

Adolescent Substance Use and Unplanned Pregnancy

Strategies for Risk Reduction

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KEYWORDS

- Adolescents • Substance use • Unintended pregnancy • Contraception
- Motivational interviewing

KEY POINTS

- Unplanned pregnancy is a significant public health issue, with rates being highest among adolescents. A main risk factor for unplanned pregnancy is alcohol and drug use.
- Adolescents are poorly trained to anticipate and recognize unplanned pregnancy. Fetal exposure to substances and late prenatal care may occur for many continuing to childbirth.
- It is recommended that primary care clinicians, including pediatricians and obstetrician-gynecologists, routinely screen adolescent patients for substance use.
- It is recommended that substance abuse treatment centers incorporate contraception and family planning education into their comprehensive treatment programs.
- Motivational interviewing effectively engages substance-using adolescents in treatments to reduce substance use and may also enhance pregnancy prevention in high-risk youths.

INTRODUCTION

Most US teen pregnancies are unplanned with preconception substance use being a significant risk factor for unintended pregnancy.¹ Both teenage pregnancy and teenage substance use are national public health concerns targeted for improved outcomes.² Unplanned pregnancies are associated with higher rates of maternal

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infections, obstetric complications, low birth weight, childhood growth stunting, poor child development, and subsequent child abuse or neglect.³⁻⁶ Teen pregnancy and childbearing also have substantial economic and social costs: US taxpayers paid \$10.9 billion in 2008 for costs associated with teen pregnancy, including increased health care, foster care, lost tax revenue, and higher incarceration rates among children of teen parents.⁷

This article presents recent data relevant to adolescent sexuality and substance use with the aim of defining strategies to reduce the risk of unplanned pregnancy in substance-using teens and to thereby protect healthy adolescent development and prevent fetal exposure to substances.

ADOLESCENT SUBSTANCE USE AND SEXUAL ACTIVITY

Teen substance use is an enduring problem in the United States. In 2011, 75% of high school students reported having used addictive substances, including tobacco, alcohol, marijuana, and other illicit drugs. Forty-six percent reported current use of addictive substances, and 1 in 3 substance-using students met the medical criteria for addiction.⁸ According to the Monitoring the Future database survey results for 2012,⁹ high school seniors self-report the following past-year substance use rates:

- 24% are binge drinkers (drank 5 or more drinks in a row at least once in the past 2 weeks)
- 17% are current tobacco cigarette smokers
- 8% misuse prescription opioids
- 6.5% are daily or near-daily marijuana users

These national data are consistent with other 2012 data showing 1 in 5 high school girls binge drink (defined as 4 or more drinks over 3 hours¹⁰).

Almost half (47.4%) of high school students have had sexual intercourse, and 22% of sexually active high school students reported having used alcohol or other drugs before their last sexual experience (26% of boys and 18% of girls).¹¹ Risk reduction efforts targeting safer sexual behavior is most relevant in teens who are 15 years of age and older because rates of sexual activity in the youngest adolescents (aged 10–14 years) are much lower than in adolescents aged 15 years and older; in those aged 12 years and younger, sexual activity is mostly nonconsensual, representing a different public health concern beyond the scope of this article (ie, preventing the sexual abuse of minors).¹²

UNPLANNED PREGNANCY AND SUBSTANCE USE

Defined by Finer and Zolna¹ (2013) as mistimed (pregnancy occurring sooner than desired) or unwanted pregnancies, unintended pregnancies are associated with potential health risks to the fetus because of delayed pregnancy recognition, with 58% of unplanned pregnancies being confirmed after 5 weeks' gestation.⁵ More than half (51%) of all pregnancies in the United States in 2008 were unintended (rate of 54 unintended pregnancies per 1000 women aged 15–44 years), with 91% of all pregnancies in 15 to 17 year olds being unintended. Between 2001 and 2008, the rate increased for both unintended pregnancy and for those continuing an unplanned pregnancy to childbirth.¹ Therefore, delayed pregnancy recognition is more likely to result in inadequate prenatal care and unintentional fetal exposure to substances.

Rates of unintended pregnancies are higher among substance-using women, especially opioid users. Among treatment-seeking pregnant women with opioid-use disorders, 86% of pregnancies were reported to be unplanned.¹³ Prospective self-report surveys of outpatient women in an Australian opioid treatment program revealed

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