

Crack and Kids

Douglas J. Besharov

Young children, newborns, and unborns are the hidden victims of our national drug epidemic. Hundreds of children are dying and many thousands more are suffering physical and mental deficiencies because their parents abuse cocaine and other drugs. This is the single toughest issue facing America's welfare agencies today. At the same time, this is an area where private philanthropy can make an immediate and valuable impact on the welfare of children.

Using cocaine when pregnant is one of the most dangerous things a woman can do. Cocaine, and its derivative "crack," constrict the blood vessels of the placenta, denying the fetus blood and nutrients. In the fetus it can cause strokes, or stroke-like activity in the brain. It can also cause birth defects such as missing lungs and deformed hearts. Infant death rates are reported to be twice as high when mothers use cocaine.

This is a problem that is growing and spreading. For three years in a row, the number of drug-exposed babies born in New York City just about doubled — to the point now where there are about 8,000 such cases in New York. In Washington, DC, the conservative estimates are that 15 percent of all births are drug-exposed. In Los Angeles County, the number of such cases increased from 543 to 1,300 between 1985 and 1987. At Boston's Children's Hospital, the percentage of drug-exposed babies went from three percent in 1985 to 18 percent in 1989.

Crack causes the most serious problems. It makes people do mean things. There are cases in which teen mothers in their seventh and eighth month of pregnancy take large amounts of crack to induce an early birth. Why? Because they are bored with being pregnant. They want their baby born, even if premature. Then there are mothers who give birth and abandon their babies in the hospital. Some mothers give birth to children with terrible side effects from crack use. They leave and do not come back for weeks. One child died in the hospital. The case worker kept

asking the mother, "Don't you want to make some plans for the child's burial?" But the mother was in a different world.

Among the many ideas that grantmakers could act on, six stand out as the most important. They are clearly within the reach of even smaller sized foundations and donors.

Six Ideas

- We need to know much more about the long-term medical and developmental consequences of fetal exposure to crack. There is very little research about this for obvious reasons. We do not have many crack-exposed babies that are older than three right now. But as these children grow older, we will be able to learn more about the impact of drugs on their lives. This should help us to diagnose their special needs earlier.

- Hospitals need to develop a greater capacity to treat these babies as soon as they are born. Medical treatment technology for these babies is still at a primitive stage. We also have to know what to tell the mothers or foster parents who take care of these children.

- We need to have a better grasp of the behavioral changes caused by crack. Child protective workers assume that these mothers are not all that different from other teen parents and low-income mothers. In part this is because drug-addicted mothers can be so persuasive. We want to believe them when they say they will properly care for their children and that they will quit their habit. We need to think very hard about just how realistic such promises are.

- Every community ought to have explicit public awareness materials that say that crack and parent-hood do not mix. Local foundations can make a difference by supporting the preparation and distribution of such materials. This would help communities get on top of this problem before they are devastated.

- Some drug-using parents can adequately take care of children with sufficient support. And since we are

unlikely to take away all children from drug addicts, it is imperative that—with a certain kind of clear-eyed reality—we initiate demonstration treatment projects to figure out how to improve the functioning of young mothers who are going to keep their children.

• We have to be realistic with regard to these cases and must be prepared to do the almost unthinkable—which is to declare many of these mothers, temporarily at least, beyond our reach. We must be ready to assert responsibility for these women's children. This means that in some cases we have to terminate parental rights and find permanent adoptive homes for the children. This is not a question of changing the law, but of changing attitudes. We have conflicting values involving the question of family autonomy, but we must begin the difficult process of weighing family rights against the rights of children to live decent lives.

I am not sure crack addicts who give birth to a child constitute anything approaching a family. I say this with great hesitancy, but I am just not sure that the public policy concern that we have about families applies to a 16-year old crack addict who happens to be pregnant or who happens to give birth to a child. In such a situation the child comes first and has to be protected. This epidemic is not just creating emotionally troubled people, it is causing permanent physical

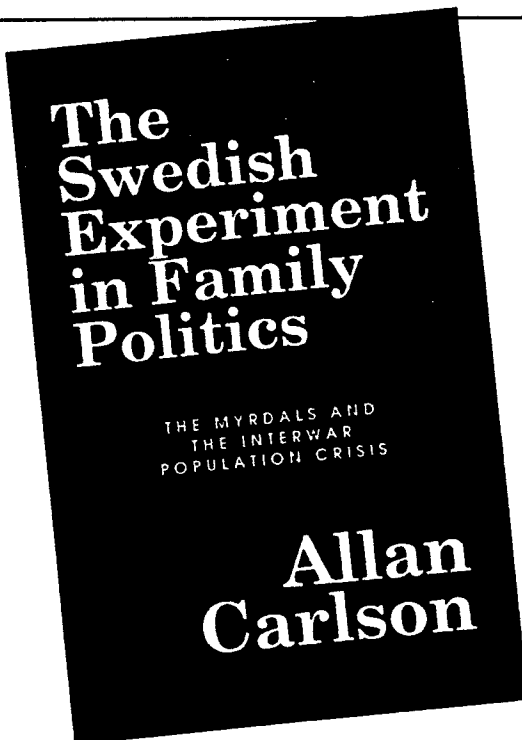
disabilities to children. These children will never be able to cope—no matter what kinds of supportive services we provide—unless we intervene early.

A New Role for Philanthropy

While the problem of crack-exposed children has grown exponentially, government has largely failed to respond. We should not be too surprised. After all, it has only been three years that this problem has occurred, and we usually do not expect a response from government until ten years into a problem. Many of the ideas I have suggested could be implemented without vast amounts of additional funding. What is needed now is leadership.

Philanthropy can get issues on the public agenda. Grantmakers should address this problem, not only because it is terribly serious and seems to be growing, but because private giving could help these children get the protection and treatment they so desperately need.

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