
Perinatal Substance Use: Characteristics Of The Population, Effects On The Child

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Of the 4.1 million live births in this country in 2004:

500,000 women reported using some alcohol during their pregnancy (12.2%);
420,000 reported smoking cigarettes during pregnancy (10.2%);
160,370 reported using illicit drugs during pregnancy (3.9%)

- *Prenatal Substance Exposure*, National Abandoned Infants Assistance Resource Center. April 2008
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- Nationally, illicit drug use and licit substance abuse remain a significant problem among women of childbearing age.

Substance Use	Pregnant (%)	Non-pregnant (%)
Used illicit drugs in the past month*	4.5	10.6
Current Alcohol Use	10.6	54.0
Binge Drinking	4.5	24.2
Heavy Drinking	0.8	5.5

* Among ages 15-17, women who were pregnant had a higher rate of illicit drug use than those who were not (15.8% vs. 13.7%, respectively)

In North Carolina...

2004 population: 8,540,468

Estimated number of addicted people:
839,528

Estimated number of people affected by
addiction: 4,197,640

2004 estimated cost of alcohol/drug abuse to
citizens of North Carolina: \$12,415,849,087

In 2009, there were an estimated 1.7 million women of childbearing age residing in North Carolina.

- 24.5% reported they were uninsured.
- 20% reported active use of cigarettes.
- 12% reported binge drinking.

Among women who had recently given birth:

44.5% reported they did not have health insurance at the time they became pregnant;

29% reported they had not had a physical or health check-up in the year prior to conception.

43% of these births were from unplanned pregnancies.

From The State of Preconception Health in North Carolina, NC DHHS 2010

Are Some Women More Likely to Abuse Alcohol and Drugs? YES

Who?

- Women who are depressed
 - Women who are isolated from other family, friends, and other people
 - Women who have experienced rape, sexual assault or physical assault as a child or as an adult
 - Women whose parents had problems with drugs and alcohol
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Are Some Women More Likely to Abuse Alcohol and Drugs? YES

Who?

- Women who have a husband, boyfriend or partner who abuses drugs and alcohol
 - Women who feel disconnected from others or have suffered great losses (like death of a family member, loss of a job, break-up of a relationship or marriage, loss of their health, loss of their house)
 - Women who tried or experimented with drugs or alcohol when they were young
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Comorbid Psychiatric Disorders

Women with Substance Dependence Issues:

- ❑ Are 4 times more likely to have a diagnosable affective (mood) disorder
 - Lifetime prevalence of depression in women is about 17% in general population
 - ❑ 3X increased risk of having an anxiety disorder
 - ❑ Greatly increased risk of suicide (40% vs 8%)
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PTSD and Comorbid Substance Use

- There is a twofold increased risk of substance use disorders in those with PTSD
 - (ranging from 21.6%-43.0%)
 - ~39% of drug or alcohol dependent women meet diagnostic criteria for PTSD
 - ~75% of alcohol dependent women in treatment report history of childhood sexual abuse
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How Do We Identify

Who Is At Risk?

Perinatal Screening for Substance Use

- During the initial intake.
 - As part of the general pregnancy education focused on promoting a healthy pregnancy.
 - Periodically throughout the pregnancy.
 - Following significant stressors in the family.
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Professional Organization's Endorsement of Substance Use Screening in Prenatal Care

Professional Organization	Recommendation	Recommended Frequency of Screening	Specific Tool Endorsement
American College of Obstetrics and Gynecology (2008)	Universal screening for all pregnant women	Intake appointment	TWEAK, T-ACE, NIAAA questionnaire
American Academy of Pediatrics (1998)	Universal screening for all pregnant women	Not specified	Verbal, maternal urine, newborn urine & meconium
Substance Abuse & Mental Health Services Administration	Universal screening for all pregnant women	Not specified	TWEAK
U.S. Preventive Services Task Force (2004)	Universal screening for all pregnant women	Not specified	TWEAK, T-ACE
United States Department of Health and Human Services (2008)	Universal screening for all pregnant women	Intake appointment	Not specified

Impact of Substance Abuse on Fetal Development

Potential Consequences of Neonatal Exposure

- Effects on fetal development
 - Major congenital malformation
 - Minor malformation
 - Growth retardation
 - Effects on learning
- Addiction and withdrawal in neonate
- Spontaneous abortion, abruption of placenta: vascular effects

Alcohol Use in Pregnancy: Fetal Effects

- Abnormalities in brain and neuron development
 - Growth deficiency
 - Structural changes
 - Prematurity
 - LBW (Low Birthweight)
 - Decreased length and head circumference
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Alcohol Use in Pregnancy: Neonatal Effects

- Fetal alcohol syndrome (FAS)
- Fetal Related Neurodevelopmental Disorders (ARND)
- Mental retardation
- Developmental, learning and behavior problems

The Need For Well-Informed Pre-Natal Care

When asked to identify the number of drinks per week a pregnant woman could consume without elevating their risk for infant mortality or morbidity, only 25% of physicians were able to correctly identify that pregnant women should abstain from all alcohol use in order to prevent alcohol-related birth defects .

Prenatal care providers report that their individual interpretation of research data suggested that light or episodic alcohol consumption was acceptable, and reported a double standard in the abstinence education they felt obliged to give patients versus messages about occasional consumption that they communicated to family or friends.

Possible Effects of Cocaine on the Fetus

- Increased risk of miscarriage
 - Preterm labor
 - Placental abruption
 - Low birthweight
 - Intrauterine growth retardation
 - Risk of stroke or heart damage
 - Increased risk of birth defects
 - SIDS (Sudden Infant Death Syndrome)
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Narcotics

- Lower birthweight, head circumference
- Prenatal and Neonatal withdrawal
- Birth weight is higher with methadone or buprenorphine maintenance during pregnancy
- Minor effects on cognitive function

Dr. Cynthia Kuhn, DUMC

Marijuana:

Fetal and Neonatal Effects

- Does not appear to cause anomalies or serious effects on the fetus
- Does not appear to decrease intelligence
- Newborns may show increased startle response, tremors, hand-to-mouth behavior and disturbed sleep patterns.

**Impact on the Child:
Growing Up in a Substance
Abusing Household**

Central Nervous System Functional Effects

- Cognitive deficits or developmental delays
 - Poor self-regulation skills
 - Motor functioning delays or deficits
 - Attention and hyperactivity problems
 - Social skill problems
 - Mental health problems
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Family Substance Abuse Issues

Caregiver

Parenting skills
Absent or
Depressed mom
Abuse/neglect
Dad?

Prenatal

genetics
substance exposure
prenatal care
stress response

Child in Recovery

FASD
Neurodevelopmental Delays
Attention Deficit/Hyperactivity
Reactive Attachment Disorder
Posttraumatic Stress Disorder
Depression
Substance Abuse

Stressors

Loss
Transition
Violence

Community

Resources
Child services
Attitudes

Common Misinterpretations of Normal Responses in Students with FASD

Behavior	Misinterpretation	Accurate Interpretation
Non-compliance	<ul style="list-style-type: none"> - Willful misconduct - Seeking attention - Stubborn 	<ul style="list-style-type: none"> - Has difficulty translating verbal directions into actions - Doesn't understand
Repeats the same mistakes	<ul style="list-style-type: none"> - Willful misconduct - Manipulative 	<ul style="list-style-type: none"> - Can't link cause to effect - Can't see similarities - Has difficulty generalizing
Doesn't sit still	<ul style="list-style-type: none"> - Willful misconduct - Seeking attention - Bothering others 	<ul style="list-style-type: none"> - Has neurologically based need to move while learning - Is experiencing sensory overload

More than 8.3 million children (11.9% of all children under age 18) lived with at least one parent who abused or was dependent on alcohol or an illicit drug.

National Household Survey on Drug Abuse, 2002-07

Possible Impact on Parenting

- Inconsistency in routine and structure
 - Inconsistency in discipline
 - Inconsistency in parental mood
 - Inadequate supervision
 - Impatient, harsh (physical and verbal) with child
 - May lack “control” over child’s behavior or his/her environment
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Possible Impact on Parenting

- Delayed or inconsistent medical attention
 - Bribes children or indulges children
 - Broken promises
 - Absences. Multiple caregivers
 - **55 (71%) of the 77 mothers had all or some of their children placed outside of their care. 81 children lived with their mothers; 110 lived with other caretakers. (Data from Horizons admissions 07-08)**
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Possible Impact on Parenting

- Appears inattentive to and uninterested in child and his/her development, needs, and environment
 - Lack of knowledge of child's behavior or routine, likes/dislikes
 - Discomfort in parent/child interaction (play)
 - Child absent or often late, not fed, lack of sleep, poor hygiene, inappropriate clothing
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Caregiver Issues

- When parents are in active addiction, they often:
 - Have difficulty meeting their own and their children's basic needs
 - Are unavailable physically and / or emotionally
 - Are unaware of developmental expectations and needs
 - Take their children's actions and attitudes personally
 - Have limited tools for appropriate discipline
 - Have difficulty tolerating the stress of raising a child with issues that can result from prenatal exposure
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Caregiver Attachment Issues

- Parents in active addiction often:
 - Have difficulty understanding their children's cues and responding appropriately
 - Are inconsistent in responses
 - Have experienced poor parenting themselves
 - Have difficulty creating stable environments
 - Are unaware of or unable to meet a child's basic needs for stimulation, affection or comfort
 - Have some disruption in being their child's primary caregiver
 - Allow inappropriate adults to have access to their children
 - May resort to inappropriate discipline, including harsh physical discipline

These factors can lead to attachment issues in children ranging from insecure attachment to RAD (Reactive Attachment Disorder)

Possible Impact on Children

- Child “runs the household”; parentification
 - Children exposed to inappropriate language, behaviors, (stealing, sexuality, drug exchanges, physical fights)
 - Children have speech and language problems
 - Children may have increased risk of anxiety, depression, ADHD, PTSD, poor social skills
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Parental Alcohol/Drug Problems and Child Maltreatment

- Research indicates correlation between substance abuse and maltreatment.
- Among confirmed cases 40% involve alcohol or other drugs.
- Neglect is the major reason children are removed from the home of parents with alcohol or other drug problems.
- Children in these homes suffer from a variety of physical, mental, and emotional health problems at a greater rate than do children in the general population.
- Children of alcoholics suffer more injuries and poisonings than do children in the general population

Why?

- Alcohol and other substances may act as disinhibitors, lessening impulse control and allowing parents to behave abusively.
 - Children in this environment often demonstrate behavioral problems and are diagnosed as having conduct disorders. This may result in problematic behavior.
 - Increased stress resulting from preoccupation with drugs on the part of the parent combined with behavioral problems exhibited by the child adds to the likelihood of maltreatment.
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Environmental Stressors

- Domestic violence
 - Unsafe homes and neighborhoods
 - Frequent relocation
 - Unsafe temporary caregivers
 - Sexual abuse
 - Lack of positive adult role models or relatives
 - Exposure to and encouragement of antisocial behaviors
 - Schools with fewer resources
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Community Response

- Pejorative view of families with substance abuse issues: this includes providers of services to these families (teacher, doctors, social workers, etc.)
 - Minimal availability of treatment programs that allow mothers to enter treatment with their children
 - DSS/CPS often involved in families with chronic substance abuse issues
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Kids in Recovery

Interventions for Working with
Children in Families with
Substance Abuse Issues

Child Treatment

Key areas addressed in individual, family and group treatment:

- Identify & address specific mental health diagnoses and clinical issues
 - Address substance abuse issues and prevention
 - Identify emotions, normalizing them, and learn to express them in ok ways (emotion regulation)
 - Build self-respect
 - Improve social skills and assertiveness
 - Engage in pro-social activities
 - Safety planning
 - Transition planning
 - Experience consistent and appropriate relationships with adults
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Child Treatment

- Play therapy
 - Games, books, workbooks, art, dolls, puppets etc.
 - Cognitive Behavioral Therapy / Dialectical Behavioral Therapy (“Coping Cat”)
 - Modeling appropriate interaction & coaching
 - Experiential
 - Behavior charts and other forms of positive reinforcement
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Parenting Education

- Basic skills and knowledge
 - Positive discipline and communication skills
 - Natural and logical consequences
 - Child growth and development; age-appropriate behaviors and needs
 - Fun, family activities that help form attachments and help children accomplish developmental goals
 - Managing the stressors of parenting
 - Community resources and how to advocate for their children's needs
 - Safety planning
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As Treatment Providers, We Can Build Networks To:

- Support parents' efforts to seek treatment for themselves and to help their children overcome the effects of the parents' substance abuse
 - Provide services to address the needs of children living in families with substance abuse issues
 - Medical care to address physical issues
 - Psychiatric services
 - Quality childcare (Including funding for vouchers)
 - Individual, family and group therapy
 - Occupational therapy
 - Speech and language therapy
 - Developmental / cognitive / academic testing
 - Physical therapy
 - Therapeutic recreation
 - Case management / community support
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Identification and Treatment Recommendations

- Universal assessment and screening for SA during pregnancy
 - Education of public and providers
 - Increased coordination between SA providers, DSS, school systems and medical providers; i.e. Health Departments and High-Risk Pregnancy Departments
 - Full spectrum gender-specific SA treatment
 - Trauma work
 - DBT
 - Seeking Safety/Beyond Trauma/Healing the Wounded Heart/Healthy Relationships/DV groups
 - Strengthening Families, Nurturing Families
 - Expand opiate treatment options
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- Child assessment and therapy – CDSA, CIDD, etc.

- Family Therapy
 - Couples/Co-Parenting Counseling
 - Parent-Child-Therapy
 - Education/Employment services
 - Child Care and Daycare vouchers
 - Intensive In-Home
 - Mentoring Programs
 - LHD Maternity Care Coordinators
 - Access to Health Insurance
 - Access to Psychiatric care
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Gender Specific Treatment

NC Women's Treatment

- Outpatient

- Individual, group, and family therapy and education weekly
 - SAIOP (Substance Abuse Intensive Outpatient Treatment) usually 9 hours, 3Xweek for 3 months
 - SACOT (Substance Abuse Comprehensive Outpatient Treatment) at a minimum 4 hours a day, 5 days a week, for 3-4 months
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NC Women's Treatment

- Therapeutic Homes for Individuals with Substance Abuse Disorders and their Children (Level III.5)

Perinatal

CASAWORKS

Self-sufficiency

Parenting

Recovery from trauma and addiction

Treatment Modalities

- Cognitive behavioral therapies
 - Dialectical Behavioral Therapy DBT
 - Motivational enhancement therapy
 - Person centered planning
 - Trauma treatment “Seeking Safety” by Lisa Najavits, “Beyond Trauma” by Stephanie Covington, “Healing the Wounded Heart” by Dan Allender
 - Advocacy and empowerment
 - Psychiatric evaluation
 - Group psychotherapy and process groups
 - Opiate Replacement Therapy (Suboxone)
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Treatment Modalities

- Programming for
 - Education and employment
 - Parenting
 - Health
 - Budgeting and planning
 - Living skills
 - Effective Social Skills
 - Advocacy skills for self and family
 - Recreational and leisure
 - Child care and transportation supports
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Services to the Children

- Medical and dental treatment
 - Speech and Language Therapy
 - Occupational Therapy
 - Physical Therapy
 - Developmental evaluations
 - Psychiatric evaluation and treatment
 - Individual and group therapy
 - On-site childcare
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Parenting Programs

- Use available curriculums and resources
 - Nurturing Parenting – Stephen Bavolek
 - Strengthening Families – Kumpfer, DeMarsh and Child
 - Mutual Regulation Model Dr. Edward Tronick
 - Circle of Security Project- Dr. Bob Marvin
 - Incredible Years- Dr. Carolyn Webster-Stratton
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Parenting programs

- Use related parenting programs
 - Motherhead, Inc.
 - Infant massage
 - Prevention programs
 - Positive Parenting
 - Group with speech and language, OT/PT therapists
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Parenting Programs

- Maximize parent-child interactions
 - Parents volunteer in child care center
 - Parents keep young infants in class
 - Planned recreational activities and outings
 - Young children included in NA/AA meetings
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Parenting Programs

- Maximize parent involvement in child's health care, schooling, after school activities
 - One primary physician and dentist
 - Knowledge and skill with drug prescriptions and medicine regimens
 - Communication possibilities with childcare and school age providers and therapists
 - Advocating for child's development of "interests"
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