RE-IMAGINE THE SYSTEMS SERVING FAMILIES

PREGNANT WOMEN AND PARENTS with opioid use disorder often face stigma and adverse consequences, even when seeking and receiving treatment. Despite the success of medication as a treatment modality, parents enrolled in such programs often face serious limits on treatment availability.¹

SYSTEMS SHOULD TREAT, RATHER THAN PUNISH, ADDICTION.

Recognized practices to support pregnant and postpartum women with opioid use disorder include:

- Ensuring access to methadone and buprenorphine, medications approved by the U.S. Food and Drug Administration (FDA) and the recognized standard of care for treating pregnant women with opioid use disorder.²
- Universal screening and assessment of adults for substance use
- Access to medication and behavioral counseling during pregnancy and postpartum
- Anticipation and management of Neonatal Abstinence Syndrome (NAS) for infants prenatally exposed to substances; and
- Multidisciplinary, long-term follow-up care for mothers and infants to improve outcomes.³

BETWEEN 2012 AND 2016, THE NUMBER OF CHILDREN IN FOSTER CARE NATIONALLY ROSE 10%.⁴

THE NUMBER OF PREGNANT WOMEN WITH OUD WHO PRESENTED TO HOSPITAL LABOR/DELIVERY DEPARTMENTS QUADRUPLED BETWEEN 1999 AND 2014.⁵

“THE ‘US VERSUS THEM’ MENTALITY HAS TO SHIFT. WE ARE SEEING SUCCESS NOW THAT WE’VE GOTTEN AWAY FROM RE-TRAUMATIZING PEOPLE LIKE WE WERE IN THE WEEKLY COURT APPEARANCES WHERE YOU GET CALLED UP TO THE PODIUM. WE ARE DOING BETTER WITH ENGAGING. WE ARE EMBRACING PEER SUPPORT. IT’S NOT REALLY ABOUT THE NUMBERS IN THE END, IT’S ABOUT FINDING A MORE HUMAN WAY TO SUPPORT FAMILIES.”

JUDGE JOHN ROWLEY — TOMPKINS COUNTY, NEW YORK FAMILY TREATMENT COURT