

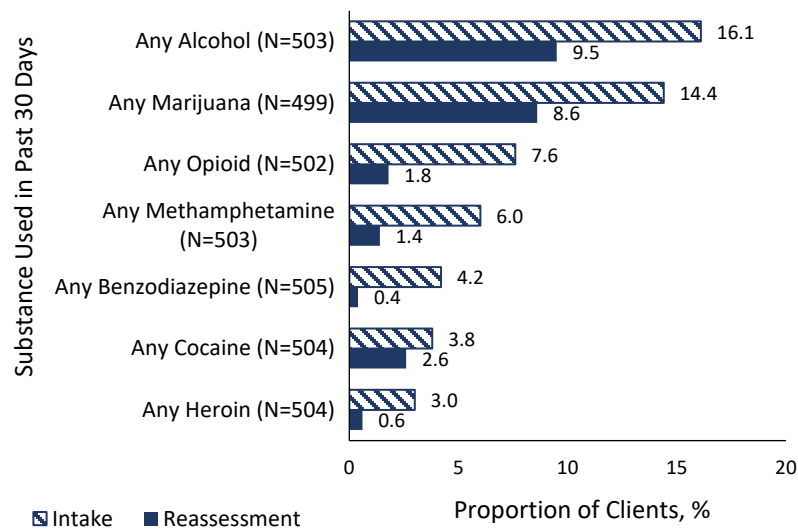
Reducing Substance Use Among Clients in the Pregnant and Postpartum Women Pilot Program

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The State Pilot Program for Treatment for Pregnant and Postpartum Women (PPW-PLT) was first implemented in 2017 and administered by the Center for Substance Abuse Treatment (CSAT) at the Substance Abuse and Mental Health Services Administration (SAMHSA). The pilot program was authorized by the Comprehensive Addiction and Recovery Act (CARA) of 2016 to address the opioid use epidemic.¹ This pilot program was designed to complement the residential PPW program² by developing a continuum of family-centered care services in an outpatient setting. The PPW-PLT program, piloted in six states, provides a flexible way for state agencies to distribute funding for nonresidential substance use treatment for pregnant and postpartum³ women with substance use disorder diagnoses.⁴ This spotlight presents fiscal year (FY) 2017 to FY 2020 data on substance use among program clients. Substance use during pregnancy increases the risk of poor maternal and infant outcomes, and women with substance use disorders face additional challenges such as intimate partner violence, inadequate social supports, and co-occurring psychiatric conditions.^{5, 6}

At the end of the initial three-year grant period, CBHSQ's Office of Evaluation assessed the performance of the PPW-PLT program by examining performance reports and self-reported outcomes. Approximately 47 percent of the total enrolled clients (1,058) are reflected in Figure 1.⁷ The program's impact was assessed by comparing the self-reported data collected at the intake interview with data from the six-month follow up interview for the clients who participated in both.⁸ The figure below compares the percentage of recent (past 30 days) use of specified substances at those two points in time (Figure 1).

Figure 1: Percentage of Substance Use in Past 30 Days - Intake and Reassessment



The findings were encouraging. At intake, alcohol was the most frequently used substance, at 16.1 percent. After receiving treatment for six months, clients reported a 41.0 percent reduction (to 9.5 percent) in alcohol use.⁷ The remaining self-reported data also suggested decreases: reported marijuana use decreased by 40.3 percent; cocaine use by 31.6 percent; methamphetamine use by 76.7 percent; any opioid use (including heroin) by 76.3 percent; and benzodiazepine use by 90.5 percent. These findings suggest that the program supported participants in reducing alcohol and other drug use between intake and six-month reassessment.

Note: The number of responses (N) for each substance vary because of missing responses.

Source: The 2020 Report to Congress State Pilot Grant Program for Treatment for Pregnant and Post-partum Women.

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1. The PPW-PLT is a grant program originally authorized under Section 501 of the [Comprehensive Addiction and Recovery Act of 2016](#) and reauthorized by [Section 1114 of the Consolidated Appropriations Act, 2023](#).
2. <https://www.samhsa.gov/grants/grant-announcements/ti-14-005>

3. Postpartum: Up to 12 months after pregnancy.
4. Additional information at <https://www.samhsa.gov/sites/default/files/grants/pdf/ti-17-016.pdf>
5. [About Opioid Use During Pregnancy | CDC](#)
6. [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders \(hhs.gov\)](#)
7. Not all of the clients had completed the six-month reassessment. Possible reasons for client ineligibility for the assessment: 1) by the end FY 2020, some clients had not yet been in the program for six months, and 2) some clients did not respond to all the survey questions.
8. Because the length of a client's treatment can vary, intake to six-month reassessment data were compared to ensure a consistent treatment time period.

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. The report was prepared by the Center for Behavioral Health Statistics and Quality in partnership with CSAT, SAMHSA.