Background Information on Opioid Use and Treatment for Pregnant and Parenting Women and Families

Substance use trends among pregnant and postpartum women have remained steady over the past decade, with the exception of opioid use, which has been steadily increasing among women of reproductive age and pregnant women. The prevalence of prescription opioid and heroin use among women is substantial. Between 1999 and 2015, the rate of deaths from prescription opioid overdoses increased almost 500 percent among women, compared to an increase of about 200 percent among men, and heroin deaths among women increased at more than twice the rate than among men. The rate of infants experiencing neonatal abstinence syndrome because of exposure to opioids in utero has increased five-fold over the past 10 years.

Pregnant and postpartum women face barriers to accessing substance use treatment and recovery services. Few treatment programs are willing to accept pregnant women, and pregnant and parenting women face other obstacles to accessing treatment such as low economic status, exposure to intimate partner violence and trauma, stigma associated with substance use during pregnancy, a greater incidence of co-occurring mental disorders, and the likelihood that the woman is primary caretaker of young children. Pregnant and postpartum women may also fear consequences such as being reported to child protective services or losing custody of their children if they seek treatment. Pregnant and postpartum women need substance use treatment that is responsive to their distinct physiological and psychological needs, barriers, and family relationships.

The following resources offer additional information on the scope of the problem of opioid use among women who are pregnant or postpartum and the special considerations for treating women and their infants:

♦ *The Opioid Epidemic: Implications for MCH Populations* is an issue brief from the Association of Maternal & Child Health Programs that provides an overview of the epidemic and its effect on women, children, and families, as well as policy efforts and strategies to address it.


♦ The American Academy of Pediatrics has created state-specific *fact sheets* on the opioid crisis that highlight the costs of the opioid epidemic on children.

♦ The Substance Abuse and Mental Health Services Administration (SAMHSA) published *Substance Abuse*

---


Treatment: Addressing the Specific Needs of Women: A Treatment Improvement Protocol. This guide assists providers in offering treatment to women living with substance use disorders. It reviews gender-specific research and best practices, such as common patterns of initial use and specific treatment issues and strategies.

♦ SAMHSA’s Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants includes tools and approaches that can be applied to the home and school settings.

♦ The Centers for Disease Control and Prevention’s website on opioid overdose has a variety of resources for patients, providers, and states, including state-based Prescription Drug Monitoring Programs.

♦ The U.S. Department of Health and Human Services’ website on opioids has extensive information about prevention, treatment, and recovery.

♦ “Walking a Tightrope: States are Balancing the Rights of Addicted Women with the Health Needs of Their Developing Babies” is an article from the National Conference of State Legislatures that explores the impact of opioid misuse during pregnancy and highlights some promising state responses.

♦ The National Governors Association developed Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States, a tool to help states respond to the growing crisis of opioid misuse and overdose. Used effectively, this tool will help states assess their current capacity to address the problem, select evidence-based and promising strategies, and evaluate their work.

♦ SAMHSA has developed A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers. Designed for states, tribes, and local communities, it contains resources for policy development, planning, team building, and training.

♦ SAMHSA’s Addiction Technology Transfer Center Network offers numerous resources for practitioners to develop or manage family-centered behavioral health support for pregnant and postpartum women.

♦ Articles on race and opioids
  o “The War on Drugs That Wasn’t: Wasted Whiteness, ‘Dirty Doctors,’ and Race in Media Coverage of Prescription Opioid Misuse” contrasts media coverage of white nonmedical opioid users with black and brown heroin users and the differing public and policy responses.
  o In “White Opioids: Pharmaceutical Race and the War on Drugs That Wasn’t,” the authors describe how American drug policy is racialized.
  o In another exploration of race and drugs, Time magazine produced “Our Opioid Crisis Reveals Deep Racial Bias in Addiction Treatment.”