

Substance Use During Pregnancy: Debunking the Myths

MYTH: Illegal substances, like heroin or crack, are more harmful to a pregnancy than alcohol.

- There are certainly adverse outcomes related to cocaine or heroin exposure in utero:
 - While some research on the effects of in utero cocaine exposure points to possible developmental delays and feeding problems,(1) a systematic review of the literature on the effects of cocaine on a fetus conclude that the adverse birth outcomes that were once attributed to cocaine cannot be separated from other risk factors, including prenatal exposure to alcohol, marijuana, or tobacco, and environment.(2)
 - Thus the adverse effects that were originally attributed to cocaine exposure are likely a result of other risk factors, including those mentioned above.
 - Babies exposed to heroin (or other opiates) in utero are at risk for prematurity and low birth weight. Other risk factors commonly present for illicitly opioid exposed infants include, exposure to tobacco and alcohol and the stress and poor nutrition experienced by the mother (1).
 - Babies are also at risk for experiencing Neonatal abstinence syndrome (NAS) as a result of physical dependence to opiates developed in utero. NAS is a treatable condition and is not an indication that a baby is “addicted.”(1)
 - According to the National Institute on Drug Abuse, addiction is defined as “compulsive drug use despite harmful consequences—is characterized by an inability to stop using a drug; failure to meet work, social, or family obligations; and, sometimes (depending on the drug), tolerance and withdrawal.”(3) Based on this definition, infants would not be able to meet the characteristics of addiction.
- However, research has shown that alcohol has serious, harmful, long-term effects on a fetus:
 - “Alcohol consumption during pregnancy is one of the leading causes of preventable birth defects and developmental problems including language and motor delays and poor academic achievement”(1)
 - Exposure to alcohol in utero has been shown to lead to Fetal Alcohol Spectrum Disorders, which can lead to mental, physical, and behavioral disabilities, with possible lifelong effects.(1,4)
 - Alcohol also(4):
 - Causes cell death, resulting in abnormal development of a fetus
 - Disrupts the development of nerve cells, impacting brain functioning
 - Hinders blood flow in the placenta, limiting the amount of nutrients and oxygen a fetus receives
- According to the American Congress of Obstetricians and Gynecologists (ACOG),(5) “Unlike neonatal exposure to maternal alcohol and tobacco use, there have been no reported long term effects of maternal opioid use on the developing child” (p. 2).

MYTH: Providers’ are always able to be neutral in their interactions with patients with substance use disorders despite their personal beliefs about substance use.

- Stigma has been shown to be one of the most significant barriers to accessing treatment for women who are using licit or illicit substances during their pregnancy.(6)
- In a study in the United Kingdom that looked at workplace discourse of medical staff found that many of the providers participating in the study verbalized negative stereotypes about the substance using pregnant women accessing prenatal care at their facility.(7)

MYTH: Women who are pregnant and identified as using substances (e.g., alcohol, heroin, marijuana, oxycodone, etc.) are required to be reported to the local agency that investigates child abuse and neglect.

- This changes depending on what state you live in.
- In North Carolina, pregnant women who are identified as using a substance are **not** criminalized or reported to the agency that investigates child abuse and neglect (Department of Social Services).(8)
 - At birth, if an infant screens positive for drugs or alcohol, this warrants a referral to Child and Protective Services (CPS), who will conduct an assessment.(9)
 - In regards to new mothers who are substance users, if either of the following two scenarios result in an answer of “yes,” a referral to CPS is made:
 - “Is the parent/caretaker using money for basic necessities to buy alcohol/drugs without making arrangements to provide basic necessities?” (p. 64)(9)
 - “Is the parent/caretaker's use of alcohol/drugs impairing their ability to care for the child in the absence of an alternative child care arrangement?” (p. 64)(9)

MYTH: Criminalizing substance use during pregnancy, (e.g., incarceration) is an effective strategy to achieve healthy birth outcomes.

- According to ACOG, incarceration (and threat of incarceration) of pregnant women who are substance-users has been shown to be ineffective in decreasing drug and alcohol use among pregnant women. (5)
- Criminalizing substance use during pregnancy can actually prevent women from accessing health care services and treatment during the critical prenatal time period.(5,10)
- Laws that mandate reporting of substance use during pregnancy threaten the crucial relationship between a pregnant patient and her physician,(5) and put physicians in a challenging, inappropriate position.(10)
- These laws deter women from being honest with their physician about their substance use, preventing them from receiving proper prenatal care and treatment, and potentially keeping them from seeking prenatal care altogether.(5,10)

MYTH: Mandatory urine toxicology testing is an effective way to screen for substance use disorders among women who are pregnant.

- As ACOG explains (5), “Urine drug tests are not a substitute for verbal, interactive questioning and screening of patients about their drug and alcohol use” and “urine drug tests should only be used with patient’s consent and to confirm suspected or reported drug use...even with consent, urine testing should not be relied upon as the sole or valid indication of drug use” (p. 4).
- Urine drug tests are not highly sensitive for some drugs, sometimes resulting in incorrect results (false positive or negative). This is harmful because it can cause unnecessary fear and anxiety, and can be a missed opportunity to talk to someone about their drug or alcohol use (5).
- A positive urine toxicology screen would indicate, if accurate, that substance use had occurred. However, it could not diagnose a substance use disorder (5).

- A brief verbal screening is more effective and meaningful if the goal is to connect substance using pregnant women to helping resources, including treatment (5).

References

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- (3) National Institute on Drug Abuse. Is there a difference between physical dependence and addiction? 2012; Available at: <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/there-difference-between-physical-dependence>. Accessed March 10, 2015.
- (4) U.S. Department of Health and Human Services. Effects of Alcohol on a Fetus. 2007;07-4275.
- (5) American Congress of Obstetricians and Gynecologists. Toolkit on State Legislation: Pregnant Women & Prescription Drug Abuse, Dependence and Addiction. n.d.
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- (7) Radcliffe P. Substance-misusing women: Stigma in the maternity setting. *Journal of Midwifery* 2011;19(8):497-506.
- (8) Guttmacher Institute. State Policies in Brief: Substance Abuse During Pregnancy. 2015.
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- (10) Lester BM, Andreozzi L, Appiah L. Substance use during pregnancy: time for policy to catch up with research. *Harm Reduction Journal* 2004;1(5):5-48.