

WORKSHOP ON DETOXIFICATION POLICIES AND DIRECTIONS*

JOYCE LOWINSON, M.D., *chair*

Clinical Professor of Psychiatry and Director
Division of Substance Abuse
Albert Einstein College of Medicine
Bronx, New York

ANA OLIVEIRA, M.A.,C.A., PETER SELWYN, M.D., M.P.H.,
ELLIOT WINEBURG, M.D., PAT LOFMAN, C.N.M.

THE WORKSHOP ON DETOXIFICATION during pregnancy reflected the theme of the conference. Pregnancy is certainly one of the most important experiences in a woman's life. Substance abuse is recognized as a threat to the health and viability of the fetus which motivates many women to seek treatment. Contact with health professionals at this stage offers an opportunity not only to provide adequate prenatal care but to guide women toward better self-care throughout their lives.

Low self-esteem has been an overriding factor in the lives of many women in our society, and this is certainly true of women from inner city areas, especially those involved in drug and alcohol use. If a woman can be engaged in treatment during pregnancy, she can set a goal to remain sober and to follow principles of good health care throughout her entire life. The panel did not fail to observe social, economic, and psychological barriers to this goal, and expressed the hope that this could be the theme of another conference.

The panelists presented their individual approaches to detoxification, and all agreed that a woman's entry into treatment should be an opportunity to persuade her of her own importance as a human being—independent, if not separate, from the health of the baby she is carrying.

Ana Oliveira reported on the use of acupuncture in treating addiction at Lincoln hospital under the direction of Dr. Michael Smith. She observed that acupuncture can help to detoxify people from all substances, although the clients in this program are primarily cocaine/crack users. Like crack, acu-

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puncture's onset of action is rapid, providing almost immediate relief. It induces a calm state allowing for a more rational and focused dialogue, and use in a clinical prenatal care setting allows the "mainstreaming" of pregnant addicts. It is important for the provider to convey to the patient the notion that treatment is essential for her and not just for the fetus, and treatment should be conducted on a long-term basis.

Methadone maintenance treatment of pregnant addicts at Montefiore Medical Center/North Central Bronx Hospital was described by Dr. Selwyn. Detoxification from opioids during pregnancy should rarely be considered. It is generally better to stabilize pregnant heroin users on methadone than to attempt to detoxify them because the latter approach risks their returning to heroin or other drugs. Women in methadone treatment can get early prenatal care because frequent clinic attendance allows early identification of pregnancy. The outcome for the fetus therefore is generally good. Methadone maintenance treatment also reduces behavior associated with HIV infection. Because as many as 25% of methadone patients now also use cocaine, and methadone is not effective with cocaine, acupuncture and other modalities have to be considered as an adjunct. Hospitalization is sometimes necessary and helpful although few beds are available for this. Peer support groups are useful, particularly for cocaine users, and should be more used in methadone clinics as well as in prenatal programs. Alcohol use is not being addressed forcefully enough, and more referrals should be made to 12-step programs. HIV infection and the need for counselling around reproductive choices in methadone maintenance and other drug treatment programs is central.

Hypnosis in general was discussed by Dr. Wineburg and specific indications were to alleviate real physical symptoms. i.e., pain for herpes; to manage acute situations, i.e., as anesthesia even during open heart surgery or delivery; and to promote attitudinal changes, for example, to persuade obese individuals or smokers to modify their behavior and to control hyperemesis as well as anxiety in pregnant women. Hypnosis can also be used in group settings and lends itself therefore to clinical programs where cost containment is crucial.

Special prenatal programs for substance abusing women such as the one at the Harlem Hospital Center were described by Pat Lofman. Most (80%) of the program's enrollees are cocaine/crack users. The program does not concentrate on detoxification as such because the lack of physical abstinence syndrome with cocaine and the intensity of the euphoric sensation create little motivation for addicts to give up the drug. Women present mostly because of social rather than medical crises or because they are referred by their meth-

adone programs. Hospitalization sometimes provides temporary respite. The program works closely with psychiatric providers to help patients during this period and to prepare for successful follow-up.

Thirty percent of the women present to the program during their first trimesters, at which time they are connected to a wide variety of providers. Women become very vulnerable again after delivery, and it is important therefore to have treated them not just as “mothers” but as people in their own right while they were pregnant. After pregnancy, patients are offered family planning services prior to hospital discharge and they are given a two-week follow-up appointment and a pediatric appointment. It is very important to convey a sense of continuity so the patient will not expect to be “abandoned” after delivery. The program at Harlem has retained 50% of the 300 women originally enrolled.

RECOMMENDATIONS

Make drug treatment available “on demand” and place it within mainstream, family oriented health programs. Make treatment programs relevant to the needs of pregnant addicts because this population is so difficult to capture and retain. Many programs were designed for male patients, but at present women constitute close to 40% of the treatment population; therefore, new approaches must be developed taking into consideration the special problems of women. Diversify the drug treatment modalities/options rather than having so many categorical single approach programs. Drug treatment programs should be able to use multiple modalities and treat multiple problems.

Develop more residential detoxification and rehabilitation programs where women can bring their children. Treatment should be diversified; specifically, residential programs for women maintained on methadone should be available. Therapeutic communities should develop strong ties to medical centers so that comprehensive medical care is available to pregnant women. Develop large epidemiological studies of drug treatment to study its efficacy. Develop clinical research and increase studies on efficacy. Increase research and base policy on scientific data obtained.

Accelerate the “war on drugs” by demanding more active involvement in the provision of treatment services by those medical centers and hospitals receiving government funding. Medical schools as well as treatment rehabilitation programs can provide training to medical students and graduate physicians.