

Substance Use Treatment for Women

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We have begun to identify researcher-oriented professionals who have expertise in the following areas:

1. Barriers in substance use treatment for mothers and pregnant women.
2. Current substance use treatment programs focused on women.
3. Gaps in the availability of substance use treatment programs for mothers and pregnant

Main Points

1. Many women who use substances are mothers with minor children or are of reproductive age. One barrier to treatment is that **many programs do not offer residential family-based treatment**. This prevents women from seeking treatment due to the lack reliable childcare or fear of being separated from their children. Additionally, relapse is common and must be accounted for child welfare safety planning.
2. [A recent study](#) found that, among women who use drugs, pregnant women were more likely to need treatment but *less* likely to receive it. Among pregnant women with an opioid use disorder, [only 25% receive treatment](#). Another barrier to treatment is that pregnant women who use substances are **less likely to seek treatment because of stigma and discrimination**.
3. There is a **lack of clinical guidelines on the use of standardized prenatal substance use screening tools**, and most states do not screen all newborns for substance exposure. The lack of standardized clinical guidelines regarding when or how to screen can increase bias towards marginalized groups. Additionally, it is not clear that who is responsible for administering the screenings and how to bill for them. Universal screenings, brief intervention, and referral to treatment have potential to reduce the burden of substance use before and during pregnancy and should be integrated into prenatal care.

Key Resources	RPC Network Experts
<p>The Substance Abuse and Mental Health Services Administration (SAMSHA) hosts a national listing of available treatment resources.</p> <p>A directory of family-based residential treatment programs for parents with children can be found here.</p> <p>Examples of standardized screening tools for universal implementation include 4Ps Plus, which screens for all substances.</p> <p>Examples of programs serving pregnant women or women with young children: PATHways, MOST (Kentucky), RS Eden, Avivo (Minnesota), Nexus Recovery, and Austin Recovery Center (Texas).</p>	<ul style="list-style-type: none">• Jessica Passini: Researcher, Institute of Social and Economic Research (ISER)• Mishka Terplan: Professor of Gynecology and Psychiatry, Associate Director of Addiction Medicine Virginia Commonwealth University• Monica Faulkner: Research Associate Professor and Director, Texas Institute for Child & Family Wellbeing• Rebecca Schlafer: Assistant Professor, University of Minnesota <p><i>*We are currently in the process of recruiting even more experts both in and outside of our network*</i></p>