

Substance Abuse During Pregnancy



Time for Policy to Catch up
with Research

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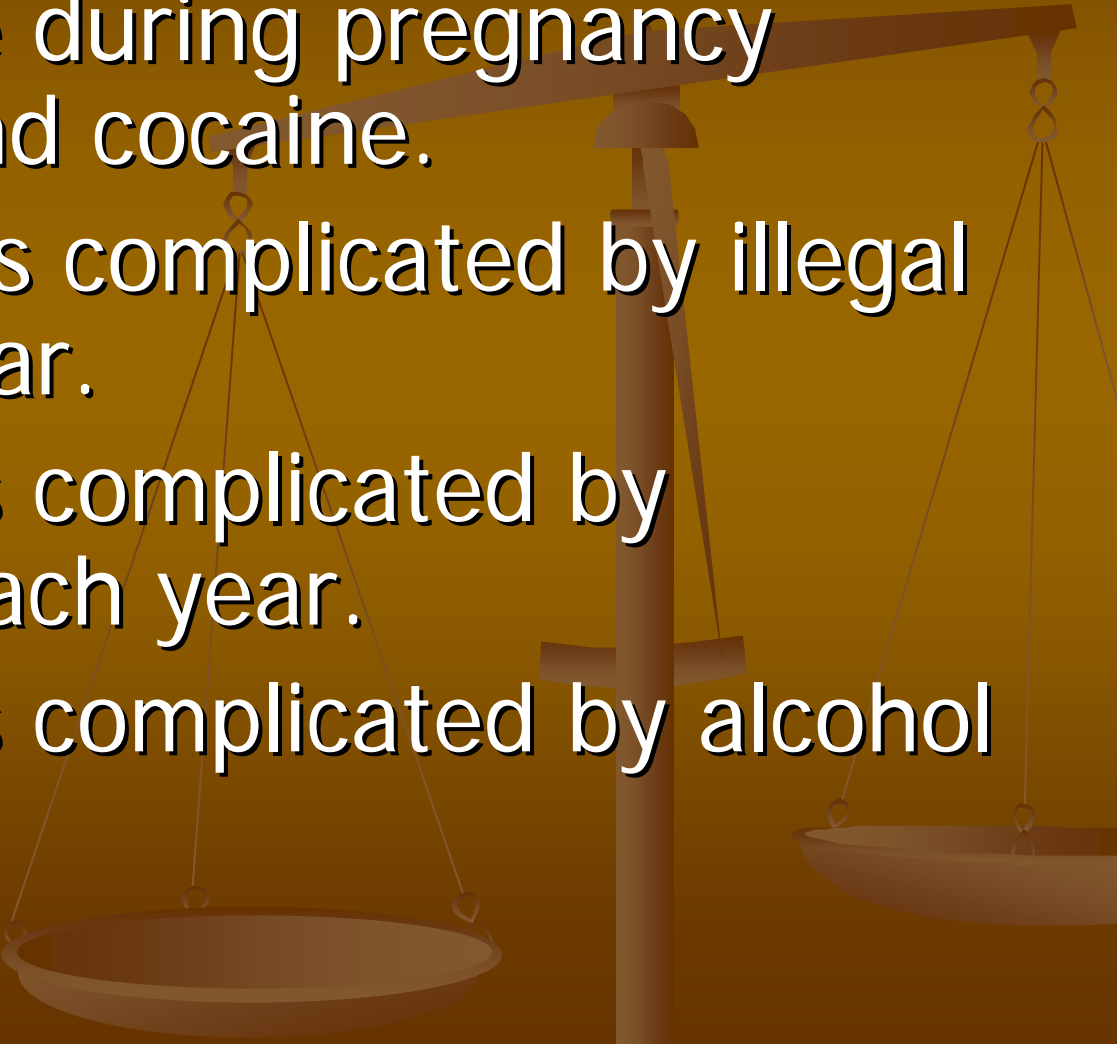
Infant Development Center, Brown Medical School

National Conference of State Legislators Audio Conference

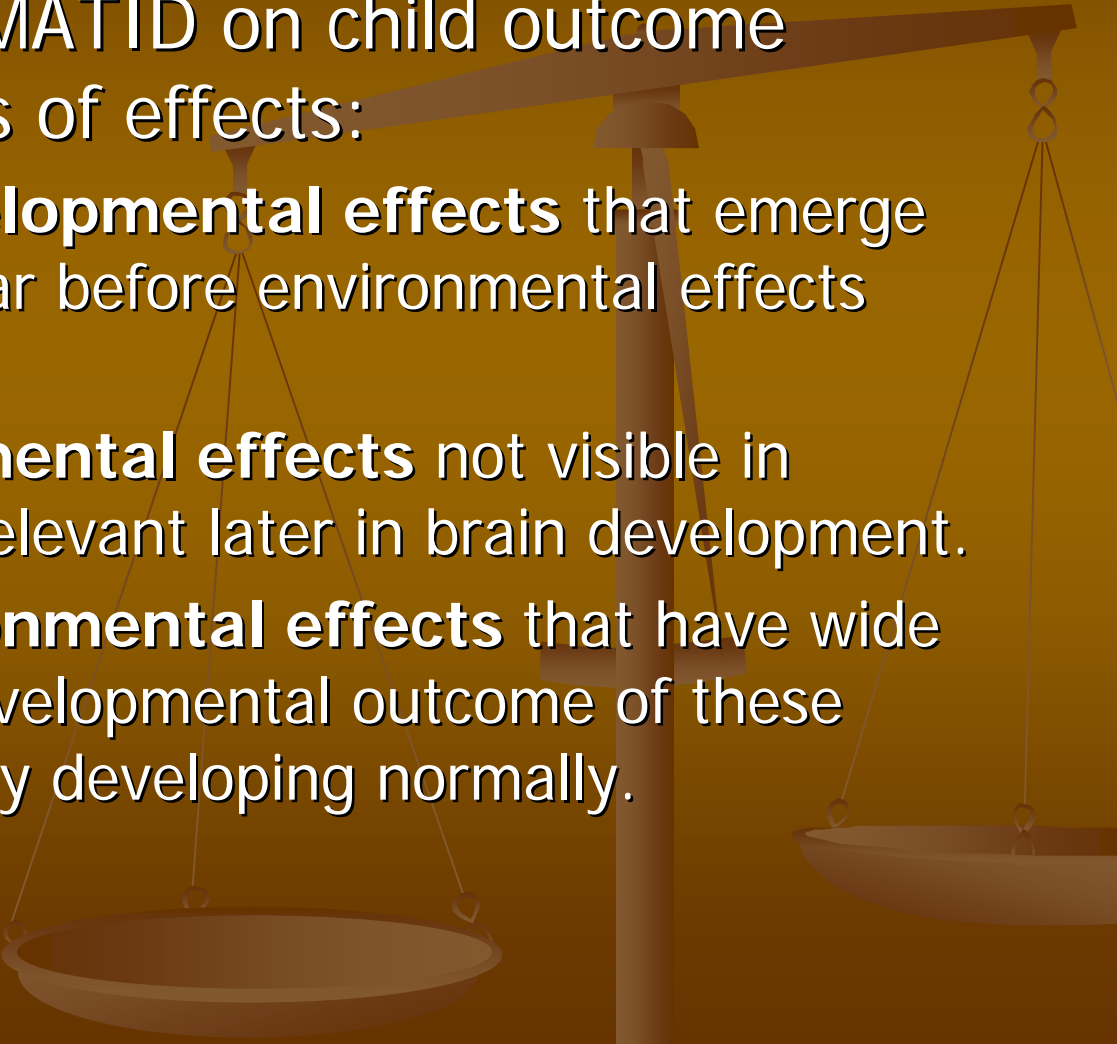
June 20, 2003

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Scope of Problem

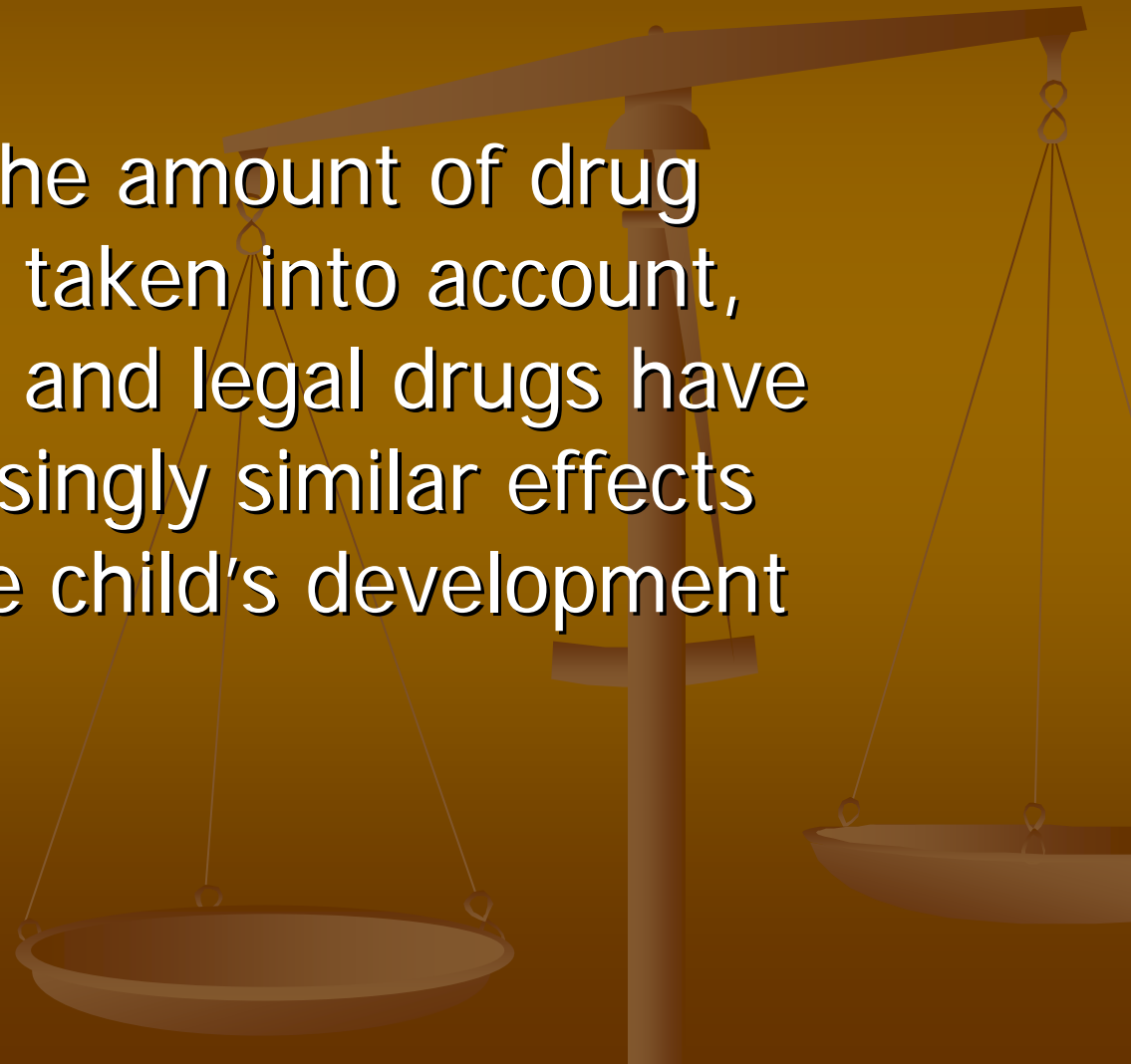
- Substance use during pregnancy extends beyond cocaine.
 - 134,000 births complicated by illegal drugs each year.
 - 694,220 births complicated by tobacco use each year.
 - 544,330 births complicated by alcohol each year.
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Maternal Alcohol, Tobacco and Illegal Drugs (MATID)

- Consequences of MATID on child outcome include three kinds of effects:
 - **Immediate developmental effects** that emerge during the first year before environmental effects become salient.
 - **Latent developmental effects** not visible in infancy; become relevant later in brain development.
 - **Postnatal environmental effects** that have wide variation in the developmental outcome of these children, with many developing normally.
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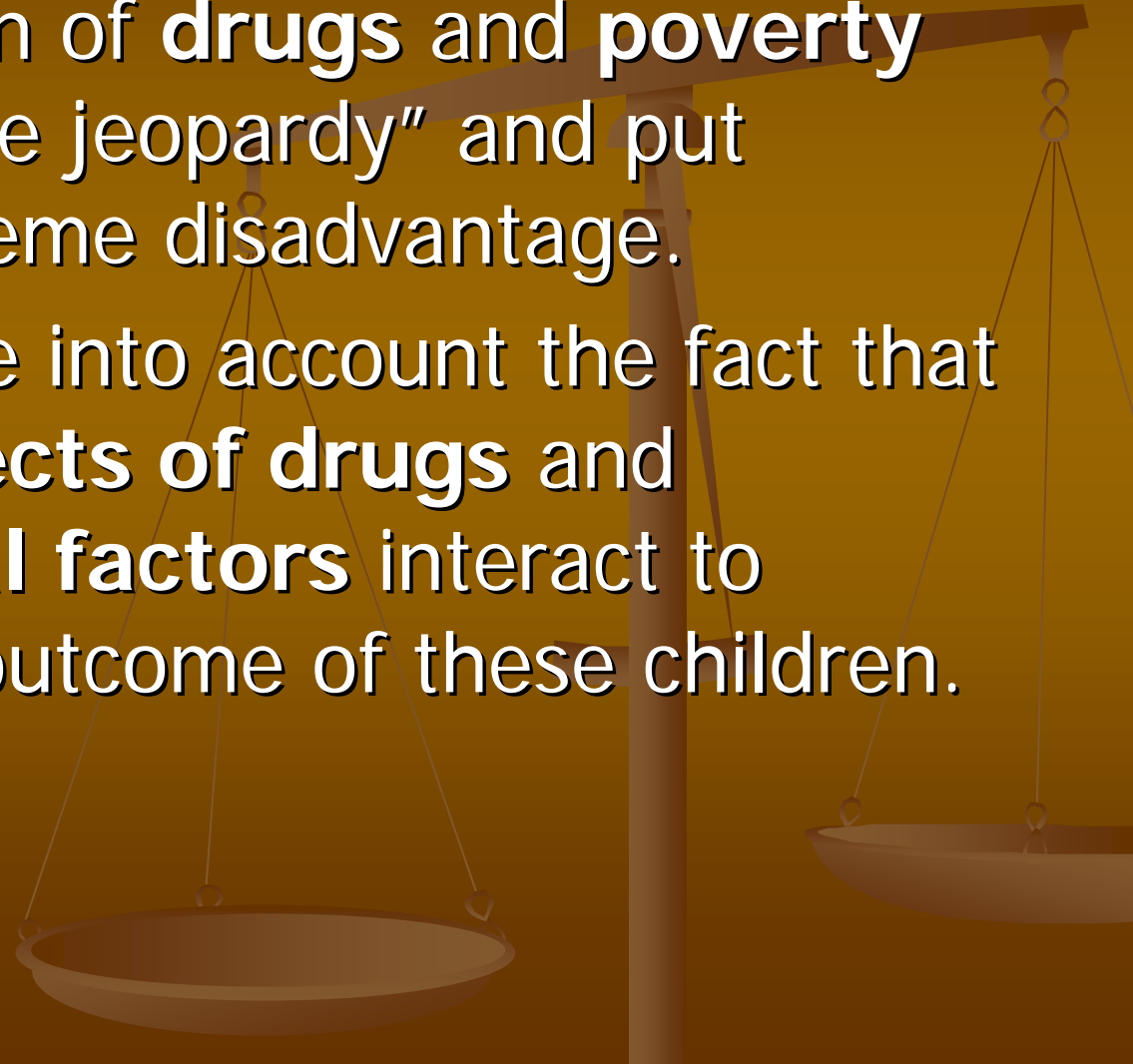
Drugs have similar effects

- When the amount of drug use is taken into account, illegal and legal drugs have surprisingly similar effects on the child's development

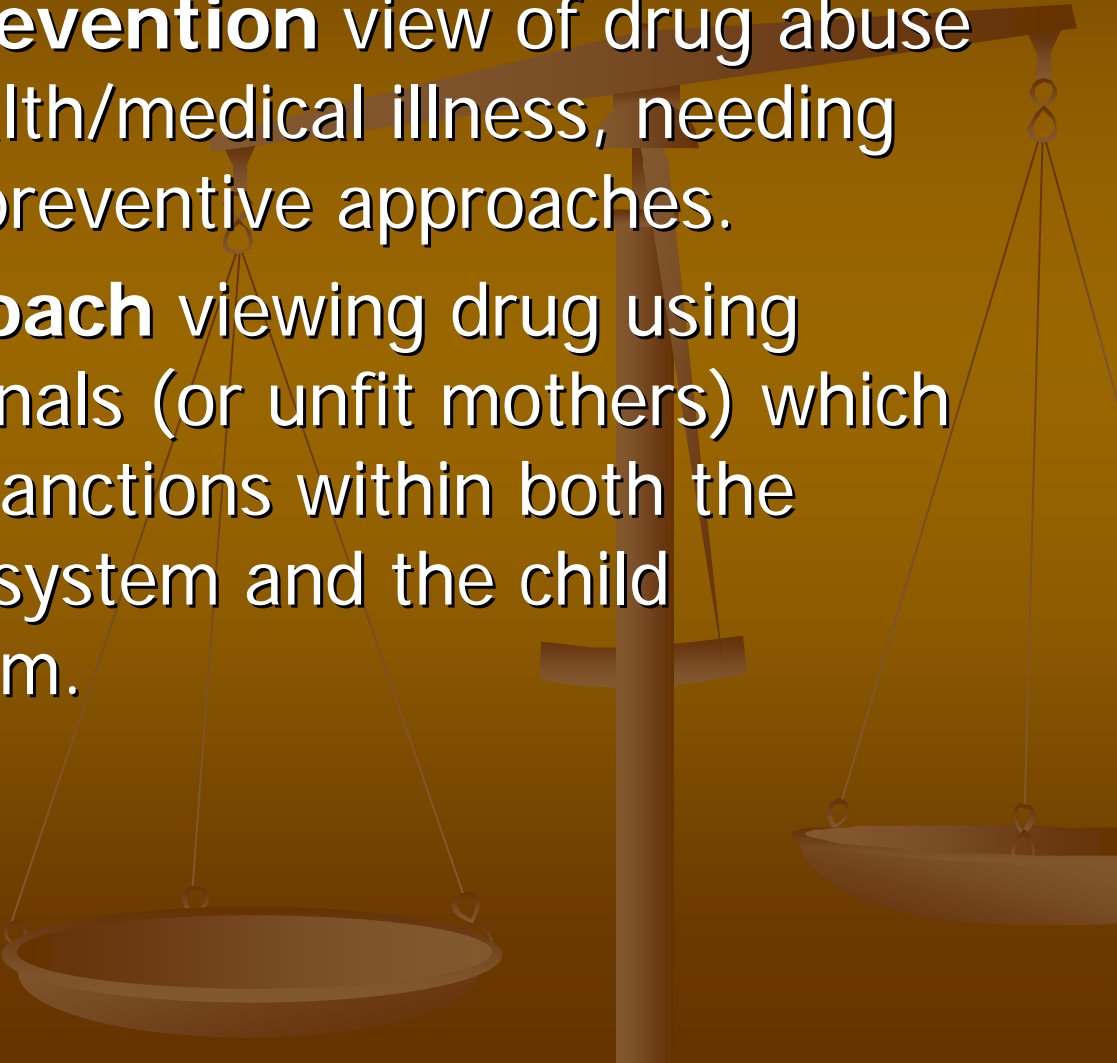


Drugs don't act alone

- The combination of **drugs** and **poverty** can be a “double jeopardy” and put children at extreme disadvantage.
- Policy must take into account the fact that **biological effects of drugs** and **environmental factors** interact to determine the outcome of these children.

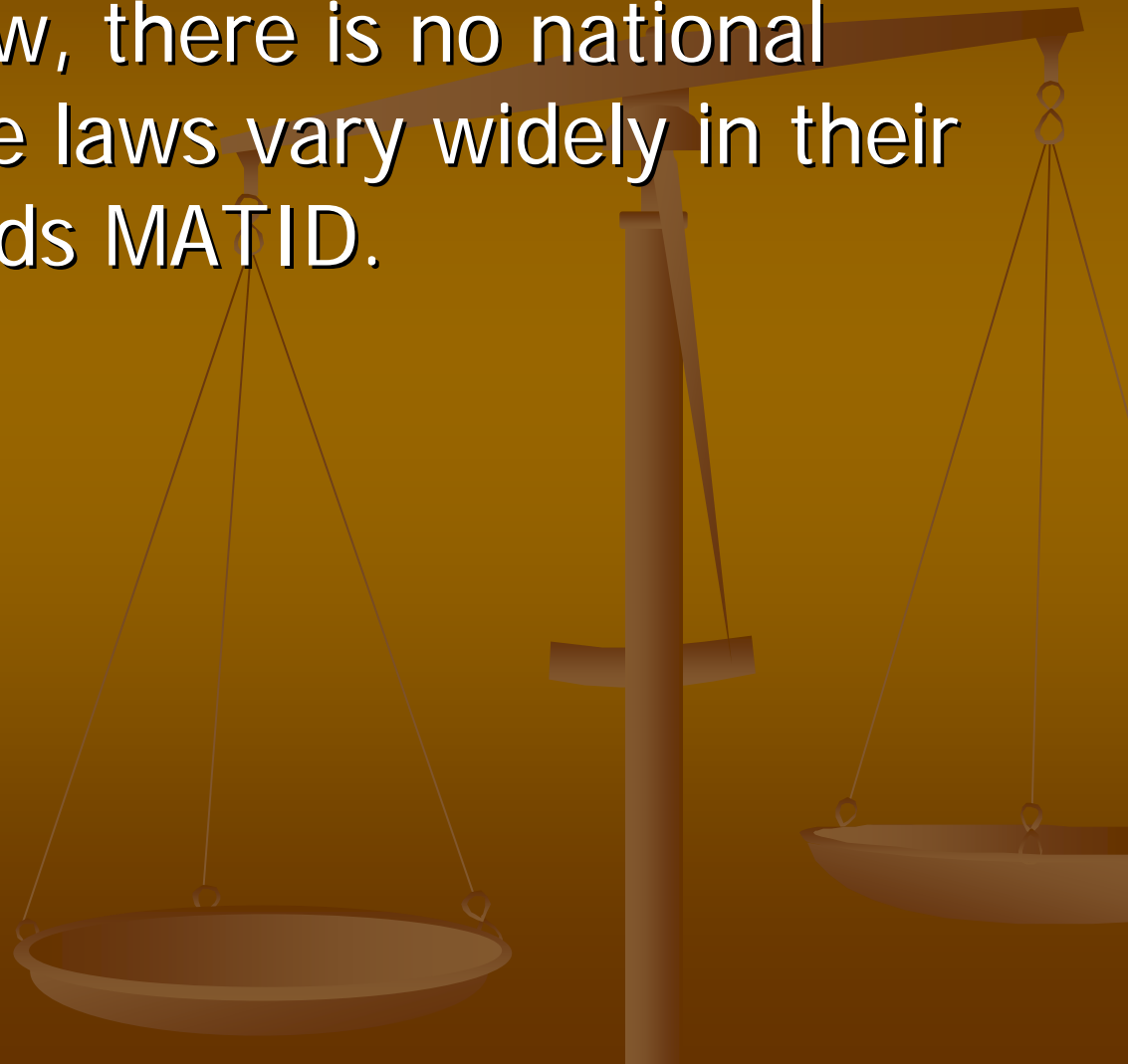


Societal Views of MATID

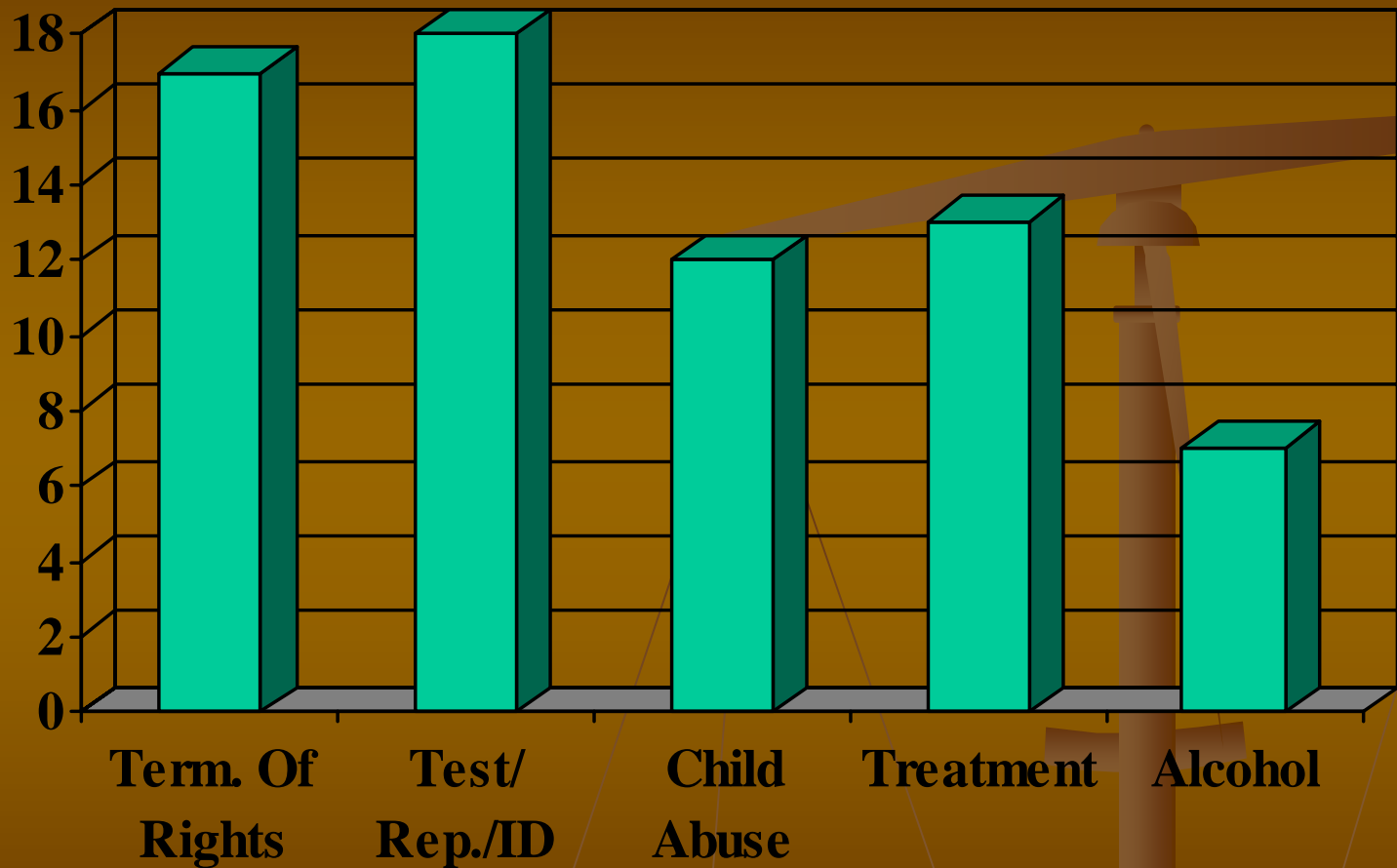
- **Treatment/Prevention** view of drug abuse as a mental health/medical illness, needing treatment and preventive approaches.
 - **Punitive approach** viewing drug using women as criminals (or unfit mothers) which translates into sanctions within both the criminal justice system and the child protection system.
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State Laws Vary

- In regards to law, there is no national uniformity; state laws vary widely in their approach towards MATID.

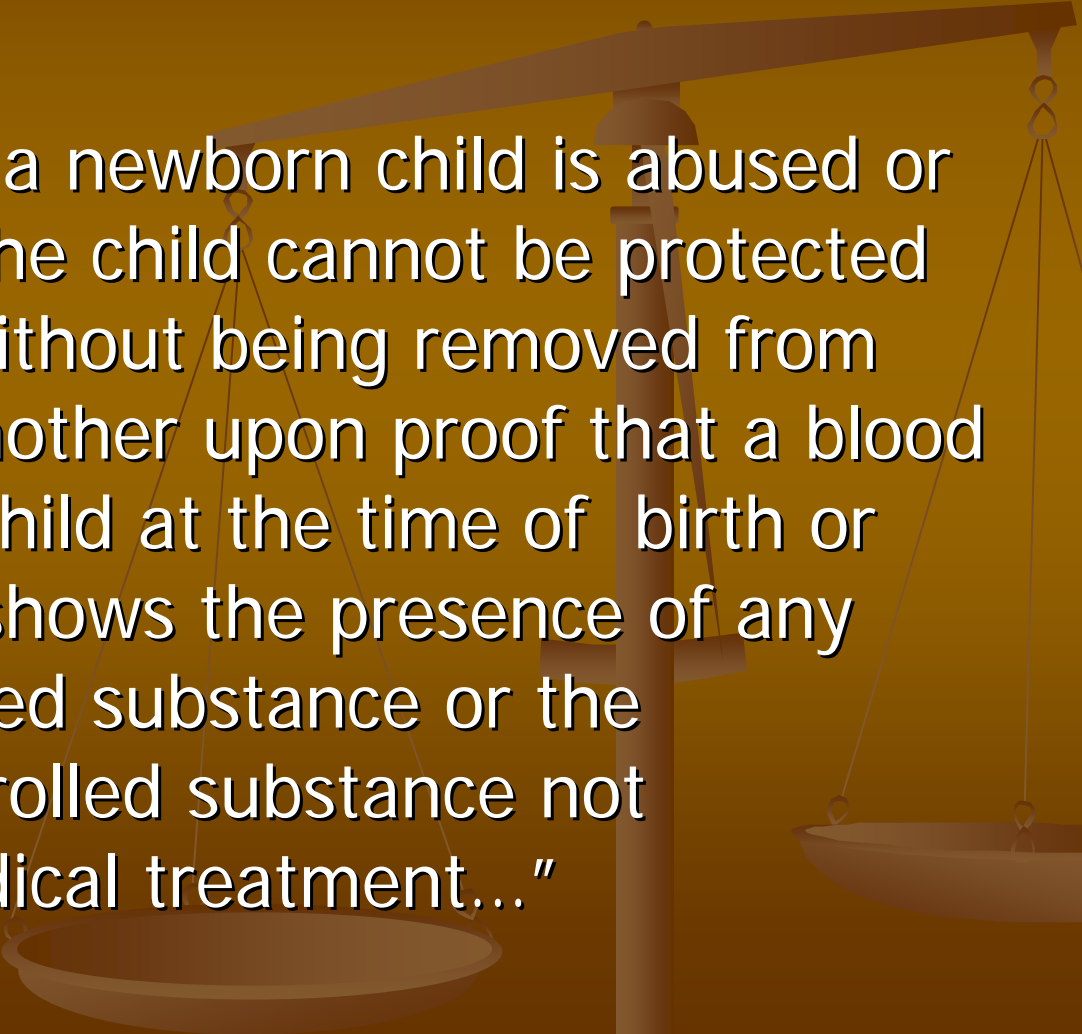


Number of States by Type of Substance Abuse Statute

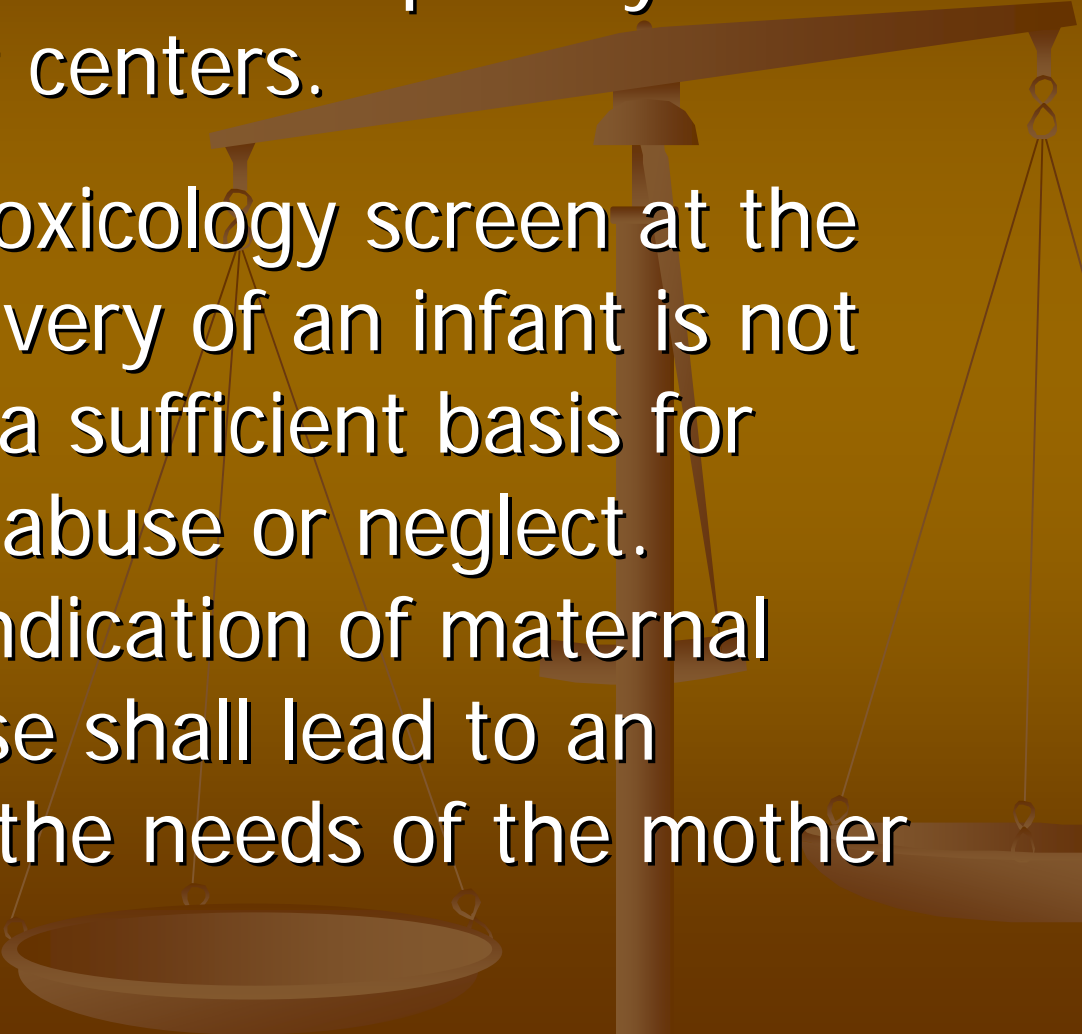


State Laws: some examples

“It is presumed that a newborn child is abused or neglected and that the child cannot be protected from further harm without being removed from the custody of the mother upon proof that a blood or urine test of the child at the time of birth or the mother at birth shows the presence of any amount of a controlled substance or the metabolite of a controlled substance not administered by medical treatment...”



State Laws (cont'd.)

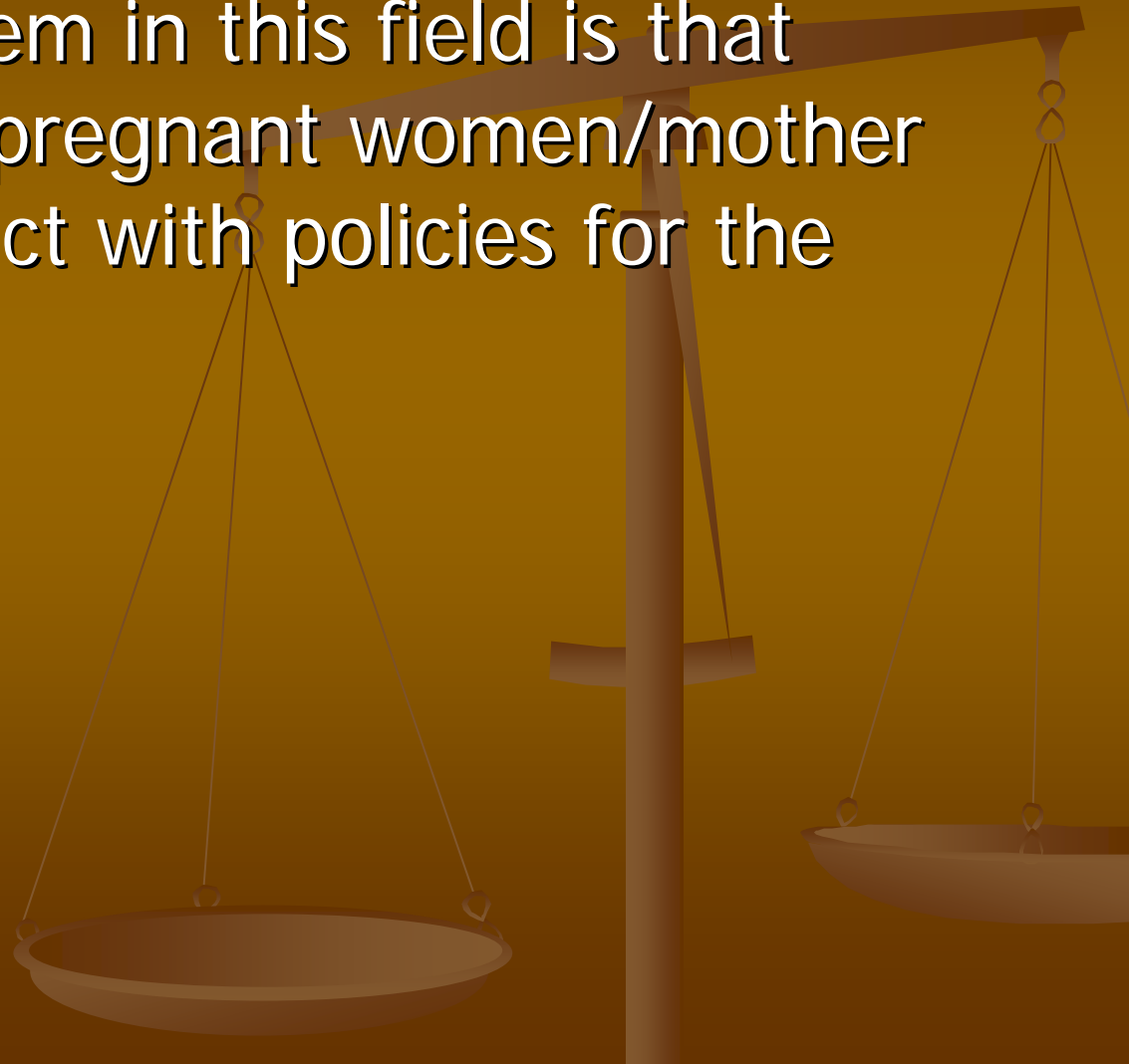
- grants pregnant women priority at drug treatment centers.
 - "...a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child..."
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State Laws (cont'd.)

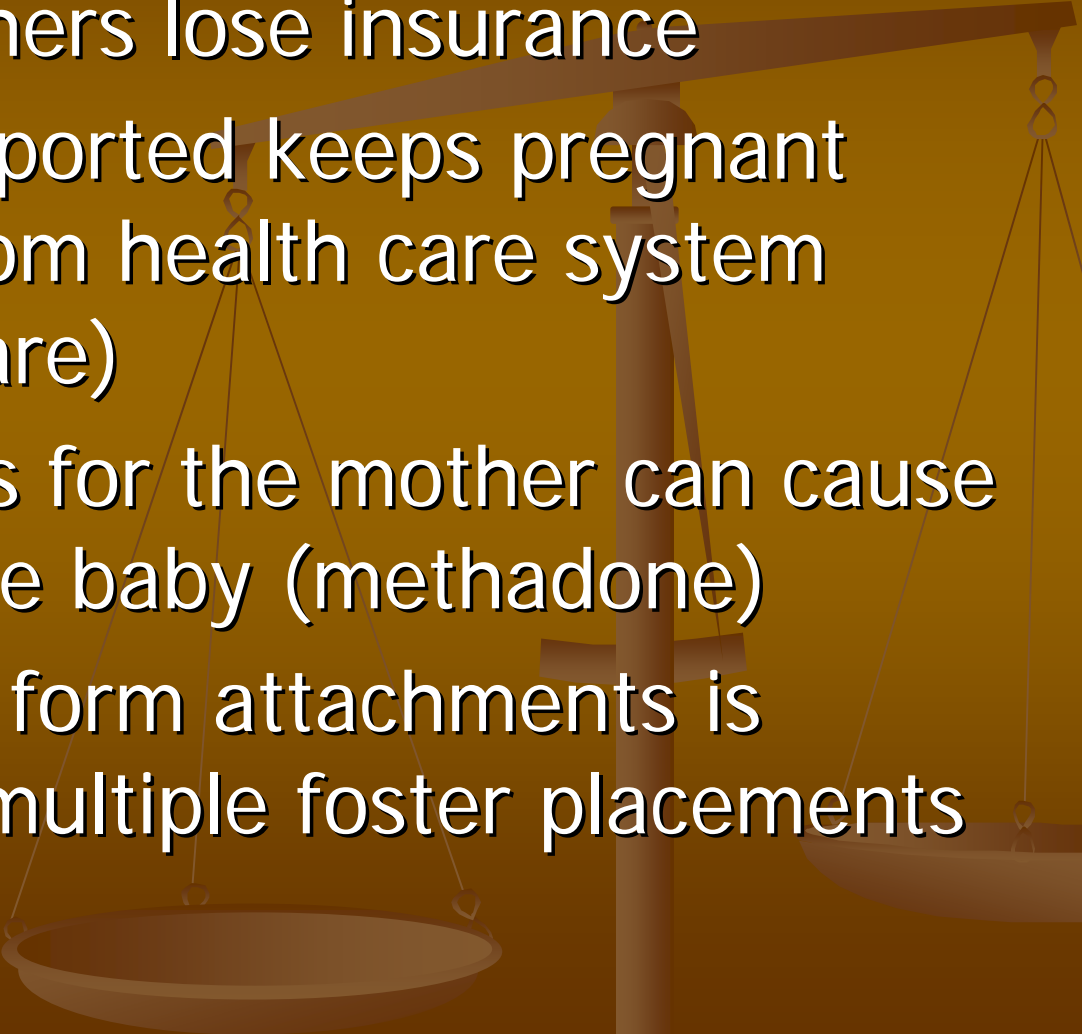
- "A person mandated to report [substance exposure in an infant] shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during pregnancy. The local welfare agency shall immediately conduct an appropriate assessment and offer services, including but not limited to, chemical dependency services, a referral for chemical dependency treatment, and a referral for prenatal care."

Conflicting Policies

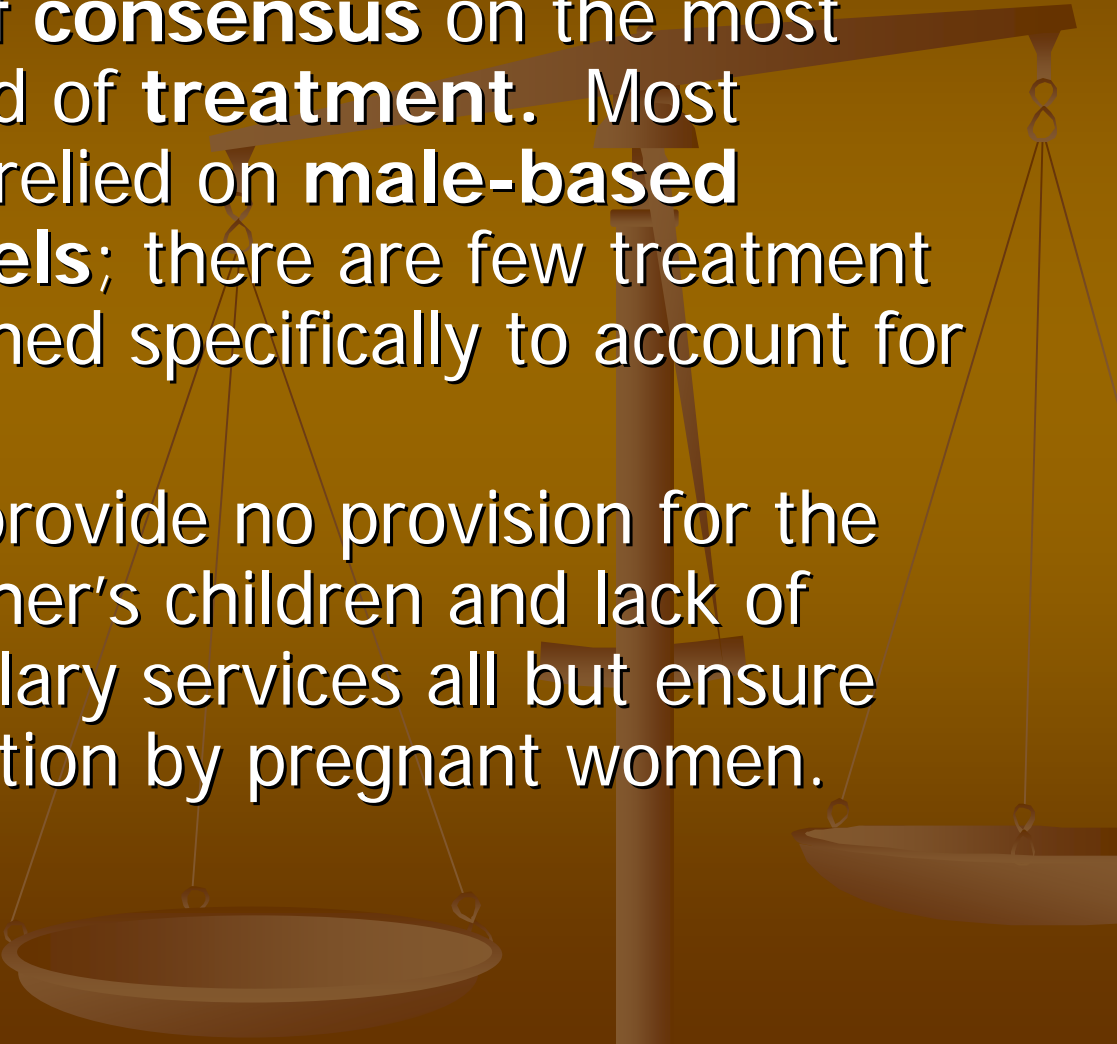
- A general problem in this field is that policies for the pregnant women/mother may be in conflict with policies for the fetus/infant.



Examples of conflicting policies

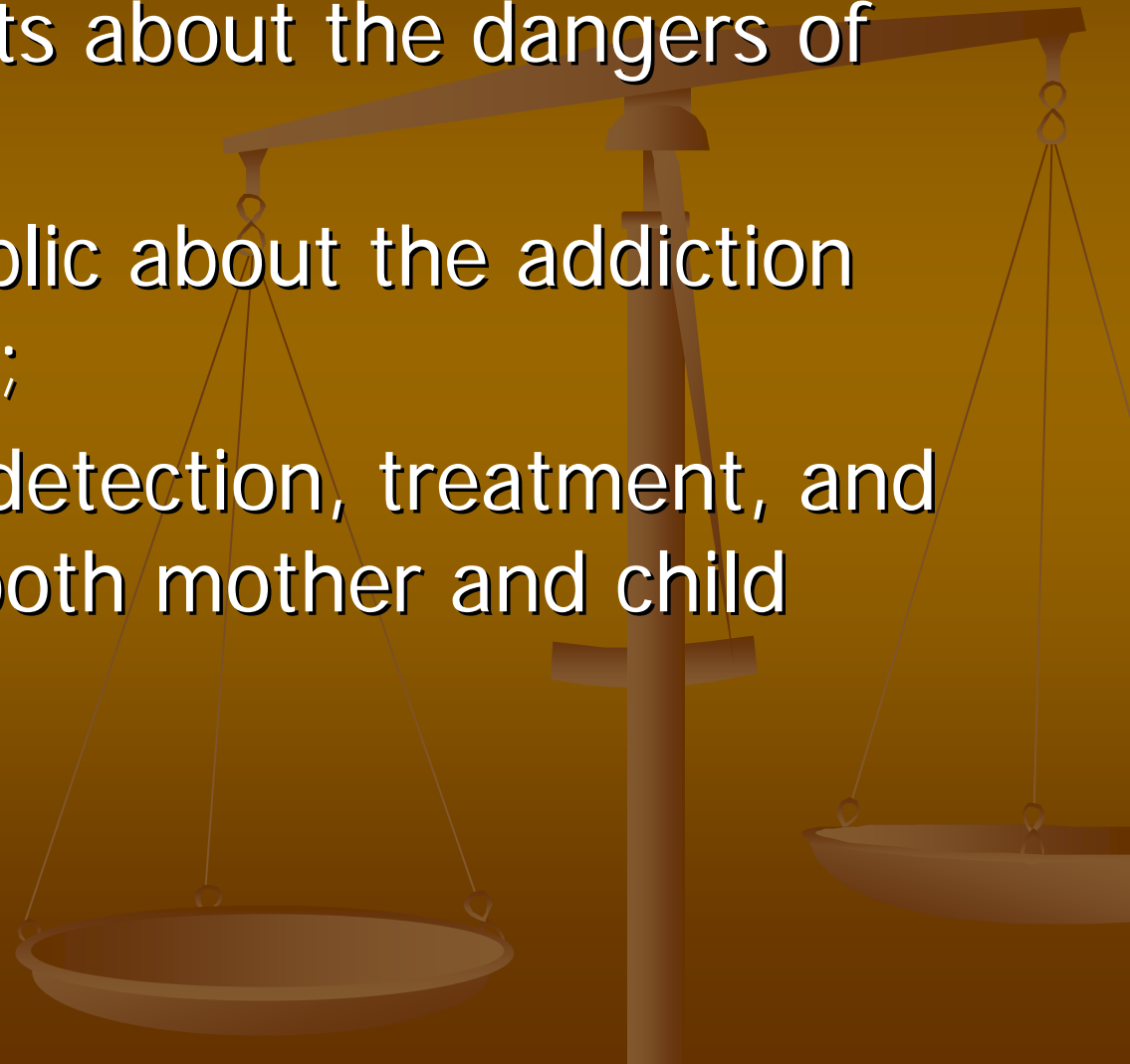
- Drug using mothers lose insurance
 - Fear of being reported keeps pregnant women away from health care system (e.g. prenatal care)
 - Treatment drugs for the mother can cause withdrawal in the baby (methadone)
 - Child's ability to form attachments is jeopardized by multiple foster placements
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Treatment Challenges

- There is **lack of consensus** on the most effective method of **treatment**. Most programs have relied on **male-based recovery models**; there are few treatment programs designed specifically to account for women's needs.
 - Programs that provide no provision for the care of the mother's children and lack of health and ancillary services all but ensure lack of participation by pregnant women.
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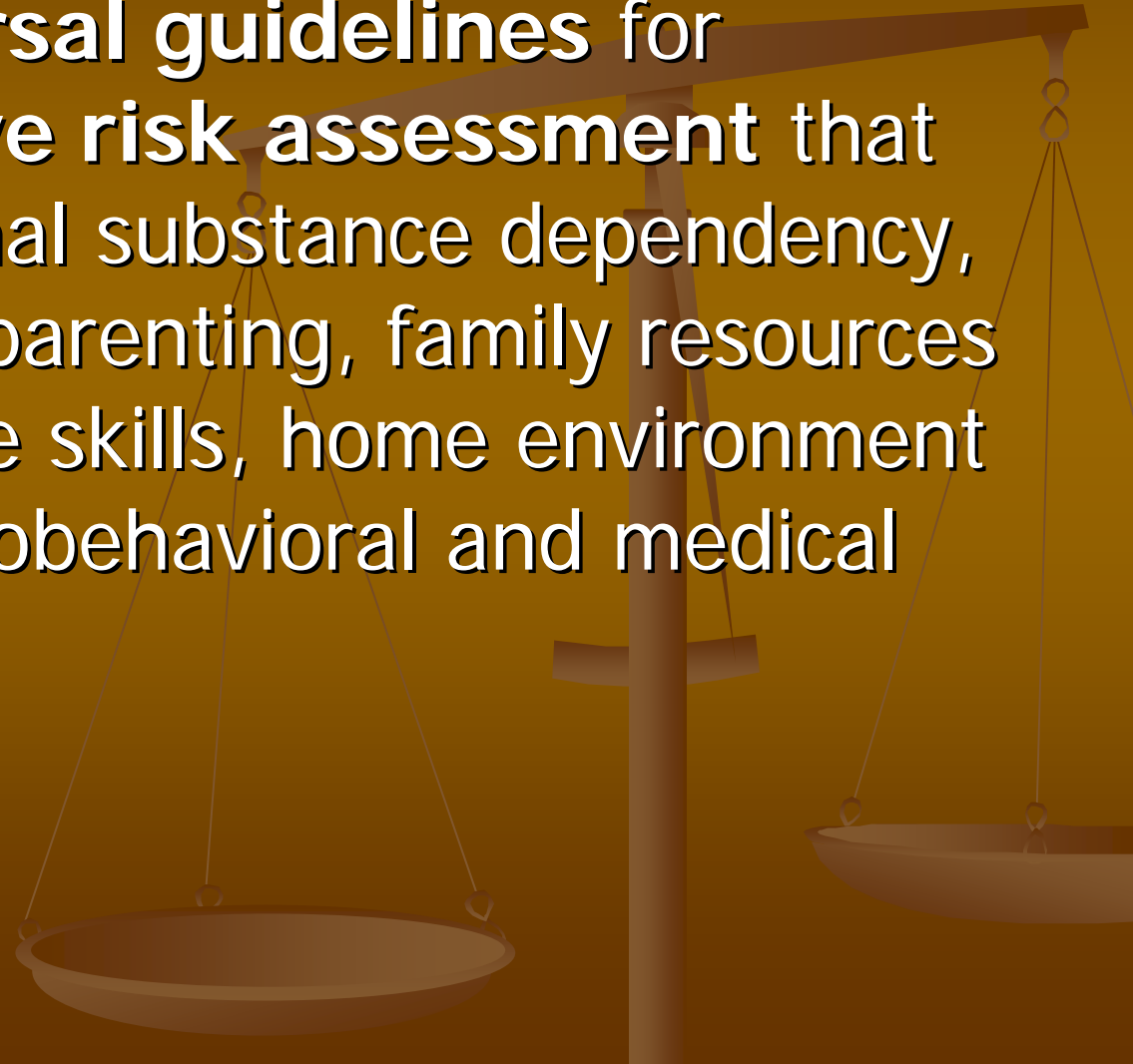
Specific Policy Recommendations

- **Educate** parents about the dangers of MATID use;
- Educate the public about the addiction disease process;
- Focus on early detection, treatment, and policies fair to both mother and child

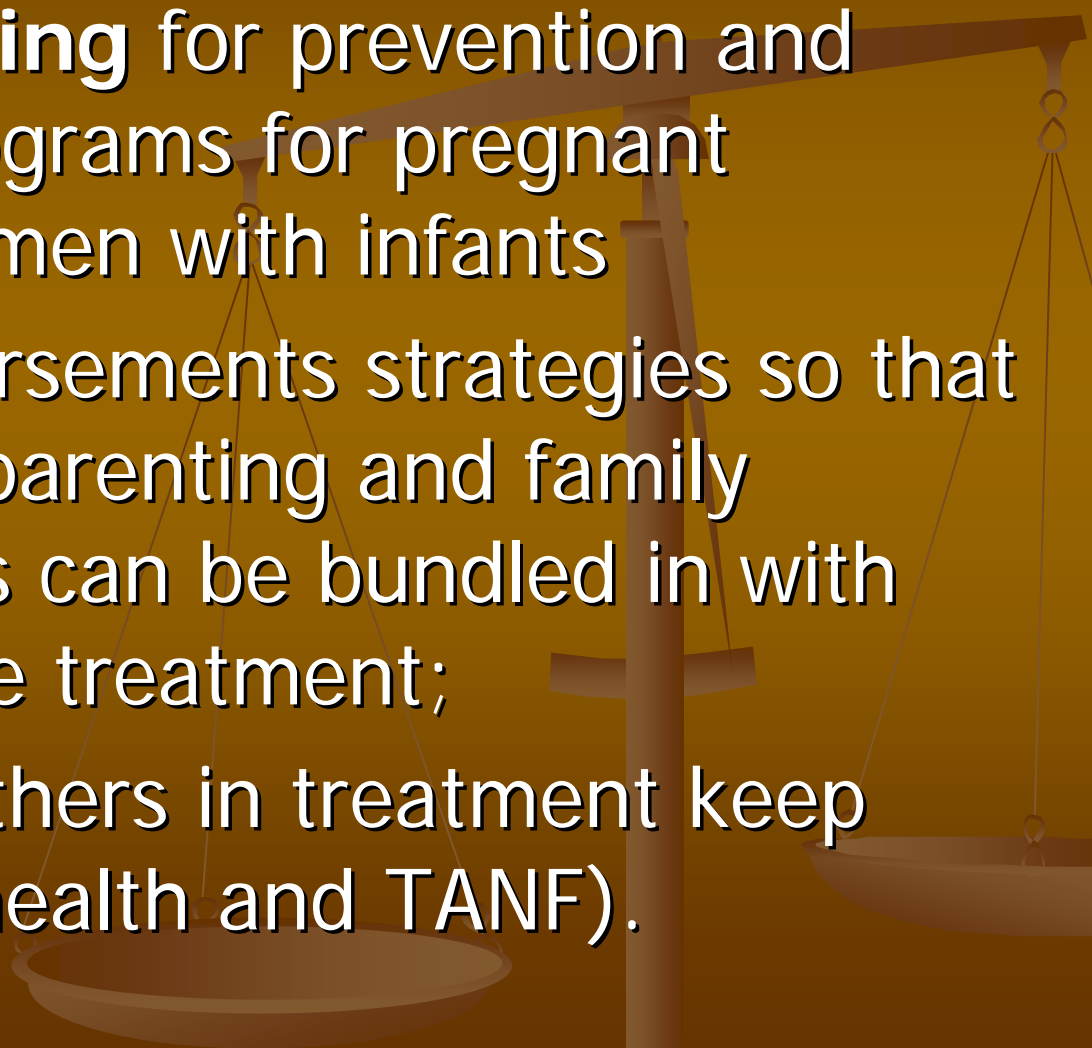


Specific Policy Recommendations (contd.)

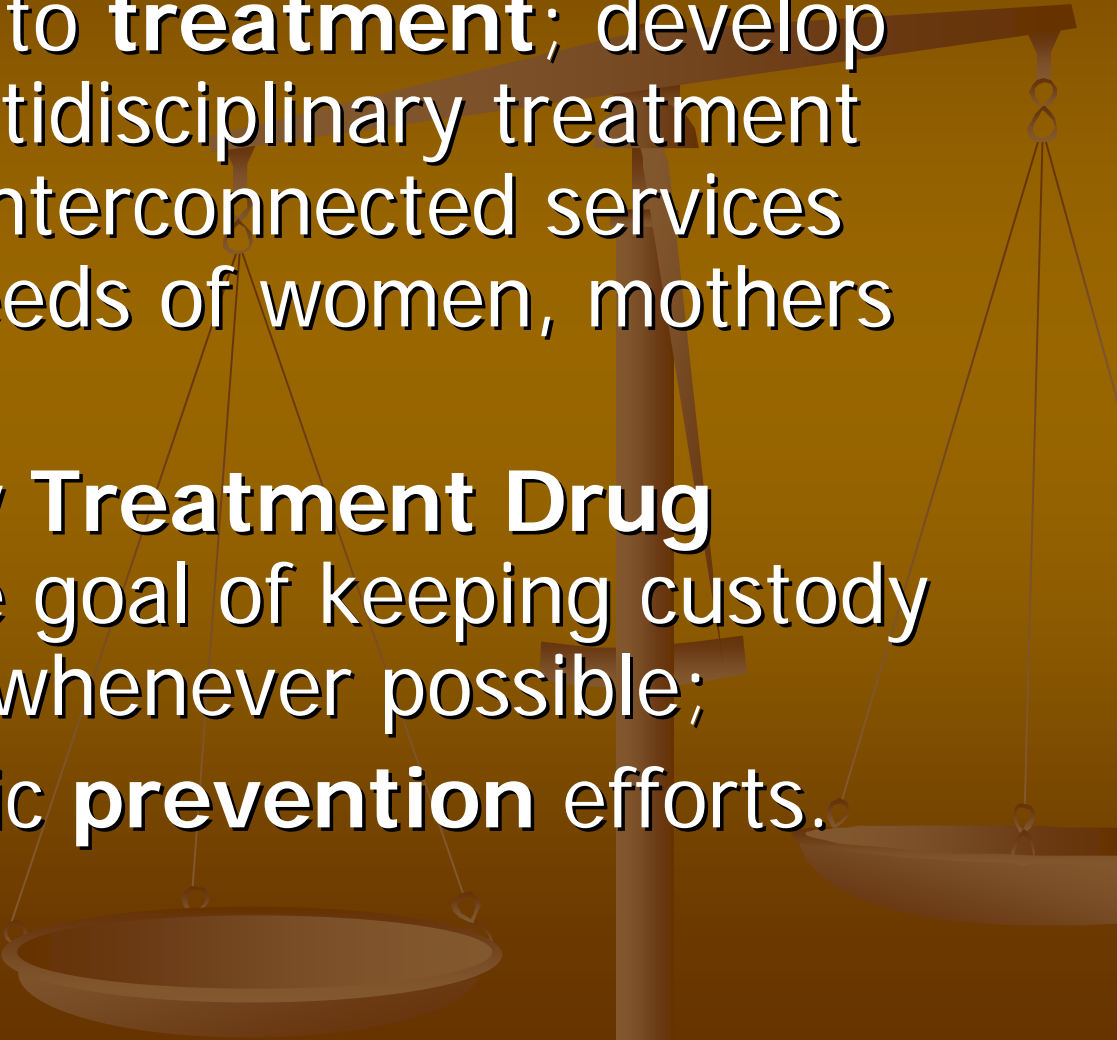
- Develop **universal guidelines** for **comprehensive risk assessment** that includes maternal substance dependency, mental health, parenting, family resources and support, life skills, home environment and infant neurobehavioral and medical status.



Specific Policy Recommendations (cont'd.)

- **Increase funding** for prevention and intervention programs for pregnant women and women with infants
 - Develop reimbursements strategies so that mental health, parenting and family support services can be bundled in with substance abuse treatment;
 - Ensure that mothers in treatment keep their benefits (health and TANF).
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Specific Policy Recommendations (contd.)

- Improve access to **treatment**; develop coordinated multidisciplinary treatment programs with interconnected services based on the needs of women, mothers and children;
 - Develop **Family Treatment Drug Courts** with the goal of keeping custody or reunification whenever possible;
 - Develop systemic **prevention** efforts.
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Specific Policy Recommendations (contd.)

■ **Primary Prevention**

Education to prevent pregnancy related substance abuse

■ **Secondary Prevention**

Treatment/education to reduce pregnancy related substance abuse

■ **Tertiary Prevention**

Treatment to reduce harm to child caused by MATID

Conclusion

- It is time that we develop a consensus on how to deal with maternal prenatal drug use that does justice to state-of-the-art knowledge in research and treatment and demonstrates a fair and unbiased attitude towards women with addiction and their children.

