Do policies related to substance use in pregnancy affect rates of neonatal abstinence syndrome?


**THE ISSUE**

Rising rates of prenatal opioid exposure have increased rates of neonatal abstinence syndrome (NAS). Infants with NAS often require long, costly hospitalizations to manage the effects of becoming dependent on opioids in utero. Many states have enacted policies to address substance use in pregnancy but it is unknown to what extent these policies are associated with NAS rates.

**STUDY FOCUS**

This study looked at 4.6 million births in 8 states between 2003 and 2014: Arkansas, Arizona, Colorado, Kentucky, Massachusetts, Maryland, Nevada and Utah. Researchers examined two types of state policies: 1) punitive policies that criminalize substance use during pregnancy, consider it grounds for civil commitment, or consider it child abuse or neglect, and 2) policies that mandate reporting of suspected prenatal substance use to authorities.

**KEY FINDINGS**

Infants born in states with punitive policies were more likely to have NAS than those born in states without punitive policies, both shortly after the policies were enacted and in the longer term. There was no increased likelihood of NAS diagnosis among infants born in states with reporting policies.

**IMPLICATIONS FOR POLICY**

Consistent with other research, this study suggests that punishing pregnant women for substance use likely discourages them from seeking prenatal care and substance use disorder treatment, resulting in higher NAS rates. Policymakers seeking to reduce rates of NAS should consider approaches favored by public health experts that expand access for pregnant women to evidence-based treatment for opioid use disorders and focus on prevention.