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

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)

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

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

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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

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