

Substance Abuse in Pregnancy – Focusing On Substance Abuse on Alcohol in the Context of California State and the U.S

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ABSTRACT

Consumption of alcohol during pregnancy is harmful for both baby and mother. In U.S. alcohol is making major abuse and additive to it. In this paper corrective measure and proper guiding is analyzed and preventive measure during prenatal session is made for pregnant women.

KEYWORDS: pregnancy, Alcohol.

INTRODUCTION

In the U.S., alcohol remains one of the most abused and used substances. According to Bailey and Sokol (2011), alcohol is potentially addictive and also mind-altering. Recent statistics suggest that at least one in every twelve adults exhibits alcohol abuse or dependence concerns. In California State, over 50 percent of individuals aged 12 and above have been documented to drink alcohol, a rate that remains comparable to the national average (CDC, 2014). It is also worth indicating that in California, individuals above 11 years and asserted to be experiencing an alcohol dependence account for an average of 7.3 percent, exceeding the national average that stands at 6.7 percent (Jonas, Garbutt&Amick et al., 2012). As such, about 2.3 million residents of California are battling alcohol abuse or dependence. At the state and national levels, some of the problems arising from alcohol abuse range from economic to legal, physical, emotional, and social issues. At the societal level, specific problems include increased healthcare costs, criminal justice expenses, legal costs, and lost workplace production (May, Baete& Russo et al., 2014). Whereas over 72,000 people have been hospitalized while 10,000 deaths alcohol-related deaths have been reported in California (annually), the national data indicates that on average, annual alcohol-related deaths are over 88,600 (Moyer, 2013). Regarding co-morbidities, specific conditions with which alcohol abuse has been associated include alcohol dependence and alcoholic liver disease, as well as alcohol-related psychosis (Bailey and Sokol, 2011). For pregnant women, national statistics suggest that 10.2 percent of individuals (or

one in every ten women) aged 18 to 44 years have been affirmed to be drinking alcohol (Nocon, 2013).

Maternal, perinatal, and fetal risks

From the findings established by most of the previous scholarly studies, taking alcohol during pregnancy poses fetal, perinatal, and maternal risks. As revealed by the CDC (2014) and Jonas, Garbutt and Amick et al. (2012), some of these risks include premature birth, problems with growth and development (and brain damage), birth defects (such as vision problems, hearing problems, and heart defects), stillbirths, low birth weight, and miscarriages. Others include fetal alcohol syndrome and fetal alcohol spectrum disorders (FASDs), with the latter constituting various lifelong intellectual,

behavioral, and physical disabilities (May, Baete& Russo et al., 2014).

Subjective and objective presentation of the patient

For alcohol abuse cases occurring during pregnancy, Moyer (2013) observed that some of the subjective and objective data on which to rely include risky behavior, poor decision-making abilities, gaps in memory, difficulty concentrating, decreased ability to control bodily movements, slowing of reflexes, and slurred speech. Others include a craving or strong desire to drink, increased tolerance for alcohol, and an inability to stop drinking (Bailey and Sokol, 2011).

Differential Diagnosis

To diagnose alcohol abuse and alcoholism during pregnancy, some of the features to consider include a possible negative impact on one's quality of life, possible injury or harm, and impact on relationships. According to Nocon (2013), specific parameters to consider include one's health history, drinking habits, and blood tests to assess the impact on body areas such as the liver, heart, and the brain.

Treatment Plan

For pregnant women experiencing alcohol abuse, some of the pharmacologic treatments that are worth embracing (towards withdrawal from alcohol) include the use of Benzodiazepine medications. Some of the non-pharmacologic approaches that have proved feasible include aftercare and relapse prevention programs (CDC, 2014).

Prenatal Care and Monitoring/Evaluation

Indeed, physiologic, psychological, and psychosocial monitoring and evaluation approaches have been asserted to yield beneficial outcomes, especially during prenatal care. For pregnant women experiencing alcohol abuse, specific measures that could be embraced across the trimesters include transitional services, support groups, vocational training and parenting education, and therapy and counseling (Jonas, Garbutt&Amick et al., 2012). With the frequency and quantity of alcohol drinking reduced, the efficacy of the treatment plan (pharmacologic and non-pharmacologic) can be deduced.

References

1. Bailey, B. A. & Sokol, R. J. (2011). Prenatal alcohol exposure and miscarriage, stillbirth, preterm delivery, and sudden infant death syndrome. *Alcohol Res Health*, 34(1), 86-91
2. CDC. (2014). *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*. Atlanta, GA: CDC National Center on Birth Defects and Developmental Disabilities
3. Jonas, D. E., Garbutt, J. C. & Amick, H. R. et al. (2012). Behavioral counseling after screening for alcohol misuse in primary care: a systematic review and meta-analysis for the U.S. Preventive Services Task Force. *Ann Intern Med.*, 157(9), 645-654
4. May, P. A., Baete, A. & Russo, J. et al. (2014). Prevalence and characteristics of fetal alcohol spectrum disorders. *Pediatrics*, 134(5), 855-866
5. Moyer, V. A. (2013). Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: U.S. preventive services task force recommendation statement. *Ann Intern Med.*, 159(3), 210-218
6. Nocon, J. (2013). Substance use disorders. In Mattison DR, ed. *Clinical Pharmacology during Pregnancy*. Amsterdam: Academic Press