
SUBSTANCE ABUSE SCREENING AND TREATMENT

Importance

Substance use during pregnancy exposes the fetus to both short term and life long complications. Short term complications during pregnancy include¹:

- Placental abruption
- Intrauterine growth restriction
- Preterm labor
- Stillbirth
- Sudden infant death syndrome (SIDS)
- Neonatal abstinence syndrome
- Complications related to life-style issues (such as, increased risk for sexually transmitted infections and bacterial vaginosis, poverty, criminal justice system, 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 affecting the central nervous, cardiovascular and musculoskeletal systems
- Mental retardation, developmental delay, behavioral problems (such as, hyperactivity attention deficit disorder, impulsivity, oppositional defiant disorder, and conduct disorder)
- Child abuse and neglect

Prevalence

Alcohol, tobacco, and drug abuse cause significant maternal, infant and societal problems and place large burdens on the health care system. According to the 2007 National Survey on Drug Use and Health, in the past month:

- 5.2% of pregnant women aged 15-44 reported using illicit drugs;
- 11.6% reported alcohol use; and
- 16.4% reported using cigarettes.

The rates of substance use are higher before and after pregnancy compared to during pregnancy. For example, the rate of alcohol use was 54% prior to pregnancy and 42.1% for recent mothers

as compared to 11.6% during pregnancy.

Younger women are more likely to report substance use when compared to older women. For example, pregnant women aged 15 to 17 had the highest rate of past month alcohol use (15.8%), followed by those aged 26 to 44 (12.5%), and those aged 18 to 25 (9.8%).

Costs

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.²

- Overall prevalence varies only slightly between women receiving public and private health care³

“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 ratio of 12 to 1.”⁴

Rationale for Perinatal Screening

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.⁵ 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, fewer than 10% of pregnant women who are using and abusing substances receive treatment for addiction.^{6,7}

Key Principles

To optimize the health outcomes of both the mother and infant, women should be encouraged to discontinue substance use prior to becoming pregnant. Interventions such as 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 the underlying motivations for substance use and examining the social context of women's lives have led to improved treatment services.²

- Mental Health of the Mother. Substance abusing women often suffer from undiagnosed psychiatric disorders including affective disorders, chronic or acute depression, anxiety disorders, and phobias.⁸
- Look for other co-morbidities. Among those with an alcohol disorder, 37% have a co-morbid mental disorder. Among those with non-alcohol drug disorders, more than half (53%) have a co-morbid mental disorder. Among those with a mental disorder, the lifetime prevalence of an addictive disorder is 29% - including an overlapping 22% with an alcohol and 15% with another drug disorder.
- Underlying trauma or stress. Women who abuse substances more often have been victims of physical, sexual and/or emotional abuse as children and adults, witnessed violence against their mother, and often experienced parental separation or divorce, poor parental role modeling, and parental substance abuse and involvement with the criminal justice system.^{9,10}
- Role of a woman's partner. Men generally play important roles in the initiation and maintenance of substance use and abuse by women.⁹

- Support System. A woman's substance use and abuse is more readily influenced by her support network in both positive and negative ways, and by her relationship with their children in positive ways that support prevention, treatment and recovery.²
- 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 and aftercare services.²

- Treatment centers that focus on women, and support her recovery on multiple levels simultaneously by providing comprehensive services addressing 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.^{2,11,12}
- Research indicates that retention is the primary predictor of treatment success.¹³
- Longer length of treatment is also an important predictor of treatment success. Programs lasting less than three months are unlikely to result in significant behavioral changes
- Case management (to assist with accessing resources and developing a social support network, and to provide assistance with learning new coping, as well as life skills), policies allowing children to accompany their mothers in treatment, , gender-specific treatment, integrated treatment of co-occurring serious mental illness, and/or past victimization, access to sober living home during and after outpatient treatment, and prolonged transition time following residential treatment increase success.¹⁴

Key Components of Best Practices

- Screening questions should be asked at the first prenatal visit and repeated at least once every trimester and as soon as any significant life stress is identified (i.e., death of a family member, job loss, family conflict, etc.)
- 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.¹⁵
- 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 skills should be employed for those women not ready to enter treatment.
 - 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 in Los Angeles County identified by screening as at risk for substance use should be referred to the nearest **Community Assessment Service Center (CASC)**. Call 1-800-564-6600 to refer client to closest CASC. The CASC will refer the woman to the appropriate treatment program in her community. CASCs provide the following services: initial screening (in-person or by phone), face-to-face comprehensive clinical alcohol and other drug assessments, referrals to alcohol/drug treatment providers within each service planning area (SPA), referrals to ancillary services (i.e., vocational rehab, education, transportation, public social services, housing, health, legal and mental health services), on-site HIV/AIDS specialist, medical screening including physical exam and screening for infectious diseases, on-site child care area for persons receiving services from the assessment center.
- Outside of Los Angeles County, resources for quality treatment, including gender-specific and family-centered facilities and programs, should be established prior to implementation of the screening program by contacting the local Alcohol and Drug Treatment Administration.

Challenges for Providers

Few providers feel confident when assessing for substance use 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.

Additionally providing a referral network that can assist in the process of a pregnant woman’s care may not be available.

To ensure a comprehensive approach in a pregnant woman’s care it is essential that culturally appropriate material is provided and integrated into an action plan and placed in the client’s overall care plan. Adequate training for medical and non-medical staff in the clinic also needs to be integrated to ensure continuity of care.

Tools for Implementation

Screening Tools: TWEAK, T-ACE, 5-Ps¹⁷

The following are validated screening tools for assessing substance abuse:

TWEAK- designed to screen pregnant women for harmful drinking habits.

1. How many drinks does it take for you to feel high? (Tolerance)
2. Does your partner (or parents) every
Worry or complain about your drinking?
3. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (Eye-opener)
4. Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening before?
5. Have you ever felt that you ought to K/Cut down on your drinking?

Scoring the TWEAK:

The first 2 questions count 2 points each and the last 3, one point each. (If a woman responds that it takes > 3 drinks to feel high, she scores 2 points. If she responds < 3, she scores zero on question #1.)

A total score of ≥ 2 on the test is an indication of harmful drinking and further evaluation is indicated.

You may substitute for question #1: How many drinks can you hold? If a woman responds > 5 drinks (meaning she can drink > 5 drinks without passing out), she scores 2 points; she scores zero if she reports < 5.

T-ACE: used to assess problem drinking

- T** Tolerance: How many drinks does it take to make you feel high? More than 2 drinks is a *positive response*. Score 2 points
- A** Have people Annoyed you by criticizing your drinking? If “yes” – Score 1 point.
- C** Have you ever felt you ought to Cut down on your drinking? If “yes” – Score 1 point.
- E** Eye opener: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? If “yes”- Score 1 point.

Scoring: A total score of 2 points or more indicates a *positive* screen for pregnancy risk drinking.

5-Ps Born Free Project Screen for Substance Abuse

Parents	Were either of your parents an alcoholic or addict?
Partner	Does your partner have any problem with drugs or alcohol?
Peers	Do your friends use drugs or alcohol?
Past	Did you have a problem with control or consequences of using drugs or alcohol in the past?
Pregnancy	Have you used drugs or alcohol since you knew you were pregnant? What about the month before?

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.¹¹

Assessment and Treatment Resources:

- Referral to Community Assessment Service Centers (CASC) in LA County, call **1-800-564-6600**.
- List of Los Angeles County Assessment Service Centers
<http://publichealth.lacounty.gov/adpa/casc/CASCROSTER1stQuarter2009.pdf>

Steps for Implementing Substance Abuse Interventions

This is excerpted from Chasnoff et al¹¹

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 Kahlúa 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) Recommend 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, non-judgmental, and empathetic.

- 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.¹⁶ 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.¹⁶

Source Materials & Useful Resources

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