

Success Stories

Substance Use Disorders and Pregnancy

Kentucky & Substance Abuse

The University of Kentucky's Institute on Women and Substance Abuse was created to increase the number of women served in publicly-funded drug and alcohol treatment programs in Kentucky. The Institute is funded by the Division of Substance Abuse. It is estimated that there are 72,000 women over the age of 18 in Kentucky who are abusing drugs and only 22% of these women receive treatment. The Institute:

- Targets under-identified, under-served women and their families;
- Provides staff support to two statewide advisory groups: the Kentucky Coalition for Women's Substance Abuse Services and the Substance Abuse and Pregnancy Network;
- Serves as a state and national resource center focusing on the issues relating to female substance use and abuse.

Activities and services available include:

- Developing and implementing statewide efforts to improve women's substance abuse services;
- Providing training and technical assistance to health and human service providers;
- Maintaining a resource library on issues pertinent to female chemical dependency;
- Developing opportunities for statewide cross-systems training and other community collaboration; and
- Supporting grassroots, organizational and governmental activities in educating the public about women and substance abuse.

Kentucky has developed a prevention system comprised of several key components: the Kentucky Agency for Substance Abuse Policy, the Governor's Kentucky Incentives for Prevention Project, and Regional Prevention Centers. The Kentucky Agency for Substance Abuse Policy was established in 2002 by the General Assembly. The agency monitors data regarding use, access, policies and programs; regularly consults with programs from other states; coordinates a system of planning, funding, and evaluation; coordinates a media campaign to educate public about addiction; and assures the availability of training, technical assistance and consultation to local service providers.

The Governor's Kentucky Incentives for Prevention Project was created in 1997 to target reduction of substance abuse among youth ages 12-17.

For more information: cdar.uky.edu/iowasa

Washington State and Substance Abuse

Washington State Department of Health (DOH) was directed to develop screening criteria and received money from the Washington State Division of Alcohol and Substance Abuse (DASA) to develop guidelines for screening for substance abuse during pregnancy in 1999. In 2000, legislation was passed to include money for provider training. Since then, the DOH has:

conducted provider training and focus groups; developed evidence-based guidelines for screening; developed clinician pocket cards; and written Guidelines for Testing and Reporting Drug Exposed Newborns in Washington State. These guidelines were created to provide guidance to health care providers and affiliated professionals about maternal drug screening and laboratory testing and reporting of drug-exposed newborns delivered in Washington State. The document was written in response to an increasing number of requests from hospital staff and attorneys in Washington State seeking information on this complex topic.

For more information:

http://www.doh.wa.gov/CFH/mch/drug_and_alcohol_screening.htm

Wishard Memorial Hospital Prenatal Substance Use Program

Substance use in pregnancy places the patient at high-risk for adverse perinatal and neonatal outcomes. Patients are often followed in a high-risk obstetrical clinic managed by maternal fetal medicine (MFM) specialists, perinatal nurses, dieticians and social service support. Nationwide, this is a common format for treatment.

In 2003, a motivational enhancement treatment program (MET) using the Stages of Change approach was instituted at Wishard using a general obstetrician, mental health support through Project Home (a mental health and support program for women by Midtown Mental Community Health Center), dietician, social service support, 12 Step Groups and parenting workshops. A comparison of outcomes in 145 MFM patients (Group 1) with 63 MET patients (Group 2) recently conducted found that 50.5% of the patients in Group 1 tested positive at delivery compared to only 15.8% of the patients in Group 2. Patients in Group 2 also had a lower percentage of positive newborns, a lower percentage of labor and intrapartum complications and only one premature birth (twins born at 32 weeks gestation to patient on methadone maintenance) compared to nine in Group 2. Nearly 80% of patients enrolled in the Project Home Recovery Program were still drug free six months postpartum¹.

This project demonstrates the effectiveness of Motivational Enhancement Treatment in lowering maternal and neonatal morbidity. Most important, motivational enhancement therapy is easy to learn for the clinician and requires no special skill development for the patient.

¹ Nocon JJ and Kerlin S. Motivational enhancement treatment improves maternal and neonatal outcome in substance abuse in pregnancy. Amer Soc Addict Med Abstracts, 37th Annual Medical-Scientific Conference, 2006, at 30.