Short Commentary

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Substance Addicted Mothers Need Multidisciplinary Treatment Modalities

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Substance use during pregnancy is not so rare as health care professionals could easily expect. Actually, 6 % of pregnant women have some misuse during pregnancy. Marijuana use has been in the news lately and when attitudes toward it have become more tolerant especially among young adults and use is becoming more popular, it is no surprise use also during pregnancy is coming more prevalent. In United States, 0.88 % of women use it during pregnancy [1].

10 % of pregnant women exceed the limits of moderate alcohol consumption, being one or two doses per week. Nordic researchers have shown that almost half of all pregnant women are occasionally drunk during pregnancy. The safe limits differ in different countries and recently in Finland the guide line was changed stating now that no alcohol consumption should be during pregnancy at all. 16 % of women continue smoking during pregnancy and among substance abusing women the number is 73 %. Prevalence of smoking has remained the same during past years [2].

University Hospital Psychiatric Addiction Clinic in Tampere, Finland, established a model for evaluating and offering treatment options for substance abusing mothers. The psychiatric evaluation was regarded as mandatory since it was already known from many studies that addiction and psychiatric diseases go together. At the same time period, all five university hospitals in Finland had the same aim of providing a service modality for this patient group. Different hospitals ended up with different treatment settings, some established the new working method among neonatal care unit, some among child psychiatry or child medicine. In Tampere we had it among liaison psychiatric clinic and therefore got the opportunity to study the prevalence of psychiatric co-morbidity of substance abusing mothers.

During 2003 - 2005 217 women were recruited to the clinic. Maternal clinics on the area were educated for recognizing this problem and offered consultations when needed. They were given instructions when to refer suspect cases to the addiction psychiatric clinic and they were encouraged to do so with low threshold. Many times the problem in recognizing is that health care workers are afraid to take the problem into daylight if they have no means to work it further, if there are no means to offer help for substance abusing women. That is why we combined thorough educational material with this new system.

Women approaching this treatment option came in with different attitudes. Some were scared for the possible announcement to be made for child custody and social services, some came with open mind. Afterwards many of those who were most affected and needed child protection services told that it was good that these things were openly encountered and they could not escape the fact that addiction is a detrimental factor for the parenthood. In Finland, every health care and social service worker is obliged by law to make an announcement to child protection when even mild suspicion of maltreatment is notified. Recently, that law was reached to protect also pregnancy. During pregnancy the announcement for child protection is to be made as preliminary to help officials to begin with support right when the child is born. No mandatory acts can be taken during pregnancy.

Patients' needs were evaluated based on medical and social investigation made together with an addiction psychiatrist and social worker or psychiatric nurse. They were offered variety of treatment modalities that were available either as part of public services or third sector. In some cases, patients were referred to another municipality for care if no suitable service was found on her own living area. There was lots of co-work with other sectors of the university hospital, child and neonatal care, child psychiatry, as well as outside hospital organizations, mental and addiction treatment facilities and social services. Patient's own network was taken in as well. That is to say, there are lots of options when co-work is efficient.

57 % of substance misusing pregnant women have psychiatric disorders. 6-12 months after delivery the amount of substance use related disorders was 40 % so treatment was effective. The severity of psychiatric comorbidities is higher when multiple substances are used. Finnish register based study states that comorbidity for schizophrenia class disorders is 85 times higher among substance misusing mothers and 13 times higher for mood affective disorders [2, 3].

Addiction treatment of patients with co-morbid psychiatric disorders can be effective despite the suspicions sometimes shed on that. When psychiatric care including medication was combined to addiction treatment in a drug dependence clinic, results were good. During first half a year co-morbid patients gave more positive urine samples compared to substance only patients. Later those who remained in treatment were comparable to substance only patients.Treatment retention of dual diagnosis subjects exceeded that of substance only diagnosis subjects ($p < .003$). Even though dual diagnosis patients may initially perform more poorly than substance only diagnosis patients in substance

dependence treatment, in the presence of psychiatric care, they eventually exhibit comparable success [4].

In our study, 29 out of 49 patients came substance free, but nevertheless 17 out of those 29 remained psychiatrically ill. Eight patients had only substance abuse diagnosis in the end of the study and 12 had dual diagnosis. Dual diagnosed patients were heavily co-morbid, 35 different diagnosis were found altogether among those 12 patients. Anxiety disorders (8), psychosis (4), depression (3), bipolar (2) and cyclothymia (1) was found. Rest of the diagnosis were substance related. Substances used varied, there was polydrug use and sometimes drugs were substituted by alcohol. During the maximum two years of treatment period, many psychiatric cases were found that were invisible before due to substance abuse problems.

Substance abuse is related to many social problems. Substance abusing mothers are much lower educated and their employment rate is 27 % while other mothers that recently had a baby are 74 % employed. One third of substance misusing mothers are single mothers. 10 % of addicted mothers are homeless, which is basically un-existing problem among other pregnant women in Finland. Also, criminality and violence in family are the problems addicted mothers do face. Their own childhood families have had addiction problems in half of the cases and one third also psychiatric problems.It is clear that psychiatric care alone is not enough to tackle all kind of problems that substance abusing mothers have. Combining different treatment modalities including social services, employment support, church aid and third sector services is essential.

Another angle to the situation is offered by a study that checks single mothers nearing lifetime welfare eligibilitylimits. Life time prevalence of mental disorders was 53 % in that group. One year prevalence was 44 %, out of that group only 22 % received treatment for mental disorders. Life time prevalence of dual diagnosis was 21 % and one year prevalence 6 %. Despite the high prevalence of psychiatric and substance use disorders in this population, many remain untreated. The consequences of terminating welfare assistance are worthy of further investigation, given the potential for adverse effects on both mothers and their young children [5].

It is a great challenge to health care caregivers to recognize substance abusing pregnant women. This work is not only essential but also rewarding. There are a lot of different means by which this population can be supported and their babies' health promoted. It needs co-operation of different sectors of health care and social services and social welfare. Open mind and non-juridical attitude together with firm knowledge of responsibility give good starting point for this work. When the services are available in the society, these patients nevertheless tend to drop outside the network. Caregivers must actively look for them and offer practical help within reasonable time.

References

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