



POLICY BRIEF

The Massachusetts Health Policy Forum

Substance Exposed Newborns: Addressing Social Costs Across the Lifespan

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December 2011

Findings from the forum are co-sponsored by the Massachusetts Department of Public Health.

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The Massachusetts Health Policy Forum is supported by:

Blue Cross Blue Shield of Massachusetts
Partners HealthCare
Tufts Health Plan Foundation
The Schneider Institutes for Health Policy
The Heller School for Social Policy and Management, Brandeis University

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Introduction

On September 27, 2011 the Massachusetts Health Policy Forum and the Massachusetts Department of Public Health (DPH) held a forum on the problem of substance exposed newborns. An estimated 24,000 substance exposed infants were born in Massachusetts last year. Substantial harm results from the misuse of illegal drugs, the misuse of prescription drugs as well as from alcohol and tobacco. The costs and consequences are severe for the child, the family, the community and the Commonwealth. While the Commonwealth offers a broad array of services, programs are often uncoordinated and do not reach everyone who could benefit.

Philip Johnston, chair of the Massachusetts Health Policy Forum, John Auerbach, Commissioner of the Massachusetts DPH, and Representative Jeffrey Sanchez, Chair of the Joint Committee on Public Health, highlighted the need for action and creative solutions in the current challenging economic environment. Commissioner Auerbach identified four primary challenges in Massachusetts: 1) “rampant” prescription drug abuse with more overdoses attributable to such use than to illicit drugs, 2) younger use of serious substances, 3) heavy binge drinking, and 4) budget cuts in this uncertain economy. On the promising side, Massachusetts has near universal health insurance coverage, a broader focus on the social determinants of health, greater knowledge of effective treatments, and has made significant progress in smoking reduction, particularly among adolescents.

The Issue Brief for this Forum is on the MHPPF website at www.masshealthpolicyforum.brandeis.edu



Erica Asselin:
Motherhood can be an effective catalyst for many women with substance use disorders to enter treatment and recovery.

Identifying the Challenge

Dr. Judith Bernstein, Professor of Community Health Sciences at the Boston University School of Public Health highlighted the universal mission of the maternal and child health movement “to give every child a fair chance in the world.” However, this can only happen when appropriate care is provided for their mothers – before conception, during pregnancy and throughout infancy and childhood.

Erica Asselin, a Family Support Specialist and Medication Assisted Treatment Advocate at FRESH Start, in Holyoke, is a mother who received appropriate care that helped her transform her life. She spoke of tragic childhood experiences, of substance abuse in adolescence as a coping mechanism, the birth of a child who was a substance-exposed newborn, and how motherhood served as a catalyst for recovery. She is now building a family and professional life that would make anyone proud, and pursues a career helping and inspiring mothers who face similar challenges. Ms. Asselin’s experiences with the system, both positive and negative, set the tone for the day’s discussion.



Dr. Barry Lester:
“We now know that treatment works. Failure to take advantage of what we have learned is not only a missed opportunity but a giant step backwards.”

Dr. Barry Lester, Professor of Psychiatry and Human Behavior and Pediatrics at Brown University Medical School and founder and Director of the Brown Center for the Study of Children at Risk emphasized that substance exposure is part of an array of forces that influence a newborn’s health and development. These include biological factors such as genetics, prenatal exposure, and temperament, along with environmental factors, including attachment to a primary caretaker or other role model, family and community supports, and the presence or absence of violence in the home or community. Ensuring the health of the child requires addressing these factors as well as the health of the parents and siblings. Dr. Lester concluded: “Failure to take advantage of what we have learned is not only a missed opportunity, but a giant step backwards.”

Programs Addressing the Needs of Substance Exposed Newborns in Massachusetts

Dr. Norma Finkelstein, Executive Director of the Institute for Health and Recovery in Cambridge, Massachusetts, reported that an estimated one-third of infants born in Massachusetts each year have some degree of substance exposure, while perhaps 10 to 12% of those may be visibly affected.

Drawing from Ms. Asselin's story, Dr. Finkelstein noted that women with substance use disorders "feel horrible about themselves" and about harm they may have done to their children. She concludes that effective treatment for women with substance use disorders must be family-centered, gender-responsive, utilize a trauma-informed approach, and actively avoid judgment, blame and stigma. Dr. Finkelstein stressed that "women need a place where they can be safe and not stigmatized" and that "the family must be the client."

Promising approaches in Massachusetts included:

- Efforts aimed at increasing screening, brief intervention and referral to treatment (SBIRT)
- The Bureau of Substance Abuse Services (BSAS) Pregnant Women's Task Force
- Better integration of pregnant women into detox facilities
- FRESH Start, which involves mothers already established in recovery working with pregnant women and new parents in the early stages of recovery or not yet in recovery
- Increased use of community health workers
- Home-based treatment provided by the Family Recovery Project



Dr. Norma Finkelstein:
"Mothers with substance use disorders "need a place where they can be safe and not stigmatized and where the family is treated as the client." Many effective programs exist, but currently rely upon time limited federal funding."

- Family Residential Treatment Programs
- DPH's efforts to improve identification at birth hospitals
- Improved fetal alcohol spectrum disorder (FASD) diagnosis and services
- The Nurturing Parent Program
- Early Intervention for substance affected children ages zero to three



Kim Bishop-Stevens:
“DCF estimates that one-third of its open cases have parental recovery from substance abuse as a case plan goal. DCF also estimates that one-quarter of all children removed from parental custody are removed due to parental substance abuse issues.”

Dr. Finklestein also mentioned notable national models such as the Virginia Home Visiting Consortium Model, Project CHOICES, and the Parent-Child Assistance Project which originated in Washington State and has been adopted internationally.

A major challenge is that these programs do not reach all that could benefit. Further many of these programs are funded by the federal government and continuation of grants is not guaranteed and is likely to be reduced or eliminated. Access to detox services is limited because not all facilities accept pregnant women. There also needs to be considerably more emphasis on prevention. Dr. Finkelstein observed that “no population is at greater risk to give birth to future substance-exposed newborns than kids growing up in families with substance-exposed newborns, and the earlier we start, the bigger impact we can make.”

Opportunities in Massachusetts

A panel of Massachusetts experts moderated by Dr. Constance Horgan, Professor, Associate Dean for Research, and Director of the Institute for Behavioral Health at the Heller School for Social Policy and Management at Brandeis University, agreed that greater uniformity in identification and response at the time of the birth of substance exposed newborns, by both hospitals and state agencies, is a critical short term goal for the Commonwealth. The panelists also emphasized the importance

of including consumer voices in the on-going discussion of policy and service improvement.

Dr. Lauren Smith, Medical Director of the Massachusetts Department of Public Health, advocated a public health approach stressing prevention, risk reduction, and screening at the population level. She highlighted a recent DPH survey of birthing hospitals in Massachusetts which found significant variation in how mothers and children are screened and referrals are made or not made to the Department of Children and Families (DCF). She noted significant differences in the use of evidence-based treatments, both among and, at times, within hospitals. She said, “We wouldn’t tolerate this kind of variation in treating heart attack or stroke” and that “we need to think about [screening newborns for substance exposure] as a quality improvement issue.”

Kim Bishop-Stevens, Substance Abuse Manager of the Massachusetts Department of Children and Families, relayed DCF estimates that approximately one-third of DCF open cases have recovery from substance abuse as a case plan goal. DCF estimates that approximately one-quarter of all children are removed from parental custody due to parental substance abuse issues. DCF is looking at developing better cross-systems communication to deal with prenatal substance use and subsequent referrals to Early Intervention, at adopting specific policies that better address mothers’ appropriate use of medication assisted treatment during pregnancy, and at expanding Resource Centers throughout the state so that parents can get help accessing services without DCF involvement.

Dr. Karen McAlmon, Medical Director of the Level II B Special Care Nursery at Winchester Hospital and past president of the Massachusetts Chapter of the American Academy of Pediatrics, believes a great deal of substance abuse during pregnancy goes unreported and that we see just “the tip of the iceberg.” She stated that physician and provider



Dr. Lauren Smith:
“We need to think about screening of newborns for substance exposure as a quality improvement issue.”



Susan Moitzo:
“Forums like this one, where the consumer voice is part of the dialog about system improvement, play an important role in educating policy makers, doctors, lawyers, and other treatment providers.”



Dr. Karen McAlmon:
“In addition to consistent application of objective criteria for substance abuse screening, physicians would like to see more education of all hospital staff on approaching women in a non-judgmental and non-punitive way as well as more support and resources for mothers and infants after they leave the hospital. Finally, effective cross system communication is critical for successful outcomes. “

treatment of pregnant women with substance use problems can be positive and assist the parent and child or can reinforce stereotypes and exacerbate problems. She also noted great inconsistencies in hospital screening activities even within the same hospital. Dr. McAlmon called for uniform policies, better screening, education of staff, improved communication between disciplines, better parent education, and more resources after women and children leave the hospital. There is also a need for greater consistency in DCF’s responses to hospital referrals and better communication between the agency and providers about action likely to result from the referral.

Susan Moitozo, Vice President of Clinical & Women’s Services at Spectrum Health Systems, reported that Massachusetts is in the forefront in treating women and families where substance use is a problem, but more needs to be done. While increasing evidence exists about what works, best practices are slow to be put in practice with great social and economic consequences. She emphasized the need to hear the consumer’s voice and identified three major issues in treatment within Massachusetts. Stigma and the possibility of losing child custody prevent many from seeking care. Equally important is the need for increased education of professionals, paraprofessionals and mothers. More information needs to be provided on the existence of substance use disorder treatment, what to expect during treatment, and that such treatment works. Finally, she urged improved cross-systems communication, both between DCF and providers – particularly with regard to medication-assisted treatment.

Future Directions for Massachusetts Health Policy and Substance Exposed Newborns

Additional challenges and opportunities were highlighted by those in attendance. One suggestion was that all substance abuse treatment programs include tobacco interventions and that this be fully covered by



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health insurers. It was suggested that repeated referrals to Early Intervention can be necessary even after a failed initial referral because the effects of substance exposure are not always fully apparent at birth or even shortly thereafter. This prompted discussion about shrinking resources and the need to inform budget discussions with data on significant cost savings that can result from prevention and treatment.

What needs to be done?

Greater cross-systems collaboration and the adoption of evidence-based best practices are essential to prevent and mitigate the consequences of prenatal substance exposure. Effective interventions and treatment exist, but the challenge is connecting individuals to needed services as efficiently and cost-effectively as possible. This will require the thoughtful expansion of existing services, including universal screening for all women of reproductive age, and the possible development of new service delivery models, such as Family Treatment Drug Courts, which have been demonstrated to be effective in other states. The failure to enact what we know works will have substantial economic costs and tragic human consequences across the lifespan of both mother and child.

For Further Information

The issue brief for this forum as well as all forum presentations and materials are available on the Massachusetts Health Policy Forum website at: www.masshealthpolicyforum.brandeis.edu

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