



Supporting Pregnant and Parenting Youth: A Focus on Substance Use

September 2018

Data suggest that substance use and adolescent pregnancy are intertwined. Pregnant youth aged 15–17 report higher rates of illicit drug and alcohol use than both non-pregnant peers of the same age and pregnant youth aged 18–24 (Connery et al., 2014). Substance use, particularly before sexual activity, is linked to reduced likelihood of using contraception and increased risk of unintended pregnancy. Other research has found that young women who experience early puberty are at greater risk of early initiation of both substance use and sexual activity, which can increase risk of pregnancy (Deardorff et al., 2005). Data suggest that there may be common underlying risk factors for both early substance use initiation and risk of early, unplanned pregnancy (Cavazos-Rehg et al., 2012). This tip sheet provides an overview of substance use among pregnant and parenting youth along with its impact and strategies for addressing substance use among pregnant and parenting youth.

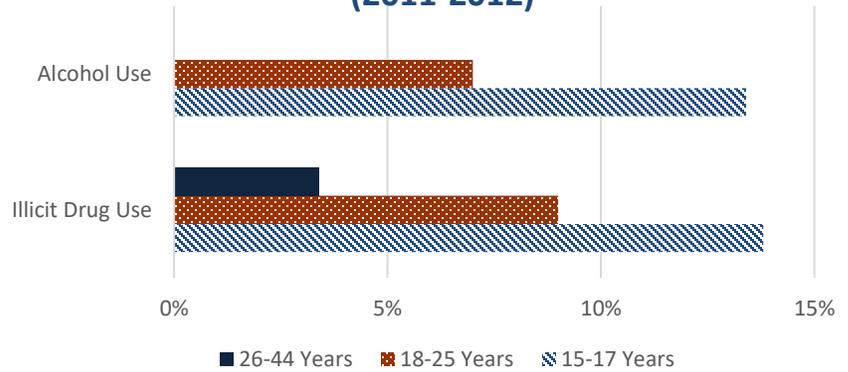
HOW COMMON IS SUBSTANCE USE AMONG PREGNANT AND PARENTING YOUTH?

Substance use among pregnant and parenting youth varies by age as well as gender (Connery et al., 2014). In particular, very young adolescents are much more likely to report substance use than slightly older adolescents. For example, one study found that nearly one-third of pregnant adolescents aged 12–14 reported substance use in the past month compared to nearly one-quarter of pregnant adolescents aged 15–17 (Salas-Wright, et al., 2015).

The most common substances used by adolescents during pregnancy are alcohol, cannabis, and tobacco. Although no studies have looked specifically at e-cigarette use (vaping) among pregnant adolescents, overall, nearly 7% of adolescents have tried e-cigarettes and 2% report currently using e-cigarettes (Dutra & Glantz, 2014). Although few studies have looked at substance use by race/ethnicity, data from the National Survey on Drug Use and Health (NSDUH) suggest some differences in the types of substances used by race/ethnicity (Chapman & Wu, 2013). Relative to other pregnant women, adolescents, and young adolescents in particular, seem to be at great risk for substance use (see Figure 1).

In general, substance use declines during pregnancy for all women, including adolescents, but increases after the birth of the child up to 18 months (Chapman & Wu, 2013). Some evidence suggests that women who continue substance use during pregnancy are more likely to have a substance use disorder and need professional treatment for addressing the disorder (Bishop et al., 2017). When addressing substance use in general, and among pregnant adolescents in particular, it is important to distinguish between substance use and a substance use disorder, the latter of which is based on medical diagnosis (Bishop et al., 2017).

Figure 1: Prior-Month Substance Use by Age, Among Pregnant Women from the National Survey on Drug Use and Health (2011-2012)



Studies that have explored substance use among adolescent parents, including fathers, find that fathers generally report higher substance use than mothers (Divney et al., 2016). Specifically, among expectant couples, fathers reported greater amounts of drinking, smoking, marijuana use, and hard drug use compared to mothers (Divney et al., 2016). Research suggests that for adolescent parents—both men and women—low emotional expression and stress are related to substance use (Desrosiers et al., 2015). Although not specific to adolescents, studies have found that parental behavior can impact maternal health and maternal health behavior related to smoking (Schneider et al., 2010).

WHAT IS THE IMPACT OF SUBSTANCE USE DURING PREGNANCY AND ADOLESCENCE?

Substance use during adolescence is important to identify and treat for a number of reasons. Adolescence is a time of vulnerable brain maturation and development, and substance use can have a lasting impact on this process. In addition, substance use during early adolescence is associated with increased risk of future substance abuse problems and other risk behaviors, including unprotected sex (Salas-Wright et al., 2015). For pregnant adolescents, it is also important to consider potential impacts on fetal development (Chapman & Wu, 2013).

Among both males and females, substance use in adolescence has been found to impact executive functioning, abstract reasoning, and problem solving, as well as increased risk of substance abuse later in life. Substance use among parents can reduce awareness of infant cues and the ability to meet the interactional needs of children. In more severe cases, substance use also contributes to child abuse and neglect (Chapman & Wu, 2013).

Substance use during pregnancy can lead to premature birth and miscarriage. It also impacts fetal brain development, which can lead to a variety of behavioral and cognitive problems in exposed children (National Institute on Drug Abuse, 2018). The impacts depend on the specific substance and frequency of use. A recent report from the Jacobs Institute on Women’s Health highlights the fact that current evidence does not suggest that *all* substances carry risk of adverse health, but the impact of particular substance use, such as heavy alcohol use, use of some prescription drugs (used as prescribed or illicitly), and cigarettes use, are well-documented to impact the developing fetus. Research on the impact of substance use on fetal development is

challenging because of ethical guidelines, criminalization of substance use (in particular during pregnancy), and the use of self-reported data (Bishop et al., 2017).

TIPS AND STRATEGIES TO ADDRESS SUBSTANCE USE AMONG PREGNANT AND PARENTING ADOLESCENTS

Co-locate services for pregnant and parenting adolescents. Co-location could occur in different settings.

- Within substance abuse programs or facilities, offer parenting support and reproductive health information. Consider providing childcare to better support young families.
- For programs serving parenting adolescents, offer substance use/abuse support in conjunction with programming to support parenting skills along with other skills. Ensure that conversations about substance use continue beyond pregnancy and include education on the effect substances can have on the baby.
- This could also include partnering with mobile health services.

Partner with health care providers.

- With providers offering prenatal care, incorporate substance use counseling and support. Consider ways to include adolescents' partners to ensure they receive information and support. Ensure that this support continues into the postpartum period.
- Encourage pediatricians to screen and provide referrals for treatment.

Address underlying challenges associated with substance use.

- Integrate coping skills and stress management into programs for pregnant and parenting adolescents and work with partners and organizations to reduce stress, particularly community-level stressors.
- For young men, consider including skill building for emotional expression (which was found to mediate the relationship between stressors and substance use among young fathers).

Grantee Spotlight: Grant for OhioHealth Research & Innovation Institute

There are efforts in Ohio to ensure that pregnant and parenting young people have the support they need to achieve their dreams with respect to education and career goals. For mothers, these efforts include providing information about reproductive health and, when needed, referrals to substance use treatment. For fathers, these efforts include programs that support fathers with their partners or referral to a fatherhood program. In Ohio, there are simultaneous efforts to provide education and services to women seeking substance use treatment (note that these are not necessarily parenting youth, but may include parenting youth). The following are some lessons learned from these efforts:

- All information and care provided should be trauma-informed.
 - Information shared can be triggering, and follow-up support must be provided.
 - Young parents need a broad network of support and strong community partners with both substance treatment services as well as services that support overall adolescent health and development.
 - Recognize the resilience and strength of young parents.
- Creating a safe environment is critical, and providers should be skilled in providing trauma-informed care as well as creating safe and welcoming spaces for conversation and support.
 - It is critical to have caring providers, including health care providers, who can support youth on a wide range of issues as appropriate.
 - Make space to include the father if given permission from the mother.
- Partnerships are critical. Developing referrals that can help fully support participants is important as is ensuring that staff are able to provide these referrals in a way that is effective and supportive. For Ohio, this has meant partnering with case workers who have expertise in substance use treatment to provide services.

Although strategies to co-locate services are important, consider the environment of the services and if it is a fit for co-location.

Engage parents or other adults to support young people.

- Parents and caregivers are key partners in efforts to reduce substance use among adolescents in general. They should continue to be a key partner, if appropriate, in efforts to support young parents.
- It may also be the case that parents or caregivers are not able to provide support to a young person. In this case, other trusted and supportive adults should be identified and engaged.

Include information on substance use prevention within existing programs for youth.

- Programs, specifically those that address the adulthood preparation subject *healthy life skills* should consider including a lesson or lessons on substance use prevention within their programming.
- Evidence-based practices and strategies for youth can be found within the Evidence-Based Practices Resource Center from the Substance Abuse and Mental Health Services Administration (SAMHSA) available here: <https://www.samhsa.gov/ebp-resource-center>

ADDITIONAL RESOURCES

- SAMHSA: TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women: <https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>
- SAMHSA's National Helpline: 1-800-662-HELP: <https://www.samhsa.gov/find-help/national-helpline>
- American Academy of Pediatrics: *Substance use Screening and Intervention Implementation Guide*: https://www.aap.org/en-us/Documents/substance_use_screening_implementation.pdf

REFERENCES

- Bishop, D., Borkowski, L., Couillard, M., Allina, A., Baruch, S. & Wood, S. (2017). *Pregnant women and substance use*, Washington, DC: Jacob's Institute of Women's Health, The George Washington University. Retrieved from [https://publichealth.gwu.edu/sites/default/files/downloads/JIWH/Pregnant Women and Substance Use updated.pdf](https://publichealth.gwu.edu/sites/default/files/downloads/JIWH/Pregnant_Women_and_Substance_Use_updated.pdf)
- Cavazos-Rehg, P. A., Krauss, M. J., Spitznagel, E. L., Schootman, M., Cottler, L. B., & Bierut, L. J. (2012). Brief report: Pregnant by age 15 years and substance use initiation among U.S. adolescent girls. *Journal of adolescence*, 35(5), 1393–1397.
- Chapman, S. L. C., & Wu, L. T. (2013). Substance use among adolescent mothers: A review. *Children and youth services review*, 35(5), 806–815.
- Connery, H. S., Albright, B. B., & Rodolico, J. M. (2014). Adolescent substance use and unplanned pregnancy: Strategies for risk reduction. *Obstetrics and Gynecology Clinics of North America*, 41(2), 191–203. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4031466/pdf/nihms-567747.pdf>
- Deardorff, J., Gonzales, N. A., Christopher, F. S., Roosa, M. W., & Millsap, R. E. (2005). Early puberty and adolescent pregnancy: The influence of alcohol use. *Pediatrics*, 116(6), 1451–1456.
- Desrosiers, A., Sipsma, H., Divney, A., Magriples, U. & Kershaw, T. (2015). Emotion Expression and Substance Use in Newly Parenting Adolescents and Young Adults. *Journal of Clinical Psychology*, 71(7), 684–695. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5575854/pdf/nihms898231.pdf>
- Divney, A., Gordon, D., Magriples, U. & Kershaw, T. (2016). Stress and behavioral risk among young expectant couples. *Journal of Adolescence*, 53, 34–44. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5116254/>
- Dutra, L. M. & Glantz, S. A. (2014). E-cigarettes and conventional cigarette use among U.S. adolescents: A cross-sectional study, *JAMA Pediatrics*, 168(7), 610–617. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4142115/>

- National Institute on Drug Abuse. (2018, July). Substance Use While Pregnant and Breastfeeding. In *Substance Use in Women*. Retrieved from https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/18910-substance-use-in-women_0.pdf
- Salas-Wright, C. P., Vaughn, M. G., Ugalde, J. & Todic, J. (2015). Substance use and teen pregnancy in the United States: Evidence from the NSDUH 2002-2012. *Addictive Behavior*, 45, 218–225. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374013/>
- Schneider, S., Huy, C., Schütz, J., & Diehl, K. (2010). Smoking cessation during pregnancy: A systematic literature review. *Drug & Alcohol Review*, 29(1), 81–90.

This tip sheet was developed by Power To Decide, a subcontractor to RTI International under contract #HHSP23320150039I Task 4 with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau.

Suggested Citation: Suellentrop, K. (2018). *Supporting Pregnant and Parenting Youth: A Focus on Substance Use*. Washington, DC: Administration on Children, Youth and Families, Family and Youth Services Bureau.



ADMINISTRATION FOR
CHILDREN & FAMILIES