

Comprehensive Substance Use Disorder Services for Pregnant and Postpartum Women: A Closer Look at SAMHSA’s Pregnant and Postpartum Women Program

Includes an overview of recent actions taken by Congress and current legislative proposals.

Substance use in women

Women face unique issues related to substance use disorders (SUD) due to biological, psychological, and social conditions. Women have unique physical responses to substances; are more susceptible to physical health risks from substance use; more likely to experience abuse and violence that may cause trauma; are more likely to have relational factors impact their substance use and treatment-seeking behavior; are more likely to encounter barriers to care because of gender expectations and caregiver roles; face higher levels of stigmatization; and more ([SAMHSA](#), 2013).

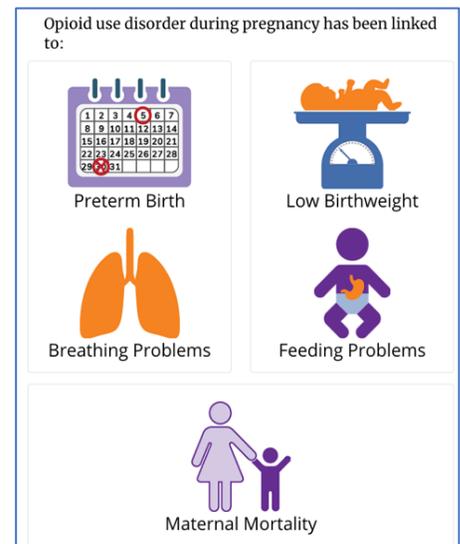
Based on 2021 data from the National Survey on Drug Use and Health ([NSDUH](#)), among pregnant women aged 15-44 in the United States:

- 10.8% (216,000) used tobacco products in the past month
- 9.8% (196,000) used alcohol in the past month
- 7.7% (155,000) used illicit drugs in the past month
 - 7.2% (143,000) used marijuana in the past month
 - 1.1% (22,000) used opioids in the past month
 - 0.2% (3,000) used cocaine in the past month

Parental substance use: the impact on children

Neonatal abstinence syndrome and fetal alcohol spectrum disorders
Substance use during pregnancy can be harmful for babies, and can increase the risk of miscarriage and stillbirth ([NIDA](#)). From 2010 to 2017, maternal opioid-related diagnoses at delivery increased by 131% ([CDC](#)). When a woman regularly uses certain substances, such as opioids, during pregnancy, the baby may be born with neonatal abstinence syndrome (NAS). NAS is a treatable condition with symptoms including severe irritability, difficulty feeding, respiratory problems, and seizures ([NCSACW](#)). According to 2016 data from the Healthcare Cost and Utilization Project (HCUP), which is managed by the U.S. Agency for Healthcare Research and Quality (AHRQ), seven newborns were diagnosed with NAS for every 1,000 newborn hospital stays. That is approximately one baby diagnosed with NAS every 19 minutes in the United States, or nearly 80 newborns diagnosed every day.

Another group of conditions caused by maternal substance use are fetal alcohol spectrum disorders (FASDs). FASDs can occur in an individual whose mother drank alcohol during pregnancy, resulting in physical, behavioral, and/or learning difficulties ([CDC](#)). Using medical and other records, studies by the Centers for Disease Control and Prevention (CDC) have identified 0.2 to 1.5 infants with FASD for every 1,000 live births in certain areas of the United States.



Retrieved from
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/opioid-use-disorder-pregnancy/index.html>

Impact of adverse experiences in childhood

Approximately 9 million children in the U.S. live with a parent who has a substance use disorder. These children are at increased risk for parental neglect, trauma ([NCSACW](#)), and child welfare involvement (Lipari and Van Horn, 2017). These adverse experiences can have long-term effects; parental substance use is a strong predictor of a child developing a future SUD of their own ([Bryant et al, 2020](#))

The family-based approach: treating the entire family

Interpersonal factors play an important role in women’s substance use, as well as their treatment and recovery. Because of this, it is beneficial to women and their families to participate in a family-based treatment program, which offers the entire family an opportunity to receive therapeutic services, not only the parent with an SUD ([SAMHSA, 2007](#)). When the entire family receives therapeutic services, outcomes for each individual member of the family improves. Additionally, families gain skills to improve communication and coordination, ultimately helping them better support each other ([SAMHSA, 2007](#)).

Investments in the PPW Residential Services Program

- FY 2023: \$38.9 million
- FY 2022: \$34.9 million
- FY 2021: \$32.9 million
- FY 2020: \$31.9 million
- FY 2019: \$29.9 million
- FY 2018: \$29.9 million
- FY 2017: \$19.9 million
- FY 2016: \$15.9 million

PPW Residential Services Program

Recognizing the need for specialized treatment services for women, in 1993 the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT) awarded a series of 5-year grants under the Residential Women and Children (RWC) and Pregnant and Postpartum Women (PPW) Demonstration Program. These programs offered comprehensive, gender-specific, family-centered treatment for women and their children who were able to reside with them while they were in residential care. This treatment includes access to medications for substance use disorders.

The PPW grant program has been in existence since that demonstration program. The purpose of the program is to provide pregnant and postpartum women treatment for substance use disorders using a family-based approach.

Required activities in the PPW residential services grant program include:

- Provide pregnant and postpartum women treatment for substance use disorders through programs in which, during the course of receiving treatment,
 - The women reside in or receive treatment services from facilities provided by the programs;
 - The minor children of a woman reside with them in the treatment facility if that is the preference of the woman;
 - The services are available to or on behalf of the women; and
 - The services are operated at a location that is accessible to low-income women and are provided in the language and cultural context that is most appropriate.
- Providing outreach services in the community involved to identify women who have a substance use disorder and to encourage the women to undergo treatment for such disorder.
- In consultation with the women, prepare an individualized plan for the provision of services for the woman and her children, which includes the following:
 - individual, group, and family counseling, as appropriate, regarding substance use disorders;
 - medication therapy for treating the substance use disorder(s), as appropriate, and
 - follow-up services to assist in preventing a relapse.
- Providing the following required supplemental services for women:
 - Prenatal and postpartum health care;
 - Referrals for necessary hospital services;

- Training in parenting;
- Counseling on risk for HIV and AIDS;
- Counseling on domestic violence and sexual abuse;
- Counseling on obtaining employment, including the importance of graduating from a secondary school;
- Providing therapeutic, comprehensive childcare for children during the periods in which the woman is engaged in therapy or in other necessary health and rehabilitative activities;
- Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the woman and the children of the woman; and
- Medical services including women’s health services.
- Providing the following required supplement services for children:
 - Pediatric health care, including treatment for any perinatal effects of a maternal substance use disorder;
 - Screenings regarding the physical and mental development of infants and children;
 - Counseling and other mental health services; and
 - Comprehensive social services.
- Reasonable efforts to preserve and support the family unit of the woman, which includes promoting the appropriate involvement of parents and others, and counseling the children of the woman.
- Provide the following case management services:
 - Assess the extent to which authorized services are appropriate for the woman and their child(ren);
 - Ensure that the services are provided in a coordinated manner;
 - Assist in establishing eligibility for assistance under federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services; and
 - Family reunification with children in kinship or foster care arrangements, where safe and appropriate.

Positive Outcomes

Based on [original data](#) from a cross-site evaluation of SAMHSA’s RCW/PPW program, women who received treatment in a family-based PPW program had positive outcomes across various aspects of their lives: reduced substance use, increased employment, reduced physical health issues, increased family preservation/permanency, fewer criminal justice encounters, and more. ([SAMHSA](#))

Pregnant and Postpartum Women - Residential	At Intake	At 6-months	% increase in the number of clients reporting
	(n=1,312)	(n=425)	
No past 30-day use alcohol/illegal drugs	32.10%	86.10%	168.70%
No past 30-day arrest	86.50%	98.60%	13.90%
Past 30-day employment or school attendance	8.00%	35.30%	341.20%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	40.20%	82.30%	104.80%
Past 30-day socially connectedness	90.80%	94.80%	4.40%
Past 30-day permanent place to live in the community	19.60%	27.40%	39.80%

More recent data demonstrate positive outcomes for those parenting in the PPW Residential program. As of February 2022, SAMHSA reported that of the 1,312 client intakes assessments and 435 follow-up reassessments, positive measures around alcohol/illegal drug use, arrest, employment or school attendance, alcohol or drug related consequences, social connectedness, and a permanent place to live, were reported among PPW Residential participants ([SAMHSA](#)).

State Pilot program: Legislative history and implementation

In 2015, NASADAD reached out to State alcohol and drug agency directors and women’s services coordinators to learn about their experiences in supporting PPW programs. State alcohol and drug agencies had seen the positive impacts from the PPW Residential Services Grant Program, and indicated the need for family-centered, comprehensive, gender-specific approach for families who required a broader range of services in addition to residential care.

In 2016, the Comprehensive Addiction and Recovery Act (CARA) re-authorized the PPW Residential Services Grant Program, and authorized a pilot program within SAMHSA’s Center for Substance Abuse Treatment (CSAT). The State Pilot Grant Program for Treatment for Pregnant and Postpartum Women aims to enhance flexibility in the use of funds designed to:

- 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;
- 2) help state alcohol and drug agencies address the continuum of care, including services provided to pregnant and postpartum women in nonresidential-based settings; and
- 3) promote a coordinated, effective and efficient state system managed by state alcohol and drug agencies by encouraging new approaches and models of service delivery.

Required activities in the PPW pilot program include:

- Facilitate the availability of family-based treatment and recovery support services. This includes the provision of services for pregnant and postpartum women, their minor children, age 17 and under, and other family members of the women and children. Services may be directly provided by the recipient, purchased through grants/contract(s) with other providers, or made available through memoranda of understanding/agreement with other providers. To support a family-centered treatment approach for this population, the following core services must be provided:
 - Outreach, engagement, screening, and assessment;
 - “Wrap-around”/recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve access and retention in services.
 - Services that provide a continuum of care including outpatient levels of care and access to residential care as indicated for the needs of the woman and her family if needed. The focus of this award will be on the development of an outpatient menu of services focused on the needs of pregnant women with substance use issues and her family needs;
 - Family-focused programs to support family strengthening and reunification, including parenting education and evidence-based interventions and social and recreational activities;
 - Clinically appropriate evidence-based practices for treatment of persons with a primary diagnosis of SUDs, including opioid use disorders; and
 - Case management services.
- Promote effective and efficient coordination and delivery of services across multiple systems and providers (e.g., behavioral health, primary care, housing, child and family services);
- Provide HIV and Hepatitis testing and appropriate care or linkages to care as a result of such testing; and
- Implement tobacco/nicotine cessation program and ensure clients have appropriate education on the risks of nicotine/tobacco use during pregnancy.

The PPW Pilot program also entails State infrastructure development, requiring State alcohol and drug agencies to:

- Develop a needs assessment using statewide epidemiological data. The needs assessment should identify gaps in services furnished to pregnant and postpartum women along the continuum of care with a primary diagnosis of a substance use disorder, including opioid use disorders.
- Develop and implement a State strategic plan or enhance an existing plan to ensure sustained partnerships across public health and other systems that will result in short- and long-term strategies to support family-based treatment services along the continuum of care for pregnant and postpartum women.

There have been five cohorts of PPW Pilot awardees:

- [2017](#): Massachusetts, New York, and Virginia each received \$1.1 million
- [2018](#): Georgia (\$1,054,360), Massachusetts (\$1.1 million), North Carolina (\$1,084,502), New York (\$1.1 million), Tennessee (\$1.1 million), and Virginia (\$1,078,219)
- [2020](#): Arizona, Connecticut, Illinois, Montana, and Oklahoma each received \$900,000
- [2021](#): Alabama, Kansas, Michigan, and West Virginia each received \$900,000
- [2023](#): Connecticut (\$900,000), Iowa (\$900,000), Maryland (\$900,000), Montana (\$900,000), Nevada (\$894,497), and South Carolina (\$900,000)

Outcomes from State Pilot Program

As of February 2022, SAMHSA reported that of the 392 client intakes assessments and 107 follow-up reassessments, positive measures around alcohol/illegal drug use, arrest, employment or school attendance, alcohol or drug related consequences, social connectedness, and a permanent place to live were reported among Pilot Program clients.

Pregnant and Postpartum Women - Pilot	At Intake	At 6-months	% increase in the number of clients reporting
	(n=392)	(n=107)	
No past 30-day use alcohol/illegal drugs	55.20%	79.20%	43.10%
No past 30-day arrest	95.30%	98.10%	2.90%
Past 30-day employment or school attendance	22.60%	43.40%	91.70%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	80.60%	99.00%	22.80%
Past 30-day socially connectedness	92.50%	93.40%	1.00%
Past 30-day permanent place to live in the community	36.40%	43.00%	17.90%

Ongoing efforts in Congress Regarding the PPW Residential and Pilot Program

The Consolidated Appropriations Act of 2023 (P.L. 117-328), signed into law in December 2022, included a provision that adjusted the due date of a report evaluating the results of the PPW State Pilot Program to September 30, 2026.

On July 19, 2023, the Energy and Commerce Committee's approved a SUPPORT Act reauthorization package that included a provision to reauthorize both the Residential PPW Program and the State Pilot from 2023 to 2028 at \$38.9 million. The provision was originally introduced as a stand-alone bill by Representatives Marie Gluesenkamp Perez (D-WA) and Young Kim (R-CA). The Senate Committee on Health, Education, Labor and Pensions (HELP) has not yet considered or marked-up a SUPPORT Act Reauthorization bill.

Role of State alcohol and drug agencies

NASADAD represents State alcohol and drug agency directors from the fifty States, the District of Columbia, and territories. States work with local communities to ensure that public dollars are dedicated to effective programs using tools such as: providing data for data-driven decision making, workforce development through training and credentialing, performance data management and reporting, and technical assistance to providers. Use of evidence-based practices is a top priority among State alcohol and drug agencies. The Substance Use Prevention, Treatment, and Recovery Services Block Grant requires States to prioritize service delivery to pregnant and postpartum women. NASADAD houses a component group known as the Women's Services Network (WSN). The WSN consists of State women's services coordinators who work with State alcohol and drug agency directors to provide high quality substance use treatment and recovery services to women, including pregnant and parenting women.

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Special thanks to Shalini Wickramatilake and Emily Diehl for their contributions to this fact sheet.