

Pregnant Women and their Babies: Drug War Casualties?



Despite overwhelming medical consensus that pregnant drug users should have access to health care, calls for criminalization and separation of mothers from their newborns continue. Punitive approaches that stigmatize pregnant drug users undermine women and children's health, threaten a range of civil rights and liberties, and dangerously expand the war on drugs. Moreover these approaches are based on dangerous myths:

MYTH #1: All Drug-exposed children are seriously damaged at birth.

FACT: Women who can't abstain completely from drugs, can give birth to healthy children especially if they have access to prenatal care.¹ While some newborns do experience adverse short or long-term consequences from a variety of legal and illegal substances, the sensational news reports about crack that fueled the call for criminalization have not been substantiated. Research has found that crack-exposed children are not doomed to suffer permanent mental or physical impairment,² and that whatever effects may exist are greatly overshadowed by poverty's impact on brain development.³

MYTH #2: Women who use drugs can simply stop.

FACT: Sudden withdrawal from some drugs can be dangerous to the woman and her pregnancy.⁴ Moreover, because addiction is a chronic relapsing condition, it is unrealistic to expect anyone to overcome a drug problem instantaneously or without support. The success and cost-effectiveness of drug treatment is well documented but there is a severe lack of appropriate treatment for women.⁵

MYTH #3: Threatening pregnant women who use drugs with criminal penalties or loss of custody protects their children.

FACT: There is overwhelming medical and public health agreement that punitive approaches will not work because they deter women from seeking prenatal care and drug treatment and undermine the trust essential to the healthcare provider-patient relationship.⁶ Calls for punishment unfairly stigmatize both women and children and distract from the real issue: lack of commitment to meaningful drug treatment and reproductive health care for women in this country.

Expectant Mothers Deserve Compassionate Health Care - Not Prison!

¹ Andrew Racine et al., *The Ass'n Between Prenatal Care and Birth Weight Among Women Exposed to Cocaine in New York City*, 270 JAMA 1581, 1585-86 (1993).

² Deborah A. Frank et al., *Maternal Cocaine Use: Impact on Child Health and Development*, 40 *Advances in Pediatrics* 65, 92 (1993). ("[t]o date no hypothesized or demonstrated effect of in utero-cocaine exposure has been found to be specific to that drug. No studies have shown that prenatal cocaine exposure causes unique developmental dysfunction." See also, Linda C. Mayes et al., *The Problem of Prenatal Cocaine Exposure: A Rush to Judgment*, 267 JAMA 406 (1992).

³ Hallam Hurt et al., *Problem-Solving Ability of Inner-City Children With and Without In Utero Cocaine Exposure*, 20 *Dev. & Beh. Pediatrics* 418 (Dec. 1999).

⁴ See Center for Substance Abuse Treatment, *Pregnant, Substance-Using Women* 6 (1993) (U.S. Dept. of Health & Human Servs. Publication No. (SMA) 93-1998), 19, 26.

⁵ Id.; Charles Marwick, *Physician Leadership on National Drug Policy Finds Addiction Treatment Works*, 279 JAMA 1149 (1998); Drug Strategies, *Keeping Score, Women And Drugs: Looking at the Federal Drug Control Budget 16-17* (1998); Vicki Breitbart et al., *The Accessibility of Drug Treatment for Pregnant Women: A Survey of Programs in Five Cities*, 84 *Am. J. Pub. Health* 1658 (1994).

⁶ American Academy of Pediatrics, Committee on Substance Abuse, *Drug Exposed Infants*, 86 *PEDIATRICS* 639, 641 (1990); American Medical Association Board of Trustees, *Legal Interventions During Pregnancy*, 264 JAMA 2663, 2667 (1990); March of Dimes, *Statement on Maternal Drug Abuse* (1990); Center for the Future of Children, *Recommendations, in The Future of Children* 8 (Richard F. Behrman ed., 1991).

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