



# The Management of Substance Use and Substance Use Disorders in Pregnant Women

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# Sustainable Development Goals

The Sustainable Development Goals



3 Good health and wellbeing

5 Gender equality

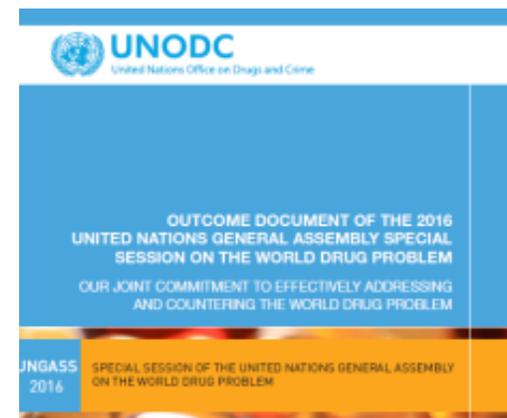
11 Reduce inequality

**Women have a critical role in all SDGs**



# UNGASS on World Drug Problem 2016

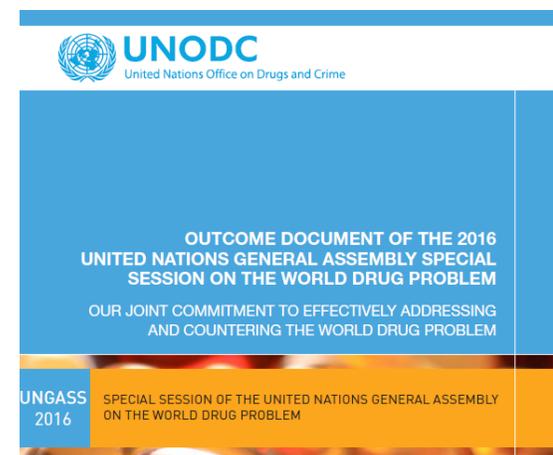
Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy”.





## OUTCOME DOCUMENT OF THE 2016 UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON THE WORLD DRUG PROBLEM

- “Encourage the taking into account of the specific needs and possible multiple vulnerabilities of women drug offenders when imprisoned, in line with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).”



# Women's drug use differs greatly from that of men (WDR 2018)

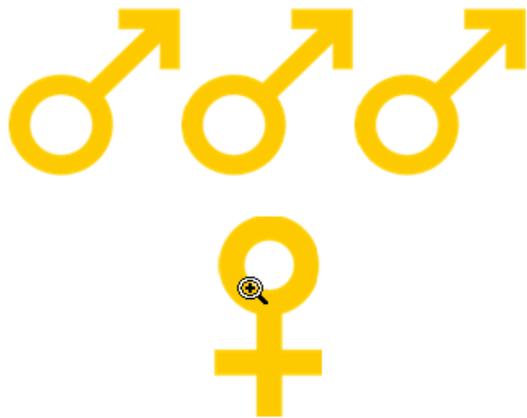
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- *Non-medical use of tranquillizers and opioids is common*
- *Women who have experienced childhood adversity internalize behaviours and may use drugs to self-medicate*
- *Gender-based violence is reportedly higher*
- *Women are at a higher risk for infectious diseases*
- *Women tend to progress rapidly from initiation of substance use to the development of substance use disorders*
- *Social inequalities and lack of social and economic resources make women more vulnerable to drug use and drug use disorders*



## Gender differences on the use of selected substances (WDR 2016)

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Cannabis,  
cocaine, ATS



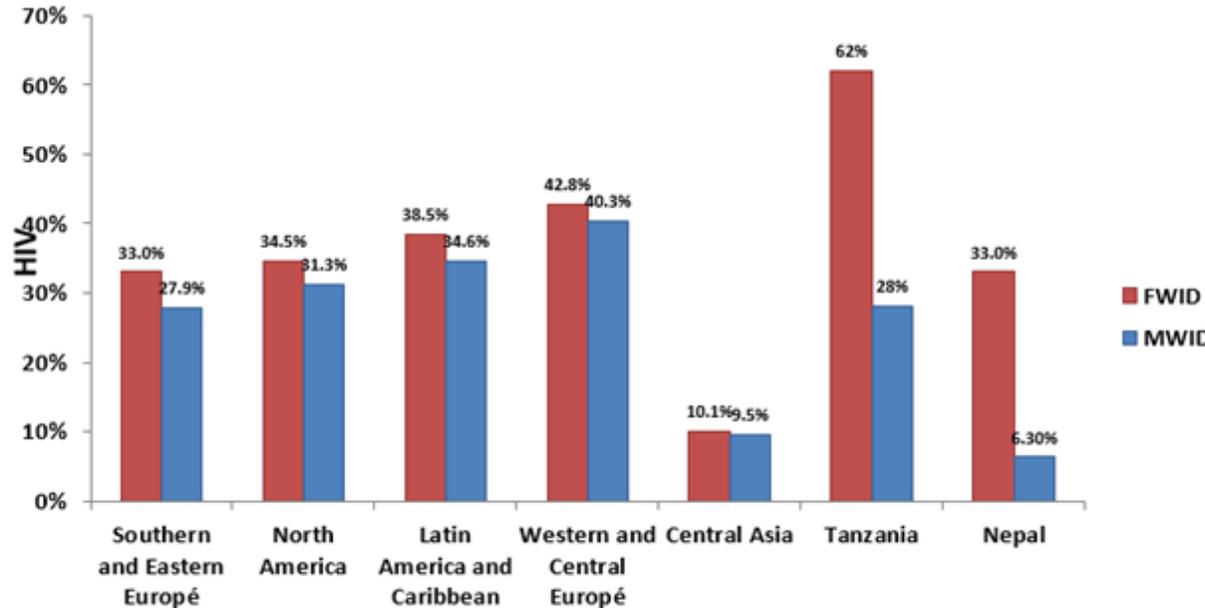
Tranquilizers



Prescription  
opioids

Men are considered to be three times more likely than women to use cannabis, cocaine or amphetamines, whereas women are more likely than men to engage in the nonmedical use of prescription opioids and tranquilizers.

# Co-morbid infectious diseases/women



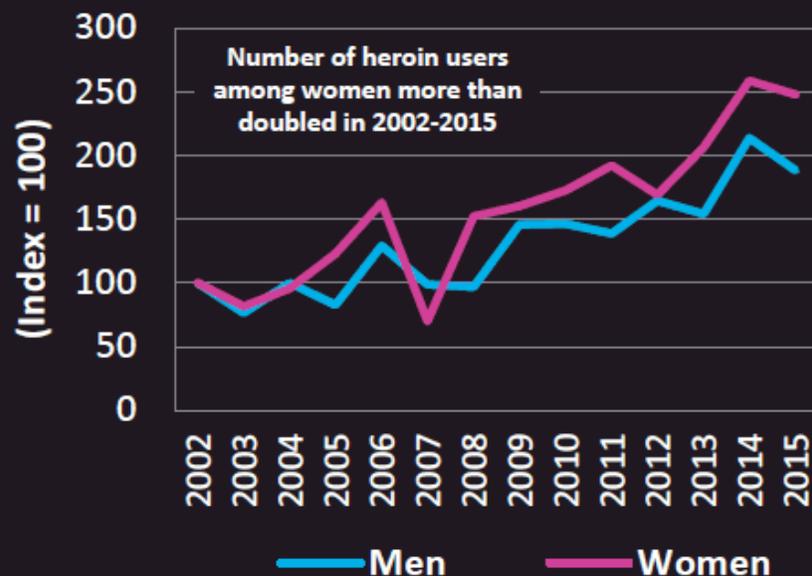
**HIV prevalence is higher among women who use drugs**



# WDR 2017: Higher increase in female heroin use and overdose deaths (US data)

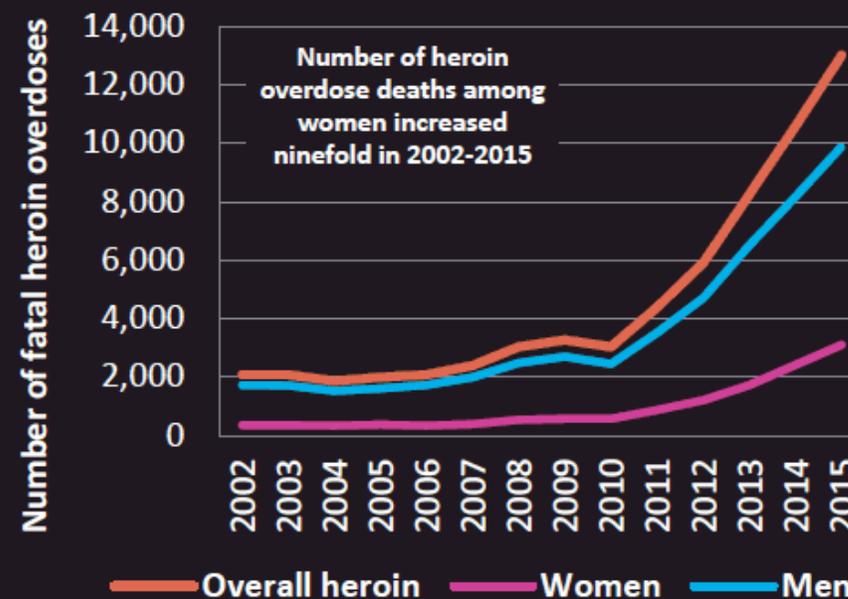


Trends in heroin use among men and women, United States, 2002-2015



Source: Data from Center for Behavioral Health Statistics and Quality, Key substance use and mental health indicators in the United States 2002-2015.

Trends in fatal heroin overdoses among men and women, United States, 2002-2015



Source: Centres for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research.



**UNODC**

United Nations Office on Drugs and Crime



**World Health  
Organization**

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**1:7**

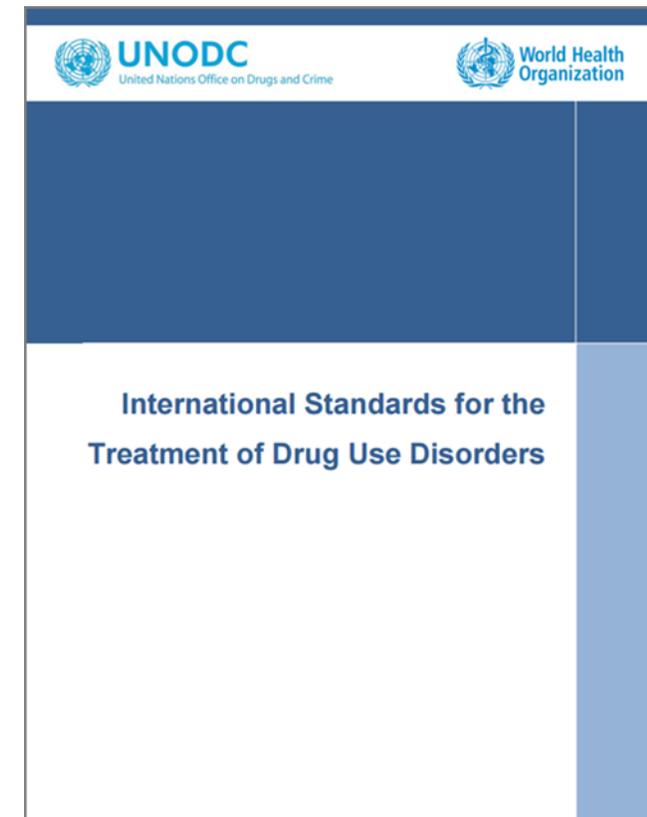
# Availability and accessibility of drug dependence treatment is a challenge – especially for women

Even though one out of three drug users is a woman,  
only one out of five drug users in treatment is a woman.

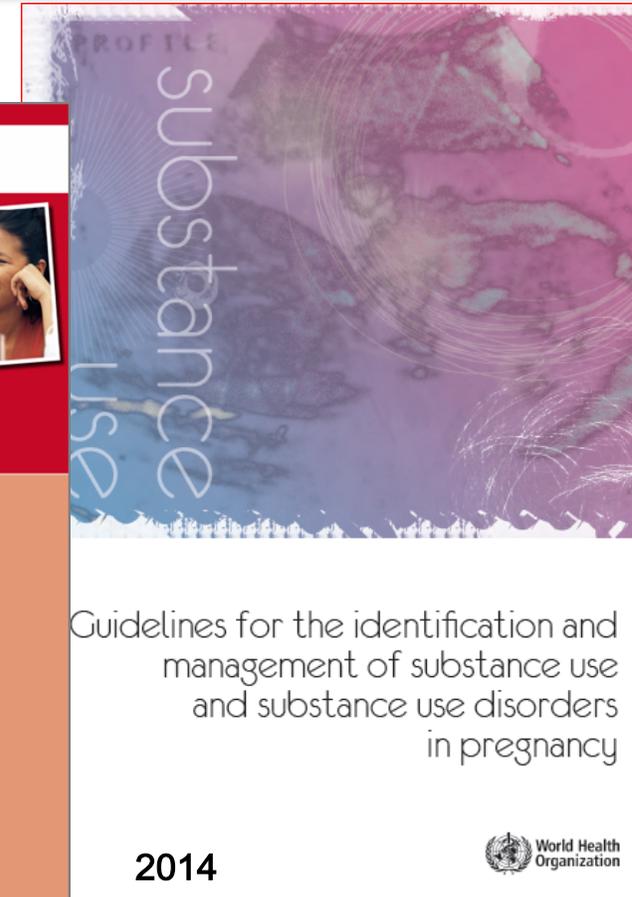
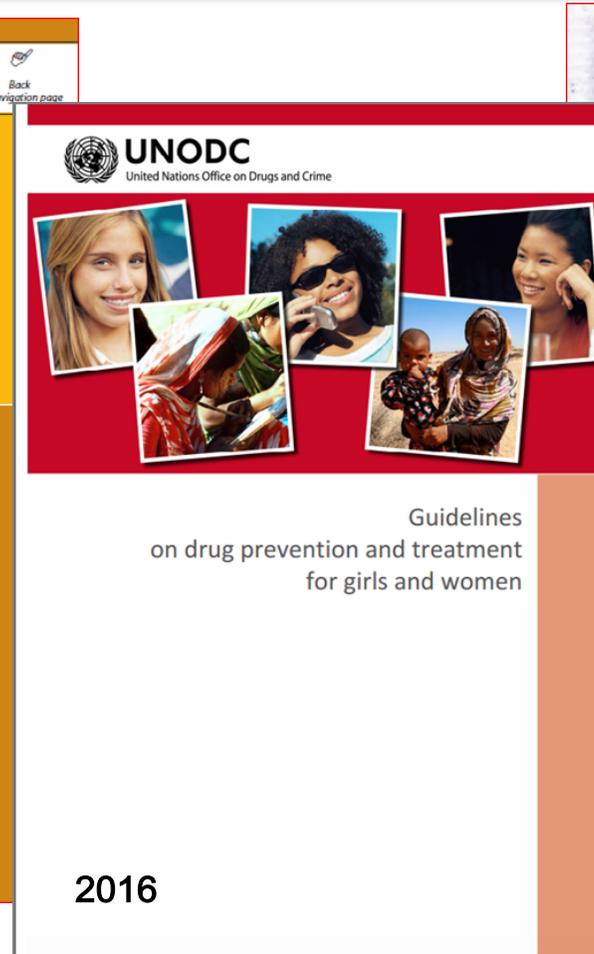


# Suggestions for drug use disorder treatment for women – International Standards for the Treatment of Drug Use Disorders (2016)

- Women can recover as well as men.
- Gender-responsive services address:
  - Accessibility
  - Child care responsibilities and parenting skills
  - Trauma and safety
  - Co-occurring mental health disorders
  - Socio-economic marginalisation



# Treatment and care for women with drug use disorders

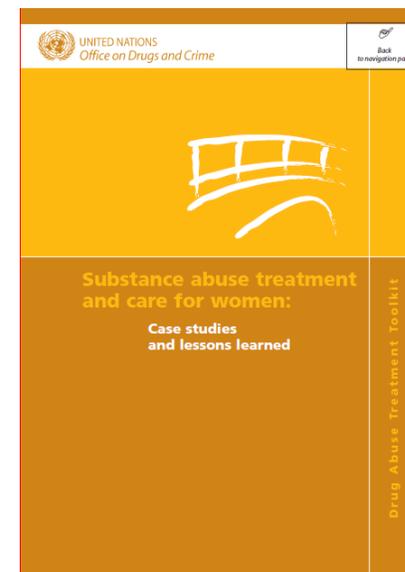




# Substance abuse treatment & care for women

(2004)

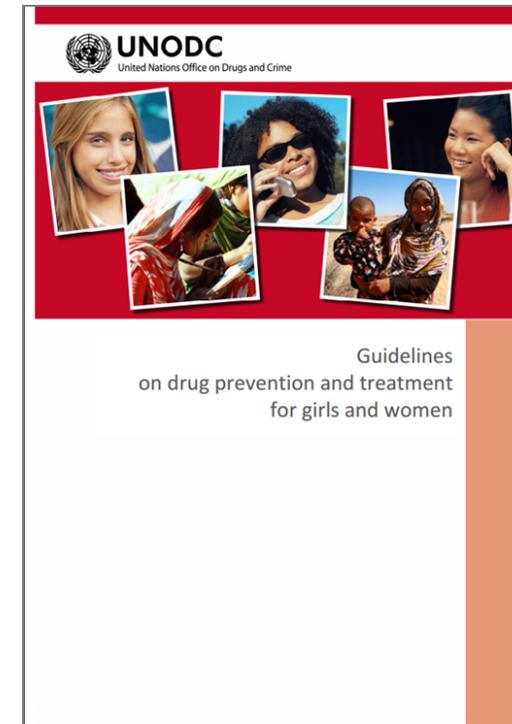
- **Understand women's needs and address barriers (stigma, legal sanctions, child custody, socioeconomic barriers)**
- **Community and primary health care involvement**
- **Routine screening and brief interventions**
- **Networking/one-stop-shop with other health and social services**
- **Outreach and low threshold services**
- **Identify and evaluate good practices**



# Women and Trauma: Treatment Implications

(2016)

- Prioritize safety and a safe environment
- Build capacity of all staff to recognize reactions to trauma
- Persons who have suffered trauma often have challenges with memory and flashbacks – hippocampus and amygdala
- Be prepared for longer duration and more intense psychosocial services



# Women and imprisonment: Consider alternatives!

**A higher proportion of women than men are in prison for drug-related offences**



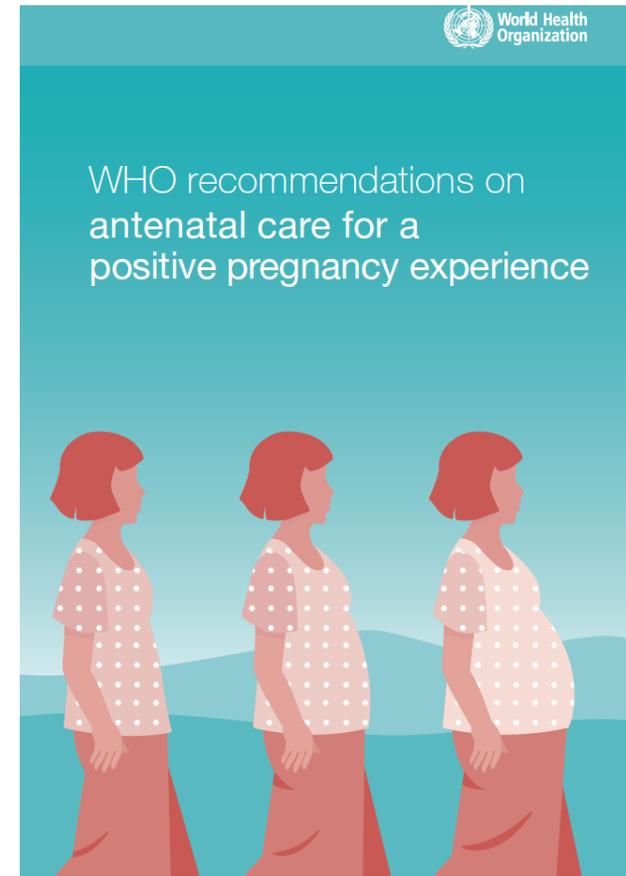
- Although the number of women in prison is much lower than the number of men, a higher proportion of women (35 per cent) than men (19 %) are in prison for drug-related offences. (WDR 2019)

# Why Address Substance Use during Pregnancy?

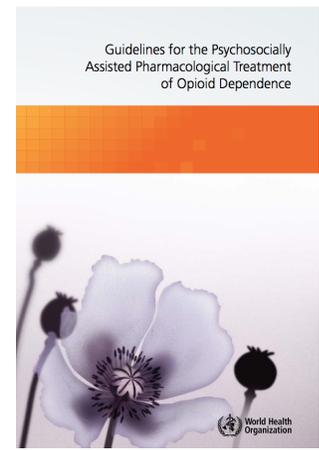
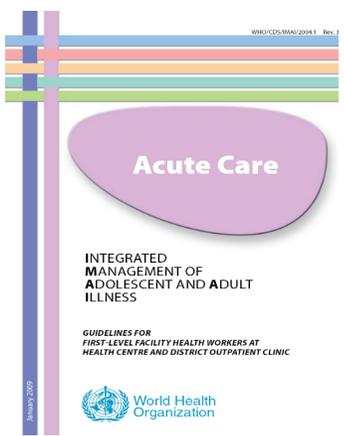
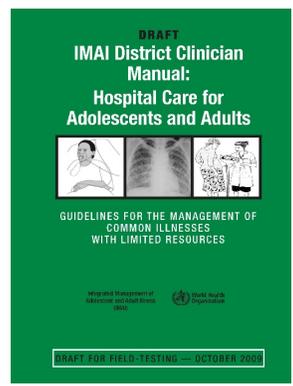
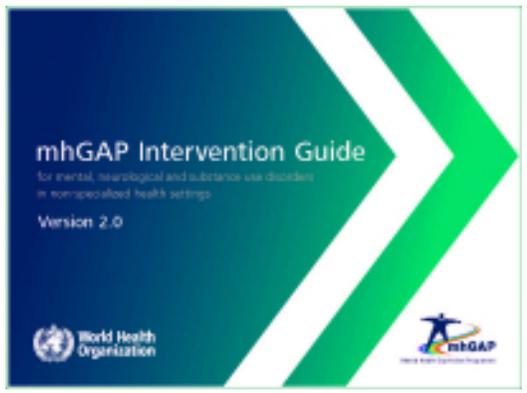
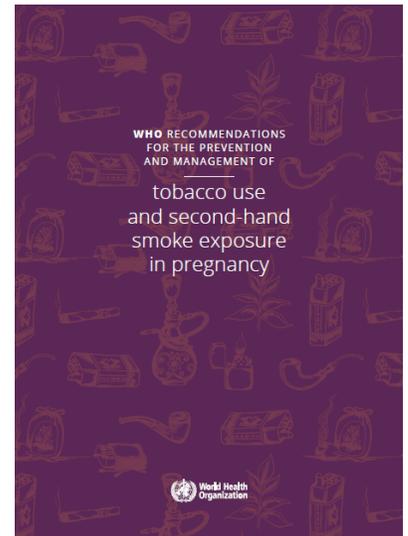
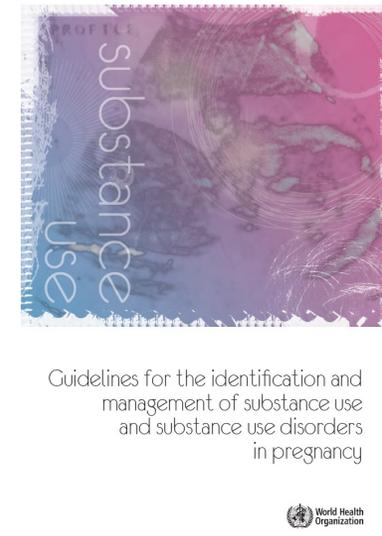
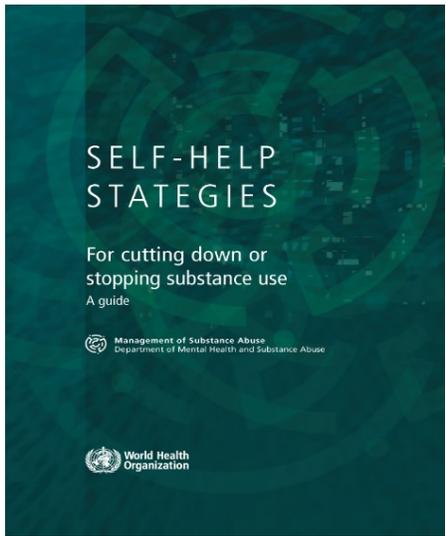
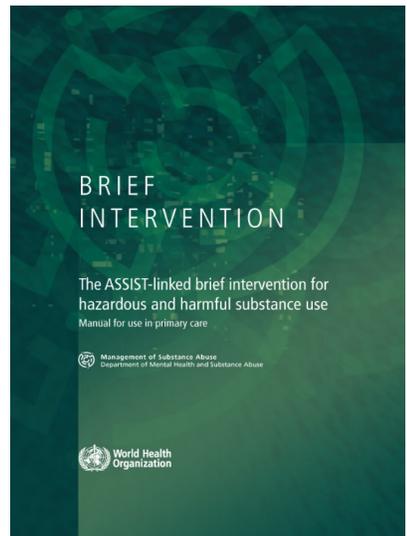
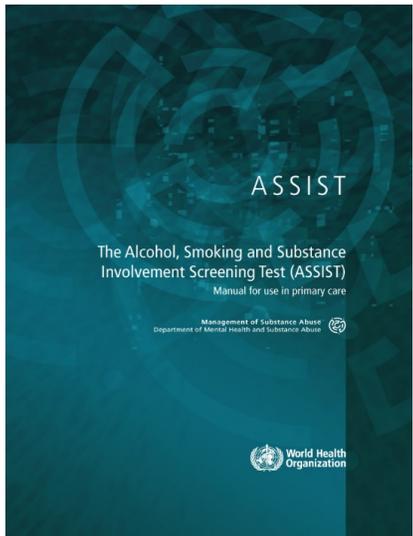
## *A healthy start*

- Prenatal and antenatal care:
  - Provide a platform for important health-care functions, including health promotion, screening and diagnosis, and disease prevention.
  - Provide the opportunity to communicate with and support women, families and communities at a critical time in a woman's life course.

*WHO recommendations on antenatal care for a positive pregnancy experience, 2016*

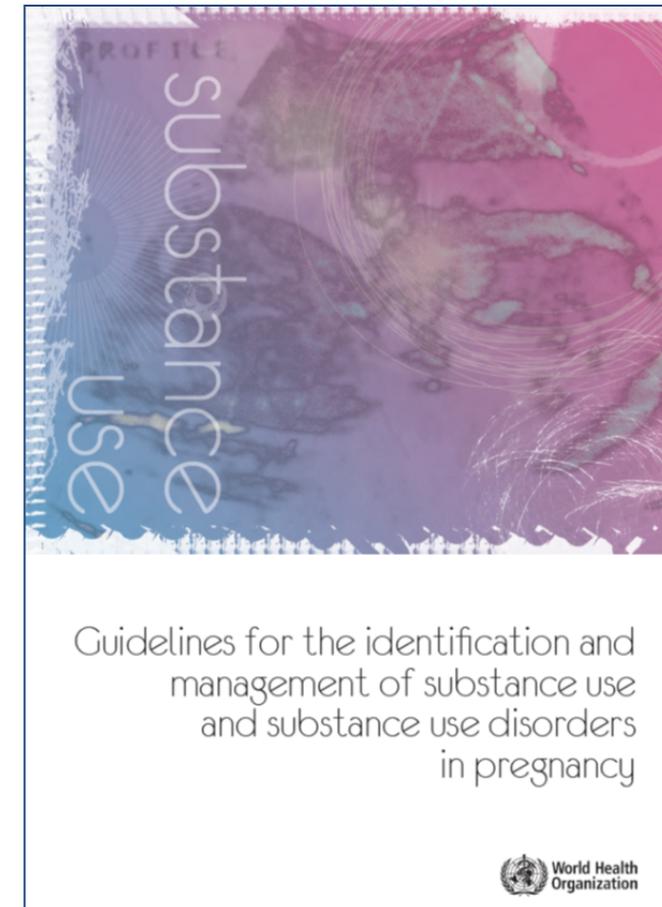


# Examples of WHO Normative Guidance and Technical Tools



# WHO Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy (2016)

- Aim at providing evidence-based technical advice to health-care providers on identifying and managing substance use and substance disorders in pregnant women
- They focus on 6 areas:
  - Screening and brief interventions
  - Psychosocial interventions
  - Detoxification
  - Dependence management
  - Breastfeeding
  - Management of infant withdrawal
- Provide 18 recommendations



# Governing Principles:

*For the care of pregnant women with substance abuse disorders*

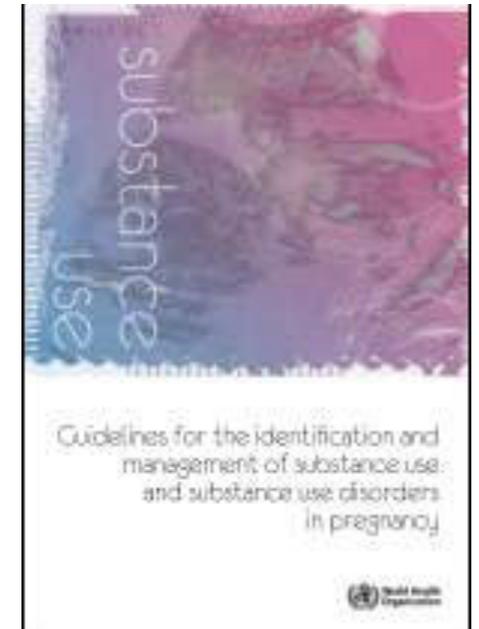
Prioritizing prevention

Prevention and treatment services must be accessible

Respect patient autonomy and their right to be informed

Care should be comprehensive and gender-sensitive

Protect against discrimination and stigmatization



# WHO Guidelines: Recommendations

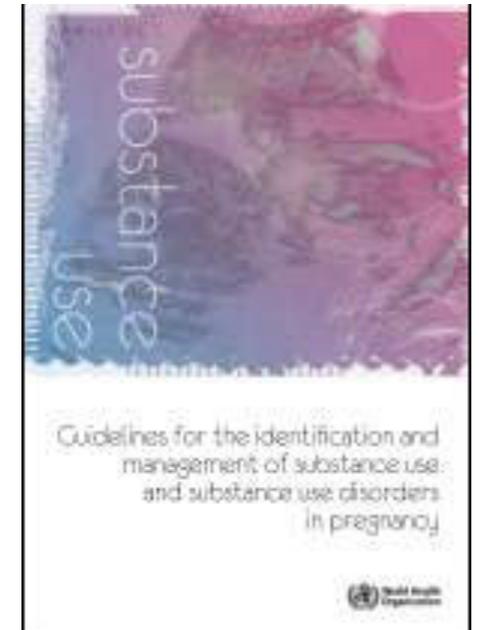
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## **Screening and brief interventions for hazardous and harmful substance use during pregnancy**

1. Health-care providers should ask all pregnant women about their use of alcohol and other substances (past and present) as early as possible in the pregnancy and at every antenatal visit.
2. Health-care providers should offer a brief intervention to all pregnant women using alcohol or drugs.

## **Psychosocial interventions for substance use disorders in pregnancy**

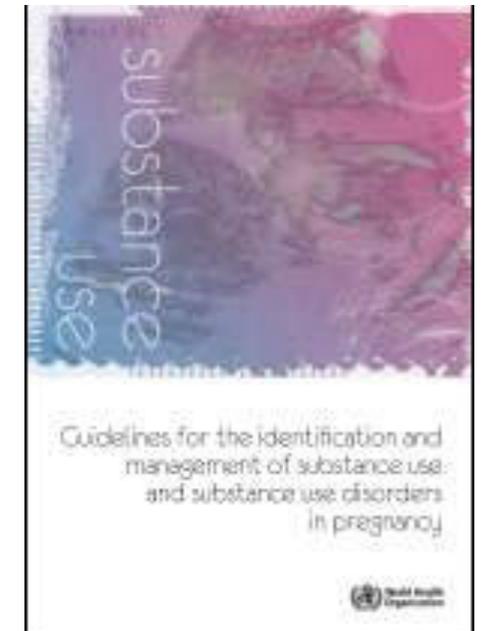
3. Health-care providers managing pregnant or postpartum women with alcohol or other substance use disorders should offer comprehensive assessment, and individualized care.



# WHO Guidelines: Recommendations

## Detoxification or quitting programmes for substance dependence in pregnancy

4. Health-care providers should at the earliest opportunity advise pregnant women dependent on alcohol or drugs to cease their alcohol or drug use and offer, or refer to, detoxification services under medical supervision where necessary and applicable
5. Pregnant women dependent on opioids should be encouraged to use opioid maintenance treatment<sup>5</sup> whenever available rather than to attempt opioid detoxification.
6. Pregnant women with benzodiazepine dependence should undergo a gradual dose reduction, using long-acting benzodiazepines.
7. Pregnant women who develop withdrawal symptoms following the cessation of alcohol consumption should be managed with the short-term use of a long-acting benzodiazepine.
8. In withdrawal management for pregnant women with stimulant dependence, psychopharmacological medications may be useful to assist with symptoms of psychiatric disorders but are not routinely required.

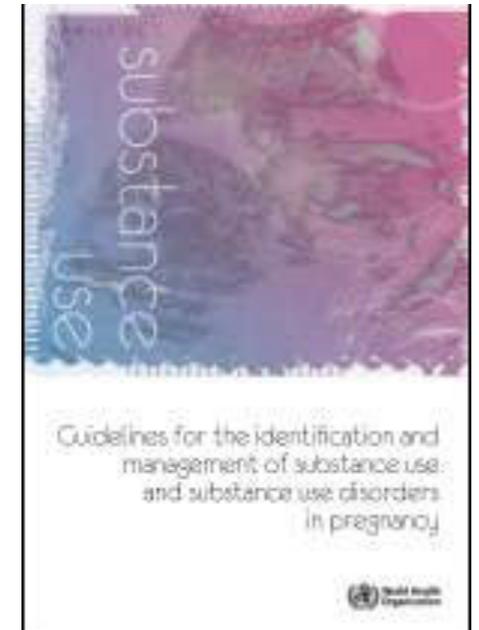


# WHO Guidelines: Recommendations

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## Pharmacological treatment (maintenance and relapse prevention) for substance dependence in pregnancy

9. Pharmacotherapy is not recommended for routine treatment of dependence on amphetamine-type stimulants, cannabis, cocaine, or volatile agents in pregnant patients.
10. Given that the safety and efficacy of medications for the treatment of alcohol dependence has not been established in pregnancy, an individual risk-benefit analysis should be conducted for each woman.
11. Pregnant patients with opioid dependence should be advised to continue or commence opioid maintenance therapy with either methadone or buprenorphine.

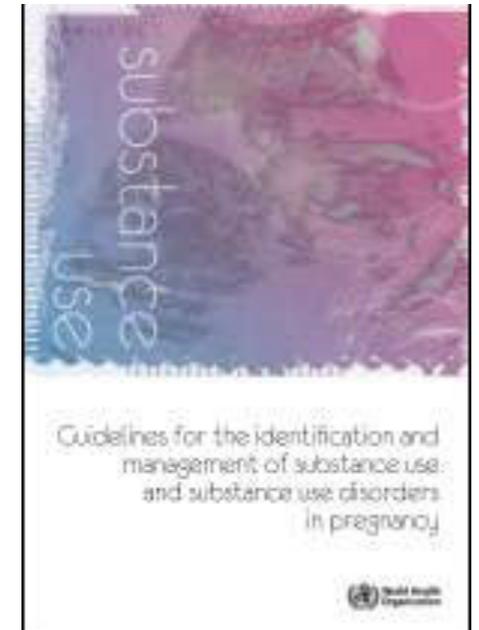


# WHO Guidelines: Recommendations

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## **Breastfeeding with maternal alcohol and/or substance dependence**

- 12A. Mothers with substance use disorders should be encouraged to breastfeed unless the risks clearly outweigh the benefits.
- 12B. Breastfeeding women using alcohol or drugs should be advised and supported to cease alcohol or drug use; however, substance use is not necessarily a contraindication to breastfeeding.
- 13. Skin-to-skin contact is important regardless of feeding choice and needs to be actively encouraged for the mother with a substance use disorder who is able to respond to her baby's needs.
- 14. Mothers who are stable on opioid maintenance treatment with either methadone or buprenorphine should be encouraged to breastfeed unless the risks clearly outweigh the benefits.



# WHO Guidelines: Recommendations

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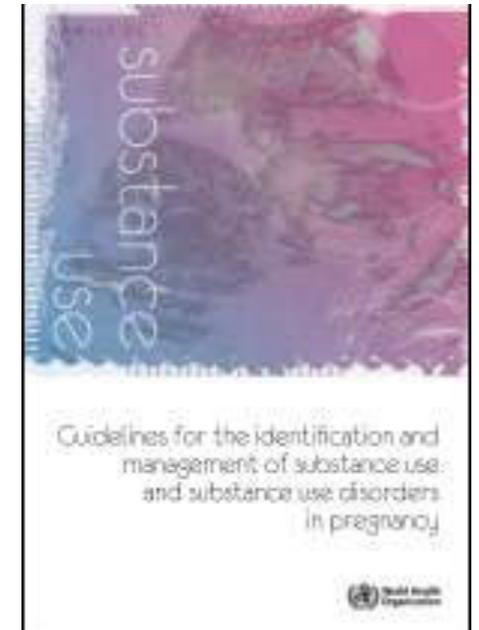
## Management of infants exposed to alcohol and other psychoactive substances

15. Health-care facilities providing obstetric care should have a protocol in place for identifying, assessing, monitoring and intervening, using non-pharmacological and pharmacological methods, for neonates prenatally exposed to opioids.

16. An opioid should be used as initial treatment for an infant with neonatal opioid withdrawal syndrome if required.

17. If an infant has signs of a neonatal withdrawal syndrome due to withdrawal from sedatives or alcohol, or the substance the infant was exposed to is unknown, then phenobarbital may be a preferable initial treatment option.

18. All infants born to women with alcohol use disorders should be assessed for signs of fetal alcohol syndrome.





# WHO-UNODC PACKAGE

for identification and management

of substance use and substance use disorders during pregnancy

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- **BACKGROUND DOCUMENT**
  - **Guidelines** for identification and management of substance use and substance use disorders during pregnancy
- **CLINICIAN'S TOOL**
  - **Pocket guide** for clinicians on the identification and management of substance use and substance use disorders during pregnancy
  - **Reference book** for clinicians on the identification and management of substance use and substance use disorders during pregnancy

# Pocket guide

<b>ASSESSMENT</b>	
STEP 1	Screen/ask for the substance use
STEP 2	Assess for substance use disorders
<b>CLINICAL MANAGEMENT</b>	
STEP 3a	Advise and Assist (DEPENDENCE)
STEP 3b	Advise and Assist (HARMFUL and HAZARDOUS USE)
STEP 3c	Advise and Assist (OCCASIONAL USE)
STEP 4	Prevention of second-hand smoking (SHS)
STEP 5	Post-natal care and newborn care
<b>ADDITIONAL INFORMATION</b>	
Screening tools	
Acute behavioral effects, withdrawal features, and effects of prolonged use	

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**Thank you for your attention!**

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