



Commentary

Addiction and pregnancy: A complex and unhealthy psychosocial affair

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Abstract

Addiction, addictive behaviors, or their consequences are often of health concern and hold various psychosocial and cultural implications. As a part of this broader impact of any substance abuse; women, of any age are often marginalized and ignored. Therefore, equal access and chance to get basic and proper health care facilities are often hampered. This escalates detrimentally in a further vulnerable state of pregnancy with substance use disorders, either as a preexisting practice or sometimes as a newly learned behavior. Apart from the teratogenic effect of various commonly used psychoactive substances by pregnant women, this practice harms the mother and the child in various and indirect ways. The treatment plan and compliance are often multi-dimensional, which needs interpretation under the light of one's particular culture and context.

Keywords: Pregnancy, Foetal alcohol syndrome, Pregnancy, Psychoactive substances, Teratogenic effects

Introduction

Substance abuse hits women in multiple ways. Apart from their uses (FSUs or Female Substance Users) and being partners of men using a substance(s) heavily (NSUPs or Non-

Substance Using Partners), substance abuse during the reproductive age group and/or during pregnancy further carry over the toll and health risks on the next generation as well. Hence, various psychosocial difficulties, including treatment access, mainly because of their gender or cultural perception and practices, turn the situation worse than their counterparts.

Addiction in women: Global and Indian scenario

Globally 35 million people suffer from substance use disorders where one in every

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seven receives treatment (Bashore et al.,1981), where nearly 269 million people used or tried drugs in 2018, which is nearly 30% more than what it was in 2009, nearly ten years ago (Finkelstein, 1993). Multiple large-scale epidemiological surveys (NESARC, NHSDA) have earlier reported about the gender gap in drug abuse, though this observation has been narrowed over the last few decades with an alarming rise in equal tendencies, including the period of pregnancy. Among the pregnant women population in the USA, nearly 16% reported smoking tobacco, while 9% used alcohol and 6% used other illicit drugs (Frassica et al.,1994). Globally, the incidence of substance abuse during pregnancy is 0.4%-27%; and this trend is alarmingly growing, putting an extra burden on clinicians everywhere (Forrey, 2016). According to a 2010 review, globally, 20-30% of pregnant women smoke, and 15% drink alcohol, while 3-10% use cannabis and 0.5-3% use cocaine, among other popular psychoactive substances (Forrey, 2016).

In India, substance abuse in women is not rare too. As per National Mental Health Survey (NMHS) 2015-2016, the recently conducted multi-centered, nationwide survey; tobacco addiction is most common among Indian women up to a prevalence of 9.8%, i.e., nearly 1 in every 10, where alcohol use disorders have been reported up to 0.5%, i.e., 1 in every 200 (Lal et al., 2015); even though, culturally women using alcohol still holds massive stigma and social criticism in India. Moreover, most of the women found to abuse various substances are young and of reproductive age, whose long-term implication could be detrimental both for them and the offspring.

Difficulties due to substance abuse during the period of pregnancy

Difficulty in conception for women with SUD

Psychoactive substances are well-known teratogens that affect the organogenesis in the fetus. Also, drug use even after the 10th week of pregnancy may cause abortion, premature birth, or intrauterine growth restriction and delays in the development of the nervous system effect of which can be seen post-delivery (Lamy et al., 2015).

This is particularly important to monitor and educate expectant mothers that substance abuse in the latter part of the pregnancy (in the second and third trimester of pregnancy) can cause damage.

Withdrawal, craving, and staying abstinent for nearly one year

Almost all the psychoactive substances, especially tobacco and alcohol (most common in Indian women) and opioids, globally the most common one has their prominent tolerance and withdrawal effects when the substances are not available. Pregnancy is a physiological state which continues for nearly ten months, and the immediate childcare period, when the child is entirely dependent on the mother, further extends to at least six months or more. Any use of substances during this period directly harms the fetus or the newborn, while managing the craving or withdrawal symptoms is often not easy for the expectant or nursing mothers.

Barriers for help-seeking

Help-seeking and availing appropriate treatment is itself inadequate for people with the substance abuse problem. It turns further complicated for women, especially in developing countries like India, where apart from the inadequate and unequal health care services/facilities, the social stigma, taboos, and cultural beliefs add extra burden and significant hindrance in minimum or basic health supports substance use disorders. Society, in most of the countries (including

ours), expects a woman to be a good wife, caring mother, persistent caretaker (of entire and often extended family), a faithful sexual partner, and many more; a deviation from any of these brings stigma, discrimination and major shame on any particular woman (Lamy et al., 2015). Though having a strong genetic basis and biological etiopathogenesis, substance abuse reaching for a proper or basic treatment option turns much complicated in this context.

Effects on offspring

Teratogenic effects of various psychoactive substances are well known yet often faced in the health care systems. The most established and commonly faced ones are small for gestational age (SGA), preterm birth, and birth defects of the mouth and lip due to tobacco (Health Research Board, 2006); also smoking during and after pregnancy increases the chance of sudden infant death syndrome (SIDS). Fetal alcohol syndrome (FAS), known for its characteristic features of microcephaly (small head) and dysmorphic faces, also causes growth restriction, cardiac defects, compromised intelligence with other behavioral disorders (Meyer & Zhang, 2009). Among others, cocaine can increase the irritability of the central nervous system and is known to have a vaso-constrictive effect in the fetus along with maternal tachycardia. This can further lead to the onset of untimely uterine contractions followed by preterm labor or sometimes up to miscarriage. Human studies have also suggested that fetal cocaine exposure can impact the developing heart and cardiac system (Shea & Steiner, 2008; Wiggins, 1992; Gururaj et al., 2016). Heroin (a type of opioid) consumption can cause bleeding in the latter part of pregnancy up to the third trimester, malnutrition, pulmonary complications, or preeclampsia just around or before labor. In the fetus, heroin consumption can cause prematurity,

intrauterine growth restriction, and stillbirth (Sreejayan & Benegal, 2007). cannabis, though directly, have not been found to have a teratogen effect; use of cannabis in pregnancy might cause cognitive and perceptual impairment in the offspring, sleep disturbances in toddler age, and difficulties in memory, verbal fluency, or stunted growth later in childhood. This can even lead to hyperactivity, impulsiveness, and absentmindedness in the first decade of their lives (UNODC, 2020).

Partner SUD and effect on pregnant women

Substance abuse in partners of pregnant women adds an extra burden, both economically and psychosocially (Lal et al., 2015). A significant proportion of male who abuses various psychoactive substances belongs to either below or around poverty lines, where the maximum share of their daily wages is being spent after these addictive drugs leaving the women deprived of basic nutritional or medicinal supports or regular health check-ups. Also, substance abuse has been a persistent risk and contributing factor for domestic violence and emotional trauma/neglect for intimate partners, whose immediate and long-term aversive effects on the expectant mothers are well known.

Treatment and solutions

Pregnancy is a lengthy physiological period with different pharmacokinetic and dynamic states of the expectant mother with every chance to affect the fetus through placental at every minimum external intervention. Therefore, the preventive approach with mass screening among women of reproductive age group, appropriate awareness generation, community camps for early detection, and maintaining abstinence are of utmost importance. Mainly because most of the conception happens unknowingly and as the organogenesis of the fetus happens in the

first 6-10 weeks when the teratogenic effects damage of the harmful substances are already done.

Treatment plans and intervention for this particular population should be understood in the background of social perception, within the context of the relational model (UNODC, 2019); without understanding the cultural background and acceptance of the same, a tailor-made programme might be a complete failure at many places as management for substance abuse is often chronic and multi-staged (especially in treatment entry and treatment-seeking followed by retention in treatment and treatment outcome), where women do face various problems, which is primarily multi-factorial and consists of various systemic, physical, social, and personal factors / barriers (Lal et al., 2015).

Conclusion

It can be said reproductive and sexual health reaches its peak during pregnancy, and its outcome plays immense health and psychosocial role not only on the individual but also on the couple and the offspring. This becomes even more crucial in developing countries like India where women's importance in the family and society is often judged and evaluated by their fertility outcome. Contrary to popular belief and existing social myths, substance abuse and addiction are a rising problem in women with persistent lack of social acceptance and insight about it with gradually increasing treatment gap for the same. Appropriate identification with timely intervention for this vulnerable population can save many, including people across generations.

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