



Mandated Reporting Policies for Perinatal Substance Use: A Systematic Review of the Literature

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BACKGROUND:

- Mandated reporting of perinatal substance use or prenatal exposure
- Policies vary by state
- Reporting ≠ Care
- Unintended consequences
- Differences between cannabis vs. alcohol

OBJECTIVE:

Review of U.S. mandated reporting literature re: perinatal substance use

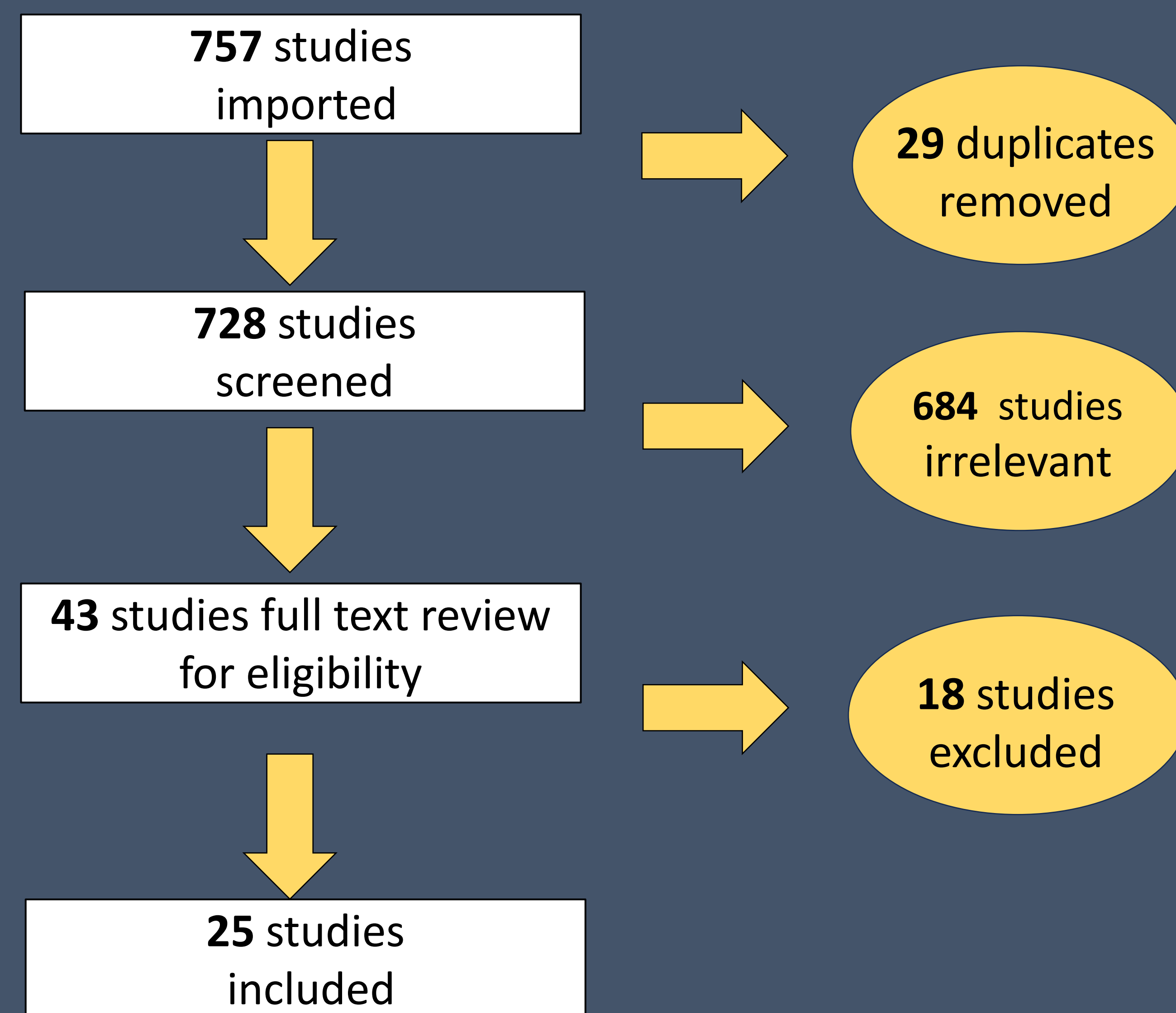
METHODS:

- Systematic Review
- Covidence
- Databases: PubMed, CINAHL, PsycINFO, Cochrane
- Search Strategy: [PARENTAL + {(CANNABIS OR ALCOHOL) + USE}] + REPORTING
- Review of titles/abstracts (SA), followed by full text screening, (AKO, SA) and extraction (KA, SA, CB)

- STIGMA IS REAL -
an Example:

"The first thing [the caseworker] said to me was, 'So I noticed you were on methadone. You realize that's liquid heroin, correct?'"

- Schiff et al 2022



- ### Reasons for Exclusion:
- Reviews (8)
 - Not related to mandated reporting during perinatal period (8)
 - Case studies/ Reports (0)
 - Editorial/Opinion/Reflective Writing (2)
 - Qualitative data with summarizing analyses (0)
 - Non-human animal models (0)
 - Mechanistic analyses (0)
 - Basic science research (0)

RESULTS:

- Heterogeneous policies by state
- Treatment engagement was not addressed
- Racial/ethnic/SES disparities in perinatal SUD screening
- Drugs most frequently detected: cannabis, cigarettes, and cocaine
- Cannabis vs. alcohol treated differently when reporting

CONCLUSIONS:

- Insufficient access to high-quality SUD treatment following reporting
- Criminalization of substances is a factor of continued perinatal SUD (stigma)
- A need for integrating evidence-based screening or motivational interviewing

Acknowledgments:

- Dr. Aviva Olsavsky
- Emmaly Perks
- Yunliang (Lily) Luo
- Dr. K. Ron-Li Liaw
- Dr. C. Neill Epperson
- Dr. Dominic Martinez

Disclosures:

AKO- Spousal employment: Thermo Fisher Scientific, Grant funding: NIDA/AACAP K12 DA000357 (PI Gray); American Heart Association

