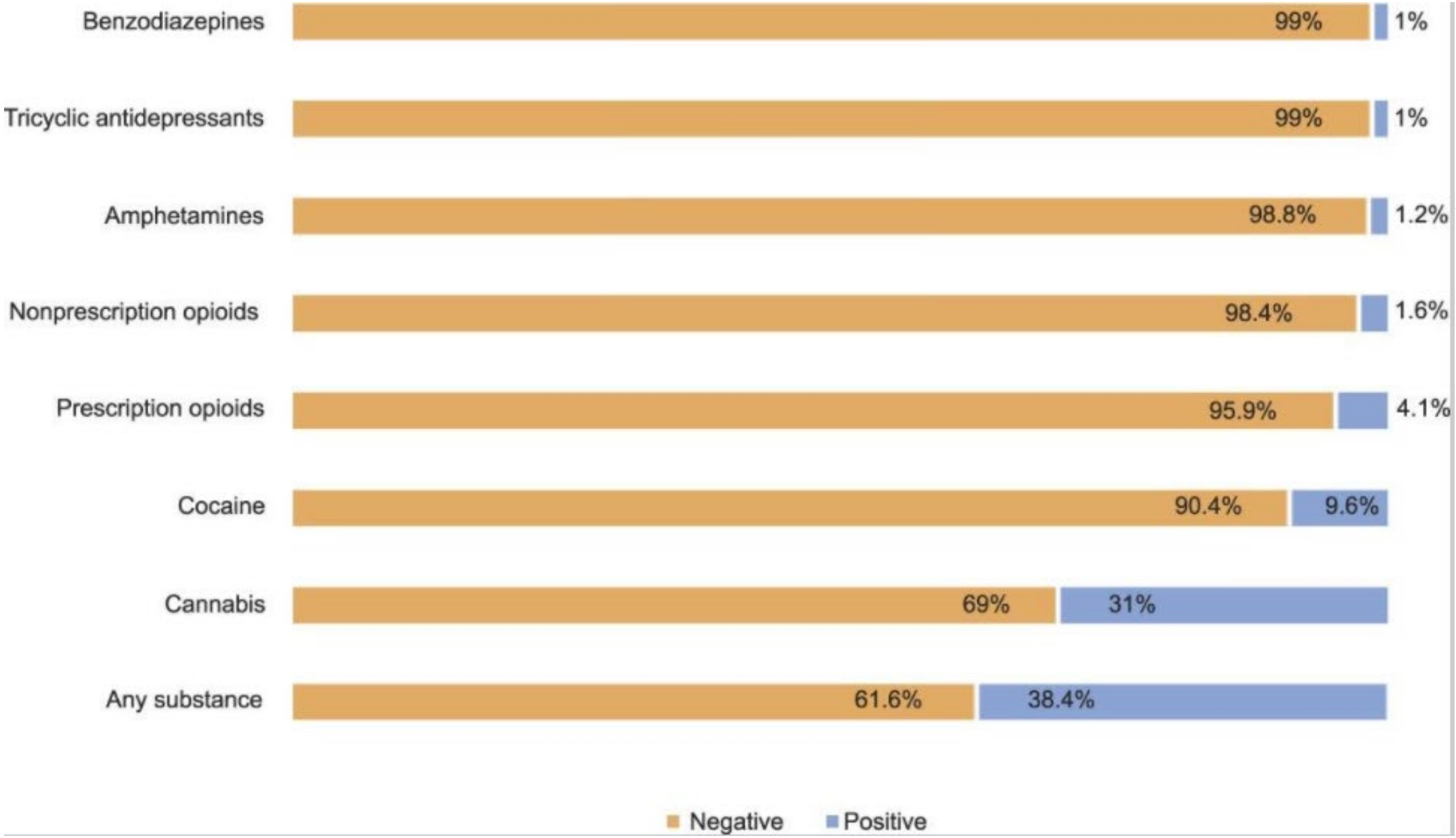
Other specimens

- Hair
- Nail
- Blood
- Meconium
- Placenta

UDS

Establish criteria for UDS

- Limited/absent prenatal care
- Signs/symptoms of drug use
- Unexplained cellulitis/endocarditis
- Evaluation for SUD treatment
- At delivery with diagnosed SUD
- Obstetric complications associated with substance use


Benzodiazepines
99%
1%
Tricyclic antidepressants
99%
1%
Amphetamines
98.8%
1.2%
Nonprescription opioids
98.4%
1.6%
Prescription opioids
95.9%
4.1%
Cocaine
90.4%
9.6%
Cannabis
69%
31%
Any substance
61.6%
38.4%
Negative
Positive

UDS

Table 2. Agents Causing Potential False-Positive Results With Urine Drug Screening

Medication	AMP/MET	BAR	BZO	THC	LSD	MTD	OPI	PCP	TCA
Amitriptyline					X				
Bupropion	X				X				
Buspirone					X				
Carbamazepine									X
Cyclobenzaprine									X
Dextromethorphan							X	X	
Diltiazem					X				
Diphenhydramine						X		X	
Doxylamine						X	X	X	
Fentanyl					X				
Fluoxetine	X				X				
Ibuprofen		X		X				X	
Labetalol	X				X				
Lamotrigine								X	
Metformin	X								
Methylphenidate	X				X				
Metoclopramide					X				
Naproxen		X		X					
Prochlorperazine					X				
Promethazine	X								
Pseudoephedrine	X								
Quetiapine						X			X
Quinolones[a]							X		
Ranitidine	X								
Risperidone					X				
Sertraline			X		X				
Tramadol								X	
Trazodone	X				X				
Venlafaxine								X	
Verapamil					X	X			

[a] *False-positive amphetamine results have only been seen with ofloxacin.*

AMP/MET: amphetamine/methamphetamine; BAR: barbiturate; BZO: benzodiazepine; LSD: lysergic acid diethylamide; MTD: methadone; OPI: opiate; PCP: phencyclidine; TCA: tricyclic antidepressant; THC: cannabinoid.

Source: References 1-4, 8, 9, 11-16.

Treatment for SUD in Pregnancy

AUD

- Naltrexone, Acamprosate, Disulfiram: **not recommended**

OUD

- Buprenorphine vs Methadone
- +/- Naloxone
- Naltrexone

OUD in Pregnancy

Treat pregnant patients!

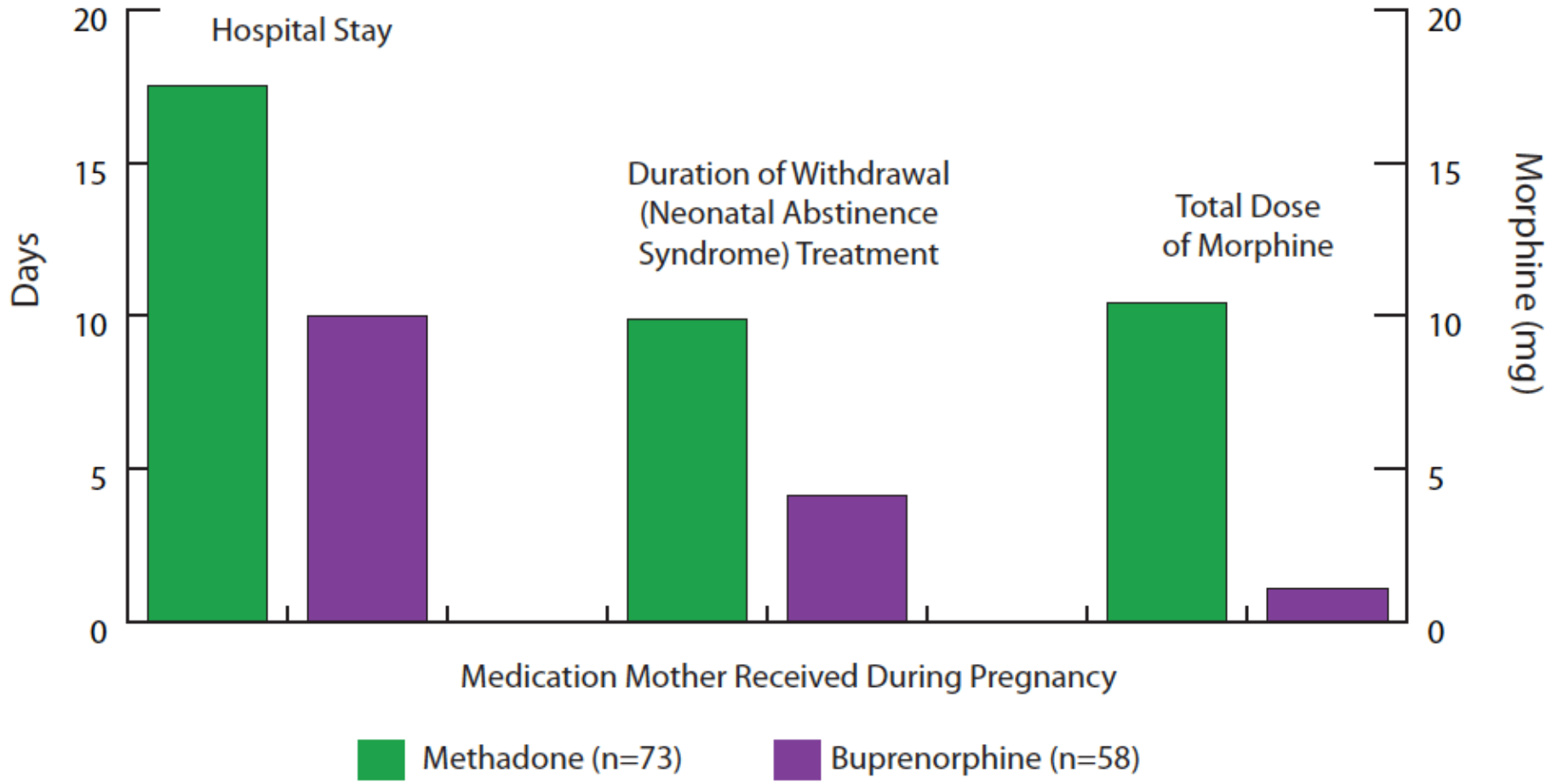
- Safer to treat than risk relapse
- Both Methadone and Buprenorphine are safe
- No increase in congenital abnormalities

Unmanaged vs medically managed opioid withdrawal

Buprenorphine associated with less severe withdrawal in neonate after birth

Buprenorphine	Methadone
Partial mu-opioid receptor agonist	Full mu-opioid receptor agonist
Tablet or film	Long-acting
+/- Naloxone	Pill, liquid, wafer
Requires X-waiver license	Highly regulated, daily dispensing
“Ceiling” effect	Risk of OD
Considered safer	May improve abstinence rates

Mothers' Buprenorphine Treatment During Pregnancy Benefits Infants



Cases

Summary

- 36y/o unmarried, Caucasian female, presenting to detox for alcohol + opioid withdrawal
- Drinking a fifth daily + 20 tabs of Norco
- Currently intoxicated, BAL 0.296
- Urine Pregnancy test POSITIVE (patient unaware)

Background

7th admission in 1 year. Actively engaged in outpatient treatment. H/o PTSD, MDD, GAD. Two young children, shares custody with their father. Ex-husband is manipulative/controlling. Primary support is her mother. Significant childhood sexual/physical abuse. Detox unit policy does not allow pregnant mothers due to lack of prenatal care.

Assessment

- AUD
- OUD
- PTSD/MDD/GAD
- Newly pregnant + requiring medical detoxification for alcohol and opioid withdrawal

Recommendation

Summary

- 36y/o unmarried, Caucasian female, presenting to detox for alcohol + opioid withdrawal
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Assessment

- AUD
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- Newly pregnant + requiring medical detoxification for alcohol and opioid withdrawal

Recommendation

- Discharge from detox with mother + proceed directly to ED
- Engage with high risk Maternal Fetal Medicine Team
- “Great Moms” program

Featured Stories

CATEGORIES

- Awards
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- Cancer
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- Orthopedics
- Outpatient Care
- Pulmonology
- Quality
- Research & Technology

WOMEN'S HEALTH

Spectrum Health GREAT MOMS Program receives grant from Blue Cross Blue Shield of Michigan Foundation

December 17, 2018

GRAND RAPIDS, Mich., December 17, 2018– The Spectrum Health Grand Rapids Encompassing Addiction Treatment with Maternal Obstetric Management (GREAT MOMS) Program has received a $50,000 grant from the Blue Cross Blue Shield of Michigan Foundation.

The program is part of Spectrum Health Maternal Fetal Medicine program.. The comprehensive program embeds addiction treatment in a prenatal care clinic, with the ability to coordinate with other specialties if needed depending on the unique medical needs of each patient. Postpartum support and treatment is also available through the program.

So far, more than 25 babies have been born to mothers who have gone through this program.

Cara Poland, MD, Spectrum Health Medical Group, oversees the GREAT MOMS program. She is one of the first board-certified addiction medicine specialists in the U.S. and is the Michigan chapter president of the American Society of Addiction Medicine.

“If a woman is actively using opioids, her body is often going in and out of withdrawal, which places physical stress on her body and on her baby,” Poland said. “Through GREAT MOMS, women schedule a block of appointments where they can receive care from an addiction

Summary

- 34 y/o divorced, Caucasian female with alcohol/cannabis use disorders
- Recovery is stable on current medications
- Becomes pregnant during course of treatment
- Repeated relapses during pregnancy

Background

Not engaged in outpatient treatment. H/o Bipolar 2 Disorder, PTSD, GAD. Lives with her 4 y/o daughter, sole custody. Boyfriend is somewhat supportive. Currently unemployed. Minimal support system other than mom. Numerous past medication trials. History of physical/sexual/emotional abuse from ex-boyfriend.

Assessment

- Alcohol/Cannabis Use Disorders
- Bipolar 2, GAD, PTSD
- Newly pregnant
- Current medications: Naltrexone, Topamax, Lexapro

Recommendation

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Assessment

- Alcohol/Cannabis Use Disorders
- Bipolar 2, GAD, PTSD
- Newly pregnant
- Current medications: Naltrexone, Topamax, Lexapro

Recommendation

- Discontinue Naltrexone/Topamax
- Residential care with prenatal care
- Engage with high risk Maternal Fetal Medicine Team
- CPS already involved

Summary

- 33 y/o single, employed, Caucasian female. Currently in outpatient SUD treatment for OUD
- Currently on Suboxone 8-2 mg BID
- No current individual or group therapy
- Reports being pregnant despite 2 negative pregnancy tests

Background

Recent discharge from inpatient psych unit. H/o depression, anxiety, and opioid/cocaine/stimulant use disorders. Long documented history of misusing Suboxone. Lives with her dad. 4 children (14, 11, 4, 2) all removed from her custody due to substance use.

Assessment

- Opioid/Cocaine/Stimulant Use Disorders
- GAD
- Questionable pregnancy?
- Disengaged from treatment

Recommendation

Summary

- 33 y/o single, employed, Caucasian female. Currently in outpatient SUD treatment for OUD
- Currently on Suboxone 8-2 mg BID
- No current individual or group therapy
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Assessment

- Opioid/Cocaine/Stimulant Use Disorders
- GAD
- Questionable pregnancy?
- Disengaged from treatment

Recommendation

- Urgent need to confirm pregnancy
- Engage with SUD treatment services
- Establish boundaries re: Suboxone and expectations for treatment


SUD and LGBT+

SUD and LGBT+

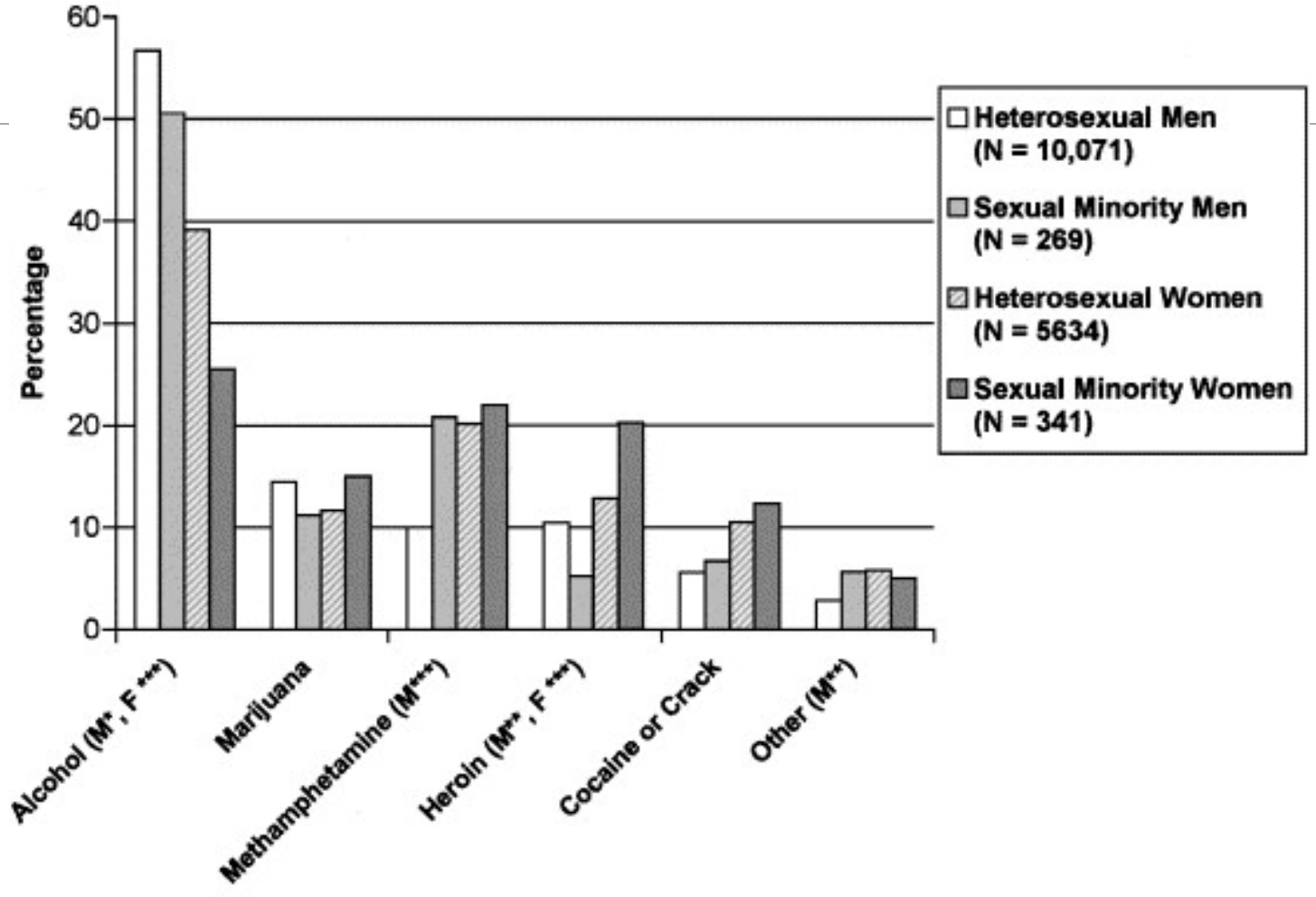
2018 National Survey on Drug Use and Health

- Higher rates of substance use than non-LGBT+ adults (except alcohol)
- SUD tends to be more severe at time of presentation to treatment
- More likely to have received SUD treatment

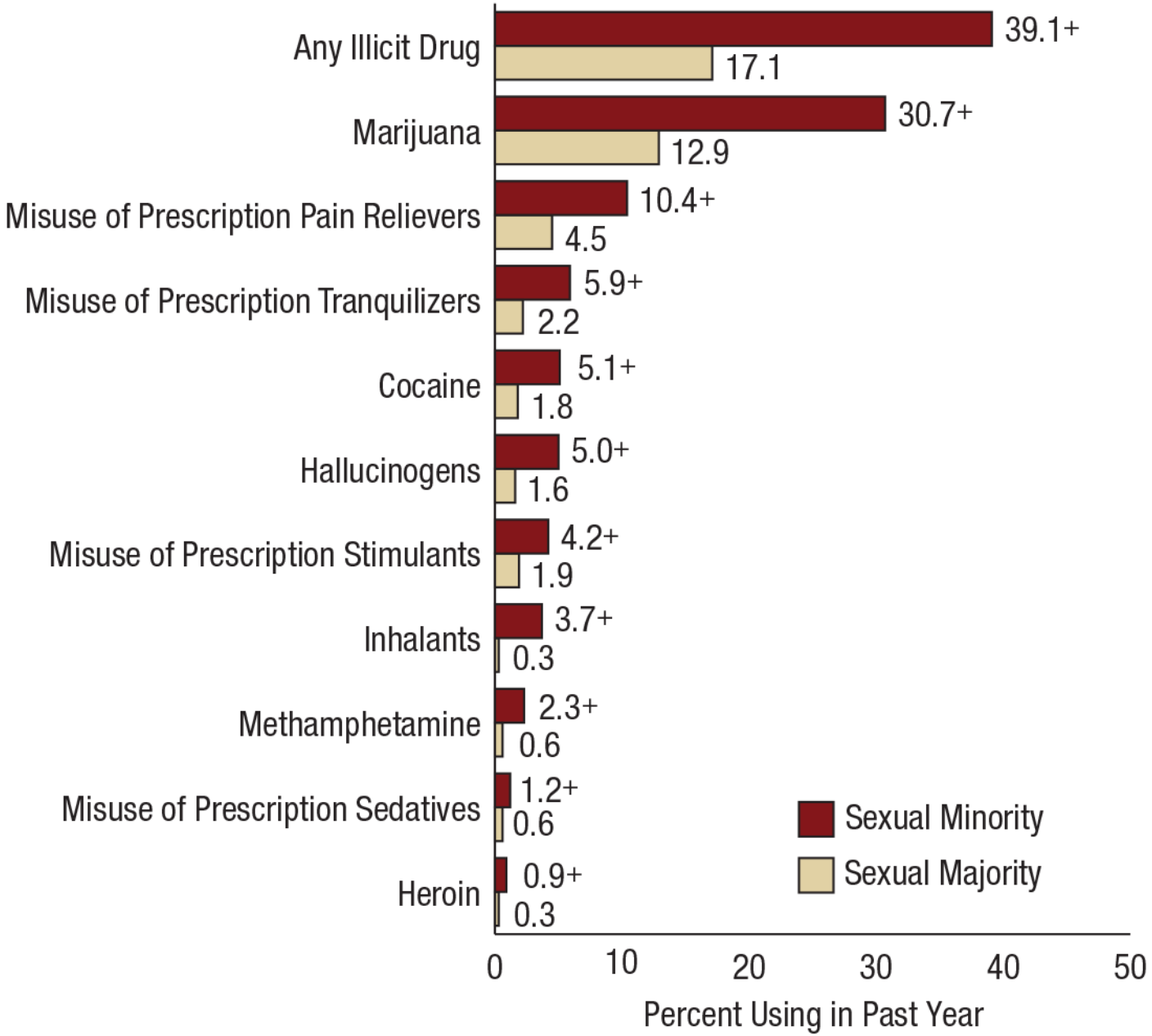
Absence of specialized programs

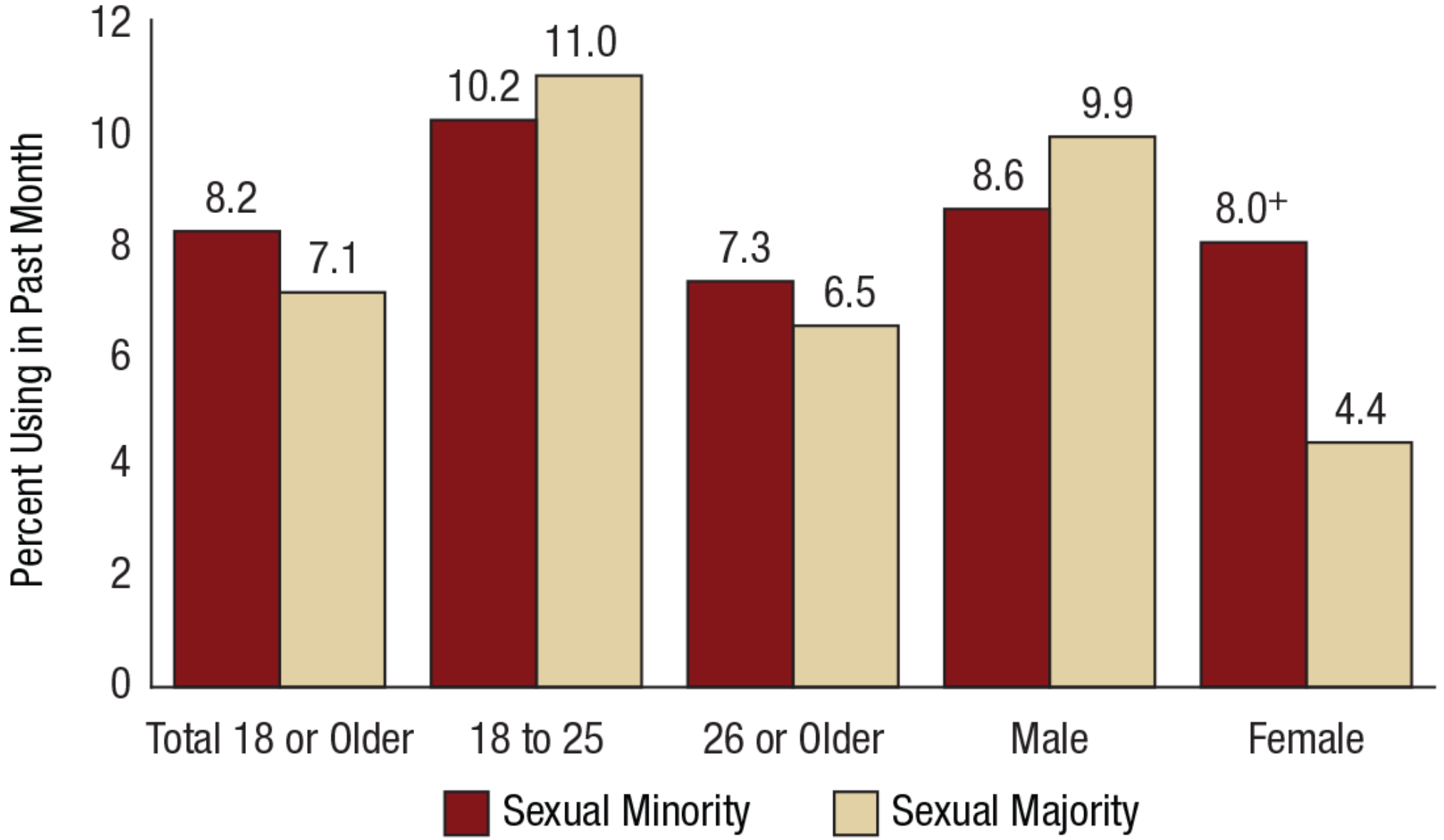
- Only 7% of treatment programs offer LGBT+ services

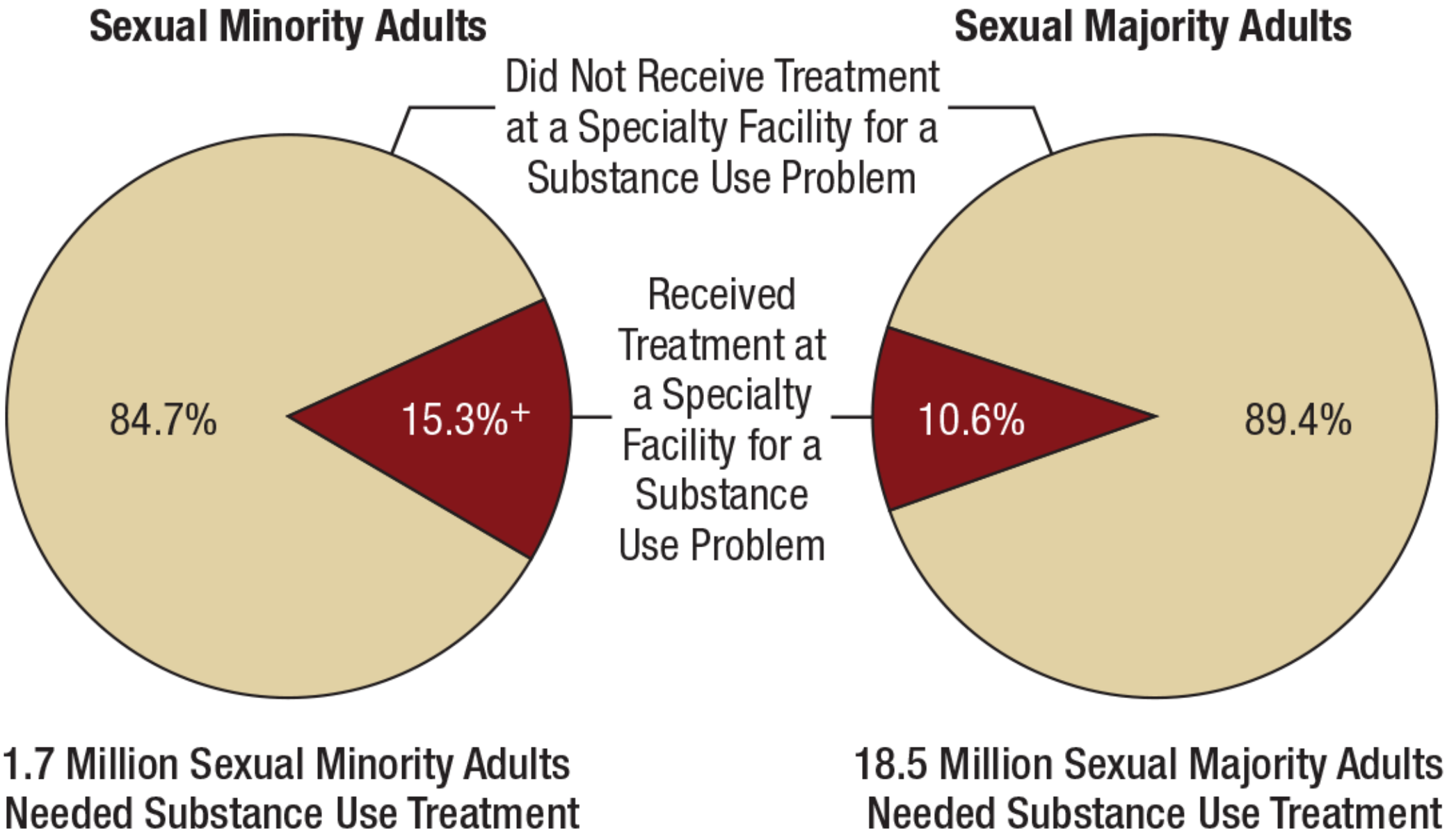
LGBT+ Adults Entering Treatment

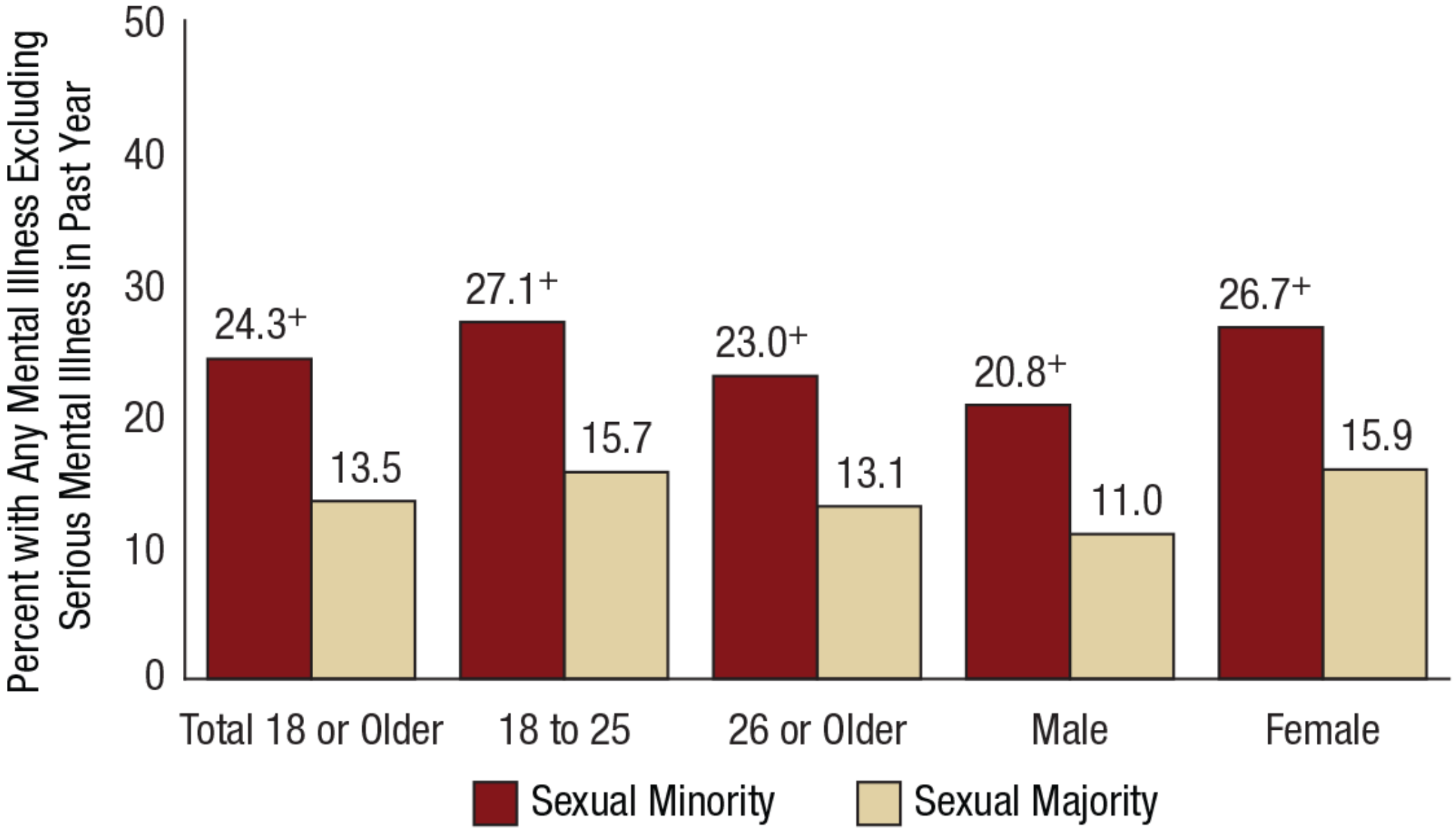


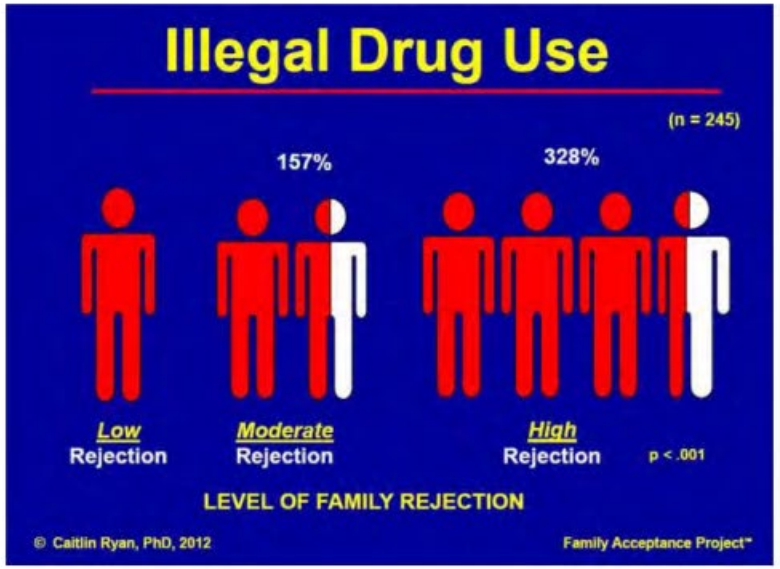
For differences within gender based on sexual orientation, * $P < .05$, ** $P < .01$, *** $P < .001$


Any Illicit Drug
39.1+
17.1
Marijuana
30.7+
12.9
Misuse of Prescription Pain Relievers
10.4+
4.5
Misuse of Prescription Tranquilizers
5.9+
2.2
Cocaine
5.1+
1.8
Hallucinogens
5.0+
1.6
Misuse of Prescription Stimulants
4.2+
1.9
Inhalants
3.7+
0.3
Methamphetamine
2.3+
0.6
Misuse of Prescription Sedatives
1.2+
0.6
Heroin
0.9+
0.3
Sexual Minority
Sexual Majority
0
10
20
30
40
50
Percent Using in Past Year


Percent Using in Past Month
12
10
8
6
4
2
0
8.2
7.1
10.2
11.0
7.3
6.5
8.6
9.9
8.0+
4.4
Total 18 or Older
18 to 25
26 or Older
Male
Female
Sexual Minority
Sexual Majority


Sexual Minority Adults
Sexual Majority Adults
Did Not Receive Treatment at a Specialty Facility for a Substance Use Problem
Received Treatment at a Specialty Facility for a Substance Use Problem
84.7%
15.3%+
10.6%
89.4%
1.7 Million Sexual Minority Adults Needed Substance Use Treatment
18.5 Million Sexual Majority Adults Needed Substance Use Treatment


Percent with Any Mental Illness Excluding Serious Mental Illness in Past Year
50
40
30
20
10
0
24.3+
13.5
27.1+
15.7
23.0+
13.1
20.8+
11.0
26.7+
15.9
Total 18 or Older
18 to 25
26 or Older
Male
Female
Sexual Minority
Sexual Majority


Illegal Drug Use
(n = 245)
157%
328%
Low Rejection
Moderate Rejection
High Rejection
p < .001
LEVEL OF FAMILY REJECTION
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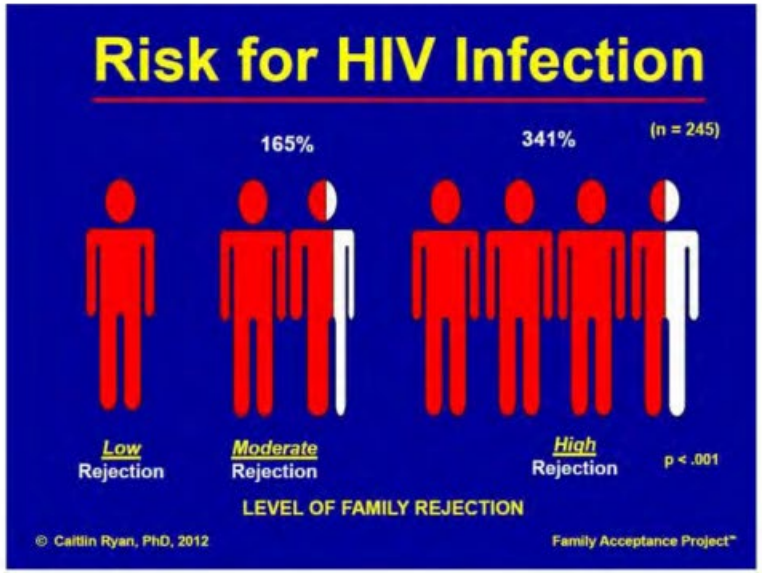
Family Acceptance Project®


Risk for HIV Infection
165%
341%
(n = 245)
Low Rejection
Moderate Rejection
High Rejection
p < .001
LEVEL OF FAMILY REJECTION
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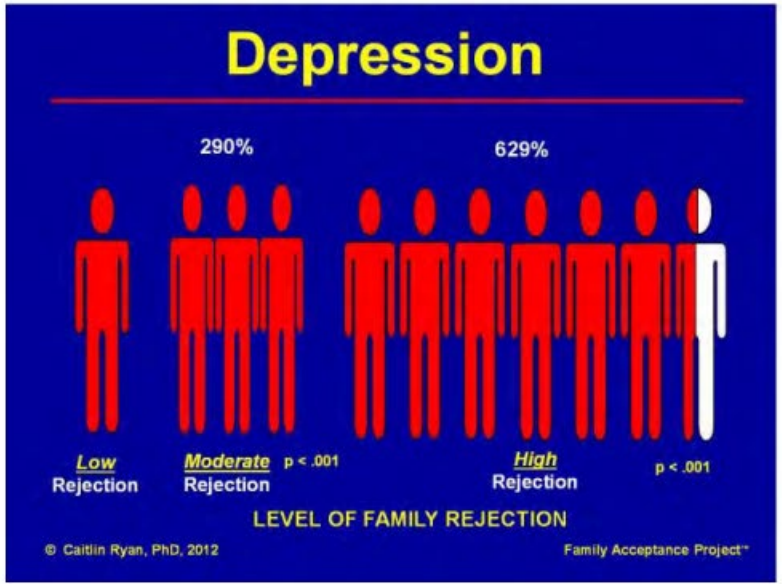
Depression
290%
629%
Low Rejection
Moderate Rejection
p < .001
High Rejection
p < .001
LEVEL OF FAMILY REJECTION
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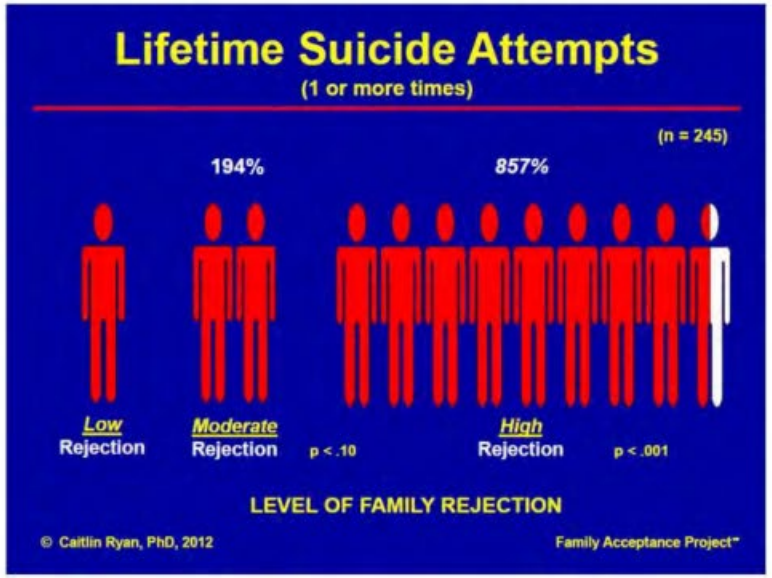
Lifetime Suicide Attempts
(1 or more times)
(n = 245)
194%
857%
Low Rejection
Moderate Rejection
p < .10
High Rejection
p < .001
LEVEL OF FAMILY REJECTION
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Family Rejection

Profound negative impact

- 8.4x more likely to attempt suicide
- 6x more likely to develop severe depression
- 3.4x more likely to engage in unprotected sex
- 3.4x more likely to develop SUD

Greater # of rejection reactions associated with higher substance use

Acceptance is protective!

- Family and community acceptance

HIV

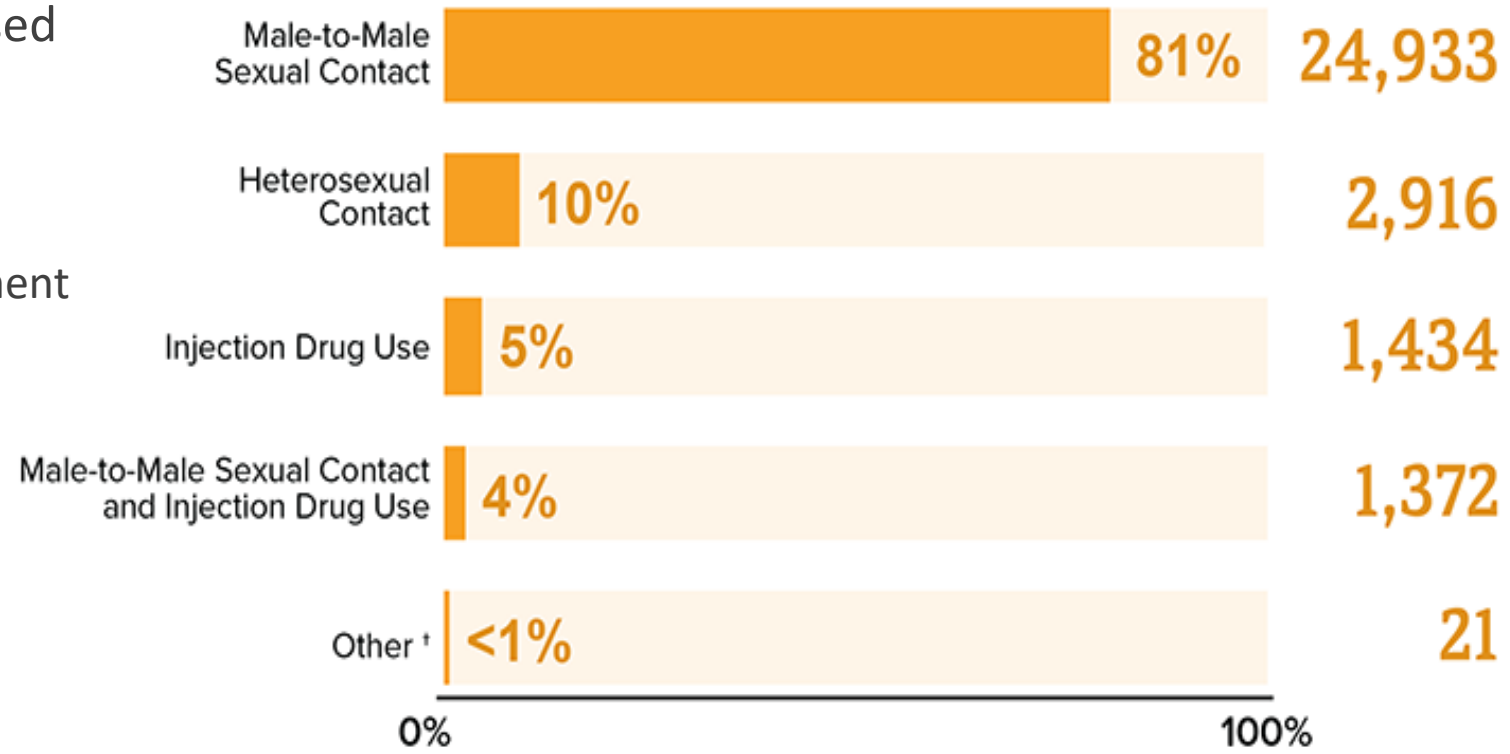
81% of new HIV diagnoses per year attributed to MSM

SUD treatment associated with decreased viral load

- 5x viral load in active substance use
- More likely to take HAART
- Consider integrating HIV and SUD treatment

Harm Reduction

- Singlet tablet HAART
- Needle exchanges
- Safer sex education



Hepatitis

HCV

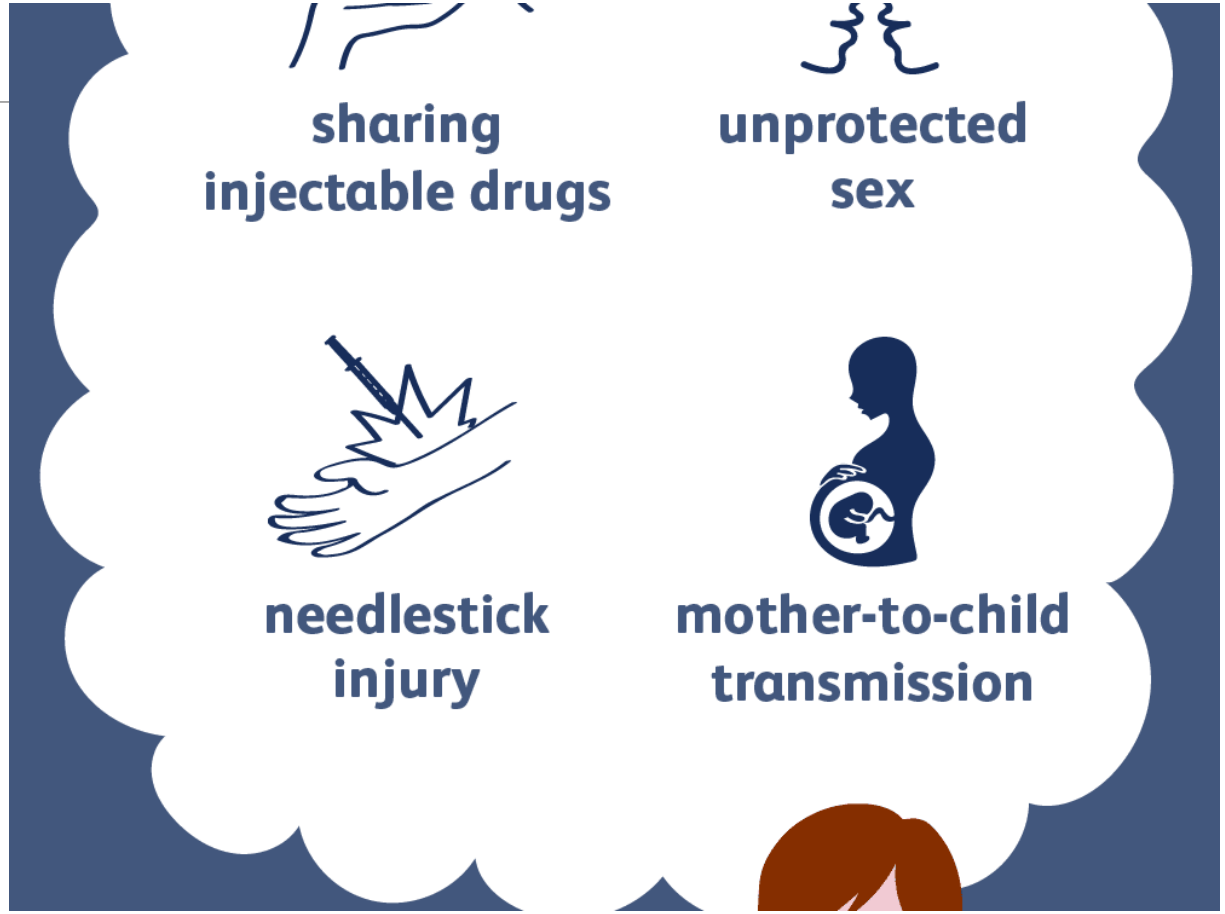
- Spread via blood
- 3.2 million infections nationally, with HCV deaths > HIV deaths
- 25% with HIV also have Hepatitis C
- 20% of new HCV infections among LGBT+ people

Complications

- 50% self-limited, 50% develop chronic infection
- Chronic infection → cirrhosis and liver cancer

Curable!

- 8-12 week treatment course



Violence

Fear of violence often motivates non-disclosure of sexuality/gender identity

- Perpetuates isolation, avoidance

Various forms of violent victimization

- Intimate Partner Violence up to 50%
- Lifetime violence up to 89%
- Victimization in past 90 days up to 20%
- Trends higher in active substance use

Treatment Challenges

Stigma/Discrimination

Lack of SUD treatment options

Hormone therapy during SUD treatment

Address unique challenges

- Homo/transphobia
- Family rejection
- Violence
- Isolation
- HIV + STIs
- More severe psychiatric symptoms

“Individualized Treatment”

Limited research

- What specific programs actually help?
- Current recommendations based on program experience and patient feedback

Debate

- Create programs vs train providers?
- Specialized services vs incorporate into existing programs?
- Discrepancy of program and patient experience

Current recommendations

- Theory-guided, experience based, patient feedback

Current Recommendations

Affirmative practice

Physical space

Initial contact experience

- Passivity + low acceptance associated with reduced treatment completion

Current Recommendations

Diverse staffing

Specific programming

- E.g. Traditional family therapy may create more harm than good
- LGBT+ groups

Referral + linkage

- Community-based recovery groups


Cases

Summary

- 56 y/o married, employed, transgender female presenting for admission to detox unit
- Drinking a fifth + 2 bottles of wine daily
- Moderate withdrawal symptoms
- Currently transitioning: Estradiol and Spironolactone

Background

Preferred pronouns not assessed at point of first contact. Ambivalence re: pronouns, eventually selecting he/him pronouns. Several days later, requests change to she/her pronouns. 3 adult children. Lives with her wife. Victim of ongoing intimate partner violence. Wife is manipulative and has history of sabotaging recovery. Patient sleeps with several locks on bedroom door. Underlying depression/anxiety/PTSD.

Assessment

- AUD and requiring medical detox
- PTSD/MDD/GAD
- Victim of active IPV
- Transgender female, currently transitioning

Recommendation

Summary

- 56 y/o married, employed, transgender female presenting for admission to detox unit
- Drinking a fifth + 2 bottles of wine daily
- Moderate withdrawal symptoms
- Currently transitioning: Estradiol and Spironolactone

Background

Preferred pronouns not assessed at point of first contact. Ambivalence re: pronouns, eventually selecting he/him pronouns. Several days later, requests change to she/her pronouns. 3 adult children. Lives with her wife. Victim of ongoing intimate partner violence. Wife is manipulative and has history of sabotaging recovery. Patient sleeps with several locks on bedroom door. Underlying depression/anxiety/PTSD.

Assessment

- AUD and requiring medical detox
- PTSD/MDD/GAD
- Victim of active IPV
- Transgender female, currently transitioning

Recommendation

- Complete medical detoxification
- Team discussion
- Consider sober living facility
- Connect with LGBT+ supports

Summary

- 34 y/o partnered, employed, Caucasian, transgender male, presenting to establish in outpatient care
- Prefers he/him or they/them pronouns
- Actively using alcohol (bingeing once weekly), weed 1-2g daily (h/o remote meth use)
- Presents with multiple medications, rapidly labile moods, and prolonged hypomanic episodes

Background

Previously married, 9 y/o son. His parents have had custody of his son since age 2. Patient now lives with boyfriend. Parents are highly unsupportive of him being transgender, “they still call me by my dead name.” Parents force him to use female pronouns and female bathrooms when in public together. No hormonal therapy. Reproductive organ surgically removed. Planning for top surgery. H/o Bipolar vs Schizoaffective disorder vs borderline personality disorder. H/o sexual assault from brothers, physical abuse from dad.

Assessment

- Alcohol/Cannabis/Methamphetamine Use Disorders
- BP vs BPD, PTSD
- Transgender male, s/p surgical removal of reproductive organs
- High degree of family rejection

Recommendation

Summary

- 34 y/o partnered, employed, Caucasian, transgender male, presenting to establish in outpatient care
- Prefers he/him or they/them pronouns
- Actively using alcohol (bingeing once weekly), weed 1-2g daily (h/o remote meth use)
- Presents with multiple medications, labile moods, and prolonged hypomanic episodes, poor boundaries

Background

Previously married, 9 y/o son. His parents have had custody of his son since age 2. Patient now lives with boyfriend. Parents are highly unsupportive of him being transgender, "they still call me by my dead name." Parents force him to use female pronouns and female bathrooms when in public together. No hormonal therapy. Reproductive organ surgically removed. Planning for top surgery. H/o Bipolar vs Schizoaffective disorder vs borderline personality disorder. H/o sexual assault from brothers, physical abuse from dad.

Assessment

- Alcohol/Cannabis/Methamphetamine Use Disorders
- BP vs BPD, PTSD
- Transgender male, s/p surgical removal of reproductive organs
- High degree of family rejection

Recommendation

- Simplify medication regimen and establish clear diagnosis (with time)
- Reduce alcohol/cannabis use
- Explore effects of family rejection, engage in IOP + individual therapy
- Review boundaries of engaging in treatment

Let’s share…

What is your experience working with pregnant/LGBT+ populations?

What are special considerations you have?

How have you had successes and challenges?

How do you and/or your programs approach SUD treatment for LGBT+ person?

What have you learned to be helpful in providing SUD treatment for LGBT+ person?

What experiences do you have that we can all learn from?

Questions + Discussion?