

**PBS Newshour**

**AIR DATE: May 1, 2012**

**Newborns Addicted to Painkillers: Study Finds Troubling Spike in Cases**

SUMMARY

On average, one baby is born in the United States each hour addicted to opiates -- a class of drugs ranging from heroin to prescription painkillers, according to a new study in the Journal of the American Medical Association. Ray Suarez discusses the findings with lead author Dr. Stephen Patrick of the University of Michigan.

Transcript

GWEN IFILL: Now, a new study highlights a troubling spike in babies born addicted to painkillers.

Ray Suarez has the story.

RAY SUAREZ: On average, every hour, a baby is born in the U.S. addicted to opiates, a class of drugs that ranges from heroin to prescription pain killers like Vicodin.

A new study published this week in The Journal of the American Medical Association looked at the growing number of mothers taking painkillers and the babies born hooked on drugs.

The lead author of the study is Dr. Stephen Patrick, who practices neonatal-perinatal medicine at the University of Michigan. And he joins me now.

Dr. Patrick, welcome.

What did you study to conclude that the number of babies with drugs in their system hadn't just increased over the last decade, but nearly tripled?

DR. STEPHEN W. PATRICK, University of Michigan: Well, we looked at neonatal abstinence syndrome, which is a drug withdrawal syndrome that newborns experience after they're born.

It usually happens after newborns have been exposed to opiates during the pregnancy. So over the last decade, from 2000 to 2009, we found that the rate of babies diagnosed with drug withdrawal grew by three-fold. In 2009, we noted that more than 13,000 babies were born with drug withdrawal or about one baby born per hour.

RAY SUAREZ: What drugs are we talking about here? Are they drugs we already knew Americans were taking a lot more?

DR. STEPHEN W. PATRICK: Well, the other part of our study, we looked at mothers using opiates at the time of the delivery. And that increased five-fold over the last decade.

One thing that we were not able to do was to tell the exact type of opiates. But opiates are a broad class. so it includes everything from heroin to opiate pain relievers like Vicodin and even methadone.

RAY SUAREZ: Are these illicitly acquired drugs, prescription drugs?

DR. STEPHEN W. PATRICK: Now, unfortunately, from our study, we were not able to determine -- determine that. That was a limitation of our study.

What we do know, looking at data that's been reported by the Centers for Disease Control, we know that over the last decade, prescription opiates have quadrupled in sales. And deaths attributes to prescription opiates have also quadrupled. So we think that this might be one explanation for the rapid increase that we see.

RAY SUAREZ: If we already knew there was a problem with these drugs, was it inevitable they were going to turn up in the bloodstreams of babies?

DR. STEPHEN W. PATRICK: You know, I don't know if I would say that.

I would say that the increases -- I think this study shows that multiple people are affected. And I hope that this study gets attention to think about ways that we can prevent this. I think that this should get the attention of federal and state government policy-makers to think about ways that we can control our opiates maybe in a more optimal way.

Often in our health system, we react to problems. And I think that this study calls for a public health approach. Many states are already doing things to limit abuses of opiates, such as registries of prescriptions that are written, so that we can tell if someone is doctor-shopping, or going from one doctor to another, to get the same opiate prescription.

It's things like these and strategies to limit opiate exposure that will prevent this problem way before it becomes an issue, especially in our newborns.

RAY SUAREZ: Many states have moved to a more punitive, more criminal justice-based response to women who take drugs during or after pregnancy. Is that part of the answer?

DR. STEPHEN W. PATRICK: I think blame is not always helpful.

What I think would be most helpful is again thinking about this from a public health perspective, preventing this before it even becomes an issue. And I think that does come from -- from a public health standpoint, limiting opiates before they're even used. And I think that we can do this through robust public health programs to think about the way we prescribe and think about the -- think about statewide programs that can limit abuses and diversion of these drugs to things that are illegal uses.

RAY SUAREZ: What are the consequences for newborns who have been exposed to drugs during their mother's pregnancy?

DR. STEPHEN W. PATRICK: The newborns who experience drug withdrawal often are more irritable. They're inconsolable. They sometimes have breathing problems. They oftentimes have difficulty feeding and loose stools.

And, rarely, they can have seizures. We also know that they're more likely to be born low-birth weight.

RAY SUAREZ: Your study found significant increases in the cost of caring for those children. What's driving those increases?

DR. STEPHEN W. PATRICK: Well, we found that from 2000 to 2009, the costs -- or the average hospital bill, actually, for these newborns across the entire United States increased from \$190 million to \$720 million.

We think that this increase is probably driven by the average length of hospital stay. So these babies on average had a length of stay of around 16 days, compared to all other U.S. hospital births of three days, as well as the rapid increase in the just -- the sheer number of these babies.

RAY SUAREZ: What's the long-term prognosis for these babies? Do we even know?

DR. STEPHEN W. PATRICK: That's a great question.

So, you know, the data is still -- is still out there. I think this study, I hope, will gain attention to this issue and get more research dollars to study this. We know that over the last couple of decades, that there have been some studies that have followed babies that have been exposed to opiates and found that there are developmental delays.

But there are also studies that show that there are no issues. So what we really need are big, robust studies to follow these babies as they grow into school-age and to adulthood to really get an idea of what the consequences are beyond the time of birth. We don't know what the consequences of some of these opiates are. We don't always know the exact consequences of some of the medicines that we use to treat these babies either.

RAY SUAREZ: We know many American women get little or no prenatal care. Should the prenatal care that women taking drugs are getting include more advice, more screening, more diversion to lower the number of babies born with drugs in their system?

DR. STEPHEN W. PATRICK: You know, prenatal care is a good thing.

And I think anything that allows women to, you know, spend more time with their obstetrician and get good counseling will improve care. So, certainly, from my perspective, as someone who takes care of babies after

they're born, you know knowing some of these issues before the babies are born helps me identify and treat these babies most appropriately.

RAY SUAREZ: Dr. Patrick, thanks for joining us.

DR. STEPHEN W. PATRICK: Thank you very much.