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# Reducing Alcohol and Drug-Exposed Infants Case Study

**Washington State Guidelines and Programs Reduce the Number of Alcohol and Drug-Exposed Babies**

*The Washington State Department of Health has developed policy, practice and resource materials to promote early and consistent prenatal and postnatal substance abuse screening practices among healthcare providers to implement effective interventions for mothers and their children.*

**Background**

An estimated 8,000 to 10,000 infants born each year in Washington State are exposed prenatally to illegal drugs or alcohol, of which about 10 percent are drug or alcohol affected.[4] Prescription drug abuse by pregnant women is also a growing issue and can result in Neonatal Abstinence Syndrome (NAS), the postnatal drug withdrawal caused by misuse and abuse of opioid analgesics, medications, and/or illicit drugs.

The Washington State Department of Health (DOH) collaborated with the Washington State Department of Social and Health Services (DSHS) to provide prenatal substance abuse screening tools to providers to identify women with abuse patterns and connect them with treatment.

The screening tools consist of two publications, which are best practice guides for healthcare professionals: *Substance Abuse During Pregnancy: Guidelines for Screening* and *Guidelines for Testing* and *Reporting Drug Exposed Newborns in Washington State*. DSHS has also funded Safe Babies, Safe Moms (SBSM) and the Parent Child Assistance Program (PCAP), two effective maternal substance abuse interventions. Changing a punitive policy to evidence-based approaches was a key to success in the state. DOH and DSHS continue to promote strategies that encourage primary care providers to talk with patients at each visit about substance abuse and pregnancy.

- Rates of nonmedical use of prescription pain relievers in Washington State for ages 12 and older, and rates of illicit drug use among 26 years and older, are among the highest in the country.[1]
- Neonatal abstinence syndrome (NAS) rates are higher than the national rate (3.3 compared to 2.8 per 1,000 births).[2]
- Statewide, of the babies that were diagnosed with NAS, there was an increase in opioid exposure from 26.4% in 2000 to 41.7% in 2008.[3]

**Steps Taken**

- Before the early 1990s, legislation related to maternal substance abuse was focused on punitive measures.
- In 1998, House Bill 3103 was passed to call for evidence-based strategies that were effective in helping substance-abusing women. The bill required that DOH create guidelines for screening for substance abuse during pregnancy.
- The subsequent *Substance Abuse During Pregnancy: Guidelines for Screening* formed a framework on how to effectively identify and counsel pregnant women who used substances, the steps to motivational interviewing, and stages of behavioral change and treatment enrollment. The guidelines provide information and resources on treatment interventions and programs. They are reviewed and updated annually.
- In 2003, Congress enacted the *Keeping Children and Family Safe Act,* which requires healthcare providers who care for infants to notify Child Protective Services (CPS) when a newborn is identified as being affected by illegal substance abuse or withdrawal symptoms. The law also requires that each state develop policies and procedures to address this issue, which is a condition of receiving federal funds. Finally, it specifies that such reports should not be viewed as child abuse or neglect or

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require prosecution of the mother.
- Several Washington hospitals continued to seek legal support for testing without parental consent. There are no laws that permit this, so DOH recommended that hospitals consult with attorneys to develop policies.
- The *Guidelines for Testing and Reporting Drug Exposed Newborns in Washington State* were developed in response to issues hospital staff and legal counsel were facing around reporting positive newborn toxicology screens and testing/consent issues. They were prepared based on existing literature, state law, and provide consistent guidance for screening, testing and reporting drug-exposed newborns to DSHS. The guidelines are reviewed and revised annually to make sure that everyone is being treated fairly in the absence of a mandate.

- Legislation redirected efforts from punitive policy toward evidence-based approaches was a key to success.
- DOH and DSHS collaborated to develop guidelines for screening and implement comprehensive interventions.
- DOH promotes prevention efforts in family planning and primary care settings aimed at identifying drug abuse prior to pregnancy.

**Results**
- DOH attempted to train providers to use the best practice materials in the early 2000s, but success was limited due to low participation of physicians.
- Although the guidelines have not been evaluated extensively, CDC's Pregnancy Risk Assessment Monitoring System results show that most women in Washington State are being screened for illicit drug use by their providers when receiving prenatal care.
- In 2013, an expert panel convened as a subcommittee of the State Perinatal Advisory Committee. The subcommittee is working to understand the scope and complexity of NAS in Washington State, agree on best practices for the treatment of NAS, and collaborate efforts to prevent NAS.

**State-Funded Intervention/Prevention Projects**

*Parent Child Assistance Program (PCAP)*
The University of Washington Fetal Alcohol and Drug Unit developed PCAP as a federally-funded demonstration project in 1991. This model was successful in reducing in utero substance exposure. In 1996, the legislature provided additional funding to maintain and expand this model.

- PCAP is an evidence-based three-year home visitation case management model for mothers who abuse alcohol or drugs during pregnancy. The model is recognized as a Best Practice by the Association of Maternal and Child Health Programs.
- PCAP's main goals are to help mothers build healthy families and to prevent prenatal exposure to alcohol and other drugs.
- PCAP enrollees receive case management services and support in navigating the behavioral health treatment, child welfare and healthcare systems. Assistance is also provided to ensure safe and stable housing.

**Results**

- PCAP has served thousands of families in Washington State, numerous other states, and nearly forty sites in the Canadian provinces of Alberta, British Columbia, and Manitoba since 1991.
- Numerous PCAP outcome studies have been published in peer-reviewed journals and demonstrate consistently positive outcomes among mothers, for example[5]:
  - Completed substance abuse treatment (74%).
  - Abstinent from alcohol/drugs for at least 1 year while in program (53%).
  - Living in stable, permanent housing (73%).
  - Children living with their mother/biological family (74%).
  - Using a family planning method on a regular basis (72%).
  - No subsequent birth or an unexposed subsequent birth 3 years after program entry (90%).

A post-program follow-up study interviewed a sample of PCAP clients an average of two and a half years after program exit and found statistically significant improvements from the time of PCAP exit to follow-up: increased rate of alcohol and drug abstinence from 31 percent to 51 percent; decreased rate of subsequent pregnancy from 51 percent to 29 percent; stable, increase in permanent housing from 58 percent to 80 percent.[6] PCAP outcome data suggest important sources of cost savings for Washington State.[7]

*Safe Babies Safe Moms (SBSM)*

SBSM was developed in 1998 to serve women who are pregnant, postpartum, and parenting with substance use disorders and their children until the age of three. This model grew out of a legislative report that reviewed all evidenced-based models in use.

- SBSM provides comprehensive services with the mission of stabilizing women and their children, identifying and providing necessary interventions, and assisting women in gaining self-assurance as they transition from public assistance to self-sufficiency.
- SBSM also provides targeted, intensive case management, assistance in accessing and using local resources, and therapeutic child care.

**Results**

- SBSM has been effective in improving health outcomes for children. Clients used more effective family planning methods, and reduced their levels of parenting stress. Arrest rates also decreased.
- Low birth weights for infants born after entering the program decreased by 66 percent, compared to those born before entering SBSM.
- The rate of accepted CPS referrals during the first year of life decreased by 35 percent for infants born to SBSM enrollees before delivery, compared to those enrolled after delivery.
- The arrest rate decreased 50 percent among clients receiving chemical dependency treatment. Two-thirds of SBSM program enrollees (67.5%) received at least one Medicaid-paid family planning method in the year following enrollment.[8,5]

**Lessons Learned**

- Best practice materials and the testing/reporting guidance do not fully address preventing alcohol and drug exposure during pregnancy. Adequate treatment and support programs must be available for women identified as using substances.

- Redirecting efforts for punitive policy into evidence-based approaches was a key to success.
- Early identification of alcohol and drug abuse (preconception or early pregnancy) is the first step in reducing dependency and risk of devastating effects.
- More prevention efforts are needed in family planning and primary care settings to identify substance abuse prior to pregnancy.
- Evaluation of programs like PCAP is critical to the maintenance of adequate funding.

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