

## Substance Use Disorders and Pregnancy

### CONSENSUS STATEMENT

#### EXECUTIVE SUMMARY

September 2006

#### POSITION

Poor birth outcomes related to substance use are 100% preventable. The only way to proactively prevent poor outcomes is to universally screen all pregnant women for alcohol, tobacco and other drugs (ATOD) usage. There is no other reliable method to determine substance use disorders. Every pregnant woman in Indiana should have the opportunity to discuss and be screened for usage of alcohol, tobacco and other drugs (ATOD) with her primary care provider.

#### PURPOSE

The purpose of this statement is to alert all healthcare providers, legislators, child welfare staff and consumers about the incidence and significance of substance abuse during pregnancy, and recommended interventions that can be taken at the public policy, provider and consumer level. Substance abuse is a disease that requires special attention and treatment. Proper care of women who suffer from substance use disorders before, during and after pregnancy, is essential in preventing unnecessary damage to the individual, newborn, immediate family and the community. Policy makers, health care providers and others who directly impact pregnant women affected by substance abuse should utilize all possible resources for proper identification of signs and symptoms, screening, referrals and interventions.

#### SCOPE OF THE PROBLEM

Alcohol, tobacco and other drug (ATOD) use during pregnancy is a major public health and social problem in Indiana. Several nationally published reports indicate that the use of ATOD is present in as many as 10 to 30 percent of all pregnancies<sup>4-12</sup>. The estimated costs associated with caring for a baby that has been prenatally exposed to ATOD, over their lifetime, range from \$750,000 to \$1.4 million<sup>13</sup>.

#### RECOMMENDATIONS

The following recommendations regarding Substance Use Disorders and Pregnancy were developed from the many meetings of the Indiana Perinatal Network's Substance Abuse and Pregnancy Committee.

##### I. Public Education and Awareness:

Education is the key to primary prevention/intervention for substance use disorders. It is imperative to better understand the special needs of pregnant women suffering from substance use disorders while discouraging initial and continued inappropriate substance use during pregnancy.

- a. Educate all healthcare providers, legislators, employees of the criminal justice system and social welfare workers in Indiana on the prevalence and incidence of and issues related to addiction in the state, with an emphasis on addiction as a chronic relapsing disease.
- b. Implement a state-wide consumer education campaign that encourages substance abusing women to seek care for their addiction, and creates a more supportive community.
- c. Implement a state-wide public awareness campaign to educate the community, including churches and schools, about the harm of substance use and its effect during pregnancy. The campaign should have age and gender appropriate messages for children, teenagers, adults and seniors.

- d. Develop and maintain an up-to-date resource list of available residential and non residential treatment and/or recovery programs with name, address, telephone number, email address and cost on Indiana Perinatal Network and other state-wide agency websites, 211 Helpline directories, Indiana Family Helpline directories and in all public libraries.

## II. Screening:

Every health care provider in Indiana has a responsibility to screen each of their pregnant and postpartum patients for substance use.

- a. Develop and adopt consistent state wide verbal prenatal and postpartum screening and testing protocols that adequately identify women and newborns in need of services. Make verbal screening for substance use throughout pregnancy, as well as counseling and drug use treatment, a consistent component of prenatal care.
- b. Disseminate information about screening in order to give all pregnant and post partum women in Indiana the option to receive addiction treatment. The 4P's and T-ACE are two tools that have been shown to be consistently effective with pregnant women.
- c. Expand PSUPP (Prenatal Substance Use Prevention Program) to all Maternal and Child Health prenatal clinics in the state.

## III. Treatment:

Addiction is a medical disorder and specifically, a chronic relapsing disease of the brain therefore, intervention and treatment is a necessity in rehabilitating brain function.

- a. Establish residential treatment programs that are geographically available throughout the state of Indiana. The programs should be family centered and **allow women and children to stay together** in the facility while addiction treatment is being administered. Treatment programs should also be affordable, on a sliding scale, and resources should be available for services to patients who can not afford to pay themselves.
- b. Reassess the policies and practices of the Hoosier Assistance Program (HAP) as a mechanism to ensure that women are eligible to receive necessary services and the cost to the provider is not burdensome.

## IV. Provider Education and Training:

Initial and on-going training of medical professionals is required for continued screening and identification of pregnant and post-partum women in need of addiction treatment.

- a. Emphasize and expand education and information regarding substance use and pregnancy in medical schools, nursing schools and on-going residency programs.
- b. Allocate sufficient resources to provide ongoing training of hospital personnel in ways to screen, test and assist women into needed treatment services.

## V. Research and Data:

Further development of successful screening and treatment services will be enhanced by improved monitoring of substance use disorders in Indiana.

- a. Implement pilot studies, risk screening and laboratory testing to show the prevalence of substance use and the need for universal screening.
- b. Create a consistent and more comprehensive data collection system to more closely

monitor prevalence and impact of treatment efforts, and participate in national surveys.

#### VI. Legal:

Laws that criminalize maternal conduct do not resolve the issue of drug use in pregnancy. The greatest risk is that such laws create an adversarial situation and drive patients away from prenatal care.

- a. Work closely with Indiana Division of Child Services officials to better understand and assess their current approach and develop a consistent policy and CPS protocol regarding the screening, testing and treatment of substance using pregnant women and exposed newborns
- b. Develop guidelines and enact legislation as needed to adopt a consistent, statewide policy and response to detecting substance use during pregnancy, and placement of substance-exposed newborns. Policies that emphasize treatment rather than a purely punitive approach should take precedence. Key organizations should include DCS, law enforcement, prosecutors, healthcare and treatment facilities.

<sup>4</sup>Chasnoff IJ, Landress HJ, Barrett ME. The Prevalence of illicit-drug and alcohol use during pregnancy and discrepancies in mandatory reporting in Pinellas County, Florida. *N Eng J Med* 322:1202-6, 1990.

<sup>5</sup>George S, Price J, Hauth JC, Barnette DM, Preston BS: Drug abuse screening of childbearing-age women in Alabama Public Health Clinics. *American Journal of Obstetrics and Gynecology*. 165:924-7, 1991.

<sup>6</sup>Glick B: Statewide Prenatal Substance Use Prevalence and Health Service Needs Studies. 1994.

<sup>7</sup>Hawthorne JL, Maier, RC: Drug abuse in an obstetric population of a midsized city. *Southern Medical Journal*, 86(12): 1334-38, Dec 1993.

<sup>8</sup>Hollinshead WH, Griffin JF, Scott HD, Burke ME: Statewide prevalence of illicit drug use by pregnant women — Rhode Island. *MMWR* 1991; 40:77-80.

<sup>9</sup>O'Campo P, Guyer B, Squires B, Weiss J, Sweitzer J, Coyle T: Needs assessment for reducing infant mortality in Baltimore City: The healthy start program. *Southern Medical Journal*, 86(12): 1342-49, Dec 1993.

<sup>10</sup>Pegues DA, Engelgau MM, Woernle, CH Prevalence of illicit drugs detected in the urine of women of child bearing age in Alabama Public Health Clinics. *Journal of the U.S. Public Health Service*. 109(4): 530-08, Jul 1994.

<sup>11</sup>Rubin JD, Ferencz C: Use of prescription and non prescription drugs in pregnancy. The Baltimore-Washington Infant Study Group. *Journal of Clinical Epidemiology*. 48(6):581-9, June 1993.

<sup>12</sup>Buchi KR, Varner MW, Chase RA: The prevalence of substance abuse among pregnant women in Utah. *Obstetrics and Gynecology*, 81(2): 239-42, Feb. 1993.

<sup>13</sup>Kalotra C. Estimated costs related to the birth of a drug/or alcohol exposed baby, Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project 2002.