

Open Letter From Doctors, Scientists, & Specialists Urging Major Media Outlets Not to Create “Meth Baby” Myth

July 27, 2005

To whom it may concern:

As medical and psychological researchers, with many years of experience studying prenatal exposure to psychoactive substances, and as medical researchers, treatment providers and specialists with many years of experience studying addictions and addiction treatment, we are writing to request that policies addressing prenatal exposure to methamphetamines and media coverage of this issue be based on science, not presumption or prejudice.

The use of stigmatizing terms, such as "ice babies" and "meth babies," lack scientific validity and should not be used. Experience with similar labels applied to children exposed parentally to cocaine demonstrates that such labels harm the children to which they are applied, lowering expectations for their academic and life achievements, discouraging investigation into other causes for physical and social problems the child might encounter, and leading to policies that ignore factors, including poverty, that may play a much more significant role in their lives. The suggestion that treatment will not work for people dependent upon methamphetamines, particularly mothers, also lacks any scientific basis.

Despite the lack of a medical or scientific basis for the use of such terms as "ice" and "meth" babies, these pejorative and stigmatizing labels are increasingly being used in the popular media, in a wide variety of contexts across the country. Even when articles themselves acknowledge that the effects of prenatal exposure to methamphetamine are still unknown, headlines across the country are using alarmist and unjustified labels such as "meth babies."

Just a few examples come from both local and national media:

- "Generation of Meth Babies" (CBS National News, Apr. 28, 2005)
- "Meth Baby Bill Survives Amendment Vote" (Arkansas News Bureau, Doug Thompson, Mar. 5, 2005)
- "Only Future Will Tell Full Damage Speed Wreaks on Kids" ("At birth, meth babies are like 'dishrags'") (Chicago Tribune, Judith Graham, Mar. 7, 2004)
- "Meth Baby Murder Trial Winds Up" (The Los Angeles Times, Lance Pugmire, Sept. 5, 2003 at B3)
- "Meth Babies" (The Sunday Oklahoman, May 23, 2004 at 8A)
- "Meth Infants Called the New 'Crack Babies'" (APDNews.com, June 23, 2000)

Other examples include an article about methamphetamine use in the Minneapolis Star Tribune that lists a litany of medical problems allegedly caused by methamphetamine use during pregnancy, using sensationalized language that appears intended to shock and appall rather than inform, "...babies can be born with missing and misplaced body parts. She heard of a meth baby born with an arm growing out of the neck and another who was missing a femur." Sarah McCann,

"Meth ravages lives in northern counties" (Nov. 17, 2004 at N1). In May, one Fox News station warned that "meth babies" "could make the crack baby look like a walk in the nursery." Cited in "The Damage Done: Crack Babies Talk Back," Mariah Blake, Columbia Journalism Review Oct/Nov 2004.

Although research on the medical and developmental effects of prenatal methamphetamine exposure is still in its early stages, our experience with almost 20 years of research on the chemically related drug, cocaine, has not identified a recognizable condition, syndrome or disorder that should be termed "crack baby" nor found the degree of harm reported in the media and then used to justify numerous punitive legislative proposals.

The term "meth addicted baby" is no less defensible. Addiction is a technical term that refers to compulsive behavior that continues in spite of adverse consequences. By definition, babies cannot be "addicted" to methamphetamines or anything else. The news media continues to ignore this fact.

- A CNN report was aired repeatedly over the span of a month, showing a picture of a baby who had allegedly been exposed to methamphetamines prenatally and stating: "This is what a meth baby looks like, premature, hooked on meth and suffering the pangs of withdrawal. They don't want to eat or sleep and the simplest things cause great pain." "The Methamphetamine Epidemic in the United States," Randi Kaye. (CNN, Aired Feb. 3, 2005 – Mar. 10 2005).
- One local National Public Radio station claims that "In one Minnesota County, there is a baby born addicted to meth each week." (Found at http://news.minnesota.publicradio.org/features/2004/06/14_hetlandc_methfostercare/ from June 14, 2004).

In utero physiologic dependence on opiates (not addiction), known as Neonatal Narcotic Abstinence Syndrome, is readily diagnosable and treatable, but no such symptoms have been found to occur following prenatal cocaine or methamphetamine exposure.

Similarly, claims that methamphetamine users are virtually untreatable with small recovery rates lack foundation in medical research. Analysis of dropout, retention in treatment and re-incarceration rates and other measures of outcome, in several recent studies indicate that methamphetamine users respond in an equivalent manner as individuals admitted for other drug abuse problems. Research also suggests the need to improve and expand treatment offered to methamphetamine users.

Too often, media and policymakers rely on people who lack any scientific experience or expertise for their information about the effects of prenatal exposure to methamphetamine and about the efficacy of treatment. For example, a New York Times story about methamphetamine labs and children relies on a law enforcement official rather than a medical expert to describe the effects of methamphetamine exposure on children. A police captain is quoted stating: "'Meth makes crack look like child's play, both in terms of what it does to the body and how hard it is to get off.'" (Fox Butterfield, Home Drug-Making Laboratories Expose Children to Toxic Fallout, Feb 23, 2004 A1).

We are deeply disappointed that American and international media as well as some policy makers continue to use stigmatizing terms and unfounded assumptions that not only lack any scientific basis but also endanger and disenfranchise the children to whom these labels and claims are applied. Similarly, we are concerned that policies based on false assumptions will result in punitive civil and child welfare interventions that are harmful to women, children and families rather than in the ongoing research and improvement and provision of treatment services that are so clearly needed.

We would be happy to furnish additional information if requested or to send representatives to meet with policy advisors, staff or editorial boards to provide more detailed technical information. Please feel free to contact David C. Lewis, M.D., 401-444-1818, David_Lewis@brown.edu, Professor of Medicine and Community Health, Brown University, who has agreed to coordinate such requests on our behalf and who can provide you with contact information for the experts listed below in alphabetical order.

Sincerely,

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