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The health & strength of family social structures can be powerful protective factors against drug & alcohol addiction.
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Maternal Substance Abuse

The use of prescription painkillers in America has more than quadrupled in the past two decades, leading to an increase in maternal and child addiction and dependence. A recent study found that sixteen percent of teenage mothers and more than seven percent of pregnant women ages 18-25 used illegal drugs, including heroin, and illegally obtained prescription drugs during their pregnancy. Maternal substance abuse consists of the use of any combination of drug, chemical, alcohol, smoking, or vaping during pregnancy—but the increase in prescription drugs by pregnant women is especially alarming.

Increase in Drug Dependent Babies

The number of babies born drug exposed declined in 2016 through 2019 but went back up to the 2018 level in 2020, likely due to the stress of the COVID-19 pandemic. Currently, on average, one baby born every 15 minutes in the United States is diagnosed with drug withdrawal symptoms.

Children born to mothers who both drank and smoked beyond the first trimester of pregnancy have a twelvefold increased risk for sudden infant death syndrome compared to those unexposed or only exposed in the first trimester of pregnancy.

Infant Withdrawal Symptoms

Infant drug dependence is identified by withdrawal symptoms when the baby is born and exposure to the drug (from the mother's body) is suddenly stopped. Drugs used during pregnancy pass through the placenta to the fetus. When the baby is born and no longer has access to the drug(s) withdrawal begins. Withdrawal symptoms vary according to the drug, but almost always result in low birth weight, respiratory distress, difficulty sleeping, feeding problems, diarrhea, hypertonia, tremors, fever, seizures, and the infant being agitated, irritable, and inconsolable. Babies experiencing withdrawal symptoms cannot be near sound and light. Many hospitals have set up private rooms that are quieter, darker and have limited public access to help treat these defenseless, stressed infants. Doctors have also developed drug treatment programs for the babies.

Neonatal Abstinence Syndrome Long-Term Effects

It is estimated that sixty to eighty percent of infants exposed to chronic drug use in utero will develop neonatal abstinence syndrome (NAS) and suffer from the same symptoms that adults experience when going through withdrawal.

Drug dependent infants can also suffer negative long-term effects such as ADHD and cognitive problems from exposure in the womb. More significant long-term developmental problems may be seen in babies who are born with growth impedance or various organ problems. Infants born to mothers who drink, even in modest amounts, may be born with fetal alcohol syndrome which often consists of growth hindrance,

unusual facial features, and intellectual disabilities. Other drugs may cause malformations of the heart, brain, bowel, or kidneys that can have significant impact on long-term development and outcome.

While maternal substance abuse is a serious problem for the child, pregnant women who are addicted to opiates should not attempt to stop taking the drug abruptly. Sudden withdrawal can be dangerous for the mother and the fetus. Stopping use of opioid-based drugs should only be done under a doctor's care.

Costs and Solutions

The cost of caring for drug dependent infants and weaning them off drugs is substantial. Babies born with NAS stay in the hospital longer and receive medically complex treatment. In most cases, drug dependent babies must spend all of their time in the neonatal intensive care unit.

The average length of stay for a child is 16 days at a cost to society of more than $53,000 for each infant. Eighty percent of babies born drug dependent are insured by the federally funded Medicaid program and by state funded programs covering low-income individuals.

Federal and State Response

In an attempt to deal with the issues of treating these children, several states have formed taskforces to address illegal drug use and newborns. These organizations focus on prevention and early intervention. While prevention programs are most often implemented during prenatal care, it has been found that substance abuse programs and policies that are designed for women who are not yet pregnant can have a significant impact upon this problem.

To address the problem on a national level more research is needed. The effects of chemicals such as opiates, cocaine, nicotine, alcohol, other recreational drugs, and prescription drugs on fetal development have been seriously studied only in the last few years.

In addition to more research, maternal substance abuse must be recognized and treated as a serious public health issue. Prescription drug use must become more limited through doctor education programs and statewide electronic Prescription Drug Monitoring Programs (PDMP) that collect data on substances dispensed. Stronger public health messaging must be utilized notifying moms-to-be of the dangers of drinking and smoking during pregnancy.

Programs must be created that help to identify and deter maternal substance abuse, inform public health initiatives, outline use and abuse trends, and educate the public on the dangers of maternal drug use and substance abuse. Women who are pregnant, considering pregnancy, or are breastfeeding should be encouraged to check with their health care provider about the dangers of various drugs to the unborn or breastfeeding baby.

Family treatment programs must be established to ensure that families suffering from substance abuse are not torn apart. Family-based treatment programs offer services for mothers and their children that include parenting classes, employment and education assistance, and other life skills training. By allowing the entire family to address substance abuse issues together, families can stay together and help disrupt the intergenerational cycle of addiction, violence, and poverty.