

Alcohol, Tobacco and Drug Use by Pregnant Women in Indiana: A Needs Assessment for Treatment Services

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- Indiana Prenatal Substance Use Prevention Program
- Advisory Committee



Overview

- What is the issue?
- What information did we gather and analyze?
- How big of a problem is this in Indiana?
- What do we need to do about it?



What is the Issue?



- The use of alcohol, tobacco and other drugs (ATOD) during pregnancy is known to have serious physiological and emotional health consequences.
- ATOD use during pregnancy is a leading preventable cause of birth defects and poor birth outcomes.
- Only 5-10% of pregnant women who need ATOD treatment receive professional help.



Alcohol Use During Pregnancy

- Prenatal exposure to alcohol is the leading preventable cause of mental retardation in the United States.
- Fetal Alcohol Spectrum Disorder is more common than Down's Syndrome and Autism.
- Fetal Alcohol Syndrome estimated to cost \$2.8 billion/year.



Smoking During Pregnancy

- Prenatal smoking linked to spontaneous abortion, pregnancy complications, preterm delivery, intra-uterine growth retardation and low birth weight.
- 40% greater risk of stillbirths.
- 60% greater risk of ectopic pregnancy.
- 240% greater risk of miscarriage.



Drug Use During Pregnancy

- Marijuana linked to intra-uterine growth retardation and premature birth.
- Cocaine linked to intra-uterine growth retardation, altered neonatal behavior and congenital anomalies.
- Opiates linked to impaired growth, small head size and extreme behavior withdrawal.



Understanding

Addiction is not primarily a moral weakness, as it has been viewed in the past, but a “brain disease” that should be included in a review of systems just like any other biologic disease process.

- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse



Purpose of this project...

Collect and interpret information to better understand:

- Magnitude of the ATOD use by pregnant women in Indiana
- Perceived and real barriers to treatment faced by pregnant women
- Strategies to improve pregnant women's access to ATOD treatment



What information did we gather and analyze?



- Reviewed the scientific literature to describe what is known about ATOD use among pregnant women
- Gathered and analyzed existing data and statistics to measure prevalence of ATOD use among pregnant women
- Obtained information about existing ATOD treatment programs in Indiana
- Conducted 5 focus groups of 51 pregnant ATOD users
- Interviewed 11 treatment providers
- Interviewed 14 primary care providers



How big is the problem of
ATOD use by pregnant women
in Indiana?



Best estimates of prevalence...

- Alcohol use: 10% and increasing
- Smoking: 20% and declining at a slower rate than national average
 - still 77% higher than national average
- Drug use: 5-6% and increasing



What do we need to do about it?



Synthesis of information...

- Summarized literature, data, and information from focus groups and interviews
- Obtained input from the advisory committee
- Organized ATOD treatment issues into six major areas with specific recommendations to address each issue



1. Exact prevalence of ATOD use by pregnant women is not known.

- Develop a system to collect ATOD use information on pregnant women more objectively
- Obtain larger samples to provide county level ATOD prevalence estimates
- Provide more valid and timely prevalence data on ATOD use among pregnant women



2. Presence of stigma, fear and negative messages discourage the use of ATOD treatment services among pregnant women.

- Refocus ATOD messages to be more supportive
- Increase awareness of biomedical aspects of addiction
- Treat ATOD users with dignity and respect
- Ensure patient confidentiality and trust
- Establish policies that provide positive support



3. Challenges exist in screening, intervention and treatment services for pregnant women using ATOD.

- Emphasize the importance of screening, intervention and treatment
- Reinforce the role of primary care providers
- Understand the complexities of users' lives
- Provide and use guidelines for screening, intervention and treatment
- Develop an integrated approach for care of pregnant women using ATOD



3. continued...

- Publicize the availability of ATOD treatment
- Develop and publicize standard measures of success for programs
- Publicize, support and expand existing telephonic counseling services
- Expand health professional education regarding impact of ATOD use
- Train hospital personnel to screen, test and refer



4. Lack of knowledge about the health effects of ATOD use and availability of treatment services.

- Educate the public and pregnant women about the relative health effects of ATOD use
- Educate all, including employers, about the impact of secondhand smoke exposure
- Motivate women to seek ATOD treatment
- Promote availability of ATOD treatment programs
- Publicize measures of success of ATOD treatment



5. Obstacles exist that hamper access to ATOD treatment for pregnant women.

- Address access barriers to ATOD treatment
- Offer ATOD treatment programs that are affordable
- Provide services tailored to meet basic physical, social and economic needs of ATOD using pregnant women



6. A lack of adequate availability and funding for ATOD treatment services exists throughout Indiana.

- Develop a funding plan to address the needs of pregnant women using ATOD
- Ensure that those with greatest need, especially pregnant women using ATOD, have access
- Establish residential programs for pregnant women
- Expand the Indiana Prenatal Substance Use Prevention Program



6. continued...

- Develop more intensive outpatient ATOD rehabilitation programs for pregnant women
- Promote tobacco free environments for ATOD treatment
- Expand existing statewide Tobacco Quit Line telephonic counseling services for pregnant women



Conclusions, part 1:

- To effectively address the problem of ATOD use by pregnant women, the State of Indiana will need to devote more resources to provide the services needed by this population.
- An investment in ATOD prevention and treatment will result in reduced burdens on the health care and law enforcement systems.



Conclusions, part 2:

- Reducing ATOD use by pregnant women is a very complex issue that will require the efforts of multiple agencies, providers and other partners.
- The basic physical and social needs of these women must be addressed to allow them to focus on their ATOD use and unhealthy behaviors.



Conclusions, part 3:

- A statewide task force, made up of representatives of all interested constituencies, is needed to develop a state implementation plan to address these issues.



Selected Quotes



“Most importantly, we need to address the stigma and stop thinking about criminalizing -- the answer is not to threaten them with jail time. It is very easy to jump to the conclusion that jail time will work as a deterrent but this is very counter productive. They need to seek help for their addiction -- not go to jail. These are cross purposes. Stop the jail talk.”



“Felons are not eligible for Section 8 housing, student education loans, food stamps, and they have added problems trying to get a job—take all that away and what is left for the ‘clean addict.’ ”



“I have three kids at home and am still using drugs. If (they) find out, I will lose my kids -- so I will not tell the doctor about my addiction. What is the solution? I know all the risks and they are horrible. But, you have to lie to make it -- you never get help and end up selling drugs to survive. It is a wicked, vicious system. It’s insane really. We lack good treatment care for women.”



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