

## CHAPTER 5: Prevention of Opioid Misuse and its Harmful Effects on Children and Families

### Key Takeaway(s)

- Many individuals misusing illicit opioids were initially exposed via prescription opioid analgesics. Therefore, policies that limit the supply and improve the safety of opioid analgesics prescribed in health care settings have the potential to decrease misuse of prescription opioid analgesics, and also subsequent illicit opioid use. (Cicero et al., 2014; National Academies of Sciences, Engineering, and Medicine, 2017; Substance Abuse and Mental Health Services Administration, 2019.)
- Children whose parents misuse opioids, or have OUD, are at increased risk of a number of adverse outcomes, including: neonatal opioid withdrawal syndrome (NOWS); physical and mental health problems; developmental delay; child neglect, maltreatment, and abuse; and family instability and involvement with the child welfare system (Patrick et al., 2019; Winkelman et al., 2018; Anda et al., 2006; Feder et al., 2019; Ornoy et al., 2001). Because of these adverse outcomes, there is a pressing need to scale up effective interventions that prevent opioid misuse, and its harmful consequences for children.
- It is important to note that there are several limitations to the evidence base for policies that limit the supply of opioid analgesic prescribing including: the potential unintended consequences of policies targeting opioid analgesic prescribing, particularly in key populations, such as patients with chronic pain who are on long-term opioid therapy, or racial/ethnic minorities in whom undertreatment of pain appears to be more prevalent; and the possibility that patients may substitute illicit opioids for prescription opioids.
- The abrupt cessation or overly aggressive tapering of chronic, long-term opioid therapy is discouraged. There is extensive clinical knowledge and emerging research evidence showing that these practices present high risk of harms to patients with chronic pain, without apparent benefits (Fenton et al., 2019; Lagisetty et al., 2019; Oliva et al., 2020).
- Laws and policies that punish pregnant women for opioid misuse are potentially harmful, given widespread clinical experience and emerging research evidence indicating that such initiatives might impede access to both OUD treatment and prenatal care, thereby harming the health of the mother and infant (Faherty et al., 2019; Patrick & Schiff, 2017).

### Recommendations

- To improve patients' health outcomes by decreasing the incidence of opioid misuse, OUD, negative opioid-related outcomes, and opioid overdose, policies that limit the supply and improve the safety of opioid analgesics prescribed in health care settings should be established.
- Several types of policies have shown moderate-quality evidence of their ability to reduce opioid analgesic prescribing and dispensing. They include:
  - Prescription Drug Monitoring Programs (PDMP) with mandatory access provisions.
  - Insurer drug supply management policies. The strongest evidence came from Prior Authorization (PA) programs, particularly in the Medicaid program.
  - Clinical health system interventions. Promising evidence exists on clinical decision support interventions, and interventions that notify providers of higher-risk patients.

- Specific measures used to evaluate interventions to improve the health and well-being of children is recommended and often vary based on the parent-child life stage targeted (ie: prenatal stage, perinatal stage, postnatal, early childhood).
- The following interventions have the strongest evidence base and are most likely to be effective in mitigating harms experienced by children whose parents misuse opioids:
  - Integrated SUD Treatment with Health and Family Services.
  - Home Visiting Programs.
  - Family Skills Training Interventions.
  - Family Drug Treatment Courts (FDTC).

## Case studies/models/research findings

- Some commercial insurers, including Blue Shield of California, have implemented statewide drug supply management programs, including utilization review, which show early evidence of reducing opioid analgesic prescriptions.
- Interventions such as hospitals standardizing NOWS treatment are believed to be cost-effective since they have been associated with substantial savings in NICU and inpatient costs for affected infants, including:
  - A decrease in average hospital costs for opioid-exposed newborns from \$11,000 to \$5,300 per newborn in 2015 dollars was reported by Children's Hospital at Dartmouth-Hitchcock, after implementing a standardized NOWs inpatient treatment protocol combined with education outreach to at-risk pregnant women in prenatal care and OUD treatment centers.
  - Decreases in hospital costs by \$27,090 per patient, in 2015 dollars, were reported by the University of Louisville Hospital for implementation of a more aggressive morphine-weaning protocol, together with changes in non-opioid adjunctive therapy (Devlin et al., 2017).

## Implementation considerations (policy, costs, scaling, etc.)

- States weighing whether to establish or expand potentially effective policies to limit the supply and improve the safety of opioid analgesics should consider how those policies will be affected by several important local trends, including:
    - Current rates of opioid analgesic prescribing.
    - Recent trends in opioid analgesic prescribing.
    - Extent of illicit opioid markets.
    - Availability of non-opioid treatment for pain.
    - Availability of effective OUD treatment.
  - Systematically assessing the impact of prescribing policies on health outcomes, and monitoring for negative unintended consequences of these policies, is recommended, especially in vulnerable settings. Such locales might consider:
    - Expanding access to non-opioid pain treatments and OUD treatment while, or even prior to, implementing large-scale policies to limit prescription opioid supply.
    - Piloting proposed policies on a smaller scale and monitoring for adverse consequences prior to scale-up.
    - Scaling back on policies with limited benefits and/or demonstrated harms or targeting those policies more appropriately.
  - There are several implementation and scaling considerations for effective interventions to mitigate harms experienced by children whose parents misuse opioids, and they include: the ability to implement systematic screening for intervention eligibility across multiple settings followed by appropriate referral; inclusion of effective programs by insurers as covered benefits; training levels of providers; duration and timing of interventions; and the risk levels of families.
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