Addiction

A summary of the scientific literature on opioid addiction during pregnancy and for newborns.



How This Impacts Children's Development

Parents' opioid addiction affects children's development from the prenatal stage through adulthood. Over time, this addiction combined with chaotic home environments, increases the likelihood that children will

engage in substance use themselves. This sets the stage for intergenerational drug abuse and can lead to lifelong health consequences for the children.

Read the brief: Family-Focused Approached to Opioid Addiction Improve the Effectiveness of Treatment, 2018

Talking Points from the SRCD Brief

- Since 2000, the number of infants born with neonatal abstinence syndrome has increased fivefold. Symptoms include tremors, seizures, irritability, disrupted sleep, and intense crying in infants.
- Some states automatically refer parents abusing opioids and other illicit drugs to child protective services.
    - These laws can result in parental incarceration and children's removal from their home.
    - Doing this without adequate opportunities for treatment can harm family stability and children's mental health.
- The gold standard treatment for adult opioid addiction is the controlled administration of methadone or buprenorphine, termed opioid agonist treatment.
    - For pregnant women, this treatment optimizes maternal and neonatal outcomes after birth.
    - Opioid agonist treatment is expensive, and coverage is limited in both Medicaid and private insurers.
- Evidence-based programs that combine opioid agonist treatment with efforts to help opioid-addicted parents regulate their emotions, lower their stress, and find pleasure in their caregiving role have led to decreases in the severity of maternal addiction as well as improved well-being for mothers and children.
- Supporting mothers' direct involvement in the care of their neonatal abstinence syndrome affected infants has resulted in reduced hospital stays, decreased hospital costs, and less treatment involving pharmacologic withdrawal for newborns.

Policy Considerations in the Brief

- Expanding family-focused treatment models, and continued evaluation of their effectiveness for different groups, could help improve infant and maternal outcomes.

- Develop and support evidence-based programs that combine opioid agonist treatment with interventions aimed at helping opioid-addicted parents manage their emotions, reduce stress, and find fulfillment in their caregiving roles. These programs should focus on reducing the severity of maternal addiction and improving the well-being of both mothers and their children.
- Implement strategies that empower mothers of infants born with neonatal abstinence syndrome by encouraging their active involvement in the care of their infants. Such strategies should aim to reduce hospital stays, lower hospital costs, and minimize the need for pharmacologic withdrawal treatments for newborns.
- Promote and extend family-focused support programs for opioid-addicted women during pregnancy. These programs should focus on strengthening mother-child relationships and reducing substance use before the baby is born, laying the groundwork for better outcomes for both mothers and their children.

Read the brief: Family-Focused Approached to Opioid Addiction Improve the Effectiveness of Treatment, 2018