Resolution on Substance Abuse by Pregnant Women

WHEREAS:

1. Substance abuse is a public health problem with multiple risk factors and complex etiology which, untreated, has been shown to persist;

2. Research indicates that substance abuse is often associated with other mental health and psychosocial behavioral disorders. For example, more than half of adults with drug abuse disorders also have been diagnosed with one or more mental health disorders;¹

3. Women are now being prosecuted for drug use during pregnancy in many jurisdictions throughout the U.S.²,³ While the majority of such prosecutions to date have focused on the use of illicit drugs during pregnancy, in some jurisdictions women have also been arrested for non-criminal acts such as drinking alcohol while pregnant;⁴

4. There is greatly increased concern among researchers, policy makers, prevention experts, and clinicians regarding substance abuse among women. However, while there is a developing body of research on the effects of substance use on the fetus and on exposed infants, there has been insufficient research on the effects of substance use during pregnancy on the woman herself, and on the treatment of chemical dependency during pregnancy.⁵ Barriers to treatment for women have been recognized but not addressed for more than a decade.⁶,⁷ As a result, women continue to be underrepresented in treatment programs and pregnant women are generally denied treatment because of liability concerns;⁸

5. Increasingly, hospitals are conducting drug toxicology testing on pregnant women and newborns without the knowledge or informed consent of the woman, and these test results are often used by child protective services and law enforcement officials as a sole indicator of child abuse and neglect. In one case, on the advice of a friend who was a nurse, a woman smoked marijuana during labor to relax. When the drug use was detected through a toxicology screen, the mother was separated from her infant immediately after birth, and it took her almost a year to regain the custody of the child.⁹ Such practices violate a woman’s right to give informed consent for medical treatment for herself and her children, and undermine the relationship between health care providers and patients.¹⁰ Additionally, given the inadequacy of many foster care systems, it is questionable in many cases whether separation of the infant from the mother is in the child’s best interests;

6. Evidence from health care providers suggests that fear of prosecution and loss of their children may deter women from seeking prenatal care and chemical dependency treatment. Such fear can only increase the barriers to timely health care that already impede access for many women, particularly women of color and the poor;

7. Research has shown that illicit drug use during pregnancy is found among all socioeconomic classes and all ethnic groups, but minority women are disproportionately subjected to punitive interventions for illegal drug use. One study found that minority women are nearly ten times more likely to be reported to state authorities for drug use than are white women who use drugs.¹¹ A state-by-state survey of prosecutions against pregnant women revealed that in eighty percent of cases where the race of the defendant was identified, minority women were involved;¹²
8. There are a wide variety of substances and behaviors which can harm the fetus but which have not been targeted for application of punitive sanctions; for example, exposure to hazardous materials, use of over-the-counter drugs and prescription medicines, cigarette smoking, high caffeine consumption and poor prenatal nutritional habits. The potential exists for a much broader application of punitive measures directed at women's behavior during pregnancy and current patterns indicate that minority and poor women will be at greater risk for the application of punitive measures.

9. There is no evidence that criminal sanctions result in improved health for the mother, increased utilization of drug treatment programs, or improved birth outcomes for the fetus. To the contrary, the inadequacy of prenatal care for pregnant women in prisons has been well-documented, and substance abuse treatment programs are rarely available for pregnant inmates. In marked contrast, there is evidence that prenatal care can significantly improve birth outcomes for all pregnant women, especially for those who are chemically dependent.

THEREFORE BE IT RESOLVED:

That the American Psychological Association

1. Affirms its view that alcohol and drug abuse by pregnant women is a public health problem and that laws, regulations and policies that treat chemical dependency primarily as a criminal justice matter requiring punitive sanctions are inappropriate;

2. Affirms its view that no punitive actions should be taken against women on the basis of behavior that may harm a developing fetus, including alcohol or drug use during pregnancy;

3. Opposes mandatory or nonconsensual drug testing of women in the course of the provision of perinatal services, except for the purposes of collecting confidential epidemiological surveillance data. Regarding infants, nonconsensual testing should be allowed only when the parent has refused permission for a test that is necessary to determine medical treatment. Results of all tests should be confidential and should not be construed as child neglect or abuse occurring prior to birth;

4. Affirms its view that laws, regulations and policies that require psychologists to function as law enforcement agents regarding pregnant women's behavior are inappropriate. Psychologists are required to comply with any laws in this area but are strongly encouraged to provide information to legislators and policy makers about the negative effects of such laws and to assist in the development of appropriate laws, regulations and policies;

5. Urges that federal, state, and local governments, as well as private organizations, increase current efforts to develop and implement programs to treat alcohol and drug abuse among women, especially pregnant women, and to prevent the use of all harmful substances—licit and illicit—during pregnancy;

6. Urges existing drug treatment facilities to develop outreach and treatment programs addressing the special needs of chemically dependent women and their children;
7. Affirms the use of health care strategies to foster the welfare of chemically dependent women and their children by expanding access to prenatal care and to reproductive health care generally, including family planning services;

8. Recommends additional education and training regarding chemical dependency for professionals in family welfare services, and improved coordination among the various agencies that serve families, including mental health services, chemical dependency services, family counseling services, and child welfare and child protection services;

9. Recommends additional education and training regarding chemical dependency for professionals in family welfare services, and improved coordination among the various agencies that serve families, including mental health services, chemical dependency services, family counseling services, and child welfare and child protection services;

9. Recommends that additional federal funds be allocated for research on prevention strategies to reduce substance abuse during pregnancy, and for the development and evaluation of innovative methods to treat chemical dependency during pregnancy;

10. Recommends the development of programs of the treatment of infants and children exposed to substances in utero. Such programs should emphasize the simultaneous treatment of chemically dependent mothers and their affected children in order to help preserve and strengthen the family unit and should be integrated with existing programs for children with disabilities. (August 1991)

References:


