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Let’s Give Crack Babies a Way Out of Addict Families

By DOUGLAS J. BESHAROV

IN JUST three years, parental addiction to crack has become the single toughest issue facing child welfare agencies.

In New York City, for example, the number of drug-exposed babies just about doubled between 1986 and 1987, increased another 70 percent in 1988, and is projected to increase another 70 percent this year - to 6,876 drug-related births a year.

That's about 5 percent of all live births in the city.

Almost 20 years ago, as the director of the New York State Assembly Select Committee on Child Abuse, I studied heroin withdrawal babies in New York City. Nothing I learned then prepared me for the devastating damage cocaine is doing to American children.

Even at its peak in the late 1960s and early 1970s, heroin affected only one-tenth as many newborns, and it did much less damage to them.

Although other drugs have plagued our society since the 1960s, crack, a derivative of cocaine, poses a threat to many more young children - because mothers use it. According to Dr. David Bateman, director of perinatology at New York's Harlem Hospital, "Heroin was a man's drug and we just didn't see as much of it in pregnant women. Many more women are on crack than ever were on heroin."

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. It also often causes miscarriages, stillbirths and premature, low-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 in the womb. Death rates may be twice as high for these babies.

"These mothers don't care about their babies and they don't care about themselves," says Dr. Jing

Ja Yoon, chief of neonatology at Bronx Lebanon Hospital. "Crack is destroying people - I've never seen mothers like this before."

In New York City, 59 percent of abuse and neglect fatalities involving children previously known to the authorities (usually drug babies) occur within the first six months of life. Some new mothers abandon their sick babies in the hospital, not returning to even help bury an infant after it dies.

Crack children are also at great risk of physical battering. Crack is a mean drug that seems to spur parents to great violence. Cases of crack-crazed battering of children are becoming more common.

In one widely cited case, a 5-year-old girl was found dead with a broken neck, a broken arm, large circular welts on her buttocks, and cuts and bruises on her mouth. Her brother, 9, 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.

According to New York City's Human Resources Administration, "Following the influx of crack, the reports of drug-related child abuse surged by 72 percent in a year. The number of cases of abuse and neglect filed in the Family Court has increased almost sixfold since 1984."

Nationwide, crack is killing hundreds of children and permanently disabling thousands more. 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.

Immediate action is needed on four fronts.

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 convince themselves that they will, too.

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. The Department of Health and Human Services, perhaps under the personal leadership of Secretary Louis W. Sullivan, should use every media avenue to get the word out: "Using drugs while pregnant is wrong. It cripples and sometimes kills babies."

Hospitals should be given the legal power and financial resources to care for drug babies until they are medically and socially ready for discharge.

After a drug-exposed child is born, hospital and child protective agency decision-making should focus on both the mother's ability to care for the child and the parent's past instances of physical violence against children.

An estimated 25 percent of drug-exposed newborns have siblings who were also exposed fetally. Medical and social services agencies should provide follow-up counseling and instruction for these women to discourage them from having another drug-affected baby.

Children should not be left with drug-addicted parents who cannot or will not care for them.

Most drug children are left at home - in their drug-addicted parents' care. In New York City, three out of five babies who were held in hospitals (usually because of their parents' drug use) are later discharged to their parents or relatives.

Only about one-third of the approximately 450 cocaine-exposed babies born at Harlem Hospital in 1988, for example, were placed. Older children are even more likely to be left at home.

Some drug-using parents are able to care for their children, at least with social service support. But most of their children remain at great risk while they stay at home.

In 1987, of New York's child-abuse fatalities involving children previously known to the authorities, about three-quarters were alcohol or drug-related.

What's going on? Why don't judges and caseworkers remove more of these obviously endangered children from the custody of their drug-addicted parents?

Permeating all child welfare decisions are deeply felt but overly simplistic attitudes about the importance of preserving families.

Many judges and caseworkers, unable to accept the realities of crack addiction, convince themselves that, somehow, this parent will make it. Any sign of improvement in the mother's functioning is seen as an indication that the child can be left at home or returned, even though there is no reason to think that her drug problem has been licked.

One repeatedly sees admirable but misplaced efforts to give drug-addicted parents chance after chance to turn their lives around.

Four months after one infant was discharged from a six-month foster care placement and returned to her mother and grandmother, she was found to have serious burns on her back, possibly made by an iron. The child was immediately returned to foster care. Subsequently, the mother admitted using crack to her social worker and, six months later, despite being enrolled in a drug treatment program, she gave birth to a baby with cocaine symptoms. Yet the agency's goal was still to return the girl, by then almost 3 years old, as well as the newborn, to their mother.

We must face the implications of the mother's addiction - and our inability to break her habit.

If parents cannot care for their children, the children should be removed from their care and placed in foster care.

This may require overhauling state and federal foster care and adoption laws, which have been wrongly interpreted to preclude early removal of these children.

Adoption should be a real option for children whose parents show little prospect for improvement - even though this means terminating parental rights.

Unfortunately, legal rules and social attitudes make it exceedingly difficult and time-consuming to terminate parental rights. According to one New York City study, 60 percent of the babies discharged from hospitals to foster care (mostly crack babies) were still in foster homes three years later. Another 30 percent had been returned to parents or relatives. Only 7 percent had been adopted. Statistics in other states are about the same.

Even in the most threatening cases, few children are quickly freed for adoption.

One crack baby's father had served four months in jail for killing the boy's baby sister six months earlier. The mother, who was frequently beaten by her husband, was in touch with the foster care agency only sporadically. Three years after she gave birth to another cocaine-exposed child, the child still lived in a temporary foster home.

Drug children should not be allowed to get lost in a foster-care limbo. They should be given a permanent and nurturing home, even if it means terminating parental rights and finding them adoptive parents. Most are adoptable; there are even waiting lists to adopt spina bifida and Down's syndrome babies. Those who are not adoptable should also have permanent arrangements made for their upbringing.

No one likes to give up on parents, to label them as "hopeless," especially since many are themselves victims of broader social problems. But these children deserve a chance in life. Each day that we fail to take decisive protective action means suffering, even death, for thousands of children.

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