APPENDIX 7

Open Letter to the Media and Policy Makers Regarding Alarmist and Inaccurate Reporting on Prescription Opiate Use by Pregnant Women

March 11, 2013

To whom it may concern:

A substantial increase has been noted in the number of pregnant women and newborns who test positive for illegal as well as legal opiates, including those utilized as prescribed as well as those misused and/or diverted. A great deal of experience has been gained over the course of almost 50 years regarding the effects of prenatal opiate exposure on expectant mothers and their babies, and guidelines have been established for optimal care of both. And yet, reporting in the popular media continues to be overwhelmingly inaccurate, alarmist and decidedly harmful to the health and well-being of pregnant women, their children, and their communities.

As medical and psychological researchers and as treatment providers with many years of experience studying and treating prenatal exposure to psychoactive substances, as well as treatment providers and researchers with many years of experience studying addictions and addiction treatment, we are writing to urge that policies addressing prenatal exposure to opiates, and media coverage of this issue, be evidence-based rather than perpetuate and generate misinformation and prejudice.

No newborn is born "addicted"

Popular media repeatedly and inaccurately describe children exposed to various drugs *in utero* as "addicted," a term that is incorrect and highly stigmatizing. Addiction is a technical term that refers to compulsive behavior that continues in spite of adverse consequences. In fact, babies cannot be born "addicted" to anything regardless of drug test results or indicia of physical dependence. Evidence of physiologic dependence on (not addiction to) opiates has been given the name neonatal abstinence syndrome (NAS), a condition that is diagnosable and treatable. And yet, as the following examples demonstrate, news reports typically and inaccurately describe newborns as addicted (emphasis added).

- "In Broward County, there has been an alarming jump in the number of babies born to pill-using mothers; *babies who are themselves born addicted*." (KTHV Television, *More Pill-Using-Mothers Delivering Addicted Babies*, July 29, 2011)
- "There's a growing epidemic of *babies being born addicted to prescription drugs* ingested by young mothers…" (Bradentown Herald, *Prescription-Abuse Babies a Growing 'Crisis' in Manatee, Say Advocates*, Nov. 9, 2011)
- "The number of *babies born addicted* to the class of drugs that includes prescription painkillers has nearly tripled in the past decade…" (USA Today, *Addicted Infants Triple in a Decade*, May 1, 2012)

- "In the past decade, the number of *babies born addicted to opiates* has tripled." (The Huffington Post, *More Babies Born Addicted to Painkillers, Multiple Reports Show Growing Epidemic*, July 13, 2012)
- "Once, every hour in the U.S. a *baby is born addicted to the painkillers* that swallowed up its mother." (WKYC Television, *Tiniest Victims of Ohio's Painkiller Epidemic*, Aug. 1, 2012)
- "10 percent of the *babies born are addicted to opiates*." (WSAZ News Channel, *Scioto County and Portsmouth Make Strides in the War on Drugs*, Oct. 31, 2012)
- "A new study showing a major increase in Tennessee *babies born addicted to drugs* has prompted the state Health Department to require hospitals to report that information." (WFPL News, *Tennessee Requiring Hospitals to Report Babies Born Addicted to Drugs*, Dec. 5, 2012)

In addition to labeling newborns addicted when they are not, major news outlets have also drawn parallels between children born to women who have used opiates during their pregnancy and those who, a decade ago, were branded "crack babies." For example, Brian Williams began an NBC news report by saying, "For those of us who were reporters back in the 1980s, it was an awful new trend we were covering at the time, and it was the first time our viewers were hearing about the young, innocent infants. A generation of crack babies, born addicted to drugs because of their mothers' habit. Sadly, a new generation has meant a new habit – prescription pain meds, Oxycontin, Vicodin; other powerful drugs in that same category. And now we are seeing the infants born to mothers abusing these drugs." (NBC News, *Prescription Drug Addiction Among Pregnant Women Becoming 'Monstrous Tidal Wave'*, July 5, 2012) An ABC news report likewise claimed: "The increasing numbers of women who abuse prescription painkillers while pregnant are delivering the crack babies of the 21st century, specialists say." (ABC News Medical Unit, *Newborns Hooked on Mom's Painkillers Go Through Agonizing Withdrawal*, Nov. 14, 2011) And The Wall Street Journal described newborns exposed prenatally to cocaine and methadone treatment as "reminiscent of the 'crack babies' of the 1980s and 1990s." (Wall Street Journal, *Pain Pills' Littlest Victims*, Dec. 28, 2012)

In more than 20 years of research, none of the leading experts in the field have identified a recognizable condition, syndrome, or disorder that should be termed "crack baby" (See Open Letter To the Media, February 25, 2004). Rather than learning from its alarmist and false reporting about pregnant women and cocaine use (e.g., New York Times, *The Epidemic That Wasn't*, Jan. 26, 2009), media outlets have now irresponsibly revived the term "crack baby" and created new, equally unfounded and pejorative labels such as "oxy babies" or "oxy tots." (FoxNews, 'Oxytots' Victims of Prescription Drug Abuse, October 28, 2011; The Examiner, *"Oxytots": A National Disgrace*, Oct. 30, 2011)

Equally unjustified is the suggestion that some women who become pregnant and carry their pregnancies to term give birth not to babies but rather to "victims." As noted above, a story in The Wall Street Journal was headlined *Pain Pills' Littlest Victims*. (Wall Street Journal, Dec. 28, 2012) Another recent article in USA Today referred to newborns prenatally exposed to prescription opiates as "the tiniest victims." (USA Today, *Kentucky Sees Surge in Addicted Infants*, Aug. 27, 2012) Of course, where there are victims, there also are perpetrators – in this case, pregnant women and mothers. None of these women – whether receiving methadone or

other opiates for the management of pain, obtaining federally-recommended treatment of dependence, or misusing opiates and experiencing a dependency problem – may fairly be characterized as perpetrators or victimizers.

The most respected and objective authorities in the U.S. and throughout the world, including the World Health Organization, have determined that drug addiction is not a "bad habit" or willful indulgence in hedonism, but a chronic medical condition that is treatable but – as yet – not curable. Demonizing pregnant women creates an environment where punishment rather than support is the predominant response, and will inevitably serve to discourage women from seeking care.

Long-term implications for offspring misrepresented

News media also typically report or suggest that "those born dependent on prescription opiates … are entering a world in which little is known about the long-term effects on their development." (New York Times, *Newly Born, and Withdrawing from Painkillers*, April 9, 2011) And yet, when controlling for factors such as economic status, access to healthcare, and concomitant medical problems, including use of nicotine products and alcohol, decades of studies reported in the professional literature have failed to demonstrate *any* long-term adverse sequelae associated with prenatal exposure to opiates, legal or illegal. On the other hand, it is not an exaggeration to state that labels such as "victim" or "tiny addict" or "born addicted" carry with them severe negative consequences, both medical and social. Children so labeled are at substantial risk of stigma and discrimination in educational contexts starting at the pre-school level. They may be subject to medical misdiagnosis and unnecessary, detrimental separation from loving and supportive families as a result of ill-informed and inappropriate child welfare interventions.

It should be clear from the above that we are not preoccupied with semantic niceties, but deeply concerned about reporting that, very literally, threatens the lives, health, and safety of children.

Neonatal abstinence syndrome, when it occurs, is treatable and has not been associated with long-term adverse consequences

Both the occurrence and severity of NAS have been shown to be affected by a variety of factors that are unrelated to possible pharmacological effects of prenatal exposure to opiates. For example, a 2006 study demonstrated that babies who stayed in their mothers' room while in hospital (i.e., "rooming in") rather than being placed in neonatal intensive care units (NICU) had less need for treatment of NAS, shorter length of hospital stay, and significantly greater likelihood of being discharged home in the custody of their mothers. Similarly, a 2010 study found that only 11% of babies who boarded with their mothers required treatment of NAS compared to more than four times as many who were placed in an NICU.

Moreover, it has long been known that NAS, when it occurs, can be treated effectively. NAS can be evaluated and managed with scoring systems and treatment protocols that have been available for decades in standard textbooks and in numerous articles in the professional literature. Appropriate care, which may include breastfeeding and "comfort care" (e.g.,

swaddling and skin-to-skin contact between mother and baby), is often sufficient to prevent or minimize signs of distress in the baby. There simply is no reason why babies should as stories report "go through agonizing withdrawal" or demonstrate "…merciless screams, jitters and unusually stiff limbs." News reports describing newborns suffering suggest lack of appropriate medical training and the failure to provide optimal medical care rather than inevitable, untreatable, effects of prenatal exposure to opiates. (e.g., The Gadsen Times, *Our View: Addicted at Birth*, Nov. 15, 2011; PBS Newshour, *Painkiller 'Epidemic' Deepens in U.S.*, Nov. 2, 2011; Knoxville News Sentinel, *Drug-addicted Babies Difficult to Treat*, Nov. 1, 2011)

Media misinformation and stigmatizing characterizations discourage appropriate, federally recommended treatment

Recent reporting also frequently dangerously mischaracterizes methadone maintenance treatment as harmful and unethical. For example, a CNN story irresponsibly portrays a woman's decision to follow recommended treatment as a form of abuse:

> **Narrator 1**: Guided by her doctor, April did what she thought was best for her baby and stayed on methadone for her entire pregnancy. The end result? Mariah was born dependent on drugs.
> **Narrator 2**: What did that feel like to know that your use of methadone had caused her so much suffering?
> **April Russell**: Oh it's, I mean, I can't explain it. I mean, it killed me. I mean, still today I mean it's, it's hard (April starts to cry). But, (stops talking due to crying), sorry.

(CNN video broadcast, *One Baby Per Hour Born Already in Withdrawal*, April 12, 2012) Similarly, NBC News reported that a pregnant woman in treatment "can't save her baby from going through withdrawal. Because methadone is another form of medication similar to painkillers, there is a good chance her baby will be born addicted to that drug." (NBC News, July 5, 2012) And The New York Times reported that "those who do treat pregnant addicts face a jarring ethical quandary: they must weigh whether the harm inflicted by exposing a fetus to powerful drugs, albeit under medical supervision, is justifiable." (New York Times, April 9, 2011)

The evidence for the efficacy of methadone maintenance treatment – most particularly its use in the care of pregnant women – has been overwhelmingly consistent for almost half a century. The highest U.S. government authority on drug abuse treatment, the Substance Abuse and Mental Health Services Administration, summed it up in a pamphlet it produced several years ago and continues to distribute. It is directed to pregnant, opiate-dependent women and states in unusually clear and concise terms: "If you're pregnant and using drugs such as heroin or abusing opioid prescription pain killers, it's important that you get help for yourself and your unborn baby. Methadone maintenance treatment can help you stop using those drugs. It is safe for the baby, keeps you free of withdrawal, and gives you a chance to take care of yourself … Methadone maintenance treatment can save your baby's life." Recently, buprenorphine treatment has also been used effectively to treat opiate addiction in pregnant women.

There are, however, enormous financial, regulatory, and cultural barriers to this treatment that

are exacerbated by misinformed and inaccurate news reporting. Indeed, we are aware of numerous cases in which judges and child welfare workers have sought to punish as child abusers pregnant women and mothers who are receiving methadone maintenance treatment.

Conclusion

It is deeply distressing that US media continue to vilify mothers who need and those who receive treatment for their opiate dependence, and to describe their babies in unwarranted, highly prejudicial terms that could haunt these babies throughout their lives. Such reporting, judging, and blaming of pregnant women draws attention away from the real problems, including barriers to care, lack of medical school and post-graduate training in addiction medicine, and misguided policies that focus on reporting women to child welfare and law enforcement agencies for a treatable health problem that can and should be addressed through the health care system. It fosters inappropriate, punitive, expensive, and family-disruptive responses by well-meaning but misinformed criminal justice and child protective agencies, creating a reluctance on the part of healthcare professionals to recommend and offer the services that evidence clearly indicates are best for their patients.

We would be happy to furnish additional information, including references to research material discussed. Please feel free to contact Dr. Robert Newman (rnewman@icaat.org), who will coordinate response to such requests.

Sincerely,

Ron Abrahams, MD, FCFP
Medical Director, Perinatal Addictions,
British Columbia Women's Hospital
Clinical Professor, Dept. Family Practice,
University of British Columbia,
British Columbia, Canada

Carmen Albizu-García, MD
Professor, University of Puerto Rico
Graduate School of Public Health
Puerto Rico, USA

Adam Bakker, MBBS
Lisson Grove Health Centre
London, UK

Marylou Behnke, MD
Professor, Department of Pediatrics,
University of Florida
Florida, USA

Nancy D. Campbell, PhD
Professor, Rensselaer Polytechnic Institute
New York, USA

Ira J. Chasnoff, MD
President, Children's Research Triangle
Illinois, USA

Phillip Coffin, MD
Assistant Clinical Professor,
University of California San Francisco
California, USA

Nancy Day, PhD
Professor of Psychiatry, School of Medicine,
University of Pittsburgh
Pennsylvania, USA

Chris Derauf, MD
Community Pediatrics and Adolescent
Medicine
Minnesota, USA

Fonda Davis Eyler, PhD
Developmental Psychologist
Professor Emerita,
University of Florida, College of Medicine
Florida, USA

Loretta Finnegan, MD
President of Finnegan Consulting
Addressing issues of women's health and perinatal addiction.
New Jersey, USA

Gabriele Fischer, MD
Professor
Medical Director of Addiction Clinic,
Medical University of Vienna, Austria
Vienna, Austria

Chris Ford, MD
Clinical Director,
International Doctors for Healthy Drug Policies
London, United Kingdom

Deborah A. Frank, MD
Professor of Child Health and Well-Being,
Boston University School of Medicine
Massachusetts, USA

Mike Franklyn, MD
Associate Professor of Family Medicine,
Northern Ontario School of Medicine
Ontario, Canada

Angel A. Gonzalez, MD
Closing the Addiction Treatment Gap Alliance of Puerto Rico
Puerto Rico, USA

Carl Hart, PhD
Associate Professor of Psychology (in Psychiatry)
New York, USA

Liljana Ignjatova, Dr. Sci. (Medicine)
Head of the Center for Prevention and Treatment of Drug Addiction
Skopje, Macedonia

T. Stephen Jones, MD, MPH (Retired)
U.S. Public Health Service
Commissioned Officer
Massachusetts, USA

Karol Kaltenbach, PhD
Professor of Pediatrics, Psychiatry, and Human Behavior
Director, Maternal Addiction Treatment Education and Research
Department of Pediatrics
Jefferson Medical College
Thomas Jefferson University
Philadelphia, USA

Stephen R. Kandall, MD
Professor of Pediatrics,
Albert Einstein College of Medicine
(Retired)
North Carolina, USA

Andrej Kastelic, MD
Head of National Center for Treatment of Drug Addiction
Ljubljana, Slovenia

Alan T. Konyer, MD
Staff Physician, Ontario Addiction Treatment Centres
Ontario, Canada

Cynthia Kuhn, PhD
Professor, Department of Pharmacology and Cancer Biology
Duke University Medical Center
North Carolina, USA

David C. Lewis, MD
Founder, Center for Alcohol and Addiction Studies
Professor Emeritus of Community Health and Medicine,
Brown University
Rhode Island, USA

Paula J. Lum, MD, MPH
Associate Professor of Medicine, University of California
San Francisco and San Francisco General Hospital
California, USA

David C. Marsh, MD, CCSAM
Associate Dean and Professor,
Northern Ontario School of Medicine
Ontario, Canada

Linda Mayes, MD
Arnold Gesell Professor, Child Psychiatry, Pediatrics, and Psychology, Yale Child Study Center, Yale University School of Medicine
Connecticut, USA

John McCarthy, MD
Executive/Medical Director, Bi-Valley Medical Clinic
Associate Professor of Psychiatry, University of California Davis
California, USA

William McCready, MBBCh [MD]
Associate Dean, Faculty Affairs, Northern Ontario School of Medicine
Ontario, Canada

Garrett McGovern, MB, BCh., BAO, MSc.
General Practitioner Specialising in Alcohol and Substance Abuse
Dublin, Ireland

Laurent Michel, MD
Director of the Centre Pierre Nicole
Paris, France

Gisela Negron Velazquez, PhD
Full Professor, Director of Social Work Department
University of Puerto Rico
Puerto Rico, USA

Daniel R. Neuspiel, MD, MPH
Clinical Professor of Pediatrics, University of North Carolina School of Medicine
North Carolina, USA

Robert G. Newman, M.D., MPH
Director, The Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center, New York, NY
New York, USA

Michael G. Orgel, MD (Retired)
Consultant in Substance Misuse Treatment, Medical Director of a Community Addiction Services Program,
Associate Specialist in Addiction at the National Addiction Centre at the Maudsley Hospital in London, Chief of Medical Services at the Haight Ashbury Free Medical Clinic Drug Detoxification and Aftercare Project in San Francisco, CA (1978-1983)
California, USA

Coralee Perez-Pedrogo, PhD
Adjunct Professor, Clinician and Researcher
University of Puerto Rico
Puerto Rico, USA

Beth Glover Reed, PhD
Faculty, Social Work and Women's Studies
University of Michigan
Michigan, USA

Roy Robertson, MBChB
Reader Division of Community Health Sciences
Edinburgh University and General Medical Practitioner
Edinburgh, Scotland

Robert Roose, MD, MPH
Division of Substance Abuse
Albert Einstein College of Medicine
New York, USA

Jeffrey Samet, MD
Chief, Section of General Internal Medicine, Boston Medical Center
Vice Chair for Public Health Department of Medicine
Professor of Medicine and Community Health Sciences
Boston University Schools of Medicine and Public Health
Massachusetts, USA

Lynn Singer, PhD
Professor of Pediatrics, Psychiatry, Environmental Health Sciences
Case Western Reserve University
Ohio, USA

Randy Seewald, MD
Medical Director MMTP,
Beth Israel Medical Center, New York City,
New York, USA

Yuri Sivolap, MD
I.M. Sechenov First Moscow State Medical University, Department of Psychiatry
Moscow, Russia

Sharon Stancliff, MD
Medical Director, Harm Reduction Coalition
New York, USA

Mishka Terplan, MD, MPH, FACOG
Assistant Professor, Department of Obstetrics, Gynecology & Reproductive Sciences and Epidemiology & Public Health, University of Maryland School of Medicine
Maryland, USA

Albrecht Ulmer, MD
Vice President, German Society for Addiction Medicine
Stuttgart, Germany

Leonid Vlasenko, MD
Medical Doctor
Dnepropetrovsk, Ukraine

Tricia E. Wright, MD, MS, FACOG, Diplomate, ABAM
Founder, Perinatal Addiction Treatment of Hawaii, Honolulu
Hawaii, USA

Tomáš Zábranský, MD, PhD
Reader in Addiction Science, Charles University in Prague, First Medical Faculty
Prague, Czech Republic

Mikhail Zobin, MD, PhD
Director, Medical Centre for Treatment of Alcohol and Drug Dependence
Moscow, Russia