



Improving Reproductive Health amid the Opioid Epidemic in Ohio

Sarah Perry, Ohio State University-Main Campus

Ohio is at the heart of the opioid epidemic in the United States. In 2015 alone, according to the Ohio Department of Health, 3,050 residents lost their lives to drug overdoses, taking their last breaths in the thralls of addiction, battling a drug dependency that was killing them.

Although many populations suffer from opioid addiction, pregnant women are especially vulnerable. Many people think a woman using opioids should just “go cold turkey” as soon as she learns she is pregnant – but according to experts, mothers who abruptly end opioid use can put excess stress on the fetus, potentially forcing it to experience withdrawal symptoms. A better approach is medically supervised methadone treatment, which decreases the symptoms of withdrawal and puts less stress on the fetus and the pregnant woman.

Ohio hospitalization records show that there has been a striking increase in children born to opioid-addicted women and that the majority of these women are enrolled in Medicaid, demonstrating that this epidemic disproportionately affects low-income women and children. According to an Ohio Department of Mental Health and Addiction Services report, the hospitalization rate for Neonatal Abstinence Syndrome increased from 14 per 10,000 live births to 88 per 10,000 live births between 2004 and 2011. Medicaid, a program where the federal government and states share costs, was billed for 84.7 percent of these hospitalizations.

Opioid Use and Risk of Unintended Pregnancy

Current research suggests that opioid-addicted women are a vulnerable population at risk of having unintended or unwanted pregnancies. Women abusing opiates may not use contraceptives, because they may miss periods and mistakenly think they cannot become pregnant. This finding highlights the need for efforts to increase contraception uptake among opioid-addicted women and to educate them about reproductive health issues – but simple solutions are not readily available. Ethical controversies surround programs that use financial incentives to encourage the use of long-acting reversible contraceptives like intrauterine devices and implants. Opioid-addicted women should have the right to make informed reproductive health decisions and have access to the contraceptive methods of their choice, without being pushed into using any particular type of birth control.

Downsides of Stigma and Criminalization

In some states, substance use during pregnancy that leads to Neonatal Abstinence Syndrome is considered child abuse or a criminal act. Although such laws may be intended to promote the health of the fetus by deterring pregnant women from using opioids, in practice they can make opioid-addicted women hesitant to seek any pre-natal care. Addicted expectant mothers may fear criminal charges or worry about losing custody of their newborns. Indeed, women who chose to use medically supervised methadone treatment while pregnant and then give birth to a child with Neonatal Abstinence Syndrome may still be subject to investigation into their suitability for parenting. This can happen even though such mothers-to-be followed physician recommendations for preventing fetal withdrawal stress. In the end, children may not be removed, but the possibility creates yet another source of stress for fragile new mothers.

The state of Ohio does not currently have laws criminalizing the pregnancies of opioid-addicted women, but legislators and advocates looking to fight the opioid crisis need to be mindful of the unintended effects of such policies. In the 1992 Ohio State Supreme Court Case *State v. Gray*, it was decided that, “A parent may not be prosecuted for child endangerment for substance abuse occurring before the birth of the child.” This decision illuminates stark differences between Ohio and a state like Tennessee, which has much higher rates of

Neonatal Abstinence Syndrome births. A 2014 Tennessee law on Fetal Assault allowed pregnant women who experienced a pregnancy complication after using an illegal drug to be charged with aggravated assault. Notably, this controversial law was allowed to expire in July of 2016, after medical experts failed to see a decrease in Neonatal Abstinence Syndrome births in Tennessee – evidence supporting the hypothesis that these laws do very little to improve the health of women or babies.

Policies that Further Better Pregnancy Outcomes

As the opioid addiction epidemic continues, it is important that we balance the provision of resources to help overcome addiction with work that preserves the self-determination of those who suffer from such maladies. Laws should be written from a medical perspective that encourages treatment and care over blame for so-called moral failures. Breaking the stigma surrounding opioid addiction among pregnant women is the first step in increasing their access to care and support. Hospitals should have support programs for women before, during, and after their pregnancies. In addition, beyond the hospital setting, community supports are needed for pregnant women or mothers who are struggling with opioid addiction. Such groups are essential to create trusting, safe environments where these women can voice concerns about their unique pre-natal and parenting challenges.

Ohio policymakers need to avoid criminalizing these issues, and ensure that opioid-addicted women are supported in seeking treatment and have the resources to make their own health decisions without fear of legal sanctions. The state should increase access to treatment and take steps to destigmatize the treatment itself. Opioid-addicted women need trusted information and education about the effects of opioid use on their fertility, along with complete and accurate information about contraceptive and pregnancy options that preserves their autonomy and respects their decision-making ability. Once they have made informed decisions, women need fast, affordable access to the contraceptive methods that best suit their needs.

An optimal combination of education, access, and supportive policies will allow opioid-addicted women to take control of and improve their own health and health-related decisions. In turn, such efforts can increase the wellbeing of mothers and children and save the state of Ohio from the healthcare costs associated with rising opioid use and the harm it inflicts on individuals, families, and entire communities.

Data for this brief are drawn from A.M. Miller and M.D. Warren, “Neonatal Abstinence Syndrome Surveillance Annual Report 2015,” Tennessee Department of Health, 2015; and Rick Massatti, Matthew Falb, A. Yors, Laura Potts, Christy Beeghly, and Sanford Starr, “Neonatal Abstinence Syndrome and Drug Use among Pregnant Women in Ohio,” Ohio Department of Mental Health and Addiction Services, November 2013.