

Get the message out: Crack and pregnancy don't mix

By **DOUGLAS J. BESHAROV**

In just three years, parental addiction to crack has become the toughest issue facing child-welfare agencies. Nationwide, hundreds of children are dying and thousands more are being permanently disabled. One to 2 percent of all American babies may be born to drug-addicted mothers, with some urban areas hit much harder.

At the Hospital of the University of Pennsylvania, 30 percent of the 3,500 babies born last year were to crack-using mothers. The Philadelphia Perinatal Society, in a survey of eight other Philadelphia hospitals, reported that an average of 16.3 percent of their babies were born to cocaine-using mothers. Some doctors say the true percentage is higher.

Ignored for so long, the children of addicts are finally being recognized as "the worst casualties" of the nation's drug problem, to use William Bennett's phrase. But the ensuing debate over whether drug-addicted parents should be prosecuted or should be treated has diverted attention away from what should be done — now — to prevent this problem from growing.

This nation needs an all-out public campaign to educate young women about the dangers of mixing pregnancy and drugs, especially when that drug is crack. This cannot be subtle; the message must clearly state how very bad the consequences are of using crack while pregnant.

The facts bear out the message. Although other drugs have plagued our society since the 1960s, crack, a derivative of cocaine, poses a threat to many more young children. Heroin was a man's drug, but many women — including mothers — use crack.

Cocaine is very harmful to the fetus. When pregnant women use crack, the cocaine in their systems constricts the blood vessels in the placenta and the fetus, cutting off the flow of oxygen and nutrients and often causing miscarriages, stillbirths and premature, low-birth-weight births. Some cocaine-exposed babies suffer various physical and neurological malformations, such as deformed hearts, lungs, digestive systems or limbs; others have what amounts to a disabling stroke while still in the womb.

The problem of fetally exposed babies, called "crack babies," is quickly spreading — like the use of crack — from city to city and, more slowly, to smaller cities and suburbs. Even at its peak in the

late 1960s and early 1970s, heroin withdrawal affected only one-tenth as many newborns, and it did much less damage to them.

"These mothers don't care about their babies and they don't care about themselves," said Jing Ja Yoon, chief of neonatology at Bronx Lebanon Hospital in New York. "Crack is destroying people — I've never seen mothers like this before."

Some crack babies die of neglect. "People who start using have got to find that money. Chil-

dren aren't being fed," according to Maurice Macey, Western Regional Manager for Missouri's Division of Alcohol and Drug Abuse. "Mothers sell their food stamps. Young women sell their bodies, and that's done in front of the children. Even when heroin was at its worst, it wasn't like this — it wasn't openly done." Caseworkers tell of 3-year-olds feeding themselves from refrigerators and of 7-year-olds who know how to use illegal drugs after watching their parents use them.

Crack children are also at great risk of physical battering. Crack is a mean drug that seems to induce parents to great violence. In one widely cited case, a 5-year-old girl was found dead in her parents' apartment with a broken neck, a broken arm, large circular welts on her buttocks and cuts and bruises on her mouth. Her 9-year-old brother was found the next day huddled in a closet. Both his legs were fractured; he had eight other broken bones, and bruises covered his body.

What should be done? As a first step, government and community leaders must make it clear that drugs and pregnancy do not mix. Some young mothers still do not believe that crack is bad for their babies. They see other addicts giving birth to healthy babies and they convince themselves that they will too.

It's a little like what some smokers say to defend their habit: "You should see my Uncle Harry. He's 70 years old and has smoked three packs a day for 50 years." Well, the law of averages hasn't caught up to Harry, but others are not as lucky.

Another problem is that cocaine still has great cachet. For years, it was viewed as a benign drug all but endorsed by glamorous movie stars, athletes and even presidential aides. The lesson that the middle class learned from the death of Len Bias, a University of Maryland basketball star who died from cocaine use soon after signing a multimillion-dollar contract with the Boston Celtics, has not taken hold in poorer neighborhoods. Public health authorities must launch an all-out effort to educate and change attitudes about drug use during pregnancy.

Hard as it is to imagine, after all we know about the harmful effects of cocaine, there is still no concerted government effort to tell young women of the dangers of using drugs while pregnant. In a society in which pregnant middle-class women shun even iced tea because of its caffeine, continued silence is inexcusable.

Public health authorities should use every media avenue to get the word out. In fact, crack's devastating effect on so many minority communities would make Health and Human Services Secretary Louis Sullivan personal leadership especially effective.

The message needs to be blunt. Whether it is in sex and health education classes or in public affairs TV spots, euphemisms like the one heard in Washington these days — "Beautiful babies: Right from the start" — are no longer enough for this crisis.

We need to tell it like it is: "Using drugs while pregnant is wrong. It cripples and sometimes kills babies."

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