

From Science to Policy: Setting the Table

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Massachusetts Health Policy Forum

Substance Exposed Newborns:

Addressing Social Costs Across The Lifespan

September 27, 2011

Children at Risk

Children in the U.S. are facing a “perfect storm”

Problems for children are increasing at the same time that resources for helping children are diminishing



History and Headlines

When drug babies reach school age

**COCAINE
HURTS
BABIES**

Mothers
Turned
Into Monsters

Pregnant cocaine user guilty of abuse

Studies: Future bleak for crack babies

Crack's Toll Among Babies: A Joyless View, Even of Toys

Crack
A Disaster of Historic Dimension, Still Growing

Cocaine: a
vicious
assault on a
child

In the U. S. in the 1980s, early reports on prenatal cocaine effects created a public frenzy about “unfit to parent” women and their damaged “crack babies.”

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Based on insufficient and inaccurate information, society over-reacted.

Women were prosecuted, children were removed from their birth mothers, families were split up.

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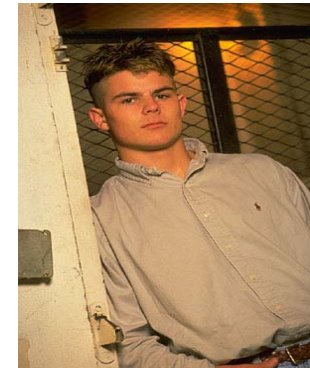
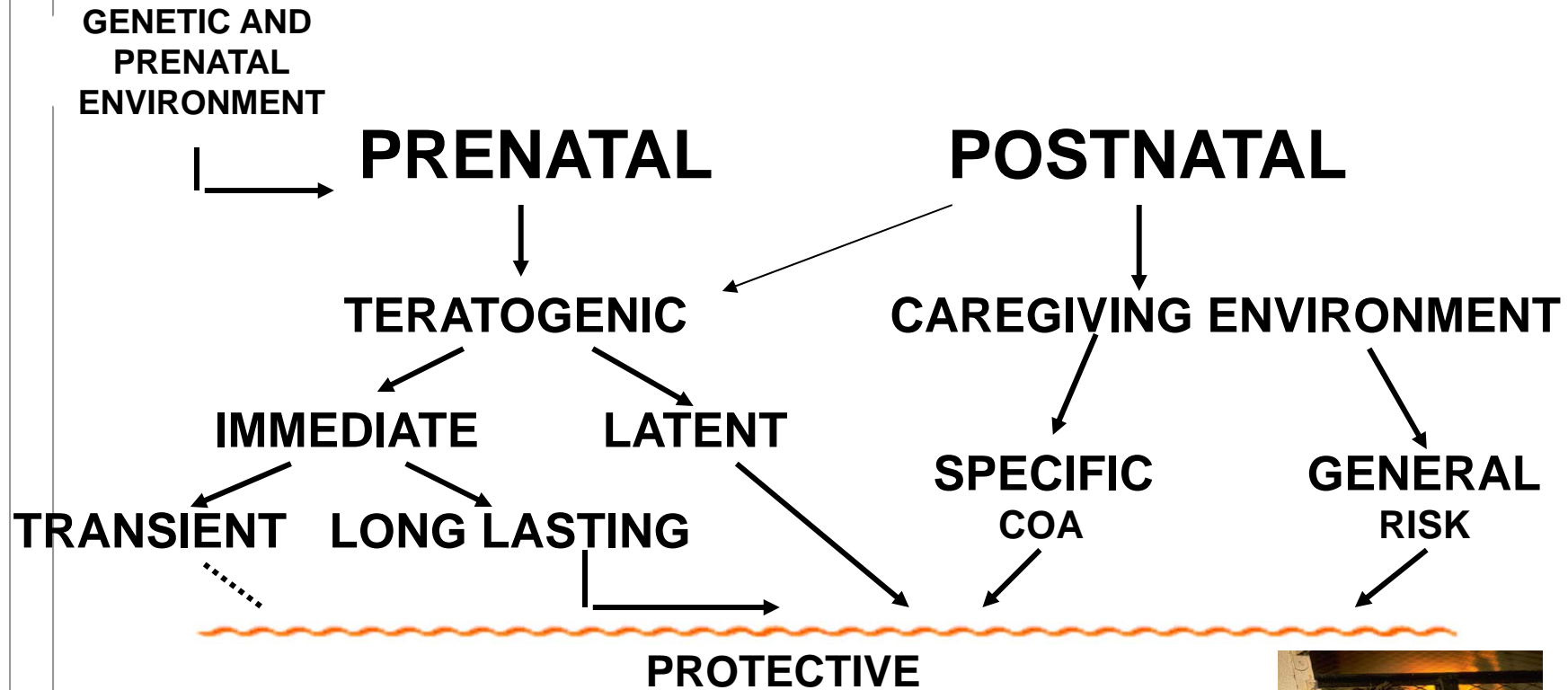
**Crack
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Cocaine: a vicious assault on a child

By the mid 1990s, the number of children in foster care reached an all-time high of over 500,000.

Many of these children suffered emotional problems from multiple foster care placements.

Substance Use During Pregnancy and Child Outcome



BRAIN AND BEHAVIORAL DEVELOPMENT

Summary of Prenatal Substance Use Effects

- Prenatal exposure effects are similar for most substances at typical levels of use
- It is virtually impossible to compare the effects of one substance with another
- Most effects are small to moderate and may not show up until childhood
- Most effects can be treated
- Prenatal exposure effects can be magnified by environmental adversity
- Prenatal exposure effects need to be interpreted in the context of the caregiving environment

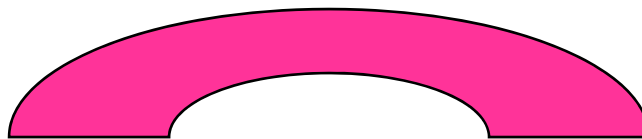
Disconnect Between Science and Policy

Houston, we've got a Problem



Policy Responses

**2 parallel policy responses
towards drug use by women**



Punitive

Treatment

Problems with Punitive Policies

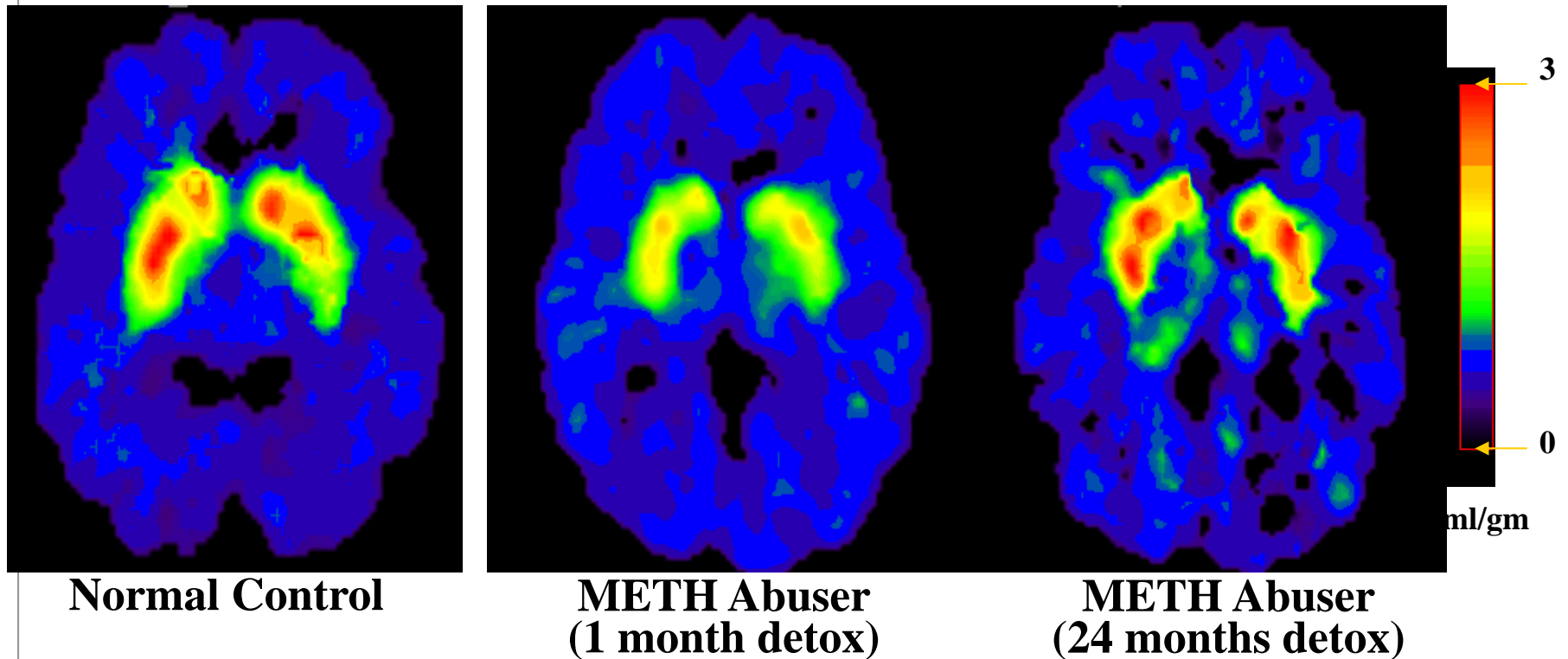
- Fear of being reported drives women away from health care system (e.g. prenatal care)
- Denies the opportunity to parent for those who can/want to parent
- Overburdens foster care system
- Child's ability to form attachments is jeopardized by multiple foster placements

Treatment

- Drug use by pregnant women viewed as a mental health (medical) issue
- Harm reduction
- Focus on:
 - reproductive health care
 - substance abuse and mental health treatment
 - relationship with child

Addiction Can Be Treated

Partial Recovery of Brain Dopamine Transporters in Methamphetamine Abuser After Protracted Abstinence



(Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001)

Table 1. Model programs and key indicators for success.

Name	Type of program	Key components related to outcome	Ref.
Camp and Finkelstein (1995) Nurturing Program for Families in Substance Abuse Treatment and Recovery	Residential	Parenting component After-care services Measured self-esteem Evaluated birth outcomes	[72]
Szuster <i>et al.</i> (1996) Salvation Army Treatment Program	Residential	Children included Family groups Parenting component Parent-child interaction therapy Therapeutic nursery Psychiatric day treatment for children	[73]
Stevens <i>et al.</i> (1989) Amity, Inc.	Residential	Children included Increased female:male client ratio Supportive environment for females	[74]
Hughes <i>et al.</i> (1995)	Residential	Children included Parenting component Parent-child interaction therapy Therapeutic nursery	[75]
Haller <i>et al.</i> (1993)	Outpatient	Time-limited program	[76]
Strantz and Welch (1995)	Outpatient	Intensive day treatment Cognitive-behavioral plan Parenting component Parent-child interaction therapy Therapeutic nursery Relapse/lapse considered part of treatment Female staff Lower staff caseload	[77]
Suffet and Brotman (1984) PAAM	Outpatient	Prenatal care Parenting component Therapeutic nursery Infant developmental assessment	[36]
Brindis <i>et al.</i> (1997) Options for Recovery	Outpatient and residential	Intensive day treatment Comprehensive case management Foster parent recruitment Biological and foster parenting component Respite care for infants Multimethod approach to evaluation Developmental assessment of infant	[78]

(Lester and Twomey, *Women's Health* 2008)

Model Programs

- Individualized
- Family centered
- Comprehensive
- Interdisciplinary staff
- Nonjudgmental, nonpunitive, nurturing, culturally appropriate
- Parenting programs
- Mental health co-morbidities and women's issues
- Child care
- Transportation

(Lester, Andreozzi & Appiah, *Harm Reduction J.*, 2004)

Vulnerable Infants Program of Rhode Island (VIP-RI)

- Reduced length of stay in hospital beyond medical necessity
- Reduced number of infants placed in foster care at hospital discharge
- Family Treatment Drug Court:
 - 84% of infants in permanent placement by 12 months
 - 78% of these with biological parents or relatives

(Twomey et al *Child Welfare*, 2010)

What Have We Learned?

- Our understanding of addiction has changed
- We know more about addiction as a disease – a medical condition that can be treated
- Addiction is a complex disease with multiple mental health co-morbidities
- Women who use drugs also tend to be depressed and anxious and may have even more severe mental health problems.
- The bad news: Addiction is complex
- The good news:
 - Addiction is treatable
 - Affected infants can be identified and treated

While there are drug users who are inadequate mothers, there are also drug users who are competent mothers who, with treatment, can care for their children. Families can be preserved.

Failure to take advantage of what we have learned is not only a missed opportunity but a giant step backward.

