Public Policy Statement on
Chemically Dependent Women and Pregnancy

Background

Because of the adverse effects on fetal development of alcohol and certain other drugs (including nicotine, cocaine, marijuana, and opiates) the chemically dependent woman who is pregnant or may become pregnant is an especially important candidate for intervention and treatment. Similarly, prevention programs should target all women of childbearing age.

Recently, public concern for preventing fetal harm has resulted in punitive measures against pregnant women or women in the postpartum period. These measures have included incarcerating pregnant women in jails to keep them abstinent and the criminal prosecution of mothers for taking drugs while pregnant and thereby passing these substances to the fetus or newborn through the placenta.

The American Society of Addiction Medicine is deeply committed to the prevention of alcohol and other drug-related harm to the health and well-being of children. The most humane and effective way to achieve this end is through education, intervention, and treatment. The imposition of criminal penalties solely because a person suffers from an illness is inappropriate and counterproductive. Criminal prosecution of chemically dependent women will have the overall result of deterring such women from seeking both prenatal care and chemical dependency treatment, thereby increasing, rather than preventing, harm to children and to society as a whole.

Policy Recommendations

The American Society of Addiction Medicine supports the following policies:

1. Prevention programs to educate all members of the public about the dangers of alcohol and other drug use during pregnancy and lactation. These should include:

   • Age appropriate school-based education throughout the school curriculum.

   • Public education about alcohol and other drug use in pregnancy and lactation, including health warning labels and posters as well as radio and television messages, educational programs and written materials.
• Prenatal education about alcohol and other drugs for all pregnant women and significant others, as part of adequate prenatal care.

• Professional education for all health care professionals, including education of obstetricians and pediatricians in the care of chemically dependent women and their offspring.

2. Early intervention, consultation, and case finding programs specifically designed to reach chemically dependent women:

• Screening for alcohol and other drug problems in all obstetric care services, as well as in all medical settings.

• Adequate case finding, intervention, and referral services for women identified as suffering from chemical dependency.

3. Treatment services able to meet the needs of chemically dependent women:

• Appropriate and accessible chemical dependency treatment services for pregnant women and women of childbearing age and their families, including inpatient and residential treatment. Services to care for the children and newborns of these patients should be provided. Without adequate child care arrangements, chemically dependent women are often unable to engage in the treatment they need.

• Adequate facilities for the outpatient and aftercare phases of treatment for chemically dependent women.

• Adequate perinatal care for chemically dependent women in treatment, sensitive to their special needs.

• Adequate child protection services to provide alternative placement for infants or children of persons suffering from chemical dependency who are unable to function as parents, in the absence of others able to fulfill the parent role.

4. Research:

• Basic and clinical research on the effects of alcohol and other drugs used during pregnancy.

• Model programs, with evaluation component, for case finding intervention and treatment of chemically dependent pregnant women, and for case finding, intervention, and treatment of infants and children affected by maternal alcohol and/or other drug use.

5. Law enforcement:
• State and local governments should avoid any measures defining alcohol or other drug use during pregnancy as "prenatal child abuse," and should avoid prosecution, jail, or other punitive measures as a substitute for providing effective health services for these women.

6. Preservation of patient confidentiality:

• No law or regulation should require physicians to violate confidentiality by reporting their pregnant patients to state or local authorities for "prenatal child abuse."

Adopted By ASAM Board of Directors September 1989