

Perinatal Substance Use

Substance Use by Pregnant Women

In the U.S.

Substance Use by Pregnant Women & Girls	15-17 yrs	18-25 yrs	26-44 yrs	15-44 yrs
Alcohol ¹	15.8 %	9.8 %	12.5%	11.6 %
Average # of drinks consumed on days alcohol used	3.6	3.6	1.7	
Tobacco ²	24.3 %	27.1 %	10.6%	17.3%
Non-medical use prescription medication ³	18.2%	9.6%	2.9%	6%
Illicit Drug		8%	1.6%	4.3%

In Virginia

Of **105,890** babies born in Virginia (to women age 15-44) in 2006, it is estimated that:

- 12,283 were exposed to alcohol in utero;
- 6,353 were exposed to the non-medical use of prescription medications &
- 4,553 were exposed to an illicit substance e.g. heroin, cocaine etc.

Impact of Prenatal Substance Exposure

Any alcohol or drug use during pregnancy is potentially harmful to the unborn child. If a mother is not treated and continues to use during her pregnancy, her substance exposed (SE) newborns is at high risk for:

- Premature delivery
- Low birth weight
- Neurological & congenital problems
- Increased risk for SIDS (sudden infant death syndrome)
- Developmental delays
- Neglect or abuse (2 –3 times higher than non SE Newborns)
- Mental health & substance abuse problems as they age.

Research indicates that interrupting the mother's substance use and providing comprehensive services for mother and child significantly improves

- o Birth outcomes
- o Children's development

Women Who Use During Pregnancy

While women across all racial, ethnic, religious and socioeconomic groups use substances during pregnancy, we know most regarding those women who have received substance abuse treatment services through publicly funded programs. Research indicates that women served in these programs are likely to have:

- Co-occurring mental health disorders
- Experienced trauma as a child &/or adult
- Be on Medicaid or lack health coverage
- Be impoverished &/or lack stable housing
- Experienced partner &/or community violence
- Legal problems

¹ *Alcohol Use Among Pregnant Women & Recent Mothers 2002-2007* [National Survey Drug Use and Health (NSDUH): 9/2/2008]

² *Cigarette Use Among Pregnant Women and Recent Mothers* (NSDUH: 2/9/2007)

³ Chapter "Misuse of prescription drugs by pregnancy status" at <http://oas.samhsa.gov/Women.htm>

Reasons Women in General (Ages 18 – 49) Give for Failing to Pursue Treatment⁴

Although we have some idea why women fail to pursue substance abuse treatment, we do not know the actual per cent of pregnant women or adolescents deterred from treatment for these reasons. The following information pertains only to women in general, ages 18-49, who recognized that they needed substance abuse treatment but, for varying reasons, did not pursue it.

Reasons Identified	
Not Ready to Stop	36.1 %
Cost/Insurance Barriers	34.4 %
Social Stigma	28.9 %
Did Not Feel the Need for Treatment/Could Stop On Own	15.5 %
Did not know where to get treatment	13.2 %
No Time	4.7 %
Felt Treatment Wouldn't help	2.7 %
Other	15 %

Pregnant and Parenting Women Face Additional Barriers

Pregnant women face additional barriers to substance abuse treatment. Due to the severity of their addiction and the complexity of their problems, many require intensive services; however, few treatment programs provide the programming and supports that pregnant women require. In addition, many traditional residential programs are reluctant to accept pregnant women due to concerns regarding liability. Barriers to treatment for pregnant and postpartum women include:

- Stigma
- Fear they will lose custody of their children
- Lack of / inability to access gender specific treatment
- Lack of healthcare coverage
- Lack of childcare and/or transportation

Continuum of Care⁵

Research from the National Institute of Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMSHA) indicate that women are more likely to remain in treatment and evidence the greatest benefits when services are gender specific, family focused, allow the woman to keep her children in treatment with her and include both clinical and support services. The degree of structure and support a woman requires varies depending upon the severity of her use, the presence of co-occurring mental health problems and socioeconomic problems as well as the degree of support available to her in her environment. In other words, "one size does not fit all". The intensity of services a woman requires may also vary over time. The ideal system of care for pregnant and parenting women includes a continuum of treatment and support services that range from low to high intensity.

Level of Intervention	Type of Service
Low intensity	General home visiting services e.g. Healthy Start, Resource Mothers
Moderate intensity	Specialized substance abuse case management /home visiting programs e.g. Project LINK
Moderate intensity	Gender specific outpatient substance abuse treatment
Moderate/High intensity	Gender specific intensive outpatient / day hospital treatment
High intensity	Gender specific residential treatment that allows women to keep their newborns/children in treatment with them

⁴ Substance Use Treatment Amongst Women Of Childbearing Age (NSDUH:10/4/2007)

⁵ Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges, Substance Abuse and Mental Health Services Administration (SAMHSA 2007)

Publicly Funded Perinatal Substance Abuse Treatment Services in Virginia

Virginia's 40 Community Service Boards (CSBs) provide gender specific services for pregnant and parenting women; available services vary by CSB according to their funding and community resources. DMHMRSAS also supports residential substance abuse treatment to pregnant and recently postpartum women in three localities and funds 8 Project LINK sites.

CSB services

All CSBs are required to provide:

- Outpatient gender specific substance abuse services
- Treatment priority for pregnant substance using women

Project LINK (\$600,000 federal SAPT BG; \$250,000 State General funds)

Project LINK is an interagency, community based, collaborative project that coordinates and enhances existing community services for substance using and at-risk pregnant, postpartum and parenting women and their children. LINK provides family focused, intensive case management, outreach and home visiting services. In 2007, Project LINK:

- Served more than 2120 women
- Served 771 children; 115 of 152(76 %) babies born to program participants weighed 2500 grams or more i.e. healthy birth weight

Project LINK Sites:

- **Blue Ridge Behavioral Health Project LINK (1992; \$100,000 SAPT BG):** Counties of Botetourt, Craig & Roanoke, Cities of Roanoke and Salem.
- **Hampton Newport News CSB Project LINK (1992;\$100,000 SAPT BG):** Cities of Newport News & Hampton.
- **Rappahannock Area CSB Project LINK (1992; \$100,000 SAPT BG):** Counties of Caroline, King George, Spotsylvania, Stafford & City of Fredericksburg.
- **Region Ten CSB Project LINK (1992; \$100,000 SAPT BG):** Counties of Albemarle, Fluvana, Greene, Louisa, Nelson & City of Charlottesville.
- **Virginia Beach Department of Human Services Project LINK (1992; \$100,000 SAPT BG):** City of Virginia Beach.
- **District 19 CSB Project LINK (2000; \$100,000 SAPT BG):** Prince George County & Cities of Hopewell & Petersburg.
- **Northern Virginia Project LINK (2001; \$125,000 SGF):** collaboration between Fairfax-Falls Church, Alexandria, Arlington, Prince William & Loudoun CSBs. Northern Virginia LINK serves the Counties of Alexandria, Arlington, Loudoun & Prince William; cities of Fairfax, Falls Church, Manassas & Manassas Park.
- **Cumberland Project LINK (2001; \$125,000 SGF):** collaboration between Cumberland Mountain Community Services, Dickenson Community Services & Planning District 1 CSB. Cumberland LINK serves the Counties of Buchanan, Russell, Tazewell, Dickenson, Lee, Scott & Wise & City of Norton.

DMHMRSAS Supported Residential Treatment (1 million state general funds)

- HNN Southeastern Family Project provides services for pregnant & recently postpartum women & their newborns served by 5 CSBs in Region V.
- BRBH contracts with Bethany Hall to provide services for pregnant & recently postpartum women & their newborns.
- RBHA & Region IV CSBs contract with Rubicon &/or other providers to provide services for pregnant, recently postpartum, parenting women & their children.

Residential Treatment Facilities in Virginia Which Provide Gender Specific Services

Few programs in Virginia accept pregnant women; even fewer allow women to keep their newborns or other children with them. In 2008, only five residential facilities in Virginia provided services designed to meet the social, psychological, and health care needs of women. The following programs will accept pregnant women and /or parenting women and their children. Bed counts reflect the total number of beds available for women and children; capacity in each program varies depending on the distribution of adults and children.

Publicly Funded Facilities

- **HNN CSB's Southeastern Family Project (Newport News):** 16 beds. Serves pregnant and postpartum women and their newborns from 5 participating CSBs. Women from other localities accepted as space allows.
- **Fairfax-Falls Church CSB's New Generations (Fairfax):** 12 beds. Serves pregnant, post partum women & their children. Admission limited to Fairfax residents.

Private Facilities⁶

- **Vanguard Demeter House (Arlington):** 20 beds. Serves pregnant & parenting women & their children.
- **Bethany Hall (Roanoke)** 8 pregnant/parenting women. Serves up to 8 pregnant/parenting women. Women may bring up to 2 children
- **Rubicon (Richmond):** 14 families. Serves up to 14 pregnant/parenting women; each woman may bring up to 3 children.

⁶ **Galax Life Center (Galax):** accepts pregnant women but is not able to accommodate newborns following delivery