



Posted on Sat, Apr. 17, 2010

Treat, don't jail, addicted mothers

By Susan Barron and Robert Walker

Some lawmakers and law enforcers mistakenly believe that the best way to respond to the problem of drug and alcohol abuse during pregnancy is to arrest the women.

Kentucky's laws, however, provide for a more effective solution.

This state has for decades been committed to improving maternal, fetal and child health through smart public health and education policies that have been proven to work. Unfortunately, those on the front lines of this problem — police, social workers, welfare officials and hospital employees — all too often have not had the benefit of learning from experts in the field.

As early as 1992, Kentucky passed the Maternal Health Act, which sought to improve maternal and fetal health by making sure that pregnant women were not afraid to seek prenatal care. The law recognized that both mothers and babies would do better if women did not have to fear that being pregnant and having a drug or other health problem would lead to an arrest.

In passing this landmark law, lawmakers recognized that sending pregnant women who use drugs or alcohol to jail would create additional problems, including discouraging these individuals from seeking the essential prenatal care and substance abuse treatment necessary to deliver a healthy newborn. Lawmakers also foresaw an increase in abortions if pregnant, drug using women were threatened with prosecution and jail.

In other words, lawmakers concluded that we can punish addicted women and increase risks to children's health or we can help improve and even save lives. They made the right choice.

Even so, not only police and prosecutors, but also public defenders, judges, child welfare workers, and even many health care providers, to this day believe that a pregnant woman who uses any amount of an illegal drug will inevitably harm or even kill her fetus. We don't blame those individuals for believing this, because it is what we all read in the popular media for many years. But that isn't true.

Even a unanimous Supreme Court in South Carolina recently acknowledged the finding that "cocaine is no more harmful to a fetus than nicotine use, poor nutrition, lack of prenatal care, or other conditions commonly associated with the urban poor." In fact, research has shown that birth outcomes and even later child developmental outcomes are greatly affected by so many factors that identifying any form of substance use as a single cause of fetal harm is simply unsupportable.

A series of events — including a Lexington forum April 20 at 6:30 p.m. at the Chrysalis Community Center — will give people an opportunity to meet with state and national experts who have done research on drugs, pregnancy and parenting and who have followed the progress of children.

After all, the question of how best to respond to the issue of pregnancy and drug use has never been about whether those involved lack concern — but rather whether they have had access to the facts. For more on the events, organized by the Kentucky Coalition for Women's Substance Abuse Services and People Advocating Recovery, go to www.peopleadvocatingrecovery.org.

Susan Barron is an associate professor of Psychology at the University of Kentucky. Robert Walker is a licensed clinical social worker and an assistant professor of behavioral science at the University of Kentucky

Center on Drug and Alcohol Research.

© 2010 Kentucky.com and wire service sources. All Rights Reserved. <http://www.kentucky.com>