Perinatal Substance Use

Subcommittee on Substance Abuse Prevention and Treatment, Senate Joint Resolution (SJR) 77
December 8, 2008
Martha Kurgans LCSW
Perinatal Substance Use

- ANY amount of substance use during pregnancy is harmful to the unborn child!

- Mother’s health and lifestyle also affect birth outcomes e.g. transmission HIV / other sexually transmitted diseases, low birth weight
Estimated Substance Exposed (SE) Births in Virginia 2007 (total births = 107,261)

<table>
<thead>
<tr>
<th>Substance</th>
<th>% of Pregnant women (15 – 44 yrs) who use</th>
<th>Estimated # SE infants exposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>11.6 %</td>
<td>12,442</td>
</tr>
<tr>
<td>Tobacco</td>
<td>17.3 %</td>
<td>18,556</td>
</tr>
<tr>
<td>Non-medical Use of Prescription Meds</td>
<td>6 %</td>
<td>6,436</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>4.3%</td>
<td>4,612</td>
</tr>
</tbody>
</table>
SE Newborns are at high risk for:

- Premature delivery
- Low birth weight
- Neurological and/or congenital problems
- Increased risk sudden infant death syndrome (SIDS)
- Developmental delays
- Neglect or abuse
- Mental health and substance abuse problems as they age
Why don’t substance using pregnant women…

- **Stop using?**
  - Lack information
  - Misinformed
  - Denial
  - Addicted

- **Seek help?**
  - Stigma, Shame
  - Fear loss of custody & / or other legal repercussions
  - Unable locate or access appropriate services
Substance using pregnant women may have complex, multifaceted problems

- Addiction progresses more rapidly in women
- Co-occurring mental illness
- History of trauma
- Criminal justice involvement
- Child welfare involvement
- Financial & social problems
- Experience greater barriers to treatment
Pregnancy = Window of Opportunity

- Women want what’s best for their baby
- Willing to change risky behaviors
- Not everyone needs the same level of intervention
Legislation Alone Doesn’t Get Women to Treatment

- § 54.1-2403.1 Prenatal care providers must screen all women regarding their use of substances (1992)
- § 63.2-1509 Physicians must report SE Newborns to CPS (1998)
- § 32.1-127 Hospitals must refer postpartum substance using women to CSB (1998)
- 2006: 690 substance exposed births reported to CPS; CSBs served 334 hospital referred postpartum women
Women remain in treatment & do better when services are:

- Gender specific
- Family focused
- Allow women keep their children in treatment with them
- Include clinical & support services tailored to women’s needs & concerns
## Continuum of Care

<table>
<thead>
<tr>
<th>Level of Intervention</th>
<th>Type of Service</th>
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<tbody>
<tr>
<td>Prevention</td>
<td>Public awareness campaign,</td>
</tr>
<tr>
<td>Low intensity</td>
<td>Routine screening &amp; brief intervention; generalized home visiting e.g. Healthy Start</td>
</tr>
<tr>
<td>Moderate intensity</td>
<td>Specialized SA case management/ home visiting programs e.g. Project LINK; outpatient treatment (Tx)</td>
</tr>
<tr>
<td>Moderate/High</td>
<td>Gender specific SA intensive outpt / day Tx</td>
</tr>
<tr>
<td>High Intensity</td>
<td>Gender specific residential mother + child</td>
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</tbody>
</table>
Limited Specialized Services

- Project LINK provides aggressive outreach in 8 communities
- 5 of the 6 residential programs that accept pregnant women allow the infant to remain. Total state bed capacity pregnant women < 50
- Medicaid coverage available for residential but only 4 programs meet special criteria to bill
# Residential programs that accept pregnant women & their newborns

<table>
<thead>
<tr>
<th>Program</th>
<th>Beds*</th>
<th>State Funds</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant &amp; postpartum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southeastern Family (HNN CSB)</td>
<td>16W</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Pregnant &amp; women with children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubicon (Richmond)</td>
<td>14 W</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Bethany Hall (Roanoke)</td>
<td>8W</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Vanguard Demeter House</td>
<td>20</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Pregnant &amp; women with children – restricted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Generations (Fairfax CSB)</td>
<td>12</td>
<td></td>
<td>x</td>
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Potential Expenses for a Substance Exposed Child

- Neonatal Intensive Care Unit (NICU) services
- CPS investigation for mandated hospital referral
- Other child welfare services / foster care placement
- Ongoing special medical care e.g. HIV / STDs; congenital problems etc
- Early intervention services for developmental delay
- Special Education services
- Treatment for mental health and substance abuse problems as child ages
Virginia Expenditures for Pregnant / Parenting Women: 2007

- Federal SAPT BG Women’s Setaside: ($4,715,501)
  - Gender specific treatment at each CSB
  - Residential beds for women w/ dependent ($500,000)
  - 6 Project LINK ($100,000 each site)

- State General Funds: $1,400,000
  - 2 Project LINK collaborative sites ($125,000 each site)
  - Funds residential beds @ 3 sites ($1,000,000)
  - Outreach case management post partum referrals ( $150,000)

- Medicaid Expenditures: $ 774,258
  - Perinatal Day Treatment: (3 programs) $47,058
  - Perinatal Residential: $727,200 ( 4 programs)
Efforts to Improve Services

- DMHMRSAS’ provides technical assistance to CSBs and state agencies regarding services for pregnant and parenting women and their children.

- Commonwealth Partnership for Women and Children Affected by Substance Use (Provider Group)

- Interagency Substance Exposed Newborn Workgroup

- Strong partnerships and collaboration with the Departments of Health, Social Services and Medical Assistance

- Governor’s Home Visiting Consortium – addressing SA screening & referral services across Virginia’s home visiting programs

- Virginia Summer Institute for Addiction Studies
References

- Cigarette Use Among Pregnant Women and Recent Mothers (NSDUH: 2/9/2007)
- Chapter “Misuse of prescription drugs by pregnancy status” at http://oas.samhsa.gov/Women.htm
- FASD: What Policy Makers Should Know www.nofas.org
- Substance Exposed Infants: State Responses to the Problem, National Center for Substance Abuse and Child Welfare (2007)