



## Alcohol and Illicit Drug Use during Pregnancy:

*How the California and LOCAL Maternal, Child and Adolescent Health Programs are working to reduce substance use during pregnancy*

### Substance use during pregnancy

Use of alcohol and illicit drugs during pregnancy is an important but often misunderstood problem.

There is limited data on substance use during pregnancy because data regularly relies on self-reported use. Since pregnant women who use drugs and alcohol are often stigmatized, actual rates of substance use during pregnancy are likely higher than what is currently reported.<sup>1</sup>

National studies on alcohol use have found:

- 10.8% of pregnant women aged 15 to 44 reported current alcohol use, 3.7% reported binge drinking (defined as 4 or more drinks at one time), and 1% reported heavy drinking<sup>2</sup>
- 10.1% of pregnant women aged 15 to 44 reported binge drinking during their first trimester of pregnancy<sup>2</sup>

In the general US population, the groups most likely to binge drink are people aged 18-24 years, and white, non-Hispanic college graduates with household incomes greater than \$50,000 per year.<sup>2</sup> Rates of binge drinking rise as education and income levels increase, suggesting a population at risk for continuing to drink during pregnancy that generally is not a target for interventions.

National studies on illicit drug use in pregnant women have found:

- 4.4% of used illicit drugs such as marijuana, cocaine, heroin, Ecstasy and other amphetamines.<sup>2</sup>
- The rate of illicit drug use in pregnant women was 16.2% among women aged 15 to 17, 7.4% for ages 18 to 25, and 1.9% for ages 26 to 44.<sup>3</sup>
- From 2000 to 2009, the number of pregnant women using or addicted to opiates (including drugs such as heroin, Vicodin, OxyContin, Darvan, and codeine) increased from 1.19 per 1000 women giving birth in a hospital to 5.63.<sup>4</sup>
- The number of newborns diagnosed with drug withdrawal tripled from 1.2 per 1000 hospital births in 2000 to 3.39 in 2009.<sup>4</sup>

A large-scale study on methamphetamine use during pregnancy in areas of the U.S. where methamphetamine is a concern, found that at some point during their pregnancy 5.2% of women used methamphetamine, 25% smoked

tobacco, 22.8% drank alcohol, 6.0% used marijuana, and 1.3% used barbiturates prenatally.<sup>5</sup>

### What are the consequences of women using alcohol and drugs during pregnancy?

Pregnant women's use of alcohol and illegal substances is a recognized factor in infant morbidity and mortality.

*Fetal alcohol spectrum disorders (FASD)* are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. Effects of FASD include:

- Physical problems with the heart, kidneys or bone, abnormal facial features and poor coordination
- Problems with behavior and learning, such as hyperactive behavior, difficulty paying attention, and low intelligence
- Adverse life outcomes such as school suspension, legal trouble, alcohol and drug problems, and inappropriate sexual behavior<sup>6</sup>

Current prevalence of FASD in populations of younger school children may be as high as 2--5% in the US.<sup>7</sup> There is no cure for FASD, though research shows that early intervention treatment services may improve a child's development.

Alcohol use while pregnant places the child at a more than three times increased risk for delinquent behavior.<sup>8</sup> The U.S. Surgeon General urges women who are pregnant or may become pregnant to abstain from alcohol.

Cocaine, Ecstasy and other amphetamines, heroin, marijuana and other illicit drugs may pose various risks for babies, including being born too small or too soon, or having withdrawal symptoms, birth defects, or learning and behavioral problems.<sup>3</sup>

### Substance use by pregnant women in California

In California, 12.1% of pregnant women reported drinking during the first or third trimester in 2010.<sup>9</sup>

- 15% of women who gave birth in 2010 reported binge drinking at least once in the 3 months before becoming pregnant.<sup>10</sup>
- 51% of women aged 18-44 reported having had at least one alcoholic drink in the past month; 14.2% reported binge drinking on at least one occasion.<sup>11</sup>
- In 2006-07, 50% of women trying to get pregnant reported drinking in the past month.<sup>12</sup>

### **The Economic Cost of women using drugs and alcohol during pregnancy**

- Children with prenatal cocaine exposure are 1.5 times more likely to need special education services in school. Special education costs for this population are estimated at \$23 million per year.<sup>13</sup>
- The lifetime cost of one individual with Fetal Alcohol Syndrome\* is estimated to be more than \$2 million including \$1.6 million for medical treatment, special education and residential care, and \$0.4 million for productivity losses.<sup>14</sup>
- In 2009, the average cost of caring for a newborn diagnosed with drug withdrawal was \$53,400; in comparison the average cost for all other hospital births was \$9,000. 77.6% of the costs for babies diagnosed with drug withdrawal in 2009 were paid by Medicaid.<sup>4</sup>

### **What California and Santa Barbara County are doing about substance use during pregnancy?**

California promotes screening, assessment, and referral to appropriate treatment for perinatal substance use among local Maternal, Child and Adolescent Health (MCAH) programs and primary health care providers. MCAH representatives participate in the California FASD Task

Force, an independent, public-private partnership of parents and professionals from various disciplines committed to improving the lives of Californians affected by FASD and eliminating alcohol use during pregnancy. Led by the Arc of California, the goal of the task force is to advance the effective prevention and treatment of FASD.

Local MCAH Program's efforts related to perinatal substance use prevention are conducted through partnerships and collaboration with members of nonprofits, and community organizations such as Child Abuse Listening and Mediation (CALM), Family Service Agencies (FSA), Santa Barbara Cottage Hospital, Alcohol Drug & Mental Health Services and Welcome Every Baby. For more information call the Maternal Child Mental Health and Substance Use Coalition 805-681-5476. MCAH Hotline: 800-288-8145

### **The Bottom Line**

Substance abuse is a serious mental health problem. Continued support is needed for programs to screen, assess and treat pregnant women who are using alcohol and drugs so that every baby born in California has the best possible start in life.

\*Fetal Alcohol Syndrome represents the severe end of the FASD spectrum and is characterized by abnormal facial features, growth retardation, and central nervous system impairment.

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