



## Crack Babies: A Tale From the Drug Wars

Retro Report • May 20, 2013

Retro Report: In the 1980s, many government officials, scientists and journalists warned that the country would be plagued by a generation of “crack babies.” They were wrong.

# Myths and Facts about Drugs (a short list)

JENNIFER J. CARROLL

OCTOBER 30, 2023

# Topics covered today

1. What is naloxone? What does it do, and what does it not do?
2. Can you overdose by touching fentanyl?
3. What is rainbow fentanyl, and is it targeting kids?
4. What's the deal with fentanyl in marijuana? Is that a thing?
5. Does handing out safe use supplies like smoking equipment or fentanyl test strips encourage drug use?
6. What impact do stricter drug laws and/or drug policing have on public health?
7. What are the real risks of substance use during pregnancy?

# These Are Important Questions

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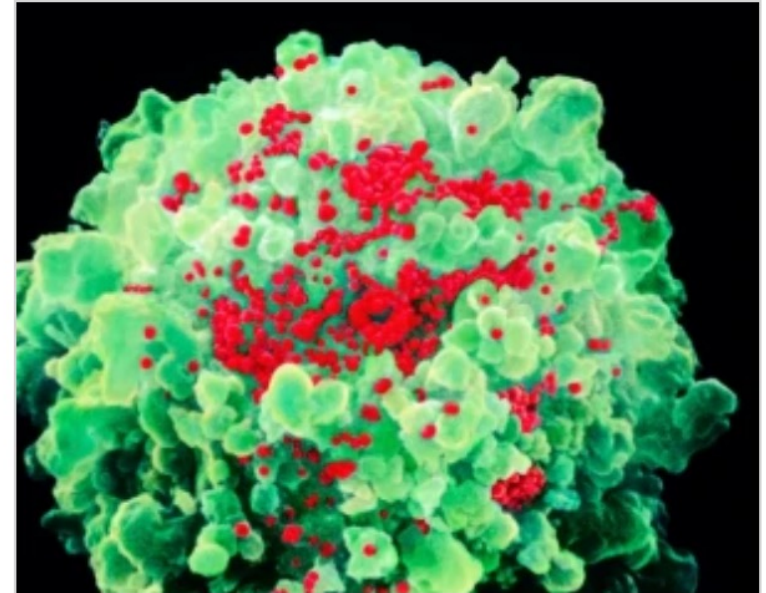
[Published: 17 October 2013](#)

## **HIV vaccine raised infection risk**

[Sara Reardon](#)

[Nature](#) (2013) | [Cite this article](#)

**1057** Accesses | **1** Citations | **160** Altmetric | [Metrics](#)



Researchers are not sure why a vaccine to prevent HIV infection increased the rate at which recipients contracted the virus (shown here in red attacking a blood cell). Credit: NIBSC/SCIENCE PHOTO LIBRARY

# These Are Important Questions

Drug Alcohol Depend. 2009 Jun 1;102(1-3):1-10. doi: 10.1016/j.drugalcdep.2009.01.015. Epub 2009 Mar 29.

## **The Adolescent Substance Abuse Prevention Study: A randomized field trial of a universal substance abuse prevention program.**

Sloboda Z<sup>1</sup>, Stephens RC, Stephens PC, Grey SF, Teasdale B, Hawthorne RD, Williams J, Marquette JF.

### **⊖ Author information**

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zsloboda@aol.com

**RESULTS:** Main effect analyses show a negative program effect for use of alcohol and cigarettes and no effect for marijuana use. Subgroup analyses indicated that the negative effect occurred among nonusers at baseline, and mostly among white students of both genders. A positive program effect was found for students who used marijuana at baseline. Two complementary papers explore the relationship of the targeted program mediators to the use of alcohol, tobacco, and marijuana and specifically for students who were substance-free or who used substances at baseline.

# New Naloxone Products



Kloxxado™ and ZIMHI™



## What can naloxone do and not do?

**Opioids:** Heroin, Fentanyl, Oxycodone, Hydrocodone

**Not opioids:** Cocaine, Xylazine, Gabapentin, Xanax / alprazolam

**Opioid characteristics:** Receptor activation; Binding affinity

**Main characteristic determining the amount of naloxone needed:** The number of opioid receptors in the body

# Approximate *wholesale* cost of naloxone products:



The dominant branded nasal spray is 1166% more expensive than our *highest* priced offering.

Image credit:  
Remedy Alliance For  
the People  
(Maya Doe Simpkins,  
Nabarun Dasgupta,  
Eliza Wheeler)

# Can you overdose by touching fentanyl?

## ACMT and AACT position statement: preventing occupational fentanyl and fentanyl analog exposure to emergency responders

Michael J. Moss , Brandon J. Warrick, Lewis S. Nelson, Charles A. McKay, Pierre-André Dubé , Sophie Gosselin , ...show all

Pages 297-300 | Received 24 Aug 2017, Accepted 25 Aug 2017, Published online: 05 Sep 2017

 Download citation  <https://doi.org/10.1080/15563650.2017.1373782>



### Dermal exposure risk for fentanyl and fentanyl analogs

Fentanyl is amenable to transdermal absorption because of its low molecular weight and lipophilicity [19,20]. Depending on the specific product, transdermal delivery systems (“patches”) take 3–13 h to produce a therapeutic serum fentanyl concentration and 35 h to reach peak concentration [21–24]. Absorption of liquid or

However, incidental dermal absorption is unlikely to cause opioid toxicity. If bilateral palmar surfaces were covered with fentanyl patches, it would take ~14 min to receive 100 mcg of fentanyl (using a body surface area of 17,000 cm<sup>2</sup>, palm surface area of 0.5% [26], and fentanyl absorption of 2.5 mcg/cm<sup>2</sup>/h [24]). This extreme example illustrates that even a high dose of fentanyl prepared for transdermal administration cannot rapidly deliver a high dose.

# Can you overdose by touching fentanyl?

> [Prehosp Disaster Med.](#) 2022 Aug;37(4):550-552. doi: 10.1017/S1049023X22000905.  
Epub 2022 Jun 20.

## Accidental Occupational Exposure to a Large Volume of Liquid Fentanyl on a Compromised Skin Barrier with No Resultant Effect <sup>2</sup>

Ryan Feldman <sup>1 2 3</sup>, Benjamin W Weston <sup>3</sup>

Affiliations + expand

PMID: 35722948 DOI: [10.1017/S1049023X2200](#)



Feldman © 2022 Prehospital and Disaster Medicine

**Figure 1.** Hand and Wrist Visibly Soiled with Fentanyl.  
Note: Larger liquid volumes appear more visible, however nearly full surface area was exposed. Arrow shows 0.5cm abrasion.



Can you  
overdose by  
touching  
fentanyl?



# Can you overdose by touching fentanyl?

- Zero cases of alleged fentanyl toxicity from incidental contact have been toxicologically confirmed.
- Symptoms most commonly described align with panic attacks, not opioid toxicity.
- In most cases, affected persons are still conscious and breathing at the time of their emergency.

## **Mounties dial back warnings about dangers of fentanyl exposure for police**



RCMP 'created a little bit of a monster,' says force's national drug program coordinator

[Catharine Tunney](#) · CBC News · Posted: Feb 12, 2019 4:00 AM EST | Last Updated: February 12, 2019

- **Shock value labels** are developed by law enforcement, media, laboratory staff. They do not reflect how drugs are perceived, discussed, or represented among the people who use them.
- **“Smoking” (vaporizing) fentanyl pills** is now the most common route of administration in many parts of the U.S. This method of use lowers the risk of infection and overdose.
- **Colored additives differentiate the supply.** The point is to be overtly clear that these are not real pills. Supply differentiation is key to reducing overdose risk.

## DEA Warns of Brightly-Colored Fentanyl Used to Target Young Americans



# What is Rainbow Fentanyl?

# Is Fentanyl-Laced Marijuana a Real Thing?

Connecticut News

## Connecticut falsely linked nearly 40 overdoses to fentanyl-laced marijuana, report finds

WSHU | By [Samantha Simon](#)

Published February 2, 2022 at 5:20 PM EST



Connecticut State

Department of Public Health

### Press Releases

11/18/2021

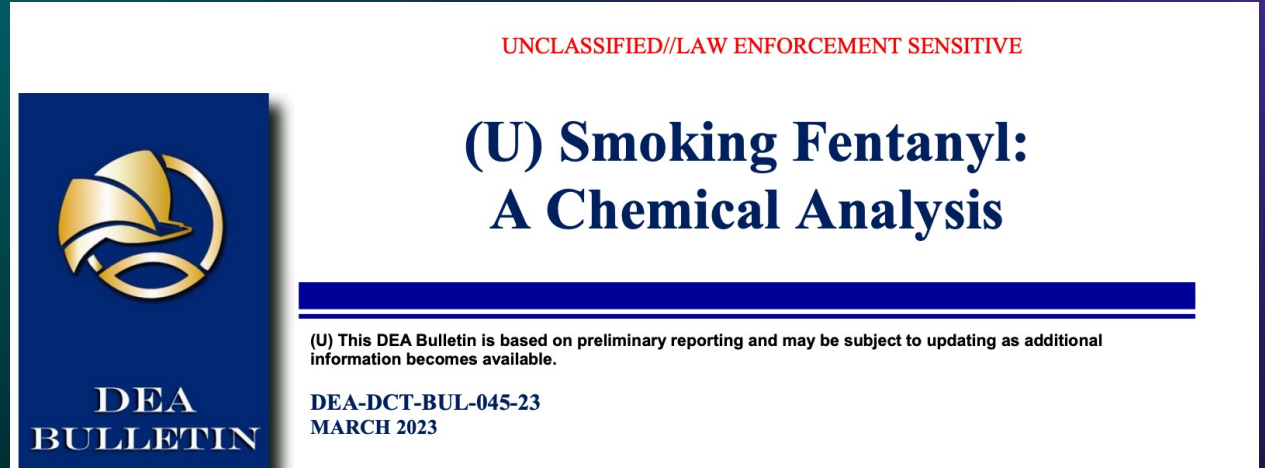
## Officials From The Connecticut Overdose Response Strategy And The Department of Public Health Issue Warning About The Possible Dangers Of Marijuana With Fentanyl

FOR IMMEDIATE RELEASE: Nov. 18, 2021

CONTACT: Chris Boyle, Director of Communications  
(860) 706-9654 – [christopher.boyle@ct.gov](mailto:christopher.boyle@ct.gov)

Officials From The Connecticut Overdose Response Strategy And The Department Of Public Health Issue Warning About The Possible Dangers Of Marijuana With Fentanyl

# Is Fentanyl-Laced Marijuana a Real Thing?



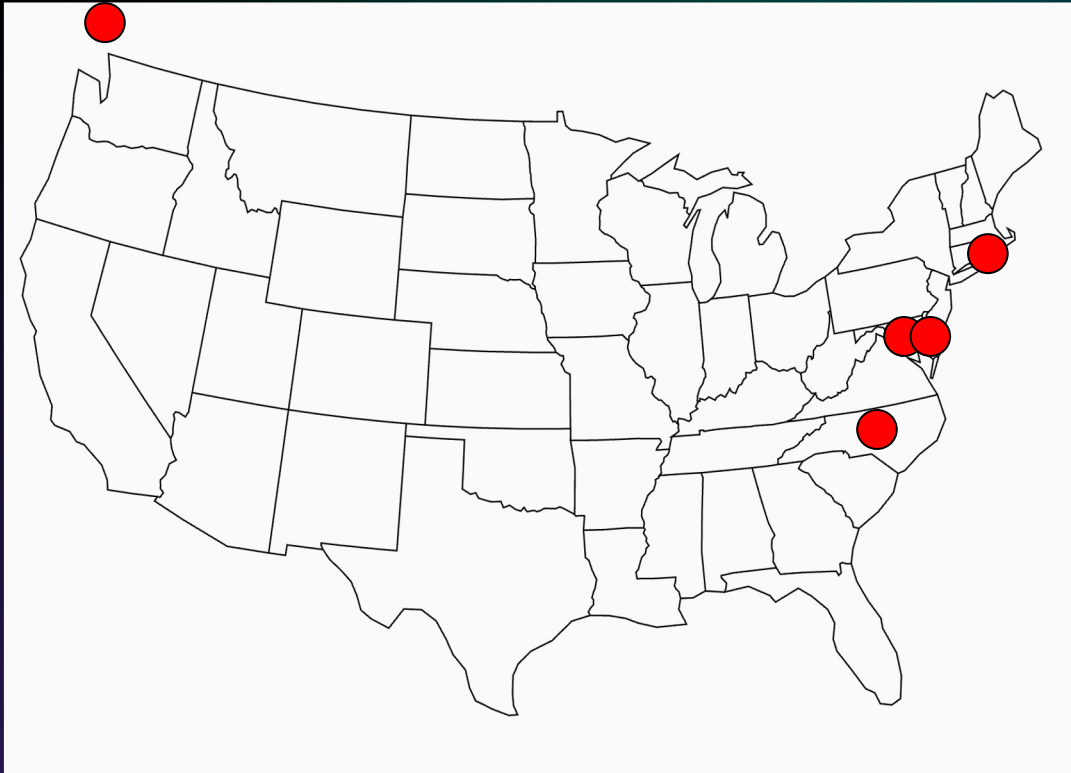
(U//DSEN) In 2021, numerous drug poisoning events reportedly involving fentanyl-laced marijuana occurred around the United States. Despite this reporting, few cases were found to substantiate the concern that marijuana samples were being laced with fentanyl. Fentanyl is an opioid analgesic and marijuana contains the hallucinogen delta-9-tetrahydrocannabinol, which would make them an unlikely drug combination due to their disparate effects. Whether fentanyl contained within a marijuana cigarette would be vaporized at all, or if the fentanyl would be decomposed at typical smoking temperatures, is a question that had not been significantly explored.

(U//DSEN) Figure 3. Construction of Marijuana Cigarette Laced with 10 mg of para-fluorofentanyl



Source: DEA

# Do Smoking Equipment or Fentanyl Test Strips Encourage Drug Use?



1. 125 PWUD in Greensboro. (+) FTS result prior to use resulted in 5x higher odds of using less, using slowly, taking a test hit, or sniffing (not injecting).
2. 93 PWUD in Rhode Island. 68% of those with (+) FTS result used slower, used less, or didn't use
3. 1141 drug checking events in Vancouver, BC. 48% of those with (+) FTS result used less or not at all.
4. 103 PWID in Delaware. 69% of those with (+) FTS result used buddy system, used slower or less.
5. 103 sex workers in Baltimore. 69% of those with (+) FTS result used buddy system, used slower or less AND significant reductions in injection frequency and daily opioid use were observed in FTS group.

# Do Smoking Equipment or Fentanyl Test Strips Encourage Drug Use?

> Drug Alcohol  
Epub 2022 Jun 9

Demogra  
route of  
treatment

Results: Across  
administration (  
sub-groups, the



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ack pipe

pipes only through  
2014 ( $p < 0.001$ ),  
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s only through  
alth service points  
adjusted odds

# What Impact Do Stricter Drug Laws Have on Public Health?

## 4. Increasing the severity of punishment does little to deter crime.

Laws and policies that increase the severity of punishment are unlikely to deter crime for specific crimes.

More severe punishment may exacerbate crime.



## NATIONAL INSTITUTE OF JUSTICE FIVE THINGS ABOUT DETERRENCE



Deterrence would-be criminals by using scientific evidence about human behavior and perceptions about the costs, risks and rewards of crime.

### 1. The certainty of being caught is a vastly more powerful deterrent than the punishment.

Research shows clearly that the chance of being caught is a vastly more effective deterrent than even draconian punishment.

### 2. Sending an individual convicted of a crime to prison isn't a very effective way to deter crime.

Prisons are good for punishing criminals and keeping them off the street, but prison sentences (particularly long sentences) are unlikely to deter future crime. Prisons actually may have the opposite effect: Inmates learn more effective crime strategies from each other, and time spent in prison may desensitize many to the threat of future imprisonment.

See "Understanding the Relationship Between Sentencing and Deterrence" for additional discussion on prison as an ineffective deterrent.

### 3. Police deter crime by increasing the perception that criminals will be caught and punished.

The police deter crime when they do things that strengthen a criminal's perception of the certainty of being caught. Strategies that use the police as "sentinels," such as hot spots policing, are particularly effective. A criminal's behavior is more likely to be influenced by seeing a police officer with handcuffs and a radio than by a new law increasing penalties.

### 4. Increasing the severity of punishment does little to deter crime.

Laws and policies designed to deter crime by focusing mainly on increasing the severity of punishment are ineffective partly because criminals know little about the sanctions for specific crimes.

More severe punishments do not "chasten" individuals convicted of crimes, and prisons may exacerbate recidivism.

See "Understanding the Relationship Between Sentencing and Deterrence" for additional discussion on the severity of punishment.

### 5. There is no proof that the death penalty deters criminals.

According to the National Academy of Sciences, "Research on the deterrent effect of capital punishment is uninformative about whether capital punishment increases, decreases, or has no effect on homicide rates."

Source: Daniel S. Nagin, "Deterrence in the Twenty-First Century," in *Crime and Justice: A Review of Research*, vol. 42: *Crime and Justice in America: 1975-2025*, ed. Michael Tonry, Chicago: University of Chicago Press, 2013.

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# What Impact Do Stricter Drug Laws Have on Public Health?

**Enhanced sentencing laws deter people from calling 911 during an overdose emergency.**

**Deterrence only documented among the extremely vulnerable.**

**Limited data suggests little deterrence on higher-level suppliers.**

**High-profile cases can disrupt local drug markets.**

1. Footer KH, Urquhart GJ, Silberzahn B, et al. PWUD Experiences of Criminal Justice Reform: Enduring Tensions Between Policing and Harm Reduction in Baltimore, MD. *Contemporary Drug Problems*. Published online 2022:00914509221136913.

2. Latimore AD, Bergstein RS. "Caught with a body" yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. *International Journal of Drug Policy*. 2017;50:82-89.

3. McLean K. Good Samaritans vs. predatory peddlers: problematizing the war on overdose in the United States. *Journal of crime and justice*. 2018;41(1):1-13.

4. Peterson M, Rich J, Macmadu A, et al. "One guy goes to jail, two people are ready to take his spot": Perspectives on drug-induced homicide laws among incarcerated individuals. *Int J Drug Policy*. 2019;70:47-53. doi:10.1016/j.drugpo.2019.05.001

5. Rouhani S, Schneider KE, Rao A, et al. Perceived vulnerability to overdose-related arrests among people who use drugs in Maryland. *Int J Drug Policy*. 2021;98:103426. doi:10.1016/j.drugpo.2021.103426

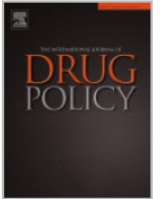
6. Carroll JJ, Ostrach B, Wilson L, Dunlap JL, Getty R, Bennett J. Drug induced homicide laws may worsen opioid related harms: An example from rural North Carolina. *Int J Drug Policy*. 2021;97:103406. doi:10.1016/j.drugpo.2021.103406

# What Impact Do Stricter Drug Laws Have on Public Health?



International Journal of Drug Policy

Volume 97, November 2021, 103406



Policy analysis

## Drug induced homicide laws may worsen opioid related harms: An example from rural North Carolina

[Jennifer J. Carroll](#)<sup>a b</sup>  , [Bayla Ostrach](#)<sup>c</sup>, [Loftin Wilson](#)<sup>d</sup>, [Jesse Lee Dunlap](#)<sup>e</sup>, [Reid Getty](#)<sup>d</sup>, [Jesse Bennett](#)<sup>d</sup>

Appalachian region of western North Carolina. Describing insights gained from two unrelated but overlapping studies carried out in Haywood County, we identify several plausible mechanisms through which DIH laws may negatively impact public health. Among these are disruptions to the local drug market and deterrence from calling 911 when witnessing an overdose.

# What Impact Do Stricter Drug Laws Have on Public Health?

## **Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021**

*Bradley Ray, PhD, Steven J. Korzeniewski, PhD, George Mohler, PhD, Jennifer J. Carroll, PhD, MPH, Brandon del Pozo, PhD, Grant Victor, PhD, Philip Huynh, MPH, and Bethany J. Hedden, MSW*

In this issue of *AJPH*, Ray et al. (p. xxx) explored whether overdose increased or decreased in proximity to drug arrests in Indianapolis, Indiana. They found that within a six-minute walk (500 m) of each drug arrest, opioid overdose deaths doubled. Elevated fatal and nonfatal opioid overdoses were sustained over one, two, and three weeks.

# What are the real risks of substance use during pregnancy?



# Cannabis



More than 1 in 10 pregnant people aged 18-44 report past year cannabis use.

Rates of use are higher among those with severe morning sickness.

Smoking cannabis during pregnancy is linked to lower gestational birth weight (about 3oz).

According to the National Academy of Sciences, the relationship between cannabis use during pregnancy and any other pregnancy, birth, or childhood outcomes is unclear.

- Conner, Shayna N., Victoria Bedell, Kim Lipsey, George A. Macones, Alison G. Cahill, and Methodius G. Tuuli. "Maternal marijuana use and adverse neonatal outcomes." *Obstetrics & Gynecology* 128, no. 4 (2016): 713-723.
- NASEM 2017 <https://www.nationalacademies.org/news/2017/01/health-effects-of-marijuana-and-cannabis-derived-products-presented-in-new-report>  
<https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>
- Torres, Ciara A., Christopher Medina-Kirchner, Kate Y. O'Malley, and Carl L. Hart. "Totality of the evidence suggests prenatal cannabis exposure does not lead to cognitive impairments: a systematic and critical review." *Frontiers in psychology* 11 (2020): 816.

# Psych/Mental health medications



About 12% of pregnant people are living with **depression**; about 15% with **anxiety** disorders. Pregnancy can worsen **bipolar** symptoms.

All medication decisions need to be made **with a clinician** and must weigh known risks of untreated mental illness against the potential (unknown) risk from medications to the fetus.

# Psych/Mental health medications



**SSRIs:** Possibly associated with increased risk of low birth weight. Some SSRIs are associated with lower APGAR scores, but the **clinical relevance of that difference is unclear**. Many outcomes associated with parental depressive symptoms **regardless of medication status**.

**Antiepileptics:** Massively understudied. Possible association with neural tube defects but unclear if this is due to medication or underlying conditions the meds treat.

Kautzky A, Slamanig R, Unger A, Höflich A. Neonatal outcome and adaption after in utero exposure to antidepressants: A systematic review and meta-analysis. Acta Psychiatr Scand. 2022 Jan;145(1):6-28. doi: 10.1111/acps.13367. Epub 2021 Sep 24. PMID: 34486740.

# Psych/Mental health medications



**Lithium:** Massively understudied. Taper is recommended but expected parental and infant outcomes are unclear.

**Antipsychotics:** Thorazine, Haldol, Trilafon have no known significant effects. Seroquel, Risperdal, Zyprexa, Clorzaril carry some risk of low birth weight, miscarriage. No long-term studies on childhood outcomes exist.



# Benzodiazepines



Among the commercially insured, about **2%** of pregnant people are prescribed benzodiazepines (note difference from anxiety diagnosis)

Lots of animal studies indicating association with cleft palate and encephalopathy.

Known associations in human include only **short term effects:** feeding difficulty, hypotonia

# ACOG Guidelines on Psychiatric Medication Use During Pregnancy and Lactation

 PRINT  COMMENTS

CARRIE ARMSTRONG

*Am Fam Physician.* 2008 Sep 15;78(6):772-778.

## Safety of Psychiatric Medications During Pregnancy and Lactation

DRUG	FDA PREGNANCY CATEGORY*	AAP RATING	LACTATION RISK CATEGORY†
<b>Anxiolytics and hypnotics</b>			
Benzodiazepines			
Alprazolam (Xanax)	D	Unknown, of concern	L3
Chlordiazepoxide (Librium)	D	NA	L3
Clonazepam (Klonopin)	D	NA	L3

# Stimulants



## Cocaine

Most common association is low birth weight and pre-term delivery (before 37th week).

No known long-term effects for child.

All existing studies that identify such long-term consequences are confounded by poverty, school support, parental support, health care access etc.

- Dos Santos, Jucilene Freitas, Cibelle de Melo Bastos Cavalcante, Fabiano Timbó Barbosa, Daniel Leite Góes Gitaí, Marcelo Duzzioni, Cristiane Queixa Tilelli, Ashok K. Shetty, and Olagide Wagner de Castro. "Maternal, fetal and neonatal consequences associated with the use of crack cocaine during the gestational period: a systematic review and meta-analysis." *Archives of gynecology and obstetrics* 298, no. 3 (2018): 487-503.
- Buckingham-Howes, Stacy, Sarah Shafer Berger, Laura A. Scaletti, and Maureen M. Black. "Systematic review of prenatal cocaine exposure and adolescent development." *Pediatrics* 131, no. 6 (2013): e1917-e1936.

# Stimulants

## Amphetamines

Large study of >1,000,000 pregnancies found rate of congenital malformation of 35/1000 in those not exposed to amphetamines, 45/1000 in pregnancies that were exposed to amphetamines, no association with cardiac malformation.



Huybrechts KF, Bröms G, Christensen LB, Einarsdóttir K, Engeland A, Furu K, Gissler M, Hernandez-Diaz S, Karlsson P, Karlstad Ø, Kieler H, Lahesmaa-Korpinen AM, Mogun H, Nørgaard M, Reutfors J, Sørensen HT, Zoega H, Bateman BT. Association Between Methylphenidate and Amphetamine Use in Pregnancy and Risk of Congenital Malformations: A Cohort Study From the International Pregnancy Safety Study Consortium. *JAMA Psychiatry*. 2018 Feb 1;75(2):167-175. doi: 10.1001/jamapsychiatry.2017.3644.

# Stimulants



## Methamphetamine

Associated with low birth weight.

No known associations with cognitive or language development.

Possible transient effects on gross motor development.

Most clinically relevant risk is cardiac health of the gestational parent.

# Alcohol



Among the riskiest substances to consume during pregnancy.

The message is always “no amount alcohol is safe at any time during pregnancy.”

Studies that have looked at medical records identified 1-2 FASD births out of every 1000 births. Screenings in school settings identify closer to 6-9 births out of every 1000 births.

As with cocaine, most studies are confounded by poverty, institutional abandonment, lack of social resources, etc.

<https://www.cdc.gov/ncbddd/fasd/data.html>

# Opioids



No well-designed, long-term, peer-reviewed scientific studies have consistently found long-term negative health or cognitive effects of opioid use or use of medications for opioid use disorder by the gestational parent, during pregnancy.

# Medications for Opioid Use Disorder



Medications for opioid use disorder (methadone, buprenorphine, and naltrexone) are the ONLY evidence-based treatments for opioid use disorder.

ONLY opioid agonist medications (**methadone and buprenorphine**) have been found to be safe for use during pregnancy. These are the gold standard treatments for opioid use disorder during pregnancy.

Quitting “cold turkey” is associated with placental abruption. Medically-supervised detox is associated with high relapse rates and increased overdose risk when medications are not continued.



# Neonatal Opioid Withdrawal Syndrome (NOWS)

Dose of methadone and buprenorphine do not predict severity of NOWS symptoms.

With proper care (Eat Sleep Console), NOWS related hospital stays are reduced from >3 weeks to <1 week and the proportion of newborns receiving medication support is reduced from 98% to 14%.

There are no long-term impacts on the child. Short term impacts on the child are largely determined by the the quality and kind of care they receive in hospital.



# Opioids during pregnancy:

- Ajazi, Elizabeth M., Nabarun Dasgupta, Stephen W. Marshall, Jane Monaco, Annie Green Howard, John S. Preisser, and Todd A. Schwartz. "Revisiting the X: BOT Naltrexone Clinical Trial Using a Comprehensive Survival Analysis." *Journal of Addiction Medicine*, February 10, 2022. <https://doi.org/10.1097/ADM.0000000000000931>.
- Jarlenski, Marian P., Elizabeth E. Krans, Joo Yeon Kim, Julie M. Donohue, A. Everette James III, David Kelley, Bradley D. Stein, and Debra L. Bogen. "Five-Year Outcomes Among Medicaid-Enrolled Children With In Utero Opioid Exposure: A Study of Longer-Term Outcomes among Medicaid-Enrolled Children Exposed to Opioids in Utero." *Health Affairs* 39, no. 2 (2020): 247–55.
- Jones, Hendrée E., Karol Kaltenbach, Sarah H. Heil, Susan M. Stine, Mara G. Coyle, Amelia M. Arria, Kevin E. O'grady, Peter Selby, Peter R. Martin, and Gabriele Fischer. "Neonatal Abstinence Syndrome after Methadone or Buprenorphine Exposure." *New England Journal of Medicine* 363, no. 24 (2010): 2320–31.
- Kaltenbach, Karol, Amber M. Holbrook, Mara G. Coyle, Sarah H. Heil, Amy L. Salisbury, Susan M. Stine, Peter R. Martin, and Hendrée E. Jones. "Predicting Treatment for Neonatal Abstinence Syndrome in Infants Born to Women Maintained on Opioid Agonist Medication." *Addiction* 107 (2012): 45–52.
- Nelson, Leah F., Victoria K. Yocum, Keisha D. Patel, Fares Qeadan, Andrew Hsi, and Sherry Weitzen. "Cognitive Outcomes of Young Children After Prenatal Exposure to Medications for Opioid Use Disorder: A Systematic Review and Meta-Analysis." *JAMA Network Open* 3, no. 3 (2020): e201195–e201195.
- Sujan, Ayesha C., Patrick D. Quinn, Martin E. Rickert, Kelsey K. Wiggs, Paul Lichtenstein, Henrik Larsson, Catarina Almqvist, A. Sara Öberg, and Brian M. D'Onofrio. "Maternal prescribed opioid analgesic use during pregnancy and associations with adverse birth outcomes: a population-based study." *PLoS medicine* 16, no. 12 (2019): e1002980.
- Abrahams, Ronald R., Marion H. MacKay-Dunn, Victoria Nevmerjitskaia, G. Scott MacRae, Sarah P. Payne, and Zoë G. Hodgson. "An Evaluation of Rooming-in among Substance-Exposed Newborns in British Columbia." *Journal of Obstetrics and Gynaecology Canada* 32, no. 9 (2010): 866–71.
- Hodgson, Zoë G., and Ronald R. Abrahams. "A Rooming-in Program to Mitigate the Need to Treat for Opiate Withdrawal in the Newborn." *Journal of Obstetrics and Gynaecology Canada* 34, no. 5 (2012): 475–81.



## Crack Babies: A Tale From the Drug Wars

Retro Report • May 20, 2013

Retro Report: In the 1980s, many government officials, scientists and journalists warned that the country would be plagued by a generation of “crack babies.” They were wrong.



# Drug Myths Have Real (Non-Mythical) Effects

# Opioids and Neonatal Withdrawal

When reporting on pregnancy, babies,  
and substance use

## LANGUAGE MATTERS



### I am not an addict.

I was exposed to substances in utero. I am not addicted. Addiction is a set of behaviors associated with having a Substance Use Disorder (SUD).



### I was exposed to opioids.

While I was in the womb we shared a blood supply. I was exposed to the medications and substances they used. I may have become physiologically dependent on some of those substances.



### NOW is a temporary and treatable condition.

There are evidence-based pharmacological and non-pharmacological treatments for Neonatal Opioid Withdrawal Syndrome.



### My parent may have a SUD.

They might be receiving Medication-Assisted Treatment (MAT). My withdrawal symptoms may be a side effect of their appropriate medical care. It is not evidence of abuse or mistreatment.

### My potential is limitless.

I am so much more than my diagnosis. My drug exposure will not determine my long-term outcomes. But how you treat me will. When you invest in my family's health and wellbeing by supporting Medicaid and Early Childhood Education you can expect that I will do as well as any of my peers!



Academy of Perinatal  
Harm Reduction

[www.perinatalharmreduction.org](http://www.perinatalharmreduction.org)



[www.nationalperinatal.org](http://www.nationalperinatal.org)

# PREGNANCY AND SUBSTANCE USE

A HARM REDUCTION  
TOOLKIT



**NATIONAL  
HARM REDUCTION  
COALITION**



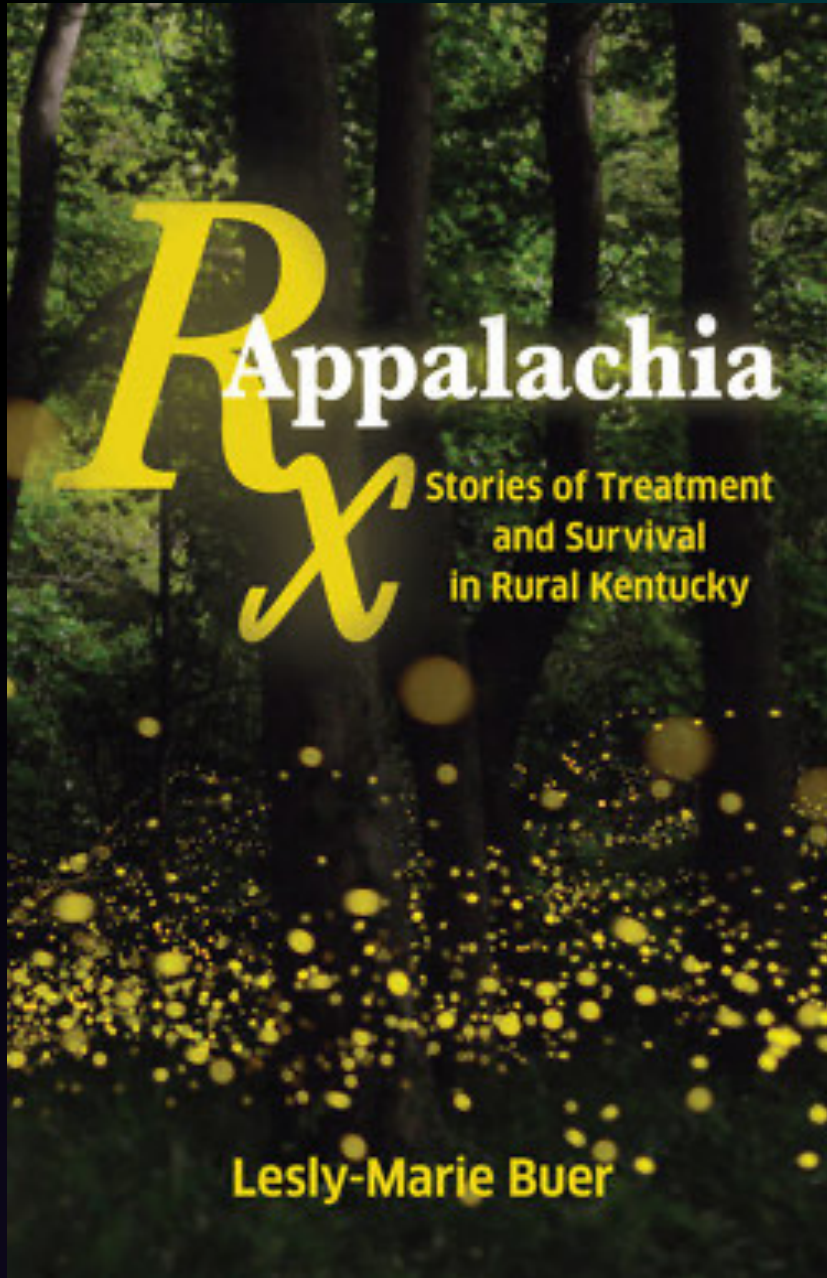
# EL EMBARAZO Y EL CONSUMO DE SUSTANCIAS

UNA CAJA DE  
HERRAMIENTAS PARA  
LA REDUCCIÓN DE DAÑOS



**NATIONAL  
HARM REDUCTION  
COALITION**





# Thank you

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(all errors in this presentation are entirely mine)