



## TOPIC

# Deterring and Healing as Responses to Pregnant Women Who Use Illicit Drugs

## PROBLEM

The number of pregnant women with opioid use disorder documented at delivery increased [7-fold](#) in the United States from 1999 to 2014. Infants exposed to opioids in utero may be born with neonatal abstinence syndrome ([NAS](#)), which can be severe and often requires long, expensive hospital stays. Scientific evidence has received insufficient attention in ongoing policy debates about whether the wisest response to pregnant women's drug use is to expand addiction treatment, increase punishment, or both.

## SOLUTIONS



In states with punitive policies, drug use during pregnancy is grounds for criminal penalties, termination of parental rights, or civil commitment (e.g., involuntary inpatient treatment); these policies are associated with 24-30% [higher](#) rates of NAS.



Half of U.S. states and the District of Columbia require health care providers to report suspected drug use during pregnancy; this policy [does not](#) appear to be associated with the number of infants born with NAS.



Laws that define illicit opioid use during pregnancy as child abuse are associated with [35% lower](#) utilization of evidence-based addiction treatment among pregnant women.



[Forty states and the District of Columbia](#) have substance use disorder treatment programs targeted toward or prioritizing pregnant women. Treating opioid use disorder during pregnancy [can improve health outcomes for mother and baby](#).

## CONCLUSION

Enacting policies that punish pregnant women for drug use is associated with a higher number of infants born with NAS, whereas policies requiring health provider reporting of drug use during pregnancy are not. Expanding addiction treatment may benefit pregnant women who choose to seek help. Addiction treatment during pregnancy improves outcomes for both mothers and infants.



## KEY POLICY EVIDENCE

A 2019 [study](#) found that infants born in states with punitive policies for drug use during pregnancy were more likely to have NAS compared to infants born in states without these policies

Clinical [guidelines](#) from the Substance Abuse and Mental Health Services Administration recommend treating opioid use disorder during pregnancy.

A 2016 [study](#) found that in states with punitive laws, 35% fewer pregnant women with opioid use disorder received medication for addiction treatment compared to states without punitive laws



Too often, pregnant woman with OUD receive no, or very little, prenatal care. With no healthcare professional to monitor their pregnancy, women with OUD may present in a hospital emergency department late in pregnancy or in labor. This happens because women may not recognize they were pregnant, fear being incarcerated for illicit drug use or for exposing their fetus to illicit drugs, lack funds to pay for services, transportation or daycare, and/or fear losing custody of their other children...

Pregnancy is a time of great potential for positive change. A woman with OUD may be motivated to enter treatment not only out of concern for the health of the fetus but also because during pregnancy she can envision a different future for herself and her child.”

SAMHSA 2018  
*Clinical Guidance*

### LEARN MORE

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Haight SC, Ko JY, Tong VT, Bohm MK and Callaghan WM (2018). Opioid use disorder documented at delivery hospitalization—United States, 1999–2014. *Morbidity and Mortality Weekly Report* 67(31):845.

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