From Science to Policy: Setting the Table

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Substance Exposed Newborns:
Addressing Social Costs Across The Lifespan
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Children at Risk

Children in the U.S. are facing a “perfect storm”

Problems for children are increasing at the same time that resources for helping children are diminishing
In the U. S. in the 1980s, early reports on prenatal cocaine effects created a public frenzy about “unfit to parent” women and their damaged “crack babies.”
Based on insufficient and inaccurate information, society over-reacted.

Women were prosecuted, children were removed from their birth mothers, families were split up.
By the mid 1990s, the number of children in foster care reached an all-time high of over 500,000.

Many of these children suffered emotional problems from multiple foster care placements.
Substance Use During Pregnancy and Child Outcome

GENETIC AND PRENATAL ENVIRONMENT

PRENATAL
- TERATOGENIC
  - IMMEDIATE
  - LATENT
  - LONG LASTING

POSTNATAL
- CAREGIVING ENVIRONMENT
  - SPECIFIC COA
  - GENERAL RISK

TRANSIENT

PROTECTIVE

BRAIN AND BEHAVIORAL DEVELOPMENT
Summary of Prenatal Substance Use Effects

- Prenatal exposure effects are similar for most substances at typical levels of use
- It is virtually impossible to compare the effects of one substance with another
- Most effects are small to moderate and may not show up until childhood
- Most effects can be treated
- Prenatal exposure effects can be magnified by environmental adversity
- Prenatal exposure effects need to be interpreted in the context of the caregiving environment
Disconnect Between Science and Policy

Houston, we’ve got a Problem
Policy Responses

2 parallel policy responses towards drug use by women

Punitive Treatment
Problems with Punitive Policies

- Fear of being reported drives women away from health care system (e.g. prenatal care)
- Denies the opportunity to parent for those who can/want to parent
- Overburdens foster care system
- Child’s ability to form attachments is jeopardized by multiple foster placements
Treatment

- Drug use by pregnant women viewed as a mental health (medical) issue
- Harm reduction
- Focus on:
  - reproductive health care
  - substance abuse and mental health treatment
  - relationship with child
Addiction Can Be Treated

Partial Recovery of Brain Dopamine Transporters in Methamphetamine Abuser After Protracted Abstinence

Normal Control

METH Abuser (1 month detox)

METH Abuser (24 months detox)

(Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001)
<table>
<thead>
<tr>
<th>Name</th>
<th>Type of program</th>
<th>Key components related to outcome</th>
<th>Ref.</th>
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</table>
| Camp and Finkelstein (1995)  
Nurturing Program for Families in Substance Abuse Treatment and Recovery | Residential | Parenting component  
After-care services  
Measured self-esteem  
Evaluated birth outcomes | [72] |
| Szuster et al. (1996)  
Salvation Army Treatment Program | Residential | Children included  
Family groups  
Parenting component  
Parent-child interaction therapy  
Therapeutic nursery  
Psychiatric day treatment for children | [73] |
| Stevens et al. (1989)  
Amity, Inc. | Residential | Children included  
Increased female-male client ratio  
Supportive environment for females | [74] |
| Hughes et al. (1995) | Residential | Children included  
Parenting component  
Parent-child interaction therapy  
Therapeutic nursery | [75] |
| Haller et al. (1993)  
Strentz and Welch (1995) | Outpatient | Time-limited program  
Intensive day treatment  
Cognitive–behavioral plan  
Parenting component  
Parent-child interaction therapy  
Therapeutic nursery  
Relapse/lapse considered part of treatment  
Female staff  
Lower staff caseload | [76]  
[77] |
| Suffet and Brotman (1984)  
PAAM | Outpatient | Prenatal care  
Parenting component  
Therapeutic nursery  
Infant developmental assessment | [78] |
| Brindis et al. (1997)  
Options for Recovery | Outpatient and residential | Intensive day treatment  
Comprehensive case management  
Foster parent recruitment  
Biological and foster parenting component  
Respite care for infants  
Multimethod approach to evaluation  
Developmental assessment of infant | [78] |

(Lester and Twomey, *Women’s Health* 2008)
Model Programs

- Individualized
- Family centered
- Comprehensive
- Interdisciplinary staff
- Nonjudgmental, nonpunitive, nurturing, culturally appropriate
- Parenting programs
- Mental health co-morbidities and women’s issues
- Child care
- Transportation

(Lester, Andreozzi & Appiah, Harm Reduction J., 2004)
Vulnerable Infants Program of Rhode Island (VIP-RI)

- Reduced length of stay in hospital beyond medical necessity
- Reduced number of infants placed in foster care at hospital discharge
- Family Treatment Drug Court:
  - 84% of infants in permanent placement by 12 months
  - 78% of these with biological parents or relatives

(Twomey et al Child Welfare, 2010)
What Have We Learned?

- Our understanding of addiction has changed.
- We know more about addiction as a disease – a medical condition that can be treated.
- Addiction is a complex disease with multiple mental health co-morbidities.
- Women who use drugs also tend to be depressed and anxious and may have even more severe mental health problems.
- The bad news: Addiction is complex.
- The good news:
  - Addiction is treatable.
  - Affected infants can be identified and treated.
While there are drug users who are inadequate mothers, there are also drug users who are competent mothers who, with treatment, can care for their children. Families can be preserved.

Failure to take advantage of what we have learned is not only a missed opportunity but a giant step backward.