



HARM REDUCTION

CHAIR: CHRIS MCDONNELL, VAADA

1. Syringe dispensing machines: innovative uses and expanded potentials
2. The changing landscape of methamphetamine use in pregnancy
3. Gender-based violence and mental health support in tandem with peer-based AOD support at festivals

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The changing landscape of methamphetamine use in pregnancy

Julie Blandthorn, WADS
Kerri Felemonow, WADS

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The changing landscape of methamphetamine use in pregnancy

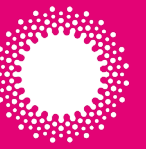
Women's Alcohol and Drug Service (WADS)

Royal Women's Hospital,
Melbourne

Julie Blandthorn

Kerri Felemonow

VAADA 2023



the women's
the royal women's hospital



History of WADS

- **Established in 1988**
- **Predominantly heroin use**
- **Methadone**
- **Multidisciplinary team**



Barriers specific to pregnancy

Fear of child protection

Stigma

Childhood trauma and adversity

Poor mental health but minimal access to publically funded mental health services & support

Poverty, instability, homelessness & interpersonal violence

Sex work & high risk sexual activity

Poly substance use and tobacco



The importance of antenatal care

Usually seen fortnightly until 30 weeks gestation then weekly until birth

Fetal growth and wellbeing

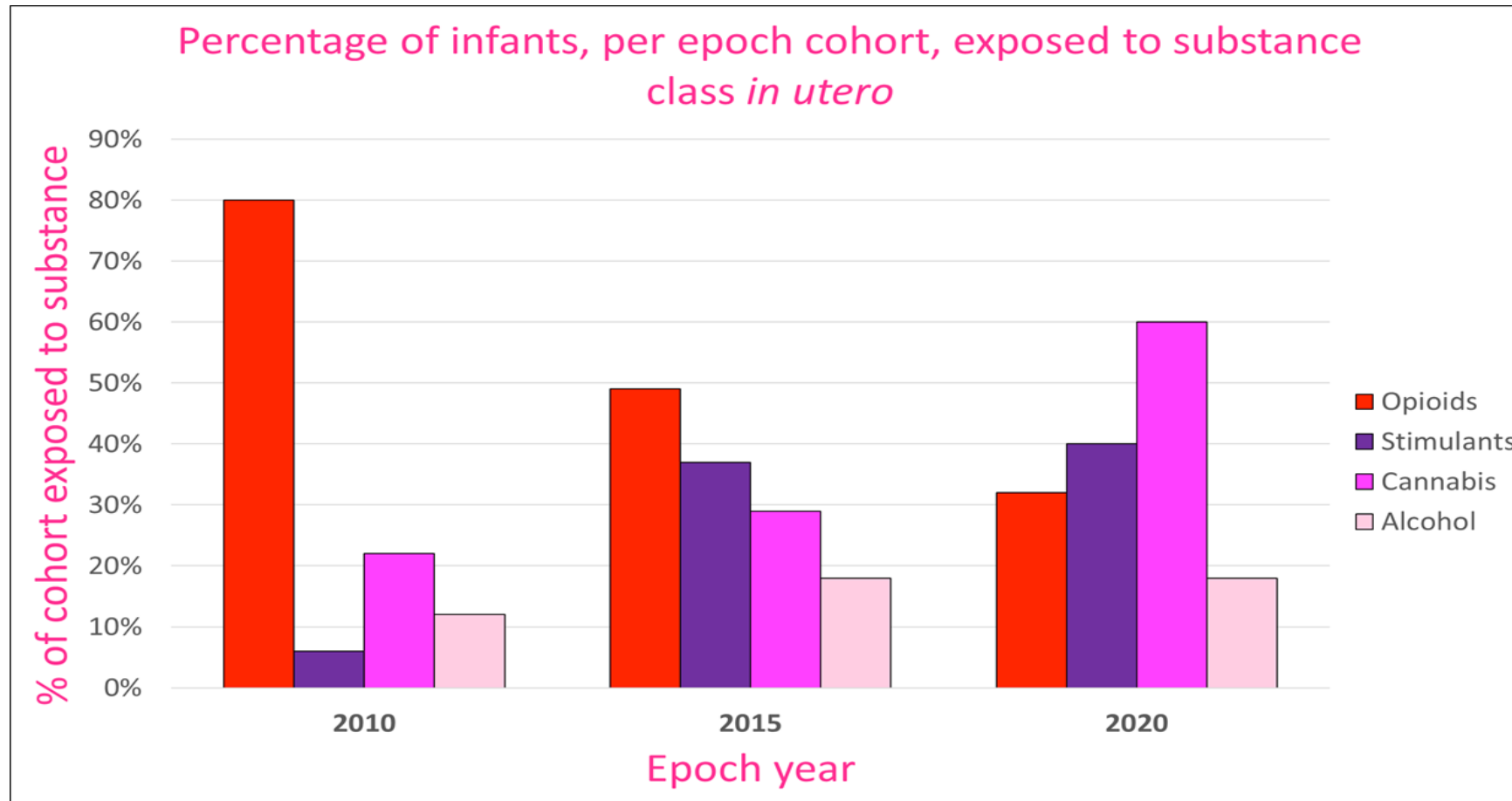
Prevention of mortality and morbidity

Address social determinants of health

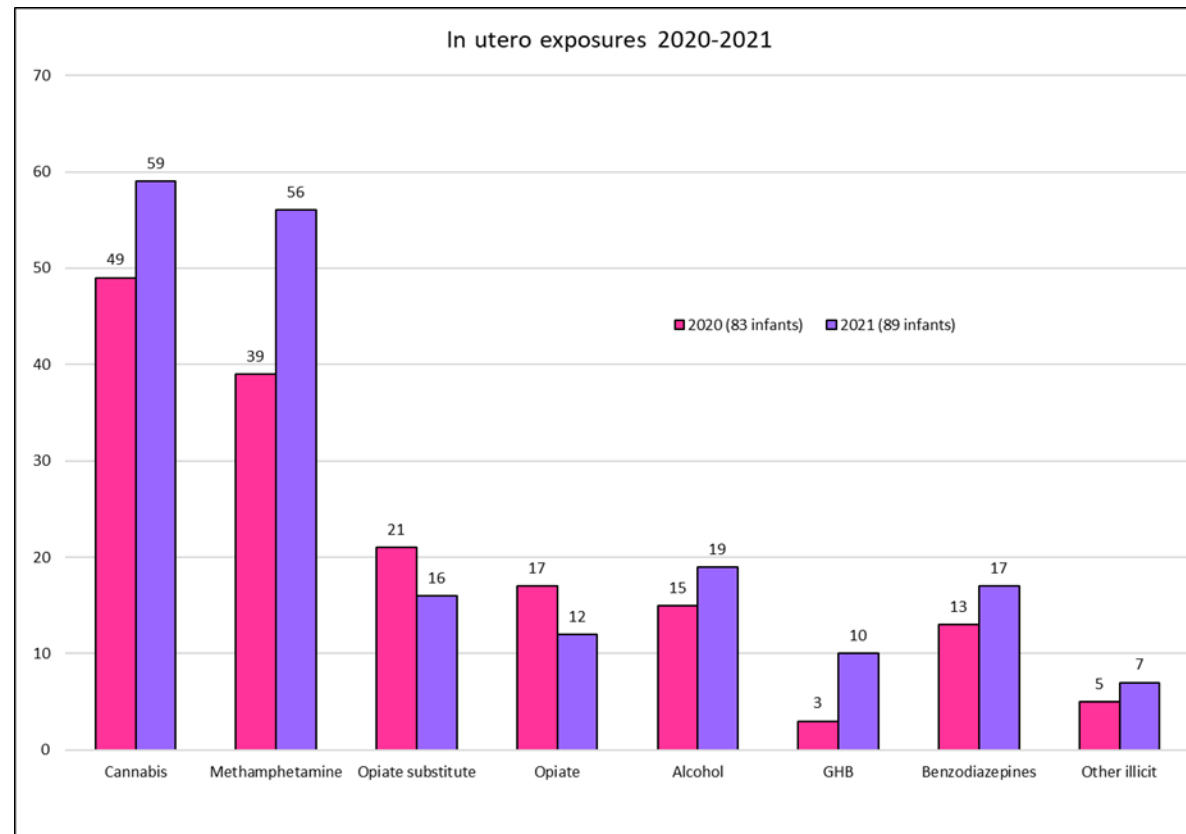
Pharmacotherapy

Preparation for birth- including psychological preparedness

Fetal stimulant exposure increasing over time



Increased methamphetamine and cannabis use compared to 2020



Infant drug exposure 2021

	Methamphetamine exposed n=56 (%)	No methamphetamine exposure n=33 (%)	Total n=89 (%)
Prenatal opioid exposure	7 (12)	5 (15)	12 (13)
Prenatal opioid agonist exposure	8 (14)	8 (24)	16 (18)
Prenatal cannabis exposure	36 (64)	23 (70)	59 (66)
Prenatal alcohol exposure	10 (18)	9 (27)	19 (21)
Received oral morphine	4 (7)	2 (6)	6 (7)
Received phenobarbitone	1	1	2

Outcomes for infants exposed to methamphetamine compared to infants exposed to other drugs

	Methamphetamine exposed n=56 (%)	No methamphetamine exposure n=33 (%)	Total n=89 (%)	Infants not exposed to Substances (%)
Average gestation in completed weeks	36	37	36	38
Average birthweight (g)	2792	2845	2812	3269
Birthweight z-score	-0.43	-0.95	-0.62	
Congenital infection risk	20 (35)	8 (24)	28 (31)	
Average total length of stay (days)	17	10	14	
Average NICU length of stay	15	7	12	4.41 Non-term babies

Outcomes for term infants

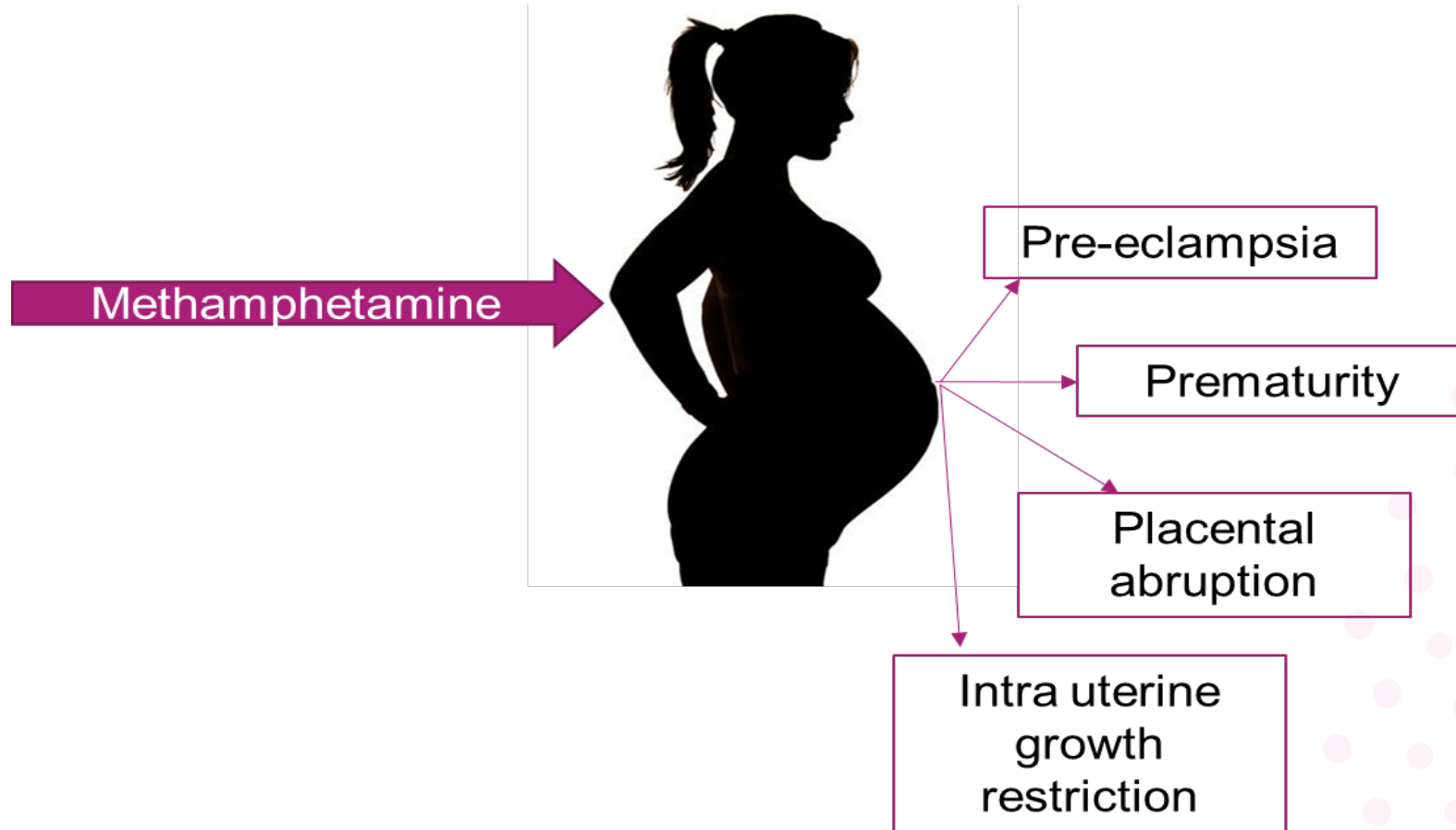
	Methamphetamine exposed n=56 (%)	No methamphetamine exposure n=33 (%)	Total n=89 (%)	Infants not exposed to Substances
All babies discharged to maternal care	27 (48)	24 (72)	51 (57)	
Term cohort				
Gestation \geq 37 weeks	n=41 (73)	n=24 (72)	n=65	
Needed NG/IV	12 (30)	6 (25)	18 (28)	
Any breastfeeding at discharge	22 (53)	17 (71)	39 (60)	(91)
Total length of stay (days)	8	8	8	2.5
Admitted to SCN				

Neonatal outcomes following maternal methamphetamine use

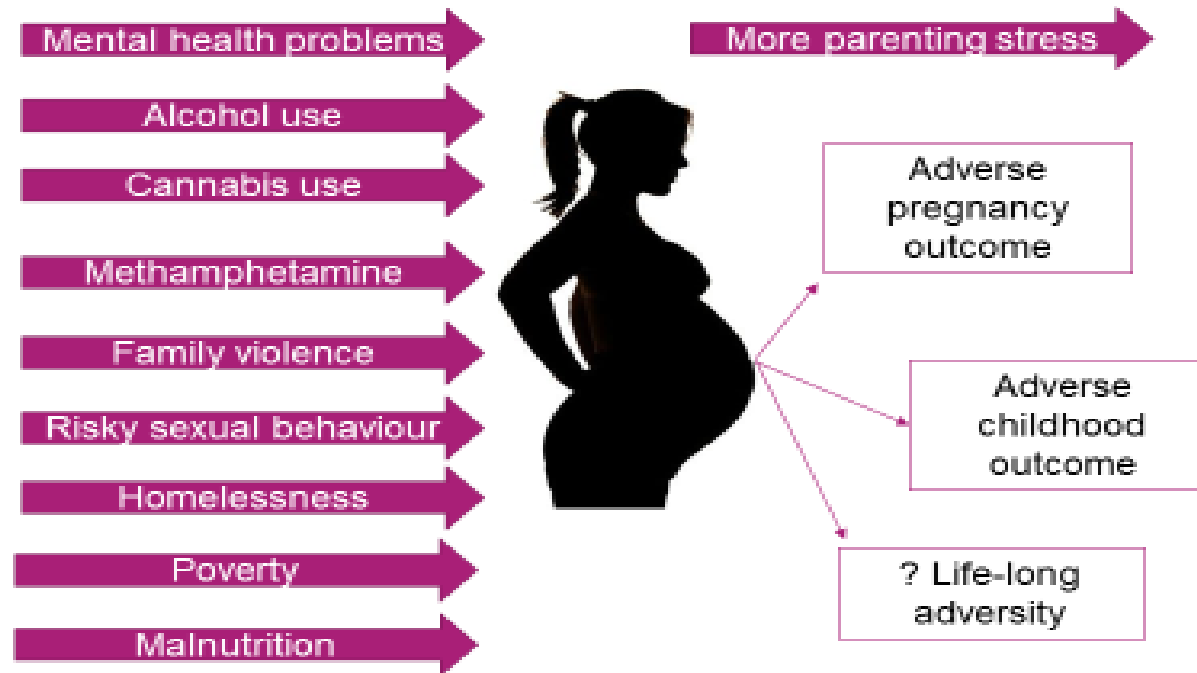
- Poor neurological adaptation
 - Mirrors adult “crash” period
 - Drowsy, poor feeding, poor movement quality
- Altered neurobehaviour
 - Heavy maternal use – decreased arousal
 - 1st trimester use – increased stress response
 - 3rd trimester use – increased lethargy and hypotonia
- Poor suck and feeding difficulty
- Low Modified Finnegan’s scores (cf opiates)

LaGasse et al, 2011. Neurotoxicology and teratology; Perez et al, 2021. Addiction

Antenatal care aims to reduce/prevent potential problems in pregnancy



Fetal methamphetamine exposure



Harm minimisation and methamphetamine in pregnancy- limited data

- No pharmacotherapy
- Psychosocial & behavioural interventions
- Education re: impact on developing baby
- Reduce IVDU/ smoking frequency to nil if possible
- Detox
- Stabilise social circumstances
- Trauma informed care
- Attachment focus

Acknowledgement

- Dr Anna Tottman, WADS neonatologist for proving the data for this presentation.

References

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Thank you

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