New Mexico Governor's Women's Health Office

SENATE MEMORIAL 19

PRENATAL CARE AND TREATMENT FOR SUBSTANCE ABUSING PREGNANT WOMEN

FINAL REPORT

Executive Summary and Recommendations

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Prenatal Care and Treatment for Substance Abusing Pregnant Women
Senate Memorial 19 Taskforce Report
Office of the Governor's Council on Women's Health

Executive Summary

The Senate Memorial 19 Taskforce (SM19) was created by the New Mexico Legislature in 2009 to **assess and improve access to substance abuse treatment and prenatal care for pregnant women with substance abuse problems**. The SM19 Taskforce is composed of a diverse range of stakeholders and includes input from the Substance Abuse and Mental Health Services Administration (SAMHSA) with technical assistance from two out-of-state experts in the field. The SM19 Taskforce met monthly between September 2009 and August 2010 and performed an extensive review of the literature, an evaluation of data on substance abuse in New Mexico, a review of state laws, systems of care and organizational policies, focus groups and consultation with experts. This represents the final report of the Taskforce's findings.

Substance use, abuse and dependency are common in the U.S. though are typically framed as moral and criminal issues rather than public health problems. U.S. policy has over-emphasized supply-reduction methods and criminal justice approaches to substance abuse despite ample evidence that substance abuse **treatment is both efficacious and cost-saving**. Currently only 10% of the approximately 22 million Americans with a current alcohol or substance abuse problem receive treatment, yet the number of people incarcerated for drug crimes continues to rise. Compared to incarceration, substance abuse treatment costs 4 – 14 times less and is more effective at preventing substance abuse relapse.

Despite ample data that men and women substance abusers differ, substance abuse treatment has traditionally been developed with male substance users in mind. Only recently have programs begun to offer **gender-sensitive and gender-specific treatment for women**. These treatment programs have been shown to be more effective for women than traditional treatment programs. Though there are guidelines available to assist states in the development of gender treatment standards, New Mexico has yet to develop or implement standards for gender-sensitive treatment.

Additionally, a large number of children born in New Mexico to substance using women are referred to the Children, Youth, and Families Department (CYFD) **without other evidence of potential for child abuse or neglect.** New Mexico law does not define substance use in pregnancy as child abuse nor does federal law require reporting of all substance exposed infants. Not only do these **unnecessary referrals** increase the workload of already-burdened CYFD caseworkers, they create great fear among substance using pregnant women that is a major deterrent to seeking prenatal care.

The SM19 Taskforce developed a **comprehensive state plan for improving policies and systems** relating to substance abuse in pregnancy. Specifically, the plan calls for reducing unnecessary referrals to CYFD and increasing home visitation; increasing access to quality substance abuse treatment, prenatal care and family planning for women; increasing access to supportive services; increasing treatment over incarceration for non-violent drug-related crimes; changing attitudes about substance use; increasing

research and data collection; and, creating an Oversight and Implementation Taskforce to follow up on these recommendations.

I. **Reduce Unnecessary Referrals to CYFD and Increase Home Visitation**
- Create legislation mandating that drug testing of pregnant women follow statewide workplace standards including written consent
- Clarify in CYFD state plan that substance-exposed infants be referred to home visitation program rather than child protection.

II. **Increase Access to Quality Substance Abuse Treatment, Prenatal Care and Family Planning for Women**
- Develop and implement gender sensitive treatment standards and rules for New Mexico
- Develop a state-owned centralized referral system for pregnant and parenting women seeking substance abuse treatment in New Mexico
- Prohibit discrimination against pregnant women in accessing substance abuse treatment.
- Increase access to opiate replacement therapy for pregnant and postpartum women and their partners
- Increase Medicaid coverage postpartum for family planning and substance abuse treatment.

III. **Increase Access to Supportive Services**
- Increase access to case management for substance abusing women and their families by requiring assessment of case management needs and priority referral to core service agencies.
- Increase the accessibility to public housing for pregnant and parenting women with a history of substance abuse and/or incarceration.

IV. **Increase Treatment over Incarceration for Non-Violent Drug-Related Crimes**
- Create a taskforce to evaluate and recommend alternatives to incarceration for drug offenses and more gender-sensitive probation and parole policies

V. **Change Attitudes about Substance Use**
- Educate healthcare and social service providers about the differences between use, abuse and dependence, frame addiction as a public health problem and reduce misinformation about substance use in pregnancy.
- Launch a social marketing campaign to educate the public about the availability and effectiveness of substance abuse treatment

VI. **Increase Research and Data Collection**
- Improve data collection on substance abusing women by county to enable the State to track numbers of referrals, women completing treatment, and follow-up
- Improve data collection on women in the criminal justice system and their families.
- Improve statewide prevalence estimates of numbers of pregnant substance abusing women by changing PRAMS surveillance questions and collecting toxicology screening results of newborns in New Mexico

VII. **Administrative Recommendations**
- Create by legislative memorial or executive order an Implementation and Oversight Taskforce to continue the work of the SM19 taskforce into the next 5 years.

Summary of Proposed Legislative, Regulatory and Programmatic Changes:

Legislation:

- Mandate that any substance abuse treatment program that offers services to women must also offer services to pregnant women.
- Pregnant/postpartum drug test must meet workplace standards
- Mandate screening for contraceptives at publicly funded facilities. Require provision of or referral for family planning services needed.
- Mandate that any facility offering opiate replacement therapy must offer same services to pregnant women, unless not medically advised.

Regulation/Programmatic:

- Clarify CFSP state plan to include "affected" instead of "exposure" (CYFD)
- Pregnant Women must be prioritized for treatment by facilities receiving state funds (DOH)
- Licensure for "gender certification" of facilities (DOH)
- Medicaid to cover 12 months postpartum (HSD)
- Automatic postpartum enrollment in family planning Medicaid (HSD)
- Priority populations have access to CSA (HSD)
- Increase access through centralized referral system/hotline (HSD/BHC)

Memorials:

- Oversight and Implementation Taskforce (include physician/hospital subcommittee to address testing for newborns, physician referral to home visitation instead of CPS, physician prenatal protocol for referral to treatment, etc)
- Workgroup to create Gender Treatment Standards and Rules
- Taskforce to evaluate and recommend alternatives to incarceration for drug offenses and more gender-sensitive probation and parole policies

Potential New Projects:

- Pilot project for medication assisted therapy, including Vivitrol for alcohol addiction (HSD supportive of finding funding for N.A. pilot)

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