DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singletary	8-6-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000061	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ cc: Mr. Keck, Kost	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [X] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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Dear Director Anthony Keck:

Recently, I was joined by more than 50 leading United States and international medical and psychological researchers and experts in distributing the enclosed letter urging evidence-based coverage of prescription opiate use by pregnant women.

There has steadily been an increasing number of news articles that have focused on the use and misuse of prescription opiates by pregnant women. Opiates are a class of drugs that have a critical role in controlling acute and chronic pain. They also include such medications as methadone and buprenorphine, used as "maintenance" treatment to eliminate or minimize withdrawal symptoms and craving in people who have become addicted to prescription opiates or to opiates obtained illegally. If a pregnant woman uses opiates or receives maintenance treatment during pregnancy her newborn may experience neonatal abstinence syndrome (NAS). NAS, a possible side effect of prenatal exposure to opiates and medications used in the treatment of opiates, can be readily treated and has not been shown to lead to any long-term adverse effects.

We were motivated to write this letter by media coverage that:

- largely ignores almost 50 years of research showing the value of methadone and more recently buprenorphine treatment and instead stigmatizes treatment known to be beneficial to pregnant women, their children and their communities;
- disregards well-established, cost effective protocols that treat and resolve (NAS) when it occurs;
- fails to address the lack of training of medical personnel in addiction, addiction treatment and protocols for the effective management of newborns who experience NAS;
- focuses blame on pregnant women and portrays them as perpetrators of harm to their offspring;
- consistently uses medically inaccurate terms that brand newborns as "addicted" or as victims;
- suggests long-term harms to children that have not been shown to be associated with opiate intake – prescribed or unprescribed – during pregnancy.

Signatories to this letter recognize that alarmist and inaccurate reporting about the issue of prescription opiate use by pregnant women is likely to encourage policies that undermine maternal, fetal, and child health. Accurate and responsible coverage of this issue would address 1) the barriers that exist to treatment, and the need to ensure that every pregnant woman has access to affordable methadone treatment; 2) the benefit of ensuring that prenatal care providers are authorized ("waivered') to prescribe buprenorphine, and/or that they are encouraged to refer patients to outpatient methadone treatment facilities; and 3) the value of informing pregnant women that "If you are opiate dependent, effective, non-judgmental treatment is available that can greatly benefit you and your baby."

Our enclosed letter was released shortly after the recent U.N. Human Rights Council Report

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)

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.,

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,

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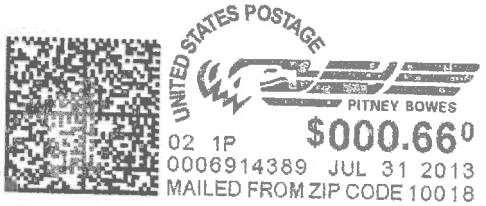

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