

Up to 1 in 7 women will experience depression during pregnancy or after birth



confusion loss of appetite difficulty in focusing excessive worry sadness

20%

20% of women will suffer from depression during pregnancy or after the birth of a child, that's 800,000 moms a year.

When a woman suffers from depression her family suffers. It's critical that new and expecting families be informed.

**Trouble falling or staying asleep
or sleeping too much**

Easily Irritated or Angry

**Talk to your health care professional
Understand the triggers - Know it is treatable**

Postpartum Support International 1-800-944-4773 www.postpartum.net

2020

mom



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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SCREENING TO DETECT MMH DISORDERS

questionnaire completed by the patient referred to as a “screening tool.” Several screening tools have been developed

The most commonly used questionnaires (screening tools) are:

- PHQ-9 (the Patient Health Questionnaire) has nine questions used to detect depression.⁹⁵
- Edinburgh Pregnancy/Postnatal Depression Scale (EDPS) is a 10-question survey to detect depression which also includes two questions about anxiety.⁹⁴
- When the PHQ-9 is utilized, the Generalized Anxiety Disorder (GAD-7) or another validated perinatal anxiety screening tool, such as the Perinatal Anxiety Screening Scale (PASS), should also be used to detect possible anxiety.^{137,138}
- MDQ (the Mood Disorders Questionnaire) is used to detect bipolar disorder.³⁸

Providers who screen patients for depression and anxiety at various times of their lives are most likely to use the PHQ-9 and GAD-7, validated for use across the lifecycle, while those who are focused on the perinatal period may prefer to use

When mania is suspected, the MDQ can be used to diagnose bipolar disorder, which places a woman at higher risk of postpartum psychosis.³⁸ Currently, there is no tool or test to diagnose a psychotic episode, in part because symptoms can come and go, or wax and wane.³⁰ Therefore, it's critical for family members and providers to understand the symptoms of psychosis.

Universal Screening Is Now Recommended



Medicaid Services (CMS), have published additional guidance for screening in the pediatric setting; current screening recommendations are summarized in Table 3.

Using research-validated screening tools for identifying women who may be struggling with MMH disorders, is now universally recommended. In January 2016, the U.S. Preventive Services Task Force (USPSTF) released a revised recommendation for depression screening of all adults, including pregnant and postpartum women.⁹⁵ This came after the American Congress of Obstetricians and

recommendation in May 2015 that Ob/Gyns screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.⁴ Other leading authorities, including the Centers for Medicare and

Table 3. National Clinical Recommendations for Maternal Depression Screening

U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF)⁹⁵	<p>Recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>The USPSTF acknowledges that there is little evidence regarding the optimal timing for screening or intervals and states that more evidence for all populations is needed to identify ideal screening intervals. The USPSTF notes that a pragmatic approach in the absence of data might include screening all adults who have not been previously screened, and using clinical judgment in consideration of risk factors, comorbid conditions, and life events to determine if additional screening of high-risk patients is warranted.</p>
AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS, COMMITTEE ON OBSTETRIC PRACTICE (ACOG)⁴	<p>Recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Screening should be coupled with appropriate follow-up and treatment when indicated.</p>
COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE⁹⁶	<p>Health care providers should (1) obtain from every woman an individual and family mental health history (including past and current medications) at intake, with review and update as needed; (2) conduct validated mental health screening during appropriately timed patient encounters to include both during pregnancy and in the postpartum period; and (3) provide appropriately timed awareness education to women and family members or other support persons.</p>
AMERICAN ACADEMY OF PEDIATRICS (AAP), BRIGHT FUTURES AND MENTAL HEALTH TASK FORCE³²	<p>The primary care pediatrician, having a longitudinal relationship with families, has a unique opportunity to identify maternal depression and help prevent untoward developmental and mental health outcomes for the infant and family. Screening can be integrated into the well-child care schedule and included in the prenatal visit. This screening has proven successful in practice in several initiatives and locations and is a best practice for primary care providers caring for infants and their families. Intervention and referral are optimized by collaborative relationships with community resources and/or by co-located/integrated primary care and mental health practices.</p> <p>The Bright Futures Periodicity table suggest screening should occur by 1 month, and at 2 months, 4 months, and 6 months postpartum.</p>
AAP/ACOG GUIDELINES FOR PERINATAL CARE³²	<p>Prior to delivery, patients should be informed about psychosocial issues that may occur during pregnancy and in the postpartum period. A woman experiencing negative feelings about her pregnancy should receive additional support from the health care team. All patients should be monitored for symptoms of severe postpartum depression and offered culturally appropriate treatment or referral to community resources.</p> <p>, the psychosocial status of the mother and newborn should be subject to ongoing assessment after hospital discharge. Women with postpartum blues should be monitored for the onset of continuing or worsening symptoms because these women are at high risk for the onset of a more serious condition. The postpartum visit approximately 4-6 weeks depression to determine if intervention is needed.</p>
CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS)⁹⁷	<p>Maternal depression screening during the well-child visit is considered a pediatric best practice and is a simple way to identify mothers who may be suffering from depression and may lead to treatment for the child or referral for mothers to other appropriate treatment.</p>

Screening Intervals and "Cut Off" Scores

Other than the American Academy of Pediatrics (AAP) Bright Futures guidelines which address frequency of screening in the postpartum period, the Task Force found no other organizations have issued recommendations about screening frequency and no organizations that address score cut-off thresholds.

As a result of conversations brought about by the work of the Task Force, Postpartum Support International

support organization, developed a depression screening statement with recommendations for cut-off scores and the ideal timing for screenings.

The new protocol endorses using an evidence-based tool such as the EPDS or PHQ-9. The recommended cut-off score identifying an MMH disorder is 10.⁹⁸



Universal depression screening is recommended by Postpartum Support International, with timing as follows:

OB/GYN

1. First prenatal visit
2. At least once in second trimester
3. At least once in third trimester
4. Six-week postpartum obstetrical visit

5. Repeated screening at 12-month annual well-woman exam

PEDIATRICIAN

At 3, 9, and 12-month pediatric well-child visits

PRIMARY CARE

At 6 and/or 12-months postpartum⁹⁸

LOW INCOME WOMEN MAY NOT SEE AN OB/GYN

It's important to note many low income women don't receive prenatal care, however most deliver at hospitals and will take their infants to well-child visits.⁹⁹ Therefore, hospitals and pediatricians may be the opportunity for many women to be screened for maternal depression or anxiety.

Screening Is Not As Simple As Handing A Woman A Questionnaire

expectant mothers of the prevalence, symptoms, and risk factors of MMH disorders to help normalize the disorders. Women should also be informed that there are a range of treatment options and that with treatment and support, they will get better. Raising awareness can help eliminate confusion and shame among women and their families, should symptoms arise.⁷⁶ Additionally, screening methods that seek to establish trust prior to evaluating for maternal depression have been cited as an as previously noted.⁸⁷ Mothers may be reluctant to admit depressive symptoms out of fear of being judged or even a fear that the screening provider will notify Child Protective Services of mental health problems leading to loss of custody. This issue is complex. On one side, providers generally deny that this occurs, and screening implementation studies reveal good uptake by mothers with no such reports.¹⁰⁰ However, the fear that this could occur is well-documented, especially in low income and minority populations.¹⁰¹

Screening methods that seek to establish trust prior to evaluating for maternal depression have been cited as an essential first step.



KAISER OB/GYN'S IMPLEMENT UNIVERSAL SCREENING

One California health care system, Kaiser Permanente Northern California (KPNC), a health insurer that employs its own clinical staff and owns its facilities (i.e., a closed system), has overcome many challenges and now includes universal depression screening as a routine part of perinatal care. The model includes collaboration with KPNC's behavioral health providers when necessary.

"What we learned is that clinicians can use the depression screening scores to open the conversation about MMH disorders without women feeling stigmatized. Following these scores over time has made it easy for obstetricians to see if their patients are feeling better."

Tracy Flanagan, MD
*Director, Women's Health KPNC
and Task Force Member*

ISOLATION AND PRACTICAL SUPPORT

Research suggests that focusing on reported perception of social isolation may be useful in identifying pregnant women at risk for developing postpartum depression.¹⁰³ Questionnaires like the Artemis Center for Guidance's Postpartum Social Support Screening Tool can help identify women who perceive they are isolated and have low support.¹³⁹

ALCOHOL:

Is Your Health at Risk?

What counts as ONE DRINK?



One drink is:

One 12-ounce can of beer

One 5-ounce glass of wine

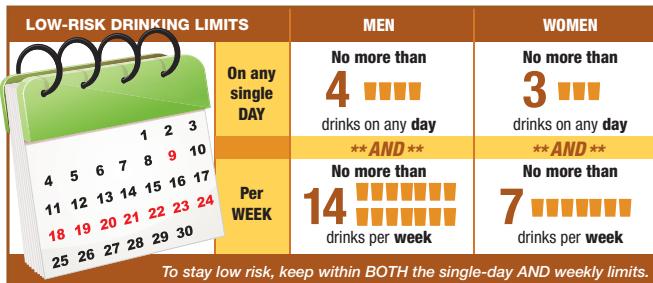
One shot of hard liquor (1.5 ounces)

Are you at risk?

If you use alcohol, taking a look at your drinking pattern and knowing your risks is important for your health, now and in the future. Know the difference between low-risk versus risky or harmful drinking. You owe it to yourself!

What is low-risk drinking?

- For healthy adults age 65 and under:



National Institute on Alcohol Abuse and Alcoholism

- For people over 65: low-risk limits are 3 drinks a day or 7 drinks a week.
- Women who are pregnant or may become pregnant should not drink.

What can happen from risky or harmful alcohol use?

- People who use alcohol at risky or harmful levels are at greater risk for health problems—cancer, obesity, high blood pressure, stroke, injury, diabetes, accident/death, suicide, and cirrhosis.
- It makes a difference both how much you drink on any day and how often you have a heavy drinking day.
- The more drinks in a day and the more heavy drinking days over time, the greater risk for problems.

Tips for cutting down on alcohol use

- Measure and Count.** Measure drinks per standard drink size and count how much you drink on your phone, a card in your wallet, or calendar.
- Set Goals.** Decide how many days a week you want to drink, and how many drinks to have on those days.
- Pace and Space.** Pace yourself. Sip slowly. Have no more than one drink per hour. Alternate “drink spacers”—non-alcohol drinks (water, soda, or juice).
- Include Food.** Don’t drink on an empty stomach.
- Avoid “Triggers.”** What triggers you to drink? Avoid people, places, and activities that trigger the urge to drink.
- Plan to Handle Urges.** When an urge hits: remind yourself of reasons for changing, talk it through with someone, do a healthy, distracting activity, or “urge surf” and accept the feeling and ride it out, knowing it will pass.
- Know your “no.”** Have a polite, convincing “no” ready for times when you don’t want a drink.

Adapted from US Department of Health and Human Services, NIH, NIAAA

Helpful Links:

- <http://rethinkingdrinking.niaaa.nih.gov/>
- <http://www.niaaa.nih.gov/alcohol-health>
- <http://findtreatment.samhsa.gov>



Mid-America (HHS Region 7)

ATTC

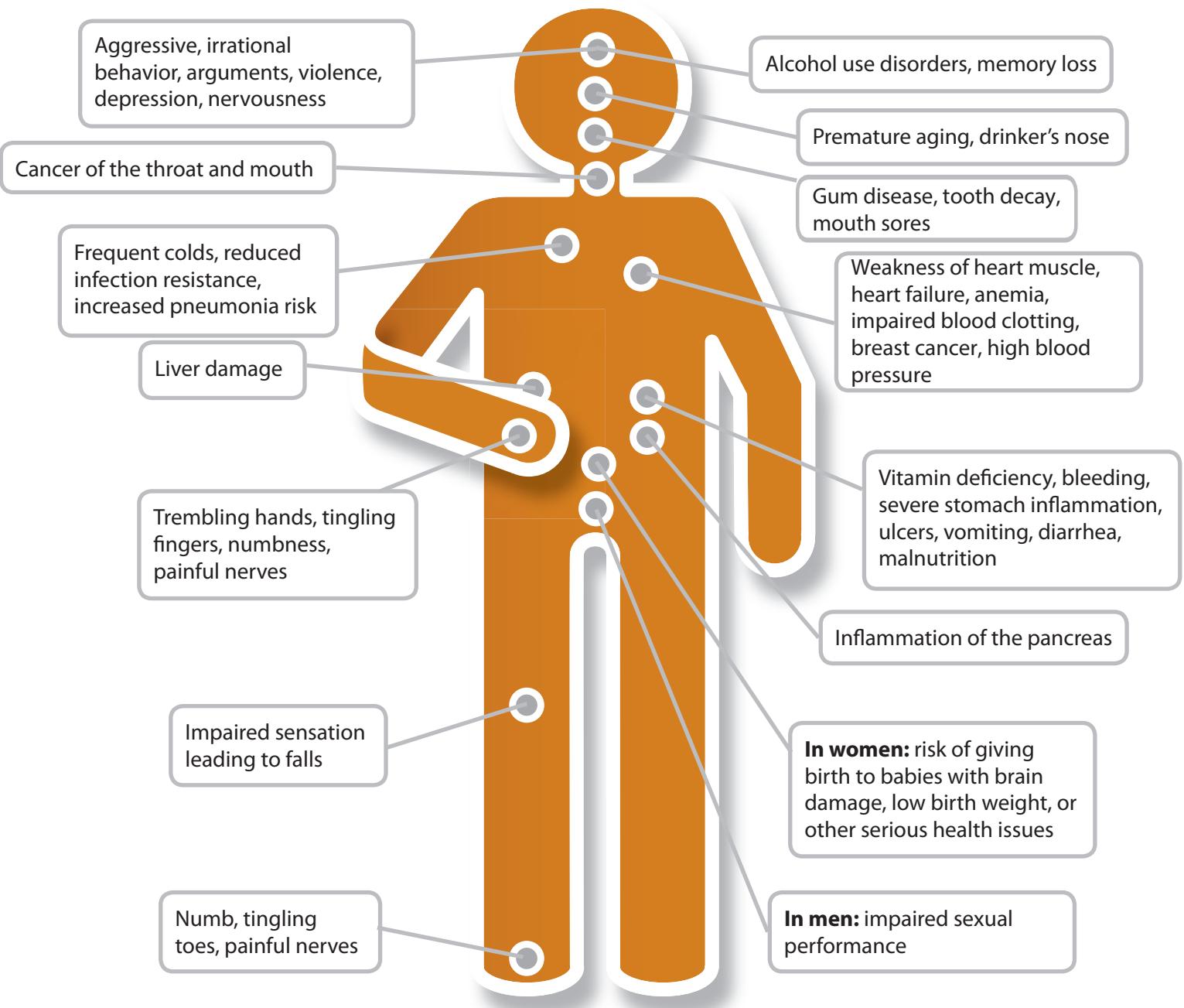
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Visit www.sbirt.care
for more resources!

RISKY AND HARMFUL ALCOHOL USE

Effects on the Body



Alcohol can worsen existing health problems:

- Liver disease
- Heart disease and high blood pressure
- Diabetes
- Ulcers and stomach problems
- Depression and anxiety
- Sleep problems

Something to think about:

Risky and harmful alcohol use frequently leads to social, legal, medical, domestic, job, and financial problems. Alcohol may shorten your lifespan and lead to accidental injury or death.

ALCOHOL

¿Corre riesgo su salud?

¿Qué cuenta como UNA BEBIDA?



Un trago es:

Una lata de cerveza de 12 onzas

Una copa de vino de 5 onzas

Un trago de licor fuerte (1.5 onzas)

¿Está corriéndose un riesgo?

Si consume alcohol, examinar su patrón de consumo y conocer sus riesgos es importante para su salud presente y futura. Sepa la diferencia entre beber con bajo riesgo y beber de forma riesgosa o dañina. Se lo debe a su salud.

¿Qué es beber con bajo riesgo?

- Adultos saludables menores de 65 años:



National Institute on Alcohol Abuse and Alcoholism

- Personas de más de 65 años: los límites de bajo riesgo son 3 bebidas por día o 7 bebidas por semana.
- Las mujeres que estén encinta o pudieran quedar encinta no deben beber.

¿Qué es beber de manera riesgosa?

- El consumo riesgoso de alcohol** consiste en beber en exceso de los límites arriba mencionados en un solo día o en una semana.
- El consumo dañino de alcohol** consiste en beber en exceso de los límites diarios o semanales y sufrir efectos negativos por ello tales como accidentes, no poder dejar de beber, o no poder desempeñar sus actividades normales (trabajo, escuela, familia) por la bebida.

¿Qué puede sucederle si consume alcohol de forma riesgosa o dañina?

- Las personas que consumen alcohol a niveles riesgosos o dañinos corren un riesgo mayor de problemas de salud: cáncer, obesidad, hipertensión, derrames, lesiones, diabetes, accidentes/muerte, suicidios y cirrosis.
- Hace diferencia cuánto bebe en un solo día y la frecuencia con la que tiene días en los que bebe fuertemente.
- Si bebe más por día y tiene más días de bebida fuerte con el paso del tiempo, mayores serán sus riesgos.

Sugerencias para reducir el consumo de alcohol

- Mida y Cuente.** Mida las bebidas según su tamaño estándar y cuente cuánto ha bebido en su teléfono, en una tarjeta, en su billetera o en un calendario.
- Fíjese metas.** Decida cuántos días a la semana desea beber y cuántas bebidas consumirá en esos días.
- Ritmo y espacio.** Fíjese su ritmo. Beba lentamente. No consuma más de una bebida por hora. Alterne «bebidas de espacio» o no alcohólicas (agua, gaseosa o jugo).
- Incluya alimentos.** No beba con el estómago vacío.
- Evite los «incitadores».** ¿Qué cosas le incitan a beber? Evite a las personas, lugares y actividades que le despiertan el deseo de beber.
- Planifique cómo resistir el deseo.** Cuando le llegue el deseo, recuerde por qué desea cambiar, hable de ello con alguien, realice una actividad saludable que le distraiga, o «aguante el deseo» y acepte el sentimiento, soportándolo con el conocimiento de que pasará.
- Sepa decir que no.** Prepare un **no** cortés pero convincente para las ocasiones en las que no desea beber.

Adaptado del Departamento de Salud y Servicios Humanos de EUA, NIH, NIAAA

Helpful Links:

- <http://rethinkingdrinking.niaaa.nih.gov/>
- <http://www.niaaa.nih.gov/alcohol-health>
- <http://findtreatment.samhsa.gov>



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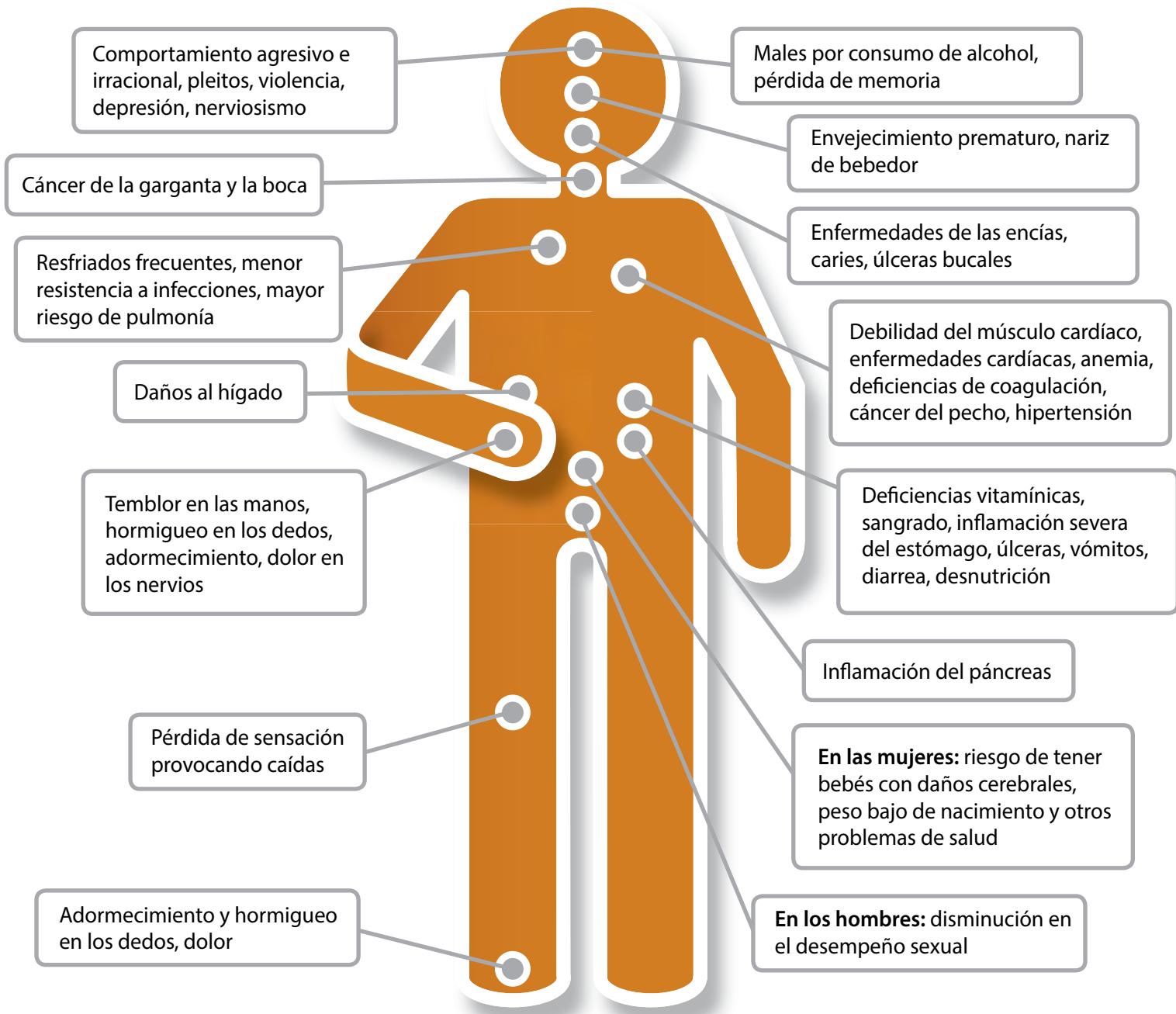
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Visite www.sbirt.com
para más recursos!

CONSUMO RIESGOSO Y DAÑINO DEL ALCOHOL

Efectos sobre el cuerpo



El alcohol puede agravar problemas existentes de salud:

- Enfermedades del hígado
- Enfermedades cardíacas e hipertensión
- Diabetes
- Úlceras y problemas estomacales
- Depresión y ansiedad
- Problemas para dormir

Algo para pensar:

El consumo del alcohol de manera riesgosa y dañina frecuentemente conduce a problemas sociales, legales, médicos, hogareños, laborales y financieros. El alcohol puede acortar su expectativa de vida y llevar a lesiones accidentales o la muerte.

ANTENATAL RISK QUESTIONNAIRE (ANRQ)

CLINICIAN SCORING TEMPLATE- NOT FOR ADMINISTRATION

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Brief Scoring instructions & Interpretation of Results A higher score indicates greater psychosocial risk.

- There are 12 scored items and some extra **unscored questions**.
- Follow instructions (overleaf-& note the 2 SKIP options in red below), place each score in the box on the far right. Scores increase from left to right
- Add up the scored items and place Total Score in box at top of the ANRQ. Total scores range from 5 - 60.

Women are at increased psychosocial risk if ANY of the following criteria are met:

- ❖ Total ANRQ score of **23 or more**;
- ❖ Significant mental health history: If Q1 Yes (symptoms) **AND** [Q1a \geq 4 (affected work or relationships) **OR** Q1b=Yes (sought professional help)]; **OR**
- ❖ **History of abuse:** If Q7=5 (Yes) **OR** Q8=5 (Yes)
- ❖ If clinical judgement (irrespective of ANRQ scores) indicates a woman is experiencing distress.

Instructions for women identified as at 'increased risk' (as per above):

- **Explore** psychosocial risk further as needed;
- **Discuss** the ANRQ and depression screening¹ results with the woman and establish a **care plan** with her as appropriate.

¹NOTE: The ANRQ should be administered with a **depression screening measure** (e.g., Edinburgh Depression Scale) to assess for possible current depression

Total Score (5-60)

Q1 Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

If Yes, did this:

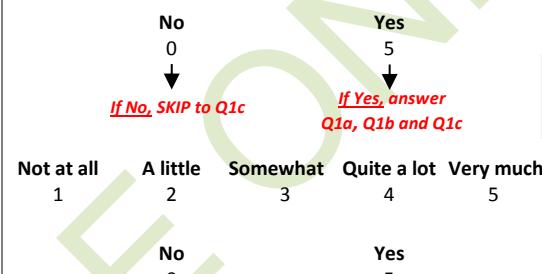
Q1a) Seriously interfere with your work or your relationships with friends and family?

Q1b) Lead you to seek professional help?

- Did you see a: Psychiatrist Psychologist/counsellor GP
- Did you take tablets/herbal medicine? No Yes

Q1c) Do you have any other history of mental health problems?

e.g. eating disorders, psychosis, bipolar, schizophrenia No Yes



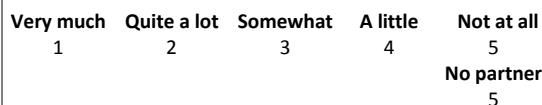
* Score Q1a & Q1b ONLY if Q1=Yes

UNSCORED

→ Name of professional: _____
 → Specify medication: _____

→ If Yes, list other mental health problems ANSWER but NO score:

Q2 Is your relationship with your partner an emotionally supportive one?

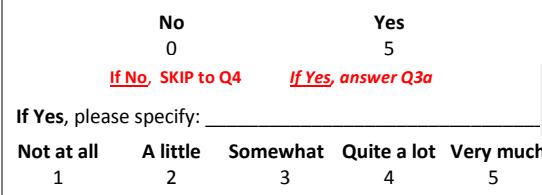


* Score Q3a ONLY if Q3=Yes

Q3 Have you had any stresses, changes or losses *in the last 12 months?*
(e.g., separation, domestic violence, job loss, bereavement etc.)

If Yes:

Q3a) How distressed were you by these stresses, changes or losses?



* Score Q3a ONLY if Q3=Yes

Q4 Would you generally consider yourself a worrier?



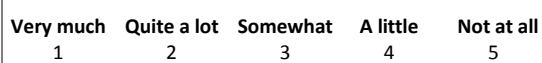
↓

Q5 In general, do you become upset if you do not have order in your life?
(e.g., regular timetable, tidy house)



↓

Q6 Do you feel you have/will you have people you can depend on for support with your baby?



↓

Now you are having a baby, you may be starting to think about your own childhood and what it was like:

Q7 Were you emotionally abused *when you were growing up?*



↓

Q8 Have you ever been sexually or physically abused?



↓

Q9 When you were growing up, did you feel your mother was emotionally supportive of you?



↓

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
 Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
 No, not very often Please complete the other questions in the same way.
 No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things As much as I always could
 Not quite so much now
 Definitely not so much now
 Not at all
2. I have looked forward with enjoyment to things As much as I ever did
 Rather less than I used to
 Definitely less than I used to
 Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong Yes, most of the time
 Yes, some of the time
 Not very often
 No, never
4. I have been anxious or worried for no good reason No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often
- *5. I have felt scared or panicky for no very good reason Yes, quite a lot
 Yes, sometimes
 No, not much
 No, not at all
- *6. Things have been getting on top of me Yes, most of the time I haven't been able to cope at all
 Yes, sometimes I haven't been coping as well as usual
 No, most of the time I have coped quite well
 No, I have been coping as well as ever
- *7. I have been so unhappy that I have had difficulty sleeping Yes, most of the time
 Yes, sometimes
 Not very often
 No, not at all
- *8. I have felt sad or miserable Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all
- *9. I have been so unhappy that I have been crying Yes, most of the time
 Yes, quite often
 Only occasionally
 No, never
- *10. The thought of harming myself has occurred to me Yes, quite often
 Sometimes
 Hardly ever
 Never

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

MARIHUANA

Natural, pero no inofensiva

- El consumo de la marihuana contribuye a los problemas de salud
- Es cuatro veces más potente que la década de 1980
- Es riesgosa, sin importar el método de consumo, incluyendo fumarla, vaporizarla e ingerirla (alimentos que contengan marihuana)
- El consumo fuerte en adultos jóvenes puede causarle daños duraderos al cerebro y reducir la inteligencia
- La marihuana puede empeorar directamente los síntomas de ansiedad, depresión y esquizofrenia

La marihuana puede ser adictiva

- La marihuana puede llevar a la adicción, tal como sucede con otras drogas
- 4,5 millones de personas en EUA están adictas
- Las probabilidades de sufrir adicción han aumentado:
 - 17 % de los adolescentes que la consumen quedarán adictos
 - 25-50 % de las personas que la consumen diariamente quedarán adictas
- El síndrome de abstinencia incluye deseos intensos, problemas para dormir, ansiedad, pérdida del apetito

Sugerencias para reducir el consumo

Piense en cambiar.

- ¿Por qué consume marihuana? ¿Qué es lo que le gusta de ella?
- ¿Por qué desea reducir o suspender el consumo?

Planifique el cambio que desea.

- Fíjese una meta y una fecha para la cual desea cambiar sus hábitos de consumo. Que sea realista.
- Comparta su plan con personas de su confianza y pídale apoyo.

Actúe conforme a su decisión.

- *Distráigase y haga algo.* Prepare una lista de actividades que le entretengan sin relación con el consumo y que le mantengan ocupado.
- *Postergue.* Haga una pausa y medite antes de consumir. Espere 15 minutos soportando el antojo, y la ola del deseo podría pasar.
- *Planifique.* Evite las situaciones de riesgo y las personas que consumen.

Tenga un plan de respaldo

- Si no la logrado su meta aún, eso está bien.
- Considere la situación en la que consumió marihuana y piense cómo podría cambiar para la próxima.
- Examine su plan y vea si necesita modificarlo.

El consumo de la marihuana perjudica la capacidad de conducir

- Duplica el riesgo de que un conductor sufra un accidente
- El consumo junto con alcohol aumenta el riesgo

Legal no significa más seguro

- La marihuana no ha sido aprobada por la FDA
- La marihuana podría contener agentes químicos que ayudan a un grupo de enfermedades o síntomas
- Hay carencia de evidencia clínica que sustente los beneficios
- Los beneficios no sobrepasan los riesgos de salud

La marihuana y el embarazo

- El consumo de marihuana durante el embarazo afecta el desarrollo del bebé
- Los riesgos contra la salud del bebé incluyen bajo peso en nacimiento, nacimiento prematuro, problemas de capacidad de atención, memoria y solución de problemas y bajo cociente intelectual

Consumo de marihuana junto con otras sustancias

- El consumo de marihuana junto con alcohol aumenta el riesgo de sentir náuseas y reacciones de pánico, ansiedad o paranoia
- El consumo de marihuana junto con tabaco aumenta el riesgo de desarrollar enfermedades y/o cáncer en el sistema respiratorio

Enlaces útiles

<http://easyread.drugabuse.gov/marijuana-effects.php>
<http://www.drugfree.org/drug-guide/marijuana>

Alternativas para relajarse:

Tai Chi para todos los días:
<http://www.everyday-taichi.com/index.html>

Espacio para respirar por 3 minutos:
<http://umurl.us/GUi>

Ejercicios de respiración y meditación:
<http://umurl.us/AMF>

Meditación con exploración corporal:
<http://umurl.us/B0dyScan>

MARIHUANA

Efectos sobre el cuerpo



Mid-America (HHS Region 7)

ATTTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



¡Visite www.sbirt.com
para más recursos!

Opioides con receta y Heroína

¿Qué son los opioides?

- Los opioides vienen en formas diferentes, pero tienen efectos similares y pueden causarle daño.
- A dosis elevadas o si se combinan con otros medicamentos o con el alcohol, los opioides pueden causar un paro respiratorio.
- Los opioides se recetan para el dolor. Ejemplos de ellos son la hidrocodona, la oxicodona y el fentanilo. Algunos jarabes de los vendidos por receta también contienen opioides.
- La heroína es un opioide ilegal derivado de la amapola.
- La heroína se presenta como un polvo blanco o una sustancia pegajosa negra/marrón oscuro.
- Los opioides se ingieren, se inyectan, se fuman o se aspiran.

Uso de opioides junto con otras sustancias

- Los opioides no deben combinarse con otras drogas, en particular con los depresivos tales como el alcohol, benzodiacepinas y sedantes. Esto aumenta enormemente el riesgo de una sobredosis y la muerte.
- La combinación de la cocaína con la heroína, conocida como speedball, también incrementa el riesgo de una sobredosis.
- La heroína algunas veces se combina con el fentanilo o carfentanilo, los cuales son opioides potentes que causan sobredosis y muerte.

Sugerencias para parar

Cómo empezar.

- No deje de tomar su medicamento opioide repentinamente. Reducir su dosis muy rápidamente podría ser peligroso.
- Esté consciente de que puede sufrir síntomas por la abstinencia. Los médicos y programas de tratamiento de adicciones pueden ayudarle a combatirlos.

Conozca sus opciones.

- *Tratamiento.* El tratamiento puede incluir medicamentos, consejería, o una combinación de éstos. Un centro de tratamientos (por reclusión o tratamiento externo) o un consultorio médico puede suministrarte los medicamentos.
- *Medicamentos.* Los medicamentos incluyen metadona, buprenorfina (Suboxone) y naltrexona. Estos ayudan a manejar los deseos intensos y síntomas de abstinencia y se emplean en la recuperación a largo plazo.
- *Consejería.* Las alternativas para consejería incluyen terapia cognitivo-conductual y entrevistas motivadoras.
- *Los grupos de apoyo y de recuperación* son importantes para ayudar a los individuos a mantenerse en el proceso de recuperación.

Tenga naloxona a la mano en caso de una sobredosis.

- La naloxona es una herramienta salvadora para los que usan opioides. La naloxona invierte las sobredosis de opioides y evita la muerte por sobredosis. Puede obtenerse a través de un profesional de la medicina, una farmacia o programa de intercambio de jeringas.

Riesgos del uso de opioides

A corto plazo

- Una sobredosis significa ingerir una cantidad más grande opioides que la que su cuerpo puede manejar. Señales de una sobredosis son pupilas pequeñas, respiración lenta, piel fría y húmeda y la pérdida del conocimiento. Se puede dejar de respirar y morir.
- El consumo puede perjudicar el aprendizaje y la capacidad de conducir.

A largo plazo

- La tolerancia significa necesitar más opioides para obtener la misma sensación, lo cual puede causarle efectos negativos (véase el dorso).
- Los opioides son adictivos. No todos quedan adictos, pero algunos sí. Si sufre de desorden bipolar, ansiedad o problemas de alcohol o drogas, hable con un profesional de la salud.
- Síntomas de abstinencia: Los síntomas incluyen dolores, sudor, náuseas, vómito, escalofríos e insomnio.
- Dolor: El uso a largo plazo puede causar un aumento en el dolor.

Los opioides y el embarazo

- El uso durante el embarazo puede causar complicaciones graves.
- Pero si está embarazada, no deje de tomar opioides sin la ayuda de un profesional calificado.

No pida opioides prestados ni los comparta

- Tomar opioides que no le han sido recetados es peligroso, y puede causarle problemas de salud.
- Las píldoras podrían verse iguales, pero ser medicamentos diferentes, o tener cantidades diferentes. Mantenga los opioides bajo llave, fuera del alcance de los niños y adolescentes. La mayor parte de los medicamentos mal usados fueron sustraídos de alguien que tenía receta.
- No guarde los opioides sobrantes; destrúyalos o devuélvalos a una farmacia o agencia de la ley.

Pasos importantes si está consumiendo opioides

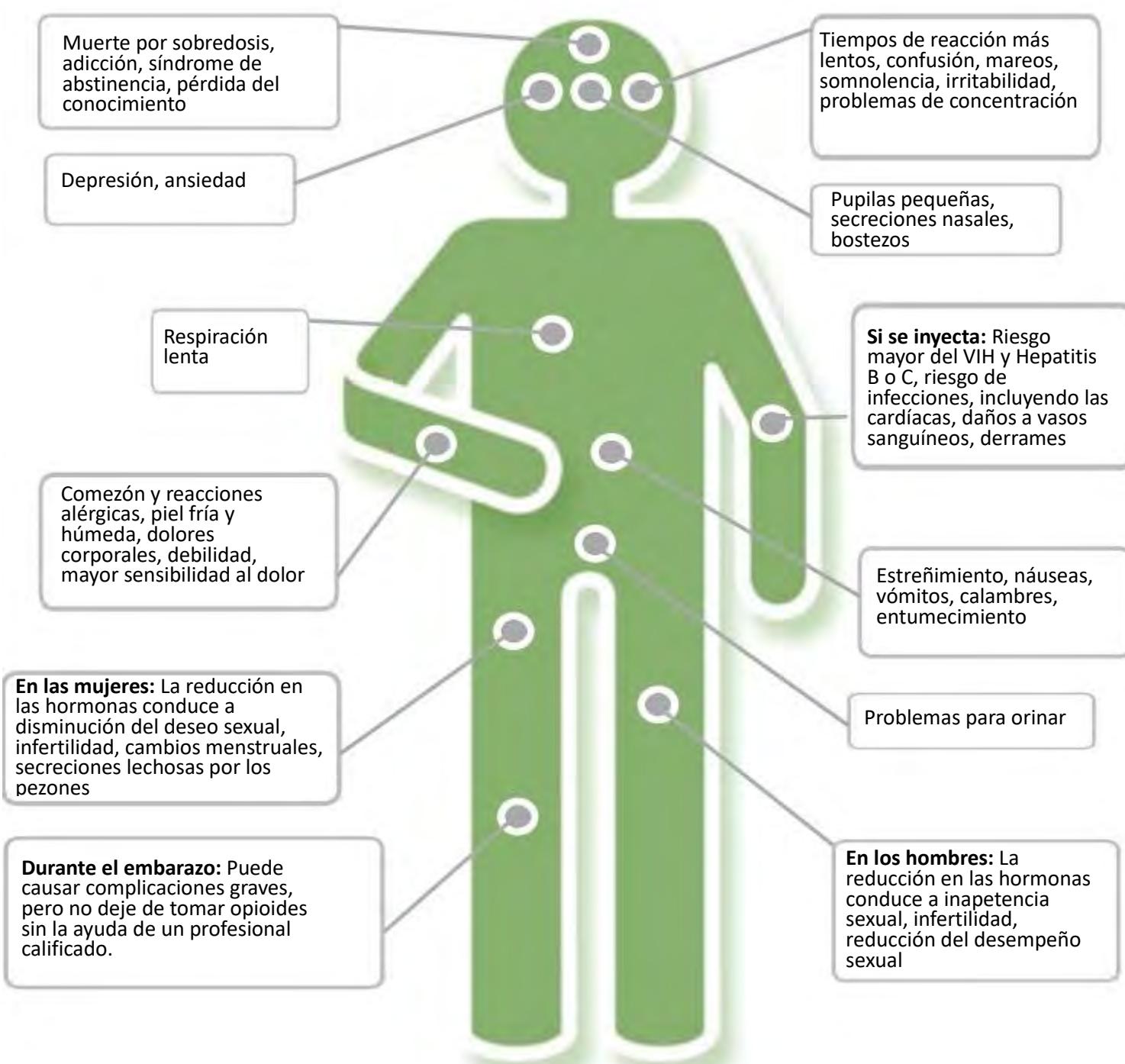
- Hasta saber cómo le afectarán los medicamentos, no use equipos pesados, conduzca un auto, trabaje a alturas sin protección ni sea responsable del cuidado de una persona que no pueda valerse por sí misma.
- Dígale a alguien que está tomando opioides y que llamen al 911 si su respiración es muy lenta, si tiene piel fría y pegajosa o si pierde el conocimiento.
- Pregunte a su proveedor si debiera tomar naloxona.
- Si necesita ayuda para manejar el dolor, o tiene problemas de salud, hable con su proveedor de atención médica. Hay otras maneras de tratar el dolor.

Enlaces útiles

Información para la prevención de sobredosis de drogas y la reducción de daños relacionados con drogas para usuarios de opioides puede hallarse en <http://harmreduction.org>. También consulte la página de recursos de www.sbirtcare para enlaces adicionales.

Opioides con receta y Heroína

Efectos sobre el Cuerpo



Mid-America (HHS Region 7)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



La depresión y la ansiedad son la causa #1 entre las complicaciones durante el embarazo y el posparto.

Afecta 1 de cada 7 mujeres.

**Si usted presenta cualquiera
de los siguientes síntomas:**

- ✓ agobio
- ✓ deseos de llorar todo el tiempo
- ✓ ansiedad
- ✓ irritabilidad
- ✓ asustada de sus propios pensamientos
- ✓ fuera de si
- ✓ sentimientos de culpabilidad
- ✓ arrepentimiento
- ✓ remordimiento



Comuníquese para ayuda y referidos locales con
“The Postpartum Support International Warmline”
(la Línea Internacional de Apoyo en el Posparto)

1-800-944-4PPD



Depression and Anxiety are the **most common** complications in pregnancy and postpartum.

They affect 1 in 7 women.

If you feel any
of the following:

- ✓ Totally overwhelmed
- ✓ Weepy
- ✓ Anxious or nervous
- ✓ Angry
- ✓ Scared by your thoughts
- ✓ Like you're not yourself
- ✓ Guilt
- ✓ Regret
- ✓ Shame



Call the
Postpartum Support International Warmline
for help and local referrals:

1-800-944-4PPD





STR-TA
Consortium

State Targeted Response Technical Assistance

**Working with
communities
to address the
opioid crisis.**



Navigating Toward Healthier Communities

- ▶ **SAMHSA's STR-TA Consortium is here to assist you.** Our goal is to provide the resources and technical assistance you need to address the opioid crisis in your communities.
- ▶ **Available to Iowa, Kansas, Missouri, and Nebraska (HHS Region VII)**



If you need technical assistance to support evidence-based practices in the prevention, treatment and recovery of opioid use disorders, submit a request to www.getSTR-TA.org.

www.getSTR-TA.org | info@getstr-ta.org | 401-270-5900

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PRESCRIPTION DRUG MISUSE IS A PUBLIC HEALTH CONCERN THAT COSTS LIVES AND MONEY

Deaths associated with prescription drug misuse have increased dramatically in the United States. Tens of thousands of Americans die each year. Millions more are affected.



52 million

people in the U.S., over the age of 12 have **misused prescription drugs** in their lifetime.¹



4x

Unintentional overdose deaths from opioid pain medication **quadrupled between 1999 and 2008.**²

78

Americans **die each day** from an opioid overdose.³



Today, **at least half** of all U.S. opioid overdose deaths involve a



prescription opioid.⁴



3 out of 4

new heroin users report prescription opioid misuse prior to using heroin.⁵

Prescription drug misuse impacts communities and the economy:



Emergency departments

People living with substance use disorders **disproportionately consume costly emergency room services.** Care and treatment in the appropriate setting is good for patients and providers.



Insurance costs

People who misuse prescription drugs incur excess health care costs totaling **more than \$72 billion annually** to all public and private health insurers, including Medicaid.⁵



Health care providers

Prescribers **can** actively reduce the impact of prescription misuse.



1

Provider Education



2

Treatment



3

Prescribing Guidelines

“ Everyone is talking about addictions. But as the numbers show, it is not enough for the more than 28,000 who died from an opioid overdose last year. We need to move from talk to action: **from raising awareness to connecting people with help.**”

Linda Rosenberg, President & CEO,
National Council for Behavioral Health

SOURCES

^{1,3} www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm

^{2,5} www.cdc.gov/drugoverdose/epidemic/index.html

⁴ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.

⁶ 2007 Coalition Against Insurance Fraud Report

**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

www.thenationalcouncil.org

MARIJUANA

Natural, but not harmless.

- Marijuana use contributes to health problems
- It is four times stronger than in the 1980s
- Risky no matter method of use, including smoking, vaporizing, and edibles (food containing marijuana)
- Heavy use in young adults can cause lasting damage to the brain and decrease intelligence
- Marijuana can directly worsen symptoms of anxiety, depression, and schizophrenia

Marijuana can be addictive.

- Marijuana use can lead to addiction, just like with other drugs
- 4.5 million people in the U.S. are addicted
- Chances of addiction are increased:
 - 17% of adolescents who use will become addicted
 - 25-50% of people who use everyday will become addicted
- Withdrawal symptoms include cravings, trouble sleeping, anxiety, appetite loss

Marijuana use impairs driving.

- Doubles a driver's risk of an accident
- Use with alcohol increases risk

Tips for Cutting Back

Think about changing.

- Why do you use? What do you like about it?
- Why do you want to cut down or stop?

Plan for the change you want.

- Set a goal and date for changing your use. Make it realistic.
- Share your plan with people you trust and ask for support.

Act on your decision.

- **Distract and do something.** Make a list of fun activities unrelated to your use and keep busy.
- **Delay.** Stop and think before using. Wait 15 minutes to ride the craving, and the wave of desire may pass.
- **Plan ahead.** Avoid high-risk situations and people who use.

Have a back-up plan.

- If you haven't achieved your goal yet, that's okay.
- Consider the situation in which you used and see what could be changed next time.
- Review your plan and see if it needs revising.

Legal does not mean safer.

- Marijuana is not FDA-approved
- There may be some chemicals in marijuana that help a range of illnesses or symptoms
- Lack of clinical evidence supporting benefits
- Benefits do not outweigh health risks

Marijuana and pregnancy.

- Marijuana use during pregnancy affects child development
- Health risks for the child include low birth weight; premature birth; problems with attention, memory, and problem solving; and reduced IQ

Using marijuana with other substances.

- Mixing marijuana and alcohol increases risk for nausea and reactions of panic, anxiety, or paranoia
- Mixing tobacco and marijuana increases risk of developing respiratory diseases and/or cancer

Helpful Links:

<http://easyread.drugabuse.gov/marijuana-effects.php>
<http://www.drugfree.org/drug-guide/marijuana>

Relaxation Alternatives:

Everyday Tai Chi:
<http://www.everyday-taichi.com/index.html>

3-Minute Breathing Space: <http://umurl.us/GUi>

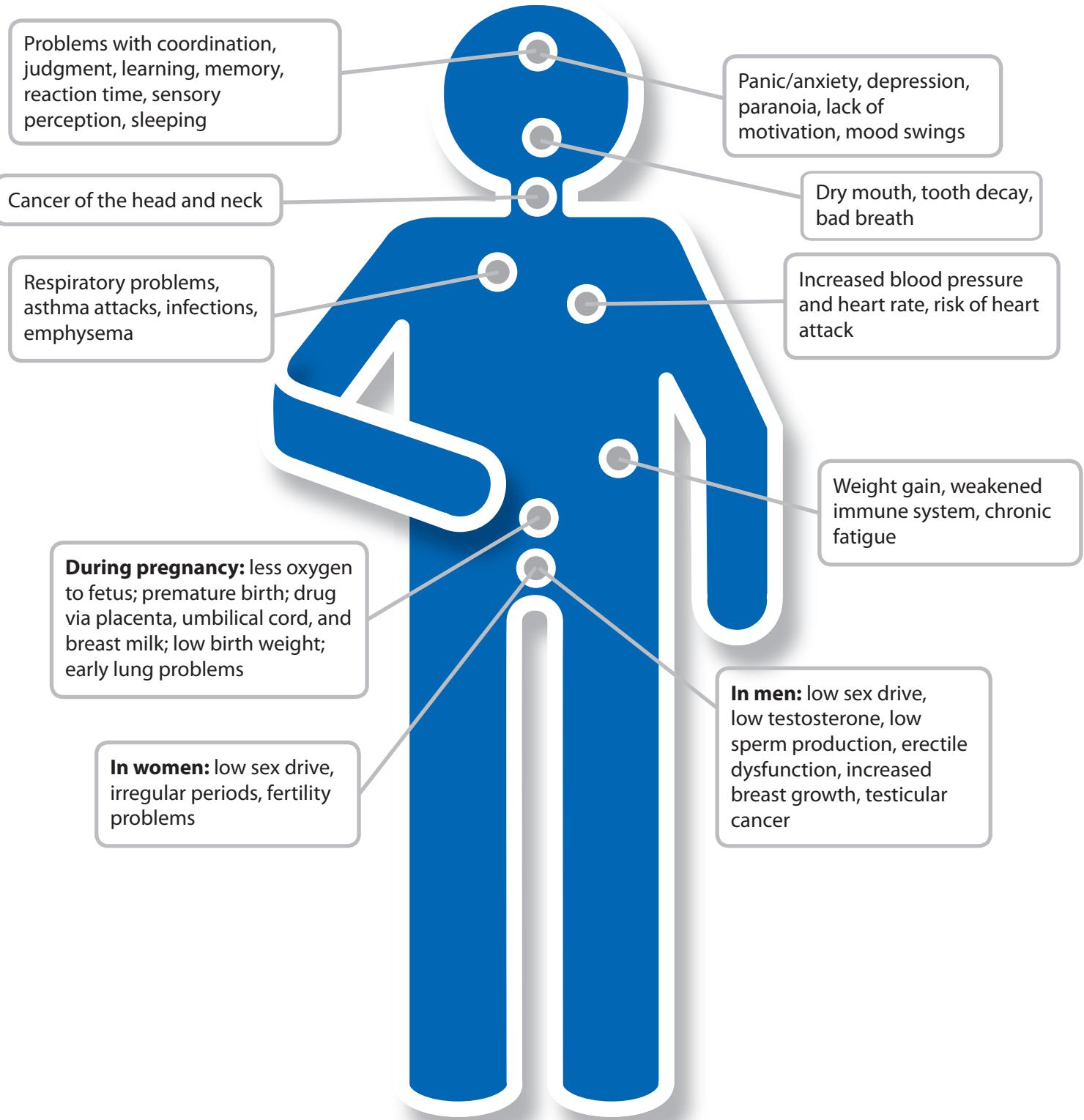
Breathing and Relaxation Exercise:
<http://umurl.us/AMF>

Body Scan Meditation: <http://umurl.us/B0dyScan>

Sources: BNI-ART Institute; National Institute on Drug Abuse, <http://www.drugabuse.gov/publications/infofacts/marijuana>; National Alliance on Mental Illness, http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Marijuana_and_Mental_Illness.htm; University of Washington Alcohol & Drug Abuse Institute, <http://learnaboutmarijuanawa.org/factsheets/tobacco.htm>; Mixing Cannabis and Alcohol, <http://ncpic.org.au/ncpic/publications/factsheets/article/mixing-cannabis-and-alcohol>; A Guide to Cutting Down and Stopping Cannabis Use, <http://www.knowcannabis.org.uk/images/KClargeguide.pdf>

MARIJUANA

Effects on the Body



Mid-America (HHS Region 7)

ATTC

Addiction Technology Transfer Center Network
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This work is supported by grants TI025355, TI026442, and TI024226 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.



Visit www.sbirt.care for more resources!

Prescription Opioids and Heroin

What are opioids?

- Opioids come in different forms, but have similar effects and can harm you.
- At high doses or when combined with other medications or alcohol, opioids can cause people to stop breathing.
- Opioids are prescribed for pain. Examples are hydrocodone, oxycodone, and fentanyl. Some prescription cough syrups also contain opioids.
- Heroin is an illegal opioid made from the opium poppy plant. Heroin is a white or brown powder or a black/dark brown sticky substance.
- Opioids are swallowed, injected, smoked, or snorted.

Using opioids with other substances

- Opioids shouldn't be mixed with other drugs, especially depressants like alcohol, benzodiazepines, and sleeping medications. This greatly increases the risk of overdose and death.
- Mixing cocaine with heroin, called speedballing, also increases the risk of overdose.
- Heroin is sometimes mixed with fentanyl or carfentanil, very powerful opioids that cause overdose and death.

Tips for quitting

Getting started.

- Do not stop taking your opioid medicine suddenly. Lowering your dose too quickly can be dangerous.
- Be aware that withdrawal can occur. Physicians and addiction treatment programs can help with withdrawal.

Know your options.

- *Treatment.* Treatment can include medications, counseling, or a combination. Medications can be provided by a treatment center (residential or outpatient) or provider office.
- *Medications.* Medications include methadone, buprenorphine (Suboxone), and naltrexone. They help manage cravings and withdrawal symptoms, and are used for long-term recovery.
- *Counseling.* Counseling options include cognitive behavioral therapy and motivational interviewing.
- *Peer support groups and recovery supports* are important to help people stay in recovery.

Have naloxone in case of overdose.

- Naloxone is a life-saving tool for people who use opioids. Naloxone reverses opioid overdoses and keeps people from dying from an overdose. It may be available through your healthcare provider, pharmacy, or needle exchange program.

Risks of opioid use

Short Term

- Overdose means taking more of an opioid than your body can handle. Signs of an overdose are small pupils, slowed breathing, cold clammy skin, and unconsciousness. You can stop breathing and die.
- Use can impair learning and ability to drive.

Long Term

- Tolerance means needing more opioids to get the same feeling, which can cause negative effects (see other side).
- Opioids are addictive. Not everyone becomes addicted, but some do. If you have bipolar disorder, anxiety, or problems with alcohol or drugs, talk to your healthcare provider.
- Withdrawal: Symptoms are aches, sweating, nausea, pain, vomiting, chills, and trouble sleeping.
- Pain: Long-term use can lead to an increase in pain.

Opioids and pregnancy

- Use during pregnancy can lead to serious complications.
- But if you are pregnant, do not stop taking opioids without help from a qualified professional.

Do not borrow or share opioids

- Taking opioids that are not prescribed to you is dangerous, and can cause or worsen health problems.
- Pills may look the same but could be different medicines, or have different amounts in each pill. Keep opioids locked up, out of reach of children and teenagers. Most misused medication was taken from someone with a prescription.
- Do not keep extra opioids; destroy them or return them to law enforcement.

Important steps to take if using opioids

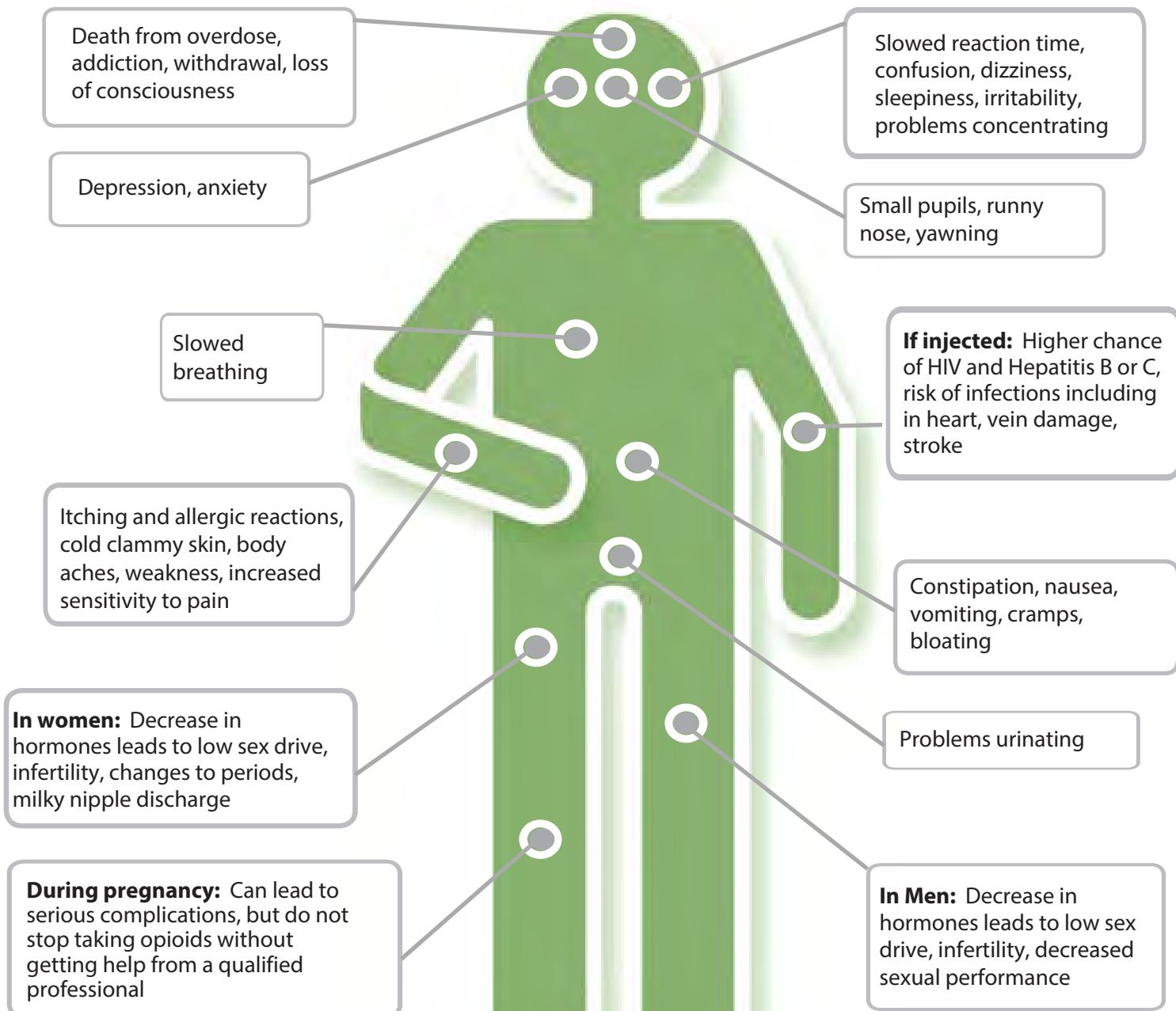
- Until you know how the medication affects you, do not use heavy machinery, operate a car, work in unprotected heights, or be responsible for a person who is unable to care for themselves.
- Tell someone you are taking opioids. They should call 911 if you have slowed breathing, cold, clammy skin, or become unconscious.
- Ask your provider if naloxone is something you should have.
- If you need help with pain management, or have health concerns, talk with your healthcare provider. There are other ways to treat pain.

Helpful links

Information on preventing drug overdoses and reducing drug-related harm for opioid users can be found at: <http://harmreduction.org>. Also, see the www.sbirtcare.org Resources page for links to more resources.

Prescription Opioids and Heroin

Effects on the Body



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Visit www.sbirt.care for more resources!

LOW-RISK DRINKING LIMITS

Source: National Institutes of Health

MEN 18-65



No more than:
4 drinks per day

AND no more than:
14 drinks per week

WOMEN 18-65*



No more than:
3 drinks per day

AND no more than:
7 drinks per week

AGE 66+



No more than:
3 drinks per day

AND no more than:
7 drinks per week

*Women who are pregnant or breastfeeding should not drink.

WHAT COUNTS AS ONE DRINK?



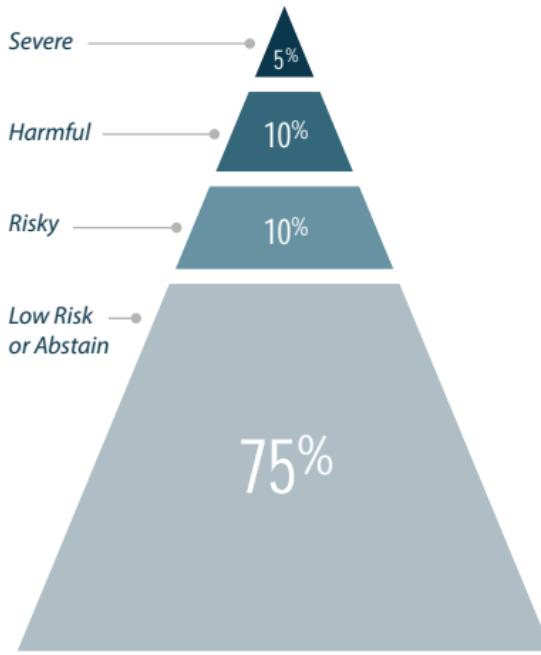
One drink is:

12-ounce can of beer

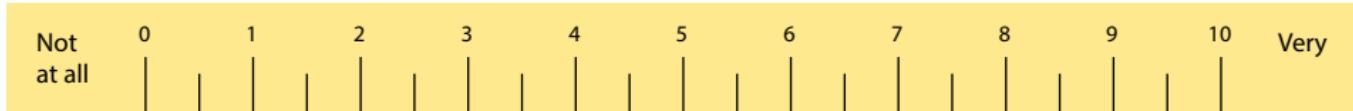
5-ounce glass of wine

A shot of hard liquor (1½ ounces)

RISK ZONE PYRAMID



Adapted from World Health Organization



Risk Zone	I—Low Risk	II—Risky	III—Harmful	IV—Severe
AUDIT Score	0–3	4–9	10–13	14+
DAST Score	0	1–2	3–5	6+
Description of Zone	"At low risk for health or social complications."	"May develop health problems or existing problems may worsen."	"Has experienced negative effects from substance use."	"Could benefit from more assessment and assistance."

- Raise the subject**
- Explain your role; ask permission to discuss alcohol/drug use screening forms
 - Ask about alcohol/drug use patterns: "[What does your alcohol/drug use look like in a typical week?](#)"
 - Listen carefully; use reflections to demonstrate understanding

- Provide feedback**
- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient's reaction:
"[Your score puts you in the _____ zone, which means _____. The low-risk limits are _____. What do you think about that?](#)"
 - Explore connection to health/social/work issues (patient education materials): "[What connection might there be...?](#)"

- Enhance motivation**
- Ask about pros/cons: "[What do you like about your alcohol/drug use? What don't you like?](#)"
 - Explore readiness to change: "[On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?](#)"
 - If readiness is greater than 2: "[Why that number and not a _____ \(lower one\)?](#)"
 - If 0-2: "[How would your alcohol/drug use have to impact your life for you to think about changing?](#)"

- Negotiate plan**
- Summarize the conversation (zone, pros/cons, readiness); ask question: "[What steps would you be willing to take?](#)"
 - If not ready to plan, stop the intervention; offer patient education materials; thank patient
 - Explore patient's goal for change (offer options if needed); write down steps to achieve goal; assess confidence
 - Negotiate follow-up visit; thank patient

To find a Treatment Provider go to:
findtreatment.samhsa.gov/TreatmentLocator,
 or call 800-662-HELP (4357)

Adapted with
permission from



Screening, Brief Intervention
and Referral to Treatment
Primary Care Integration

JUNE 2016