Substance Abuse During Pregnancy

Time for Policy to Catch up with Research

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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.
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.
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.
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 Statue

- Term. Of Rights: 18
- Test/Rep./ID: 16
- Child Abuse: 12
- Treatment: 14
- Alcohol: 7
“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..."
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.”
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
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.
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).
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.
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.