

Pregnancy, Substance Use, Racial (In)Equity, and Child Welfare

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Disclosure Information (Required)

- ◆ Presenter 1: Mishka Terplan MD MPH
 - ◆ “No Disclosures”



Racism and Drug Policy

The New York Times

In Heroin Crisis, White Families Seek Gentler War on Drugs



Amanda Jordan with her son Brett Honor outside a meeting for people with addictions and their families in Plaistow, N.H. Her son Christopher died of an overdose. Katherine Taylor for The New York Times

By Katharine Q. Seelye

Oct. 30, 2015



ASAM American Society of
Addiction Medicine

Public Policy Statement on Advancing Racial Justice in Addiction Medicine

Background

Addiction involves complex interactions among an individual's brain circuits, genetics, the environment, and their life experiences.¹ Racism disproportionately shapes the environment and life experiences of Black, Hispanic/Latinx, Asian, Pacific Islander, Native American, and other racially oppressed and disenfranchised people (hereinafter collectively referred to as Black, Indigenous, People of Color (BIPOC), adversely influencing both their risk of developing addiction and their access to evidence-based addiction treatment services. While police and civilian murders of Black people in the United States of America have highlighted the deadly consequences of racism, they have also illuminated the impact of the long-standing systemic racism in the United States. Systemic racism has been defined as "a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity."²

This is the first of a series of policy statements on racial justice through which ASAM reiterates the fundamental axiom that systemic racism is a social determinant of health³ that has had profound, deleterious effects on the lives and health of BIPOC. These statements are part of ASAM's effort to recognize, understand, and then counteract the adverse effects of America's historical, pervasive, and continuing systemic racism, specifically with respect to addiction prevention, early intervention, diagnosis, treatment, and recovery. The goal of this series is to increase structural competency, defined as "the capacity... to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures,"^{4,5} among addiction medicine professionals, public health authorities, policymakers and others with societal influence or authority. Structural competency bridges research on social determinants of health with clinical interventions, and prepares clinical trainees to act on systemic causes of health inequalities.

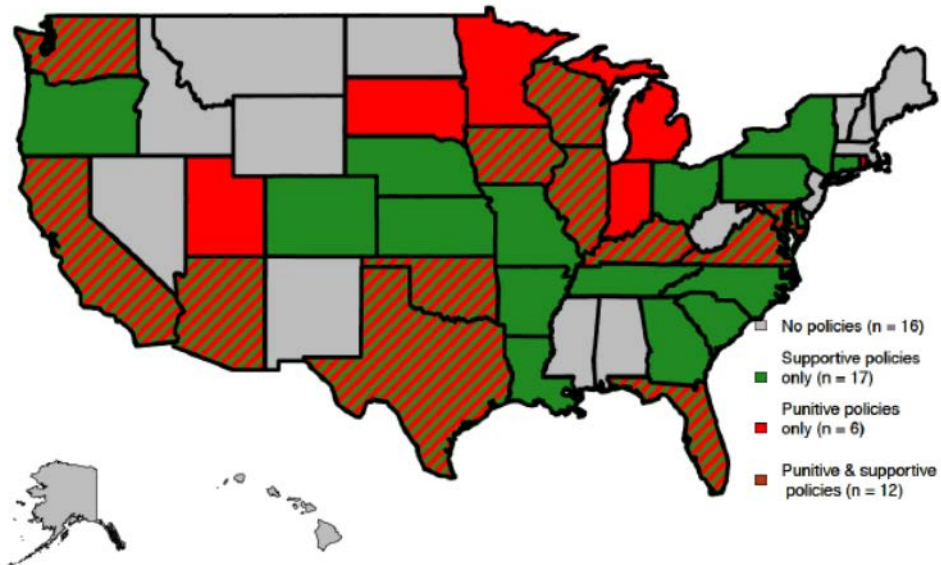
ASAM recognizes the racism and discrimination that BIPOC patients, their families, and addiction medicine professionals consistently face in their personal and professional lives. Every day, addiction medicine professionals confront the tragic consequences of racial injustice among the patients and communities we serve — from the disproportionate incarceration of BIPOC with the disease of addiction, to treatment barriers for many BIPOC, to rising overdose deaths and ongoing discrimination.^{6,7} ASAM denounces and commits to challenging racial injustice by working toward solutions to the addiction crisis that recognize the role of systemic racism in creating and reinforcing health inequities.⁸

Drug policy has supported systemic racism. Drug controls arose from a mix of motives, some of which were laudable, but many of which were based in racist ideology. Racial bias has emerged

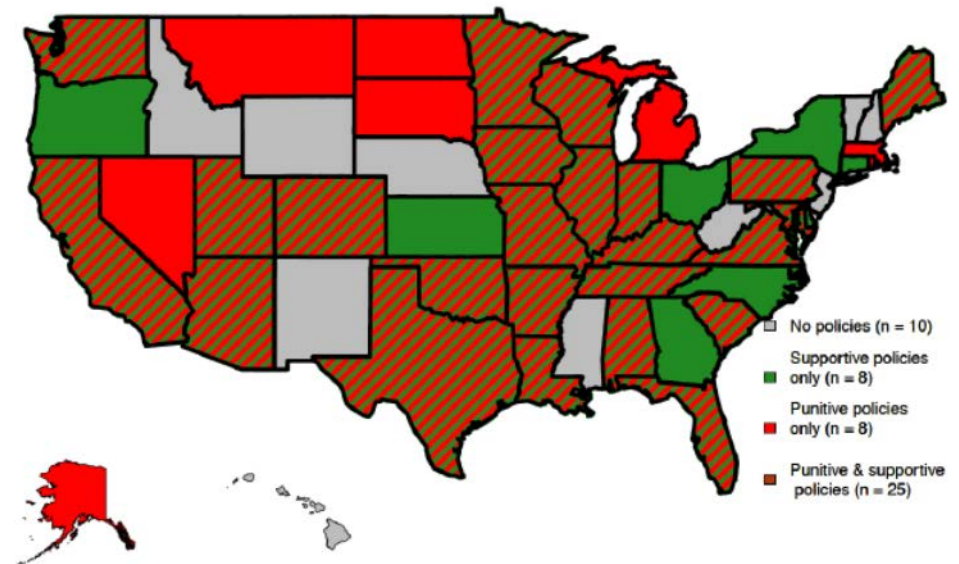


State Policies related to drug use during pregnancy have become increasingly punitive

Overview of policy combinations: 2000



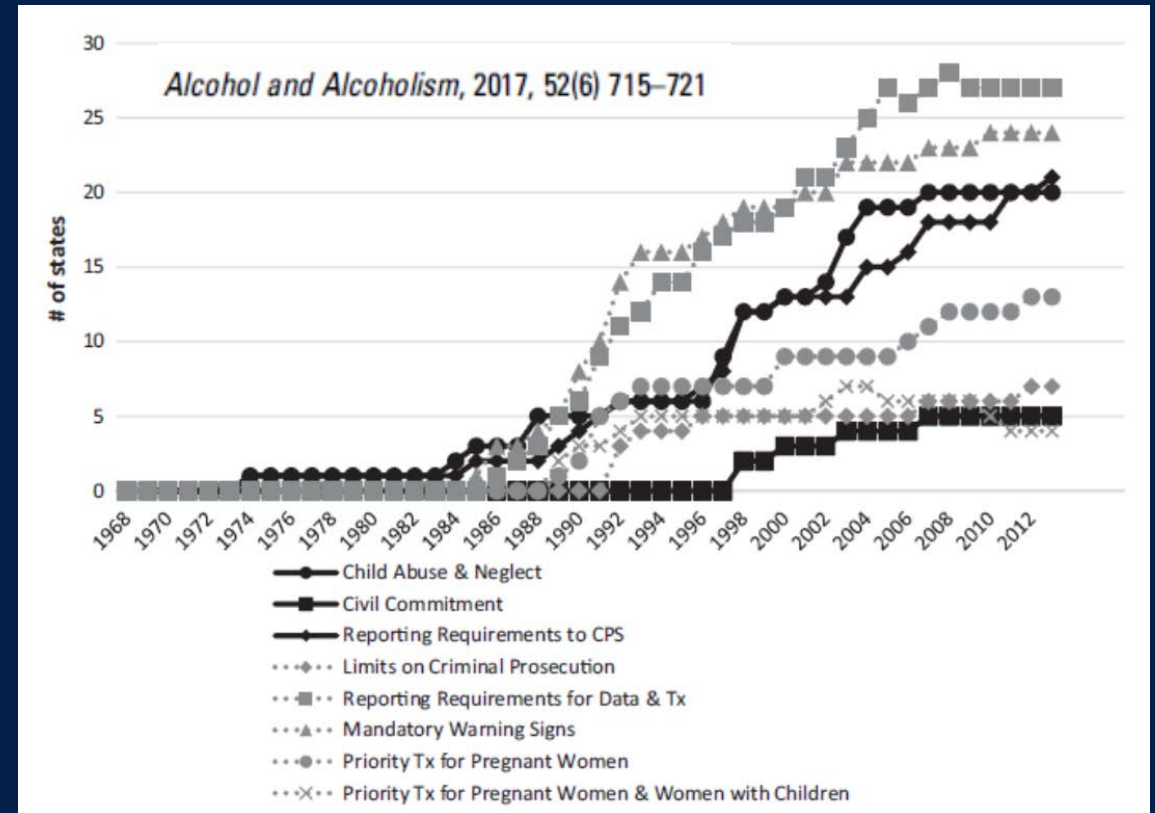
Overview of policy combinations: 2015



Presentation Dr Faherty, Academy Health Annual Research Conference, June 3 2019

Punitive Policies and Maternal Health

- ◆ Punitive Policies Increasing
 - ◆ Not Driven by Overall Drug Policy
- ◆ Punitive Policies Associated with:
 - ◆ Later Entry into PNC
 - ◆ Greater PTB and LBW
 - ◆ Greater Rates NAS
- ◆ Punitive Policies Driven by:
 - ◆ Restrictive Reproductive Policies



SUBSTANCE-EXPOSED INFANTS & THE U.S. CHILD WELFARE SYSTEM



The U.S. CHILD WELFARE SYSTEM was **not** set up to meet the complex needs of families affected by **substance use disorder**. Recent federal changes have made **IMPROVEMENTS**, but more progress & funding are needed.

FROM 2011 TO 2017:
The number of infants entering the U.S. foster care system grew **BY NEARLY 10,000**

Overall Foster Care Removals & Parental Substance Use Removals for Infants (<1 year) in the U.S. Foster System Are Growing



At least 1/2 of U.S. foster care placements for infants are associated with **PARENTAL SUBSTANCE USE**



Rate of Infants (<1 year) in Foster Care per 1000 Live Births



In 2016, changes to the Child Abuse Prevention & Treatment Act (CAPTA) required "Plans of Safe Care" be **INCLUSIVE OF THE NEEDS OF FAMILY/CAREGIVERS** of substance-exposed infants.

In 2018, the **SUPPORT Act** amended CAPTA to provide clearer guidance and authorize a new state grant program to **HELP IMPLEMENT "PLANS OF SAFE CARE."**



Clinicians should consider a more **ACTIVE ROLE** in shaping how these policies are implemented.



**“WHATEVER THEY DO,
I’M HER COMFORT,
I’M HER PROTECTOR.”**

**HOW THE FOSTER SYSTEM
HAS BECOME GROUND ZERO
FOR THE U.S. DRUG WAR**

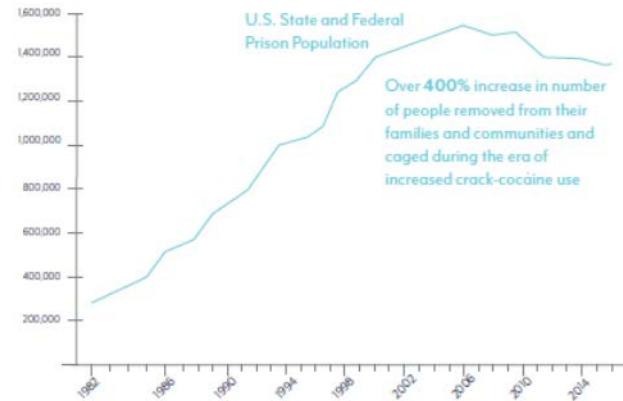
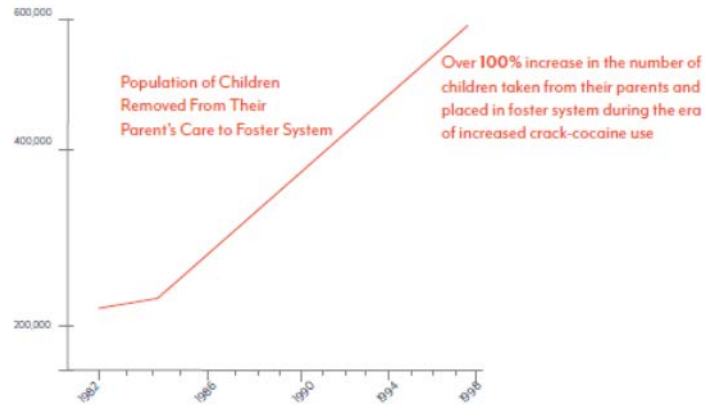


MFP
MOVEMENT FOR
FAMILY POWER

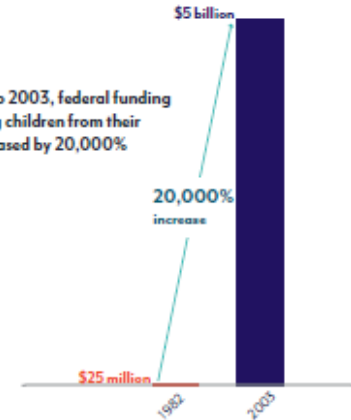


**We are
the Drug
Policy
Alliance.**

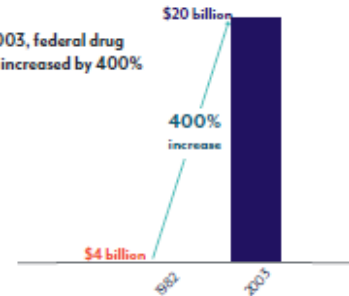
Between 1986 to 1996, the population of children removed from their homes to the foster system, like the prison population, grew steeply. Between 1996 to 2016, both the population of children in state custody and prison population have not decreased significantly.



From 1982 to 2003, federal funding for removing children from their homes increased by 20,000%



From 1982 to 2003, federal drug control funding increased by 400%



#ASAM2021

The Child Welfare Pipeline (simplified)



Racial Inequities in Drug Testing and Selection Bias in Child Welfare Reporting

1202 THE NEW ENGLAND JOURNAL OF MEDICINE April 26, 1990

SPECIAL ARTICLE

THE PREVALENCE OF ILLICIT-DRUG OR ALCOHOL USE DURING PREGNANCY AND DISCREPANCIES IN MANDATORY REPORTING IN PINELLAS COUNTY, FLORIDA

Ira J. Chasnoff, M.D., Harvey J. Landress, A.C.S.W., and Mark E. Barrett, Ph.D.

Abstract Florida is one of several states that have sought to protect newborns by requiring that mothers known to have used alcohol or illicit drugs during pregnancy be reported to health authorities. To estimate the prevalence of substance abuse by pregnant women, we collected urine samples from all pregnant women who enrolled for prenatal care at any of the five public health clinics in Pinellas County, Florida (n = 380), or at any of 12 private obstetrical offices in the county (n = 335); each center was studied for a one-month period during the first half of 1989. Toxicologic screening for alcohol, opiates, cocaine and its metabolites, and cannabinoids was performed blindly with the use of an enzyme-multiplied immunoassay technique; all positive results were confirmed.

Among the 715 pregnant women we screened, the overall prevalence of a positive result on the toxicologic tests of urine was 14.8 percent; there was little difference in prevalence between the women seen at the public clinics (16.3 percent) and those seen at the private offices (13.1 percent). The frequency of a positive result was also similar among white women (15.4 percent) and black women (14.1 percent). Black women more frequently had evidence of cocaine use (7.5 percent vs. 1.8 percent for white women), whereas white women more frequently had evidence of the use of cannabinoids (14.4 percent vs. 6.0 percent for black women).

During the six-month period in which we collected the urine samples, 133 women in Pinellas County were reported to health authorities after delivery for substance abuse during pregnancy. Despite the similar rates of substance abuse among black and white women in our study, black women were reported at approximately 10 times the rate for white women (P < 0.0001), and poor women were more likely than others to be reported.

We conclude that the use of illicit drugs is common among pregnant women regardless of race and socioeconomic status. If legally mandated reporting is to be free of racial or economic bias, it must be based on objective medical criteria. (N Engl J Med 1990; 322: 1202-6.)

	Chasnoff (1990)	Roberts (2011)
Positive Urine Drug Test		
Black Women	14.1%	14%
White Women	15.4%	14%
Child Welfare Report		
Black Women	10.7%	13.5%
White Women	1.1%	7.6%

Equality vs. Equity:
 Increasing number of White people reported to achieve “racial parity” with Black is not equity

Universal Screening for Alcohol and Drug Use and Racial Disparities in Child Protective Services Reporting

Sarah C. M. Roberts, DrPH
 Amani Nuru-Jeter, PhD, MPH

Journal of Behavioral Health Services & Research, 2011. © 2011 National Council for Community Behavioral Healthcare. DOI 10.1007/s11414-011-9247-x



“Test and Report”: Provider Culpability

- ◆ Most reports (<1yr) come from hospitals and healthcare providers (HHS 2020)
- ◆ Positive test identifies exposure:
 - ◆ Not indication of health or ill-health in newborn
 - ◆ Not mentioned in AAP discharge criteria
 - ◆ Not injury or harm (AAP 2015)
- ◆ “Policies that require practitioners to respond to substance use and substance use disorder in a primarily punitive way, require health care providers to function as agents of law enforcement.” (ACOG 2020)

HHS 2020 <https://www.childwelfare.gov/pubs/factsheets/cpswork/>

AAP 2015 <https://pediatrics.aappublications.org/content/135/5/948>

ACOG 2020 <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/opposition-criminalization-of-individuals-pregnancy-and-postpartum-period> #ASAM2021



CRIMINALIZING PREGNANCY

POLICING PREGNANT WOMEN WHO USE DRUGS IN THE USA

2017

AMNESTY
INTERNATIONAL

Racial Inequities in the Child Welfare Pipeline

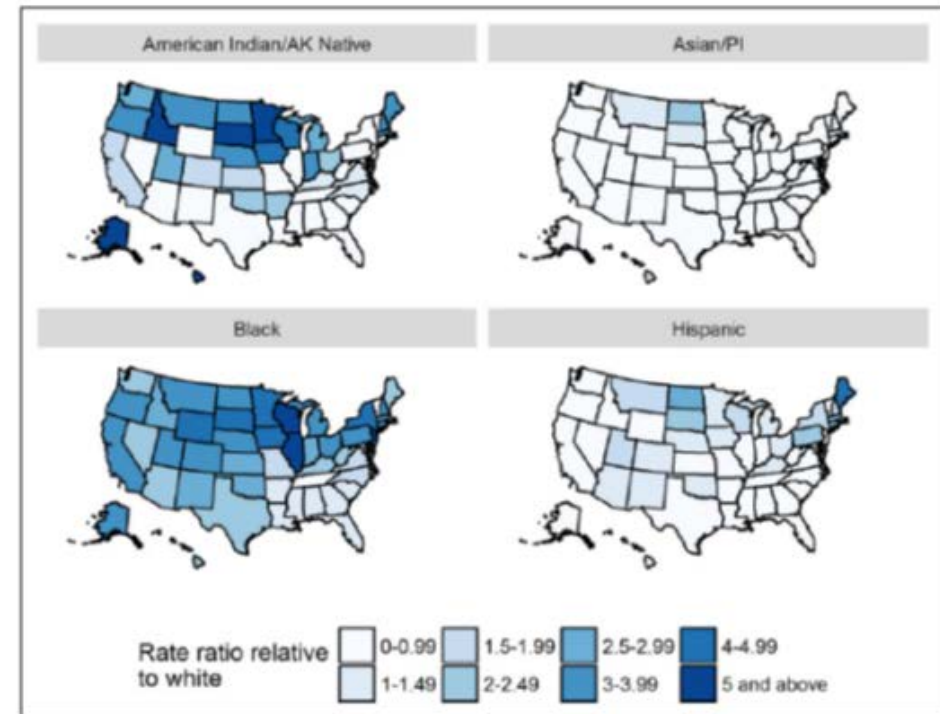
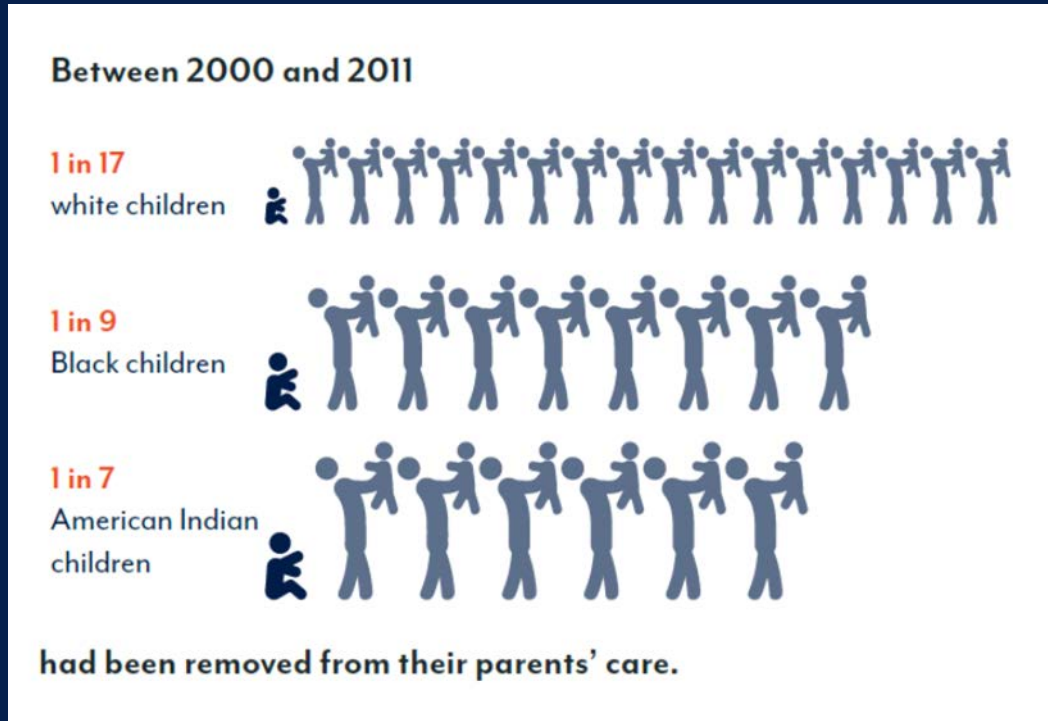
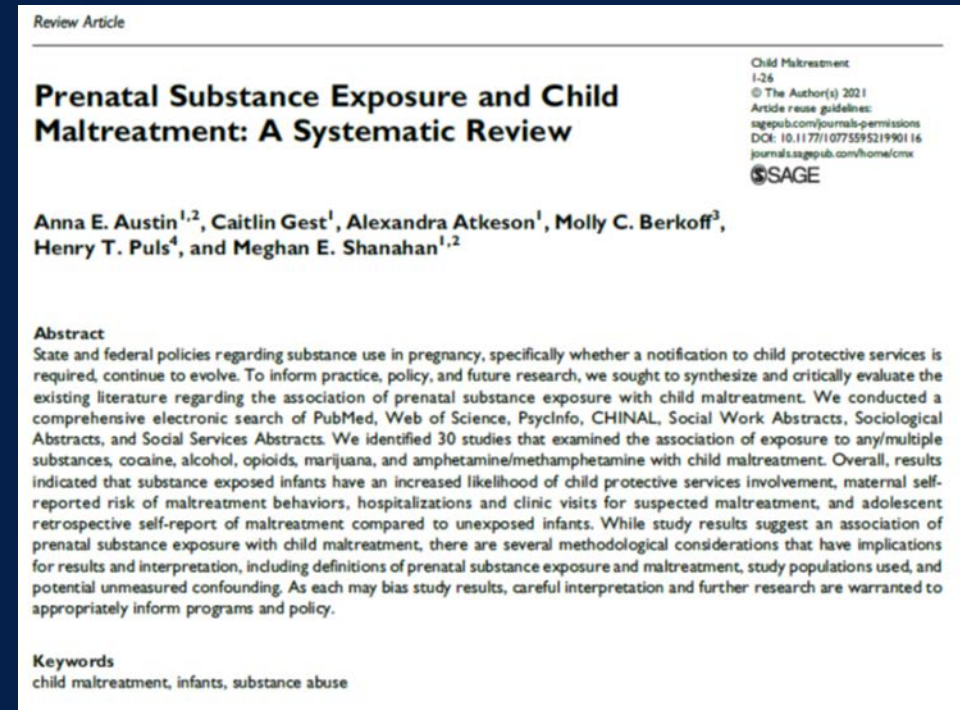


Figure 4. Inequality in cumulative prevalence of termination of both parents' rights by race/ethnicity relative to White children, 2000–2016 synthetic cohort.

Substance Use in Pregnancy and Child Maltreatment: Where is the Evidence?

- ◆ Substance-exposed infants have increased likelihood of child welfare involvement
- ◆ No strong evidence of substantiated maltreatment
- ◆ Overall literature is of poor methodological quality



Children With In Utero Cocaine Exposure Do Not Differ From Control Subjects on Intelligence Testing

Hallam Hurt, MD; Elsa Malmud, PhD; Laura Betancourt; Leonard E. Braitman, PhD;
Nancy L. Brodsky, PhD; Joan Giannetta

Inner-city Achievers

Who Are They?

Hallam Hurt, MD; Elsa Malmud, PhD; Leonard E. Braitman, PhD; Laura M. Betancourt, BA;
Nancy L. Brodsky, PhD; Joan M. Giannetta, BA



Substance and Development: Evidence of Nurture

Table 5. Home Observation for Measurement of the Environment*

Measurement	IQ \geq 90 (n=24)	IQ<90 (n=104)	P Value
Learning Stimulation	9 (5-11)	7 (1-11)	<.001
Language Stimulation	7 (6-7)	7 (4-7)	.03
Physical Environment	6 (5-7)	6 (0-7)	.25
Warmth and Affection	6 (2-7)	5 (0-7)	.01
Academic Stimulation	5 (4-5)	5 (1-5)	.006
Modeling	4 (2-5)	4 (0-5)	.05
Variety in Experience	8 (6-9)	7 (4-9)	<.001
Acceptance	4 (3-4)	4 (0-4)	.06
Total	48.5 (40-53)	43 (20-53)	<.001

*Values are expressed as median (range). See Caldwell and Bradley for more information on HOME.¹⁰

Why then the (Statutory) Association between Substance use and Maltreatment?

- ◆ The Availability Heuristic – prioritization of memorability and newness over accuracy; grounded in self-person and society
- ◆ Logical Tautology – true (or false) by definition [a=b], defined in reference to itself, “formally undecidable” (math language), not falsifiable, therefore not scientific, logical style not fallacy
- ◆ Pleonasm: style

"Let me tell you this, when social workers offer you, free, gratis and for nothing, something to hinder you from swooning, which with them is an obsession, it is useless to recoil ..." (Samuel Beckett, Molloy)

How a health problem becomes a crime

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in *The Washington Post* last week, this child was all but abandoned by the authorities.

Washington Post 1989

What We Can Do

- ◆ Address race, class, and reproduction from a structural perspective: how social structures produce vulnerabilities
- ◆ Resist the ideological framework in the US of “individual choice/responsibility”
- ◆ “Center on the most marginalized”
- ◆ Reproductive Justice: Human right to maintain bodily autonomy, have children, not have children, and parent the children in safe and sustainable communities



Thank You

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