

Saving the Children ■

So what's the solution?

There are a lot of them. Potential solutions tried thus far have spanned the gamut from increased addiction treatment services for pregnant users to prosecuting addicted mothers for neglect or endangerment and taking kids away from impaired parents.

It's a tough choice, but it's a choice that sometimes has to be made.

Because children really *do* represent our future. And they need care and protection—usually *by* their parents, but increasingly (and sadly) in today's world, *from* their parents.

The most important thing any of us can do to end the problem is to get a simple message out, once and for all, that using crack or other drugs during pregnancy isn't only a bad idea—it's wrong. Period.

Remember that. If you use crack or other drugs, stop. If you don't think you *can* stop, get help. If you don't know where to get help, find out.

Because life's tough enough under the best of circumstances.

But for crack kids, it can be a real disaster. ■



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CRACK KIDS



Cocaine's Living Legacy

A D.I.N. Publication by Jennifer James

Crossfire ■

It's bad enough what crack does to adults. But what it does to kids can be a real crime. Consider:

▶ A baby girl is born in Boston, three months early. She weighs less than three pounds, and clings to life through a tangle of tubes and wires that provide what her mother cannot—intensive care.

▶ A five-year-old in Los Angeles bounces from foster home to foster home, wearing down would-be caregivers with his outbursts. When things don't go his way, he kicks, screams, rips at his hair, and bangs his head on walls.

▶ A girl is found dead in a New York apartment. Her neck is broken, but she also has a broken arm, cuts and bruises on her face, and welts on her buttocks. She was five years old.



Eugene Richards/Magnum

Crack attack. The newest, and most vulnerable, victims of crack are children of addicts.

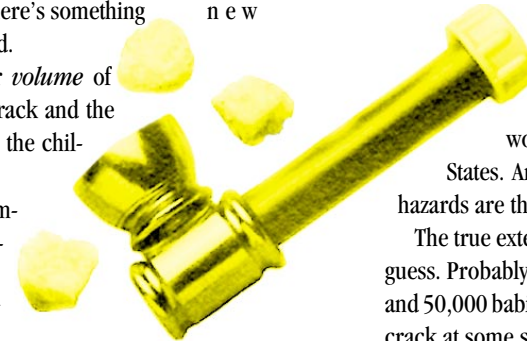
Her nine-year-old brother was luckier, but only a little. Police found him in a closet, with both legs—and eight other bones—broken. Covered with bruises, he was hiding from the monsters who hurt him—his crack-addicted parents.

Extreme cases? In some ways. But drugs don't get any more extreme than crack. And people don't get any more strung out on any other substance.

That's why we put together this pamphlet. Because even though we're used to seeing drug problems trickle down—in the form of poverty and disease and neglect—to the children of addicts, there's something new and terrible this time around.

What's new is the sheer *volume* of problems associated with crack and the viciousness of its impact on the children of users.

What's terrible is the number of innocent young bystanders who've gotten hurt already in crack's deadly crossfire.



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How are kids affected by a parent's use of crack? ■

They can be affected in more ways than one, because the risk that crack poses to children is really two-tiered.

Some kids get hurt at the very outset of their lives, in the form of defects caused by prenatal exposure to the drug.

Immediate problems can take the form of addiction, lowered birth weight, and other physical changes. Problems can also tick away in the background, waiting to explode later in life.

Other kids get hurt differently, when their moms and dads disappear into crack houses and alleyways and forget who they are—or used to be, before they turned into crack addicts.

Problems here can take the form of abandonment, neglect, or outright physical abuse, since the emotional lives of crack users can become so turbulent, violent, and unpredictable—and so centered on the use of crack.

How many kids are affected? ■

That's hard to say, but one thing is clear: The number is already too high—and it's getting higher. One big reason why is that crack is used by so many women.

Statistics show that cocaine is used each year by hundreds of thousands of women of childbearing age in the United States. And while they're not all using crack, the hazards are the same.

The true extent of fetal exposure to crack is harder to guess. Probably the best estimate is that between 30,000 and 50,000 babies are born each year to mothers who use crack at some stage in their pregnancies.



How does crack affect a developing fetus? ■

When a pregnant woman smokes crack, the drug quickly enters her bloodstream and rushes to all parts of her body—and to her developing baby.

Problems start with the drug's stimulant effects on the mother. Since the drug blocks hunger and fatigue, a pregnant user can place severe nutritional and stress demands on herself—and her baby.

The potential for problems is increased even further when the drug's other effects get figured in, particularly its ability to raise blood pressure and constrict blood vessels throughout the body.

This can pose two different types of risk to the fetus, since it increases the pressure on developing blood vessels (particularly in the brain) and blocks the flow of oxygen and nutrients to fetal tissue. Fetal stroke and other serious problems can result.

Can crack cause fetal death? ■

Yes. In fact, stillbirth and spontaneous abortions are common complications of cocaine use during pregnancy. Crack-related causes of fetal death include preterm

labor, premature rupture of the membranes, and early dislodging of the placenta.

No one really knows why cocaine causes so many fetal deaths; we only know that it does. In fact, one study showed fetal death to be 10 times more likely among cocaine users than non-users.

Are there any other risks? ■

There sure are. One of the most common—and potentially risky—is in lowered birth weight.

Low birth weight derives in part from cocaine's ability to block appetite and in part from its ability to speed users up. But the problem is that cocaine does more than speed mom and baby up—it also speeds up pregnancy itself, resulting in deliveries that average up to two weeks ahead of schedule.

Other problems stem from the damage that cocaine can do to developing fetal tissue.

Although only about 30 percent of the cocaine in the mother's bloodstream crosses the placenta, the developing fetal liver isn't able to metabolize it quickly. This means that a dose can stay on—and stay active—in the fetus for hours longer than in its mother.

Other effects are less understood, but researchers worry most about the drug's possible effects on the fetal brain and central nervous system.

Other problems include reduced fetal length and head circumference and a variety of physical complications, including deformations in the heart, lungs, and genitals.

What happens to crack babies as they grow up? ■

That depends. Some crack babies seem to fare pretty well and show little long-term harm. Others aren't as lucky and require a lot of help to simply have a chance at life.

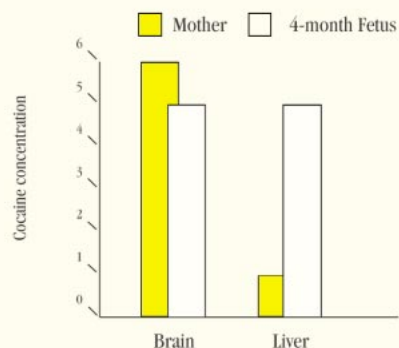
Behavior problems cause the most concern. Crack babies are more likely to exhibit behaviors that could limit



Risk factors. Crack poses major risks to a pregnant woman, and even more to a developing fetus.

Like Mother, Like Child

Source: Mittleman, 1989



Early warning. Cocaine reaches dangerous levels in the fetus within hours after use—and stays higher longer.

One study showed fetal death to be 10 times more likely among cocaine users than non-users.

their ability to learn and develop socially. Problems include irritability and hyperactivity, low tolerance to frustration, impulsiveness, and impaired concentration.

In addition, neurological damage may show up in the form of impaired balance and coordination and other motor control problems.

And these problems don't automatically go away as crack kids age, either.

Is there hope for crack kids? ■

There is if they get help. And the most important first step in helping crack kids is to get their mothers off crack. Sooner is always better when it comes to quitting crack. But later is better than never.

Because the fact is that crack-related problems can snowball—minor problems get worse if they're ignored or compounded by poverty, disease, or neglect—and

they're a lot more likely to be ignored or compounded by mothers on crack.

Among the most promising approaches to the problem thus far involve "one-stop" services for both mother and child—drug treatment, employment counseling, and child care training for mom, rehabilitative and educational services for baby—in a single program.

Also promising are educational services for older crack kids that focus on highly structured environments (to reduce the risk of overstimulation), small classes (to provide greater one-on-one learning opportunities), and class activities to make learning more concrete and less abstract.

The new approaches seem to be working, too. In one study of 90 three-year-olds exposed to cocaine during pregnancy who received intensive follow-up services, 90 percent demonstrated normal intelligence and 70 percent showed no sign of behavior problems.

Undoing the Damage: Caring for A Crack Baby

We've known for a long time ago that crack is a nightmare drug that creates nightmare people. Still, we didn't realize just how nightmarish it can be until we began to see it in the faces and the broken bodies and spirits of babies exposed to the drug before birth.

Although obvious birth defects are relatively rare, behavioral and neurological problems are much more common. But they're not impossible to overcome, particularly if a crack baby receives early love and support.

Getting love and support can be tricky, though. Many crack-addicted mothers simply aren't capable of providing much, if any. And crack babies *can* be difficult to care for. Still, it's important that they get the care they need—no matter where it comes from. Experts recommend that caregivers focus on three main areas:

► **Avoid overstimulation.** Crack babies are often fussy and irritable, particularly when overstimulated. Dimming bright lights and reducing loud noises and other distractions can help.

► **Be gentle.** Crack babies may dislike being picked up and held, but it's important that they feel human contact. Experts advise a light touch when changing diapers or at meal time.

► **Be patient.** If a baby is born addicted to crack, withdrawal symptoms can persist for up to four months. Other problems can last even longer. Patience is a particular virtue in caring for a crack baby, no matter how cranky the baby may be. ■

