

Why GAO Did This Study

The prenatal use of opioids, including heroin and opioids prescribed for pain management, can produce a withdrawal condition in newborns known as NAS. A recent study found that cases of NAS have tripled over the last decade and that treatment costs for newborns with NAS—most of which are paid by Medicaid—are more than five times the cost of treating other newborns at birth.

GAO was asked to provide information on how federal agencies have addressed prenatal opioid use and NAS. In this report, GAO examines (1) federally funded research, federal programs, and other federal agency efforts related to prenatal opioid use or NAS; (2) gaps identified by federal agency officials and experts in efforts to address prenatal opioid use or NAS; and (3) how federal efforts to address prenatal opioid use or NAS are planned and coordinated. GAO analyzed information from federal agencies, including documents and data, on research, programs, and other agency efforts; interviewed federal agency officials and experts about gaps; and interviewed federal agency officials about planning and coordination of federal efforts.

What GAO Recommends

GAO recommends that ONDCP document the process for developing action items on prenatal opioid use and NAS and that HHS designate a focal point to lead departmental planning and coordination on these issues. ONDCP and HHS concurred with GAO's recommendations and provided technical comments that GAO incorporated as appropriate.

View [GAO-15-203](#). For more information, contact Vijay A. D'Souza at (202) 512-7114 or dsouzav@gao.gov.

PRENATAL DRUG USE AND NEWBORN HEALTH

Federal Efforts Need Better Planning and Coordination

What GAO Found

Federally funded research mostly focused on neonatal abstinence syndrome (NAS), and federal programs and other agency efforts made services available or conducted activities to address prenatal opioid use or NAS. From fiscal years 2008 through 2014, federal agencies obligated almost \$21.6 million for 18 research projects related to prenatal opioid use or NAS, most of which focused on preventing, understanding, or treating NAS. Fourteen federal programs on substance abuse, health, and welfare—12 of which were administered by agencies within the Department of Health and Human Services (HHS)—made direct services available (such as screening and referral for treatment) or conducted other activities (such as training or technical assistance) to address prenatal opioid or NAS in fiscal years 2013 or 2014 as part of broader objectives. Outside of research and programs, 11 federal agencies made direct services available through their health systems or engaged in other efforts during fiscal years 2008 through 2014.

The gaps in efforts to address prenatal opioid use and NAS most commonly cited by federal agency officials and experts were related to the treatment of prenatal opioid use and NAS. With regard to research, the most commonly cited gaps were inadequate research on treatment of prenatal opioid use and the long-term effects of prenatal opioid exposure on children. Reasons cited for these research gaps included difficulties in conducting research, such as identifying and retaining pregnant women with substance use disorders for studies, and prenatal opioid use and NAS not being as high a priority as other research areas. With regards to programs, agency officials and experts most commonly cited the lack of available treatment programs for pregnant women and newborns with NAS, including the availability of comprehensive care and enabling services, such as transportation and child care. Reasons cited for these program gaps included the stigmatization and criminalization of pregnant women who use drugs. In addition to research and program gaps, other gaps cited by agency officials and experts included a lack of guidance on criminalization policies for states, screening and treatment practices, and opioid prescribing.

The Office of National Drug Control Policy (ONDCP)—the agency responsible for coordinating drug control efforts across federal agencies—plans and coordinates with other agencies by sharing information and developing national action items to address prenatal opioid use and NAS. However, ONDCP does not document its process for developing action items, including the information considered or discussions with agency officials. Within HHS—which has nine agencies that address prenatal opioid use or NAS—the department relies on its agencies to plan and coordinate individual efforts, and also has established a council that identifies activities that may influence, but are not targeted specifically at, prenatal opioid use and NAS. However, HHS lacks a focal point to lead planning and coordination of efforts related specifically to prenatal opioid use or NAS across the department. These limitations in planning and coordination by ONDCP and HHS may limit the effectiveness of federal efforts to reduce prenatal opioid use among pregnant women and rates of NAS. Additionally, there is a risk that federal efforts may be duplicated, overlapping, or fragmented.