

Neonatal Abstinence Syndrome: Barriers to Treatment

According to the most recent available data from the Ohio Hospital Association, treating newborns impacted by Neonatal Abstinence Syndrome (NAS) was associated with more than \$70 million in healthcare expenses for the year 2011 alone, a year in which there were 1,649 NAS admissions, or roughly five NAS admissions per day to Ohio’s hospitals. NAS is a complex disorder with a myriad of possible symptoms found in newborns and caused by exposure to addictive illegal or prescription drugs. The most common conditions are withdrawal, respiratory complications, low birth weight, feeding difficulties and seizures (OhioMHAS press release, <http://mha.ohio.gov/Default.aspx?tabid=671>, Aug. 29, 2013).

NAS is not just an Ohio problem. According to a recent *New York Times* article, of 1.1 million pregnant women enrolled in Medicaid nationally nearly 23 percent filled an opioid prescription in 2007, up from 18.5 percent in 2000. That percentage is the largest to date of opioid prescriptions among pregnant women. Medicaid covers the medical expenses for 45 percent of births in the United States (<http://nyti.ms/1iK8tPq>, Apr. 13, 2014).

In an effort to inform NAS prevention and treatment, the OSAM Network collected data from January 2013 to January 2014 related to treatment barriers and recommendations for treatment of pregnant addicted women. Participants were 718 active and recovering drug users recruited from alcohol and other drug treatment programs and 225 community professionals from each of OSAM’s eight regions. These findings are supplemented with preliminary findings from a study currently being conducted by Kent State University’s College of Public Health, in which researchers



have interviewed 15 active and recovering pregnant drug users from an Akron (Summit County) treatment facility. Table 1 illustrates that these 15 drug-addicted pregnant women reported 51 total pregnancies highlighting the fact that many children are impacted by NAS.

OSAM respondents reported that pregnant drug users are younger, frequently in their 20s (as low as late teens and as high as in their 30s) and white. OSAM

Table 1. Pregnancy Characteristics of 15 Drug-Addicted Pregnant Women

	Mean (SD)	Min-Max Value	N
Total pregnancies	3.4 (1.76)	1-7	51
Unplanned pregnancies	2.9 (1.53)	1-5	44
Termination and/or miscarriage	1.3 (1.16)	0-3	20
Drug use during pregnancy	2.3 (1.68)	0-6	35

Source: Pregnant Opioid Pilot Study, Kent State University, College of Public Health (Kenne, D. R., 2014)

and Kent State participants reported drug-addicted pregnant women as most often using one or more of the following substances: alcohol, cocaine, heroin, marijuana and prescription opioids.

In the Toledo region, the Multi-Area Narcotics Unit Task Force reported they “absolutely” have witnessed an increase in the number of pregnant women on drugs in their area. In addition, a treatment provider in Youngstown speculated, “... the increase in the amount of babies born addicted and pregnant women using would go along with the increase in heroin use ... It’s very difficult to get off of it [heroin], so these mothers continue to use because they’re sick.” Community professionals commented on the extremely low self-referral rate to treatment among drug-addicted pregnant women, as most of these women are referred by other agencies (ie, Children’s Services, hospitals, court, etc.).

Community professionals suggested that while treatment facilities prioritize pregnant drug users, there has been an increase in number of pregnant users seeking services that are placed on waiting lists. A treatment provider in Toledo commented, *"It's gone up astronomically. We have two women right now that are wanting to come. We get calls all the time from young women who are IV heroin users who are pregnant and want to come in."* A treatment provider in Cincinnati reported, *"Increased numbers of pregnant women who are wanting help and a lot of them are coming in late in their pregnancy."* Treatment providers in Athens reported an increase in number of new mothers with infants in their programs.

Barriers to pregnant women obtaining substance abuse treatment include capacity and resources, personal challenges and inadequate medical assistance. Capacity issues were reported by treatment professionals and their clients. Pregnant women also have trouble with insurance coverage, as well as finding transportation, housing, childcare and employment assistance. There are misperceptions on effective treatment options and determining the correct dosage for medical assisted treatment (MAT) was often described as a long and tedious process which needs on-going attention due to the growing baby. Sadly, there are very few places for pregnant women to detox and many find their way into jail and experience unsafe detox. These women are often turned away from MAT treatment as medical staff does not have proper information on treating this population. All the while, these women are more often fearful and feel stigmatized and try to stay under the radar. Community professionals reported a lack of interconnectedness among facilities and agencies and many women feared Children Services involvement.



Recommendations:

- ▶ Increase number of treatment and detox facilities that can treat pregnant users
- ▶ Integrate services by increasing agency cooperation for pregnant users (reducing number of bad experiences for women)
- ▶ Increase awareness of treatment options among professionals and the public
- ▶ Increase education to overcome misperceptions, reduce stigma and eliminate postpartum challenges to accessing treatment
- ▶ Increase detox and treatment options for those in jail
- ▶ Increase early intervention and education with female drug users

Ohio has committed to combat the increased NAS rates by obtaining state and federal funding for a three-year pilot project called M.O.M.S. (Maternal Opiate Medical Support). This project is currently located in four counties: Athens, Cuyahoga, Franklin and Hamilton. The M.O.M.S. Project is expected to help improve health outcomes and reduce costs associated with extended hospital stays by utilizing support interventions and prenatal treatment which should reduce the cost associated with increased length of stay in hospitals for NAS babies (<http://mha.ohio.gov/Default.aspx?tabid=671>). Specifically, the project is expected to assist mothers in getting the treatment they need for their addiction prior to the birth of their child(ren) and assistance in preventing relapse postpartum. Some of the support services anticipated include transitional housing as well as transportation and childcare for medical and treatment appointments.



"In the midst of Ohio's opiate epidemic, it is easy for us to forget that there are some individuals who are experiencing the effects of this addiction who never chose to use drugs—babies born to opiate addicted mothers... It is important to give children the best start in life that we can, and the M.O.M.S. project gives us the opportunity to do just that."

(Tracy Plouck, Director, Ohio Department of Mental Health and Addiction Services)

OSAM

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