

## SUBSTANCE ABUSE SCREENING

### Importance

Substance use during pregnancy exposes the fetus to both short term and life long complications. Short term complications during pregnancy include<sup>1</sup>:

- placental abruption
- intrauterine growth restriction
- preterm labor
- stillbirth
- infant withdrawal
- complications related to life-style issues (such as, increased risk for sexually transmitted infections and bacterial vaginosis, poverty, neighborhood violence, domestic violence, late access to and inadequate utilization of prenatal care, and inadequate nutrition)
- drug specific, dose dependent, and gestational age related birth defects effecting the central nervous, cardiovascular and musculoskeletal systems
- mental retardation, developmental delay, behavioral problems (such as, hyperactivity attention deficit disorder, and impulsivity)
- child abuse and neglect

### Prevalence and Costs:

Alcohol, tobacco, and drug abuse cause significant maternal, infant and societal problems and place large burdens on the health care system. National surveys for substance related disorders from five major U.S. cities and California surveys reveal:

- 6.4% of individuals reported problems related to substance abuse within the past six months.
- 19.2% reported that they had a problem at some time in their life.
- Two-thirds of disorders mentioned were related to use of alcohol and one-third related to other substance use.

- Substance related disorders including those related to tobacco, alcohol and other substances annually accounted for more than 20% of national health care costs in 1993.
- Since 1990, licit and illicit drug use has been increasing, and increasing most rapidly among adolescents.
- Conservative estimates suggest that 11.4% of all births in California were exposed to alcohol or illicit substances<sup>2</sup>.
- Overall prevalence varies only slightly between women receiving public and private health care<sup>3</sup>

“Conservative estimates note that for every \$1 invested in addiction treatment, there is a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ration of 12 to 1.”<sup>4</sup>

### Rationale:

Accurate assessments for alcohol and substance use and abuse are the necessary first steps to assist pregnant women in accessing these services and ultimately having healthy pregnancies. Yet, surveys suggest that only 40% of physicians ask about alcohol use and only 20% ask about other substance use.<sup>5</sup> Few providers feel confident when assessing for substance use and most struggle to navigate the often fragmented system of resources available for substance abusing pregnant women. Subsequently, under 10% of pregnant women who are using and abusing substances receive treatment for addiction.<sup>6,7</sup>

### Key Principles

- To optimize the health outcomes of both the mother and infant, women should discontinue substance use prior to becoming pregnant.

- Advice and treatment for substance use needs to reach women before, during and continue following pregnancy.
- Early and continued prenatal care is important for assessment and follow-up to ensure optimal outcomes for mother and infant.
- Perinatal substance abuse is framed no differently than any other high-risk medical condition.
- Understanding of the underlying motivations for substance use and examining the social context of women's lives have led to improved treatment services.<sup>2</sup>
  - Substance abusing women often suffer from undiagnosed psychiatric disorders including affective disorders, chronic or acute depression, anxiety disorders, and phobias.<sup>8</sup>
  - Women who abuse substances more often have been victims of physical, sexual and/or emotional abuse as children and adults, and often experienced parental divorce, poor parental role modeling, and parental substance abuse.<sup>9,10</sup>
  - Men generally play important roles in the initiation and maintenance of substance use and abuse by women.<sup>9</sup>
  - Women's substance use and abuse is more readily influenced by their support network in both positive and negative ways, and by their relationship with their children in positive ways that support prevention, treatment and recover.<sup>2</sup>
- Patterns of substance use will vary but are often characterized by repeated cycles of relapse and dependence.
- "Best Practice" models for perinatal substance use and abuse treatment programs are comprehensive,

collaborative, family-centered, culturally competent and provide a continuum of services to women and their children including case management.<sup>2</sup>

- Treatment centers that focus on women, and support her recovery on multiple levels simultaneously by providing comprehensive services that address personal and parenting needs, family and social needs, educational and vocational needs, as well as mental and physical health needs, have been shown to be the most effective and have demonstrated improved pregnancy outcomes and cost savings.<sup>2,11,12</sup>
  - Research indicates that retention is the primary predictor of treatment success.<sup>13</sup>
  - Case management (to assist with accessing resources and developing a social support network, and provide assistance with learning new coping skills), child care facilities, the mothers ability to retain contact with her children, and prolonged transition time following residential treatment increase success.<sup>14</sup>

### **Key Components of Best Practices**

- Screening questions should be asked at the first prenatal visit and repeated at least once every trimester.
- Interviewing techniques need to be employed that will provide for confidentiality, are respectful, non-judgmental, empathetic and supportive.
  - Women are more likely to divulge information about their substance use during the time before pregnancy as this is not associated with the same stigma as use during pregnancy.
  - Further, women are more likely to disclose tobacco and alcohol use rather than drugs due to the

criminality of illicit drug use. Using history from before pregnancy provides good information about their potential for current use.

- Experience from case management programs also tells us that questioning at later points in pregnancy, after a trusting relationship has been established may also uncover substance use that was not initially disclosed.
- Motivational interviewing concepts should be employed for those women not ready to enter treatment. Discussions around substance abuse should be:
  - Empathetic and supportive,
  - Providing education on the risks of continuing adverse behaviors and
  - Describing the benefits of treatment, referral and follow-up.
- Brief interventions should be employed for women who screen at “Average risk” and “High risk”.
- Women identified by screening as at risk for substance use should be referred to the nearest CASC. Call 1-800-564-6600 to refer client to closest CASC.
- Resources for quality treatment, including gender-specific and family-centered facilities and programs, should be established before implementation of the screening program to provide smooth referrals.

## Challenges for Providers

Few providers feel confident when assessing for substance abuse and most are unfamiliar with or do not have the office resources to navigate the often fragmented system of resources available for substance abusing pregnant women.

## Tools for Implementation

The following is a validated screening tool for assessing substance abuse:

- **Screening tool:**
- **4-P's Plus Screen for Substance Abuse\***

Parents	Did either of your parents have any problems with drugs or alcohol?
Partner	Does your partner have any problem with drugs or alcohol?
	Do you ever feel afraid of your partner or feel you are in danger?
Past	Have you ever drunk beer/wine/liquor?
Pregnancy	In the month before you knew you were pregnant, how many cigarettes did you smoke?
	In the month before you knew you were pregnant, how much wine/beer/liquor did you drink?

\* This is a proprietary tool and permission is required for use.

**High Risk:** Women who answer that they have used alcohol in the past, plus either that they smoked three or more cigarettes in the month before pregnancy or that they drank alcohol in the month before pregnancy;

**Average Risk:** Women who answered Yes- that they have used alcohol in the past, but who have not smoked three or more cigarettes in the month before pregnancy, and who have not drunk alcohol in the month before pregnancy.<sup>11</sup>

- **Referral Form** for Community Assessment and Service Centers (CASC).
- **List of Los Angeles County Assessment Centers**

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The titles listed below are for documents that will be included in the toolkit, but are currently being developed or sought through other sources.

- **Summary of the Principles of Readiness for Behavior Change**
- **Guidelines for Motivational Interviewing**
- **Summary of California Laws regarding disclosure of substance use during pregnancy:**

### ***Steps for Implementing Substance Abuse Interventions***

This is excerpted from Chasnoff et al (11):

A. For a woman who **screens “negative”** (no risk):

- 1) Review the benefits of abstinence for the duration of the pregnancy.
- 2) Reassure woman that small amounts of alcohol (one drink or less in any 24-hour period) that she may have consumed prior to the visit need not be a concern, and that occasional use before conception does not pose a risk, and that foods containing alcohol (such as Kahlua ice cream or rum cake) are not a problem.

B. For a woman who has a **“positive” screen**:

- 1) Review for her what she has just reported.
- 2) State concern for the health of the mother and baby.
- 3) State belief that provider knows the mother wants her baby to be as healthy as possible and that she can improve the health of her baby by stopping use of alcohol and drugs.
- 4) State the need for her to stop using drugs and/or alcohol during pregnancy, and that provider and she will work together to achieve this.
- 5) Discuss possible strategies for her to stop-e.g. individual counseling, 12-step programs,

- 6) Suggest a referral for a more in-depth assessment by a specialist.
- 7) Make a follow-up appointment to see the woman after her drug/alcohol assessment and keep an ongoing interest in the problem.
- 8) Praise any reduction in use that she reports.
- 9) Maintain communication with the treatment provider to monitor progress.
- 10) Be positive.
- 11) Assure the woman that she will improve the health of her baby by discontinuing drug and alcohol use. Emphasize that benefits will begin as soon as the woman reduces or stops use, and that the earlier she is able to stop the better.

#### **Potential impact:**

In general, programs for pregnant women show that up to 60% of women are substance free at six months following discharge. Importantly, the programs demonstrate a 70% reduction in the number of preterm births, an 84% reduction in low birthweight, and a 67% reduction in infant mortality.<sup>16</sup> For every six women who received comprehensive substance abuse treatment during pregnancy, one preterm birth can be prevented. Additional benefits to families and society are realized from these comprehensive services in terms of a:

- 1) 75% decline in arrests for alcohol or drug offenses, and non-alcohol or drug related offenses;
- 2) 62% increase in percent of clients reporting employment as their principal source of income, and
- 3) 39% increase in the proportion of clients having custody of one or more of their children.<sup>16</sup>

### ***Source Materials & Useful Resources***

Substance Abuse and Mental Health Services Administration (SAMHSA). Department of Health and Human Services. [www.samhsa.gov](http://www.samhsa.gov)

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