

# **Maternal Substance Use & Abuse**

**A Charged and Complex Problem that  
Requires a Reasoned and Coordinated  
Response Across Agencies, Fund Sources &  
Systems**



# The Scope of the Problem

## In the US:

- 9% of all children live with one or more parent who is dependent on alcohol or illegal drugs\*
- 40-80% of children entering the child welfare system are affected by their parents' or caretakers' substance abuse\*



# And

**Prenatal screening studies document that 15-20% of newborns have been exposed to alcohol, tobacco or illicit drugs\***

\*(Sid Gardner, National Center on Substance Abuse & Child Welfare: Responding to Prenatal Exposure: The Potential for Policy and Practice Changes, September, 2009)

# BUT

**75-90% of substance-exposed infants are undetected and go home**

**Why?**

**Many hospitals don't test or don't systematically refer to CPS**

**State law may not require report or referral**

**Tests only detect very recent use\***

**\*(National Center on Substance Abuse & Child Welfare, 2006)**

# State Responses

**The Guttmacher Institute reported that as of March 1, 2010:\***

- 15 states consider substance abuse during pregnancy to be child abuse under civil child-welfare statutes and 3 consider it grounds for civil commitment**



# Guttmacher Report

- 14 states require health care professionals to report suspected prenatal drug abuse, and 4 states require them to test for prenatal drug exposure if they suspect abuse



# Guttmacher Institute

- **19 states have either created or funded drug treatment programs specifically targeted to pregnant women, and 9 provide pregnant women with priority access to state-funded drug treatment programs**



# And

- **4 states prohibit publically funded treatment programs from discriminating against women**

\*(Guttmacher Institute website *State Policies in Brief: Substance Abuse During Pregnancy*; [www.guttmacher.org](http://www.guttmacher.org))



# The Problems & Barriers

**Nationally and in Texas: insufficient treatment resources to meet the need plus:**

- Reluctance on the part of pregnant women to admit to substance abuse due to fear of loss of children
- Inability of women to access possibly available treatment due to lack of transportation and childcare
- Failure on the part of medical, social service or other personnel to screen for substance abuse problems
- Failure on the part of systems to better coordinate, integrate and sequence resources, services and care

# Studies Show That

- Doctors and experts in substance abuse are against criminalizing women who use during pregnancy as this will keep them from seeking pre- natal care
- They also state that placing women in jail endangers the mother and child as pre natal care is poor or non-existent in prison



# And In Texas

**Women who use drugs or alcohol are ineligible for TANF benefits – this means that:**

- Opportunities for intervention are lost between HHSC and TWC as women will deny a problem rather than risk losing benefits even though treatment is an allowable TWC activity for CHOICES on the premise that if a woman is in treatment, she is clean and sober**

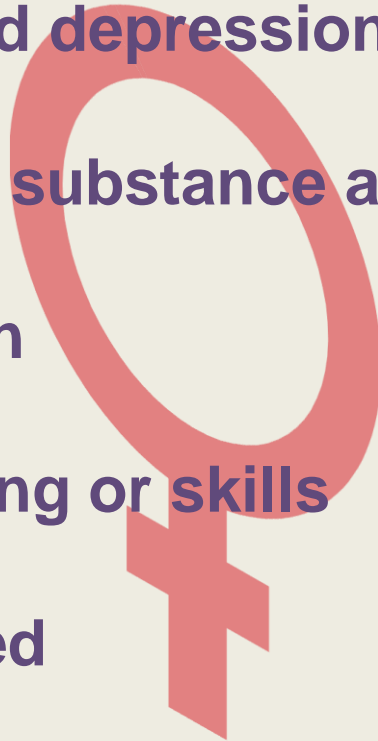
# More Barriers

**Reactive or narrow laws and regulations that impede, hamper and/or bar women from achieving recovery:**

- Women whose children are in care are ineligible for TANF so they are without income**
- Women with drug felony convictions cannot access housing support**
- Women with drug felony convictions cannot receive food stamps**


# The Clinical Profile of the Pregnant Addicted Woman

- Lifetime history of sexual and physical abuse with resultant Post Traumatic Stress Disorder (PTSD) and related depression
- Family history of substance abuse
- Lack of education
- Lack of job training or skills
- Highly stigmatized



# What We Know

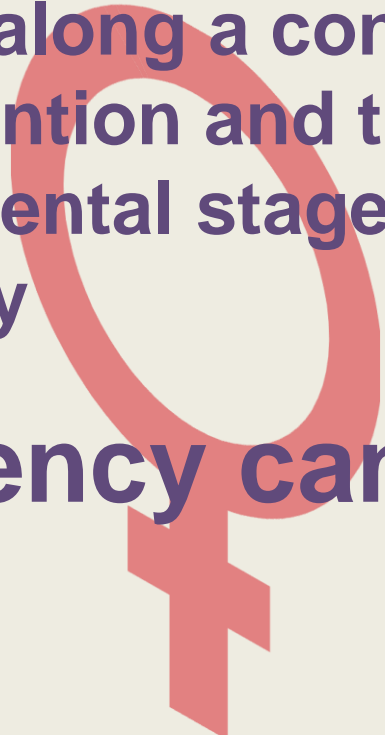
Pregnancy and childbirth are **EXCELLENT** opportunities to intervene and engage women for prevention, intervention or treatment services for alcohol, tobacco and other drug use or abuse



# The Players

The issue does not “belong to” any one agency, because it demands comprehensive services provided along a continuum of prevention, intervention and treatment at different developmental stages in the life of the child and family

No single agency can deliver all of these



# Best Practices & Substance Exposed Infants & Children

The Five Points for Intervention identified by Nancy K. Young:

- Pre-pregnancy and public awareness
- Prenatal screening and support
- Screening at birth
- Services to infants
- Services to parents\*

\*(Substance Exposed Infants, Policy & Practice, June 20, 2006)

# ALWAYS ASK

- Education:** many women are unaware or uninformed of the importance of not drinking, smoking or using drugs during pregnancy – many Fetal Alcohol Syndrome/Alcohol Related Neurological Defects can be prevented by a brief screening, intervention & education session



# REACHING OUT

**Intervention – identifying women in need of services can prevent progression of the addiction**




# Referral

**Treatment – can prevent the trauma and cost of court and if child welfare is involved it can help women achieve recovery and family stability**



# What Works Best?

## For women involved with CPS – Family Drug Treatment Courts:

- Better treatment retention & outcomes
  - Shorter foster care stays for children
  - Low “recidivism rates:
  - Higher family reunification outcomes
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# Best of All

**Early intervention and integrated, sequenced, coordinated services including:**

- **Long term trauma informed, gender specific women & children residential treatment**
- **Habilitation along with rehabilitation**
- **Education**
- **Job training and support**
- **Housing**
- **Daycare**
- **Transportation**
- **Two years of recovery support**




# The Players

This requires coordination of effort, braiding of funding & planned data collection between and among:

- TWC
- DSHS
  - Mental Health & Substance Abuse
  - Maternal & Child Health
- DFPS
- Public & Private health care providers
  - Doctors
  - Hospitals
  - Clinics



# Plus

- TEA
  - HHSC
    - TANF
    - Medicaid
  - DADS
  - DARS
  - Family Drug Treatment Courts
  - OCA
  - TYC
  - TDCJ
  - The Governor's Office
  - Lawyers, prosecutors and law enforcement
  - Citizen Advocacy Groups
  - Non profit agencies working with families
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# BRIEFLY THE ISSUE IS

Do we want to solve the intergenerational problems of addiction, child abuse and neglect, family violence, poverty, and crime by biting the bullet and putting our dollars up front, together and with a focus on the family

OR

Do we want to blame, shame, criminalize, subjugate, marginalize and oppress families because they suffer from a disease that carries with it violence, poverty and crime?

# CENTRAL ISSUES TO CONSIDER

- CAPTA requirements do not include alcohol or nicotine
- Toxicology Screening may not reveal past use, screen for alcohol or nicotine
- Universal testing of all pregnant women and/or all neonates is the only fair & reliable way to identify infants born substance exposed
- The response & role of Child Protective Services must be standardized, uniform in enforcement and consistent in service and court application
- Public & Private entities, providers, etc. must all participate

# FINALLY

The question is not “how can she do that to her baby and how can we punish her? but is “why is she doing that to herself and what can we do to help her take care of herself and her baby?”

