

Editorial: State must prevent addiction's toll on its youngest

The Issue:

A state House bill seeks to study and combat substance abuse's impact on infants and children.

Our Opinion:

This is an issue that, if ignored, will only become more costly, in lives and dollars.

Pennsylvania's opioid crisis is getting no shortage of attention, and deservedly so. Drug overdoses claimed more than 3,500 lives in our state in 2015.

More attention needs to be paid to the effects of this crisis on the most vulnerable of our citizens. From 2011 to 2016, more than 10,000 infants, about 1,800 per year, suffering from neonatal abstinence syndrome were born to Pennsylvania families on Medicaid. The syndrome, known as NAS, usually results from a mother taking opiate or narcotic drugs, legal or illegal, during pregnancy. Its symptoms, according to the March of Dimes, include body shakes, seizures, slow weight gain, rapid breathing, fever, sweating, blotchy skin, diarrhea and vomiting. Pennsylvania has seen a 44 percent jump in the number of infants on Medicaid diagnosed with the syndrome, from 1,355 in 2011 to 1,953 in 2016, and 61 of the infants in this group from 2010 through 2014 died before their first birthdays.

One indication of our state's lack of attention to this problem is the fact that the only statistics available on it from Harrisburg are the Medicaid numbers cited above and Department of Human Services figures regarding children who have entered foster care because of parental drug abuse, a number that has been above 11,000 per year since 2011. This shortage of information is among the matters that would be addressed by the task force sought in legislation sponsored by state Reps. Katherine Watson, R-Bucks County, and Scott Conklin, D-Centre County.

Their bill would establish an expert task force responsible for:

Getting a clearer view of how drug abuse is harming, and sometimes killing, infants and children.

Recommending ways to prevent infants being born with substance abuse; to help pregnant and parenting women in their recovery from addictions; and to protect and improve the health and safety of children born into families where there is drug or alcohol abuse.

And making a report on its findings and recommendations to the governor and Legislature that also would be released to the public.

Similar legislation offered last year did not become law. If the human tragedy involved is not enough to get our lawmakers' attention - and, given the innocent victims it claims, it should be sufficient - maybe they should look at the costs of caring for mothers and infants plagued by substance abuse.

The rate of neonatal abstinence syndrome hospital stays between 2000 and 2015 increased 870 percent and added an estimated \$20.3 million in costs, according to the Pennsylvania Health Care Cost Containment Council. And maternal hospitalizations related to substance use cost an estimated \$1.8 million in 2015 alone.

The bill's goals are important, as Center for Children's Justice founder Cathleen Palm of Jefferson Township noted last year: "A baby, a young child's brain is 80 percent developed by the time they are 3."

The Opioid Abuse Child Impact Task Force being sought in Watson and Conklin's bill should not be costly; its members would be paid only for legitimate expenses, and it would rely on existing agencies for materials and staff support. Doing nothing will continue racking up costs, both monetary and human. There is no excuse for the Legislature not to act to address the tragedy of opioid abuse ruining and taking the lives of Pennsylvania's infants and children.

7/9/17

House OKs bill creating task force on opioid crisis' impact on children

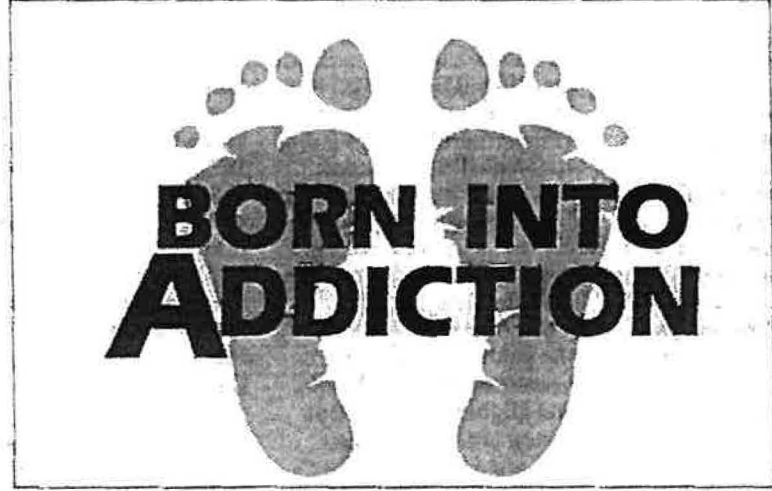
By J.D. PROSE
STAFF WRITER

A bill that would create a task force to study the opioid epidemic's impact on children in Pennsylvania unanimously passed the state House last week.

"The opioid and heroin abuse epidemic has hit our communities very hard, as it has surpassed car crashes as a leading cause of death, but it is especially troubling to find that its most impressionable and forgotten victims are babies born addicted to opioids or to the young children left to fend for themselves," state Rep. Katharine Watson, R-144, of Warrington, the bill's main sponsor, said in a statement after the House vote.

Watson, who is also chairwoman of the House Children and Youth Committee, introduced House Bill 235 in January and it now heads to the Senate after passing the House 191-0 Wednesday.

Her bill, Watson said, "calls for a task force to not only study this terrible scourge on our society, but



learn from the experts on what we can do to help and develop a plan to make sure we help these children."

Under the bill, the Legislature would appoint task force members, including state departmental secretaries and experts in obstetric and pediatric medicine, neonatal intensive care nursing, behavioral health treatment, early intervention

programs and county Children and Youth Agency services.

The task force, Watson said, would direct its efforts to "improving the safety, well-being and permanency of substance-exposed infants and other young children" with parents battling substance abuse. It would also make recommendations on preventing



CHLOE ELMEN/
PHOTOJOURNALIST
Rep. Katharine Watson,
R-144, of Warrington

"substance-exposed infants," improving outcomes for pregnant women and mothers in recovery, and promoting the health and safety of babies and young children with addicted parents who are at-risk for child abuse, neglect

for foster care.

In her statement, Watson cited a report by the Pennsylvania Health Care Cost Containment Council, which said the rate of newborn hospital stays for substance abuse problems in the state increased by 250 percent from 2000 to 2015 with nearly 20 of every 1,000 newborns suffering withdrawal symptoms.

Those hospitalizations, she said, added almost 28,000 days and more than \$20 million in additional costs.

"As a result, the needs of our child welfare agencies have skyrocketed and neonatal intensive care units are filled with babies who are struggling with this addiction from the moment they're born," said Watson. "That's why we need a task force so that we can compile a comprehensive set of recommendations by the very experts who have dealt with these newborns and families with addiction issues."

By J.D. Prose can be contacted at jprose@caltkins.com

‘They’re not waking up’: Four children call 911 after their parents’ suspected drug overdose

By Lindsey Bever March 21

The four children woke up and were about to start getting ready for school when they found their parents, Brian and Courtney Halye, unresponsive and cold in their bedroom.

The children, ages 9 to 13, dialed 911.

“My mom’s on the floor and my stepdad’s basically pale and they’re not waking up,” Courtney Halye’s daughter told an emergency dispatcher through tears.

Indeed, they were dead, and Montgomery County, Ohio, Coroner’s Office Director Ken Betz [told the Dayton Daily News](#) that the “preliminary indication is probable accidental drug overdose.” Authorities think the culprit may be heroin that was mixed with fentanyl — a deadly combination that has claimed countless lives across the country.

In a second 911 call Thursday from the home in southwestern Ohio, another child, a 13-year-old, tried to answer a dispatcher’s questions as his siblings could be heard wailing in the background.

“Are they breathing?” the dispatcher asked.

“I don’t think so,” the boy responded.

“Have they been feeling ill?” a medic asked.

“No, they were just fine,” he replied. He called out to his sisters, “Guys, did you see anything? What was wrong with them?”

“They said that my stepdad’s face was pale and there was black lines all over his face,” the boy then said.

“Are they warm or cold to the touch?” the medic said.

“They were very cold,” he responded.

“Do you guys have gas appliances?” the medic asked.

“What is a gas appliance?” he replied.

When authorities arrived, the boy could be heard directing them to his parents' bedroom at their home in Centerville, not far from Dayton: “My parents are upstairs to the left — the last door to the left.”

The boy continued talking to the dispatcher, telling her that he had stepped outside. When asked whether he was cold, he replied, “A little bit; I'm fine.”

He could be heard sniffing as the recording cut out.

As with much of the United States, Ohio is in the throes of a ruthless opioid epidemic that shows no signs of abating.

Children have become innocent victims; some have seen their parents shoot up and overdose, occasionally with fatal consequences. Others have unwittingly and unwillingly faced overdoses themselves.

In September 2016, a chilling photograph distributed by the authorities captured the innocence lost on a 4-year-old's face in East Liverpool, Ohio, where a man and woman were seen slumped over after overdosing in a vehicle, the boy still strapped into his car seat in the back. A week later and 600 miles away, at a Family Dollar store in Lawrence, Mass., a hysterical toddler was captured on a cellphone video as she tried to wake her mother after an apparent drug overdose.

The video showed the toddler, dressed in pink-and-purple “Frozen” pajamas, pulling her mother's fingers, then sitting down beside her and shaking her mother's face.

In October, a 7-year-old girl in McKeesport, Pa., told her school bus driver that she hadn't been able to wake the adults in her house for days, and that their bodies were beginning to change colors. She had been caring for three other children in the home — ages 5, 3 and 9 months — and had gotten herself back and forth to school, police said. Her parents were dead.

Then, a couple in Washington state made news when authorities said they had been injecting their young children with heroin, reportedly calling it “feel good medicine.”

Synthetic opioids, including heroin and its deadlier cousin, fentanyl, are the main drivers of overdose deaths across the United States, according to data from the Centers for Disease Control and Prevention.

The Ohio Department of Health reports that the number of opioid-related deaths in the state skyrocketed from 296 in 2003 to 2,590 in 2015 — a 775 percent jump over a 12-year period. These numbers include deaths involving prescription opioids, heroin and fentanyl, which is similar to morphine but is 50 to 100 times as potent.

Centerville police spokesman John Davis said Brian and Courtney Halye were the city's fifth and sixth fatal overdose victims this year. Last year, there were just five.

“It doesn't matter who you are or where you are — this epidemic knows no boundaries,” Davis told The Washington Post, adding that the Centerville case illustrates that.

Davis said the couple's deaths appeared to be drug-related because drug paraphernalia was found at the scene and that it “meets all the criteria” for a heroin-fentanyl overdose. But authorities are awaiting the toxicology results, he said.

Davis said the danger is that, in many cases, drug dealers have no idea what they are selling — and users have no idea what they are buying.

Brian Halye, a 36-year-old pilot for Spirit Airlines, married Courtney in 2013, according to his obituary. Each had two children from previous relationships, police said.

Spirit Airlines said in a statement that Halye had worked for the company for more than nine years and had flown his final flight March 10.

“Our hearts go out to the family, friends, and colleagues of Captain Halye,” Spirit Airlines spokesman Paul Berry said in a statement.

Berry said that Transportation Department and Federal Aviation Administration regulations require airlines to conduct tests for pilots, flight attendants, mechanics and dispatchers, including “random and reasonable suspicion drug and alcohol testing.” If someone in one of these “safety-sensitive positions” tests positive, that person would be “immediately removed from their position,” he said.

Another spokesman said the company would not be providing any further comment.

Courtney Halye, 34, was described in her obituary as “a kind loving generous soul.”

“She had a smile that lit up a room which made her very much loved by all her family and friends,” it read. “Courtney was a wonderful nurturing mother to two beautiful children.”

The Dayton Daily News reported that Courtney Halye apparently had a history that involved drugs. In 2007, Jacob Castor, her then-husband and father of her children, died of a drug overdose, the newspaper reported, citing the Montgomery County Coroner's Office.

In 2009 she was convicted of felony drug possession, although the case was later expunged, according to the Dayton Daily News.

The Dayton Daily News also reported:

In January of 2016, Nancy Casey, Courtney Halye's mother, contacted Centerville police and said she felt her daughter threatened to harm herself and was abusing narcotics.

Casey told officers her daughter had been "hooked on drugs" on and off for about seven years. The mother suspected her daughter was high when talking with her that day, the report said.

In that same report, which covered events of Jan. 5-6, 2016, Brian Halye contacted police after he had returned from Detroit, where he worked for Spirit Airlines as a pilot. Brian Halye told officers he had called and texted his wife, who had hung up on him and would not tell him where she was.

Police used her cellphone to determine she was in east Dayton but did not immediately find her. When officers found her vehicle, Courtney Halye was not there.

Later on Jan. 6, 2016, Brian Halye told police his wife had returned to their house but had locked him out. He worried that she was trying to get to two unloaded guns he kept inside, so he forced entry.

Courtney Halye was holding both guns, the report said, and her husband took them from her just as officers arrived there.

Police said that she appeared mentally unstable and possibly intoxicated or having a medical issue related to diabetes. The officer requested medics, who took her to the hospital for treatment.

Brian Halye told officers that day his wife had battled heroin and cocaine addiction "for quite some time."

Casey recently told NBC News that Courtney Halye had Type 1 diabetes and was on medication for depression; but she said she did not think her daughter and son-in-law had a persistent drug problem.

"I don't know if they decided they were going to party, or went and they got ahold of this bad stuff going around town," Casey said. But she added that she had been concerned since she talked to them the day before the couple was found dead.

"I had this dreadful feeling all day," she told NBC News. "Something was off with her and something was off with him."

Read more:

'Mommy died last night': Father videotapes moment he tells 8-year-old of mother's heroin overdose

A father confused liquid nicotine for medicine -- and gave his 6-year-old a toxic dose

Tuesday April 18, 2017 12:01 AM
By Ford Turner
Reading Eagle

<http://www.readingeagle.com/news/article/understanding-the-fate-of-kids-in-the-opioid-crisis>

ATLANTA - Two adults were slumped over in the vehicle's front seats but the innocent victim - a four-year-old boy wearing a blue and green dinosaur tee-shirt - sat in the back seat.

That was the composition of a photo taken by the Ohio police department. The image, released to the news media in September, shockingly brought home how harmful the opioid drug crisis has become for children.

The image was at the heart of a workshop Monday afternoon at the National Drug Abuse and Heroin Summit, an educational gathering for professionals whose work has involved them in the crisis in some way.

It was East Liverpool, Ohio, Police Chief John Lane who decided to release the photo - clearly showing the face of the boy, in addition to the drug-addled adults in the front of the vehicle - to the news media.

"I took a lot of flak for releasing that picture," Lane said. "I had no idea it would go international."

Lane's goal was to get help for the little boy.

His parents were drug addicts, Lane said, and the passed-out woman in the photo was his grandmother. He had already lived with great-grandparents, but because of their age they could not provide a home for him permanently.

"Me releasing that picture got him out of that situation," Lane said, "He is going into a loving environment and is being taken care of."

Both adults who were in the vehicle served time in jail after the incident. The charges included child endangerment.

The incident happened in Columbiana County, Ohio, minutes from the Pennsylvania border.

Paula Beverly, an investigator for the county Children's Services Department, said the media blitz that followed publication of the photo caused judges in the county to tighten their approach to placing children from risk-filled situations into new homes.

"All the cases are now referred to Columbiana County Children's Services to do a full, in-home investigation," Beverly said. "Every family now has to be scrutinized."

Substance abuse can expose children to an entire gamut of horrors: physical abuse, neonatal abstinence syndrome and sexual exploitation among them, said Deborah Augustine, National Victim Witness Program Coordinator for the U.S. Drug Enforcement Administration.

"Pretty much anything" can happen to kids who are exposed to drug abuse, Augustine told the gathering in Atlanta.

Publication of the Ohio photo was a watershed moment for advocates for children, according to Cathleen Palm, founder of the Berks County-based Center for Children's Justice.

"It put the fate of kids in this crisis front and center," she said.

Palm, who was not at the Atlanta gathering, said children are being exposed to parents' overdoses and are even placing calls to 911.

No metrics have yet been developed to measure how children are being affected by the opioid drug crisis, according to Palm.

She said, "There is clearly a ripple effect."

Ford Turner | Reporter

Ford Turner covers special projects and investigations for the Reading Eagle.

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— Healthy Kids Opioid abusing new mothers need help, not jail

Updated: February 21, 2017 — 8:08 AM EST



by Gary A. Emmett, M.D., F.A.A.P , Professor of Pediatrics at the Sidney Kimmel Medical College of Thomas Jefferson University gemmett@gmail.com



Professor of Pediatrics at the Sidney Kimmel Medical College of Thomas Jefferson University

More from Gary A. Emmett, M.D., F.A.A.P.

With the growing number of pregnant women who use opioids during pregnancy, some state governments have prosecuted and jailed the mothers for substance use. A new policy statement from the American Academy of Pediatrics says the punitive measures provide no proven health benefits for mother or child – and may lead to avoidance of prenatal care and substance use treatment.

The report calls for a national effort to provide the best care for all substance using mothers independent of where they live, what kind of insurance they have, and their ethnicity. It also discusses improving access to contraceptives to prevent unplanned pregnancies for women who abuse opioids. While it's been found that anywhere from 30 to almost 50 percent of US pregnancies are unintended, research suggests that for women with opioid use disorder, the proportion of unintended pregnancies was higher than 85 percent.

The American Congress of Obstetricians and Gynecologists also supports this report as an educational tool.

“Over the last two decades, use of opioids surged throughout the U.S., and as they did, we have seen an increase in opioid-related complications in nearly every population, including pregnant women and their infants,” said Stephen Patrick, MD, MPH, MS, FAAP, a co-author of the report in a statement.

“Our response should be grounded in public health. We should be bolstering efforts targeted at primary prevention, like prescription drug-monitoring programs, and expanding treatment tailored to the specific needs of pregnant women and their families.”

There are successful programs for substance using mothers in the U.S. especially with opiate affected mothers. Loretta Finnegan, MD, started one at Thomas Jefferson University over 40 years ago involving converting mothers to medically prescribed methadone and providing a truly comprehensive and positive environment that remains ongoing, but such programs are not universal and rarely available in suburban and rural settings where the massive increase in opiate addiction is growing the fastest. This program also tries to introduce long-term pregnancy prevention immediately after the birth of a substance effected child. Such prevention is rare because of economic barriers in most situations.

The AAP suggests the following to address the issue:

Coordinated non-punitive public health base programs such as described above are in everyone's best interest since punishing the mother legally does not improve outcomes

Wide-spread substance abuse preventive programs

Universal substance screening via oral screening at multiple times in all pregnancies, regardless of factors such as age, race, and socioeconomic status. If a urine test is taken, a reasonable effort should be made to get consent before, and the woman should know the results and who will have access to them.

Access to comprehensive prenatal care for all those with prenatal substance use no matter where they live or who they are.

Health care providers caring for women who use substances during pregnancy should be knowledgeable about their state's reporting mandates around illicit drug use and educate pregnant women prenatally about these requirements.

Adequate funding for social support services and child welfare systems nationally to make all this happen

All these ideas are good, but at this moment there are no structures in place to make this happen in many cities and in almost no rural areas. The report does not give details of how to make all of this happen. It is my hope programs like those started by Dr. Finnegan continue to spread and a growing awareness of this issue will help direct funding to help these mothers and their babies.

Have a question for the Healthy Kids panel? Ask it here. Read more from the Healthy Kids blog »

Read more by Gary A. Emmett, M.D., F.A.A.P

More Coverage

Health ([Http://Www.Philly.Com/Health](http://www.philly.com/health))

— Addiction: Chronicling the region's opioid crisis
(<http://www.philly.com/philly/health/addiction>)

Report: More Pa. babies are born addicted to opioids

Updated: SEPTEMBER 27, 2016 — 11:40 AM EDT

P by Marie McCullough & Don Sapatkin - Staff Writers

Pennsylvania hospitals have seen soaring rates of babies born addicted to opioids over the last 15 years, a reflection of the national epidemic of pain pill and heroin abuse, according to a new state analysis.

The Pennsylvania Health Care Cost Containment Council used hospital records from 2000 through 2015 to figure out how often mothers and newborns were hospitalized because of addiction issues. In 2015, 2,691 newborns were hospitalized in Pennsylvania for substance-related problems, or almost 2 percent of the 138,000 infant hospitalizations.

The rate shot up by 250 percent from 2000 to 2015, when nearly 20 out of every 1,000 newborn hospital stays were because of drugs. Most often — 82 percent of the time — the babies were born addicted to the opioids their mothers took.

At Abington Hospital-Jefferson Health, one of the largest maternity hospitals in the state, 10 percent of the 600 or so babies treated annually in the neonatal intensive care unit in recent years have suffered from opioid dependence, said Gerard M. Cleary, medical director of the NICU there.

Cleary said most cases are not a surprise: The mothers are on methadone or buprenorphine, the two most common treatments for addiction to prescription pain pills or heroin. Both treatment drugs are opioids.

Babies typically start experiencing withdrawal symptoms 24 to 48 hours after birth, he said, soon enough to catch even cases where the mother's substance use was unknown, he said. The greatest danger would be if withdrawal symptoms did not start until the baby was at home.

Abington has recently been able to reduce the length of time required to wean the babies off morphine, he said, by increasing its emphasis on "non-pharmacologic" approaches such as bundling the babies, breast-feeding, and, when their symptoms are under control, placing baby and mother together in a private room "so they can bond" and the babies experience less stimuli.

Once they are released, "the babies can do very well," Cleary said, with perhaps the most important element being support from social services. The use of crack cocaine or extreme amounts of alcohol during pregnancy, both now rare, cause much more serious and potentially permanent problems than opioid abuse, he said.

The new report from the state organization, known as PHC4, also examined the toll on the mothers of the babies: Of 4,615 maternal hospital stays related to substance abuse, 52 percent involved pain pills or heroin, or both. In 2015, about 17 out of every 1,000 maternal hospitalizations involved opioids, up 510 percent from 2000.

Although maternal stays involving alcohol and cocaine decreased somewhat over the period, the rate of stays for all substance-related problems increased by 119 percent.

The analysis also found trends that experts have lamented for years: the opioid epidemic is a suburban and rural crisis, as well as an urban one. In Cambria County, which includes Johnstown, for example, 66 out of every 1,000 maternal hospital stays involved drug abuse, while the rate in neighboring Clearfield County was 77 per 1,000 stays.

"If you talk to state legislators, they will tell you this is a huge problem in Western Pennsylvania," said Joe Martin, the cost containment council's executive director. "It's no longer the stereotypical inner city problem."

Read more by [Don Sapatkin](#)

Tiniest victims

Born addicts, opioid babies suffer withdrawal from first breath

Story by DAVID WENNER | dwenner@pennlive.com

February 9, 2017

http://www.pennlive.com/news/page/opioid_babies.html

They're the tiniest and most innocent victims of the heroin addiction crisis but it doesn't spare them their suffering.

They cry relentlessly at a disturbing pitch and can't sleep. Their muscles get so tense their bodies feel hard. They suck hungrily but lack coordination to successfully feed. Or they lack an appetite. They sweat, tremble, vomit and suffer diarrhea. Some claw at their faces.

It's because they were born drug-dependent and are suffering the painful process of withdrawal. "It's very sad," says Dr. Christiana Oji-Mmuo, who cares for them at Penn State Hershey Children's Hospital. "You would have to see a baby in this condition to understand."

As the heroin and painkiller addiction epidemic gripping Pennsylvania and the whole country worsens, the number of babies born drug dependent has surged.

Geisinger Medical Center in Danville, Pa. saw two or three drug-dependent babies annually when Dr. Lauren Johnson-Robbins began working there 17 years ago. Now Geisinger cares for about twice that many per month between its neonatal intensive care unit in Danville and the NICU at Geisinger Wyoming Valley Medical Center in Wilkes-Barre.

Penn State Children's Hospital is averaging about 20 per year, although it had cared for 18 through last June, with the final 2016 number not yet available, says Oji-Mmuo.

PinnacleHealth System's Harrisburg Hospital also sees about 20 per year. That's less than a few years ago, but only because a hospital that used to transfer drug dependent babies to Harrisburg Hospital equipped itself to care for them. "Now everybody is facing it and trying to deal with it one way or another," says Dr. Manny Peregrino, a neonatologist involved with their care.

The babies suffer from neonatal abstinence syndrome, or NAS, which results from exposure to opioid drugs while in the womb. An estimated 1 in 200 babies in the United States are born dependent on an opioid drug. More than half end up in a NICU, which care for unusually sick babies.

In 2015, 2,691 babies received NICU care in Pennsylvania as the result of a mother's substance abuse, according to the Pennsylvania Health Care Cost Containment Council. That's up from 788 in 2000, or a 242 percent increase in 15 years.

Nearly all babies born to opioid-addicted moms suffer withdrawal. The severity varies. About 60 percent need an opioid such as morphine or methadone to ease them through withdrawal. These babies typically spend about 25 days in the hospital.

Often, the only way to calm them is to hold them for long periods - so long that many hospitals enlist volunteer "cuddlers." "It really is a whole village. Everybody pitches in," Peregrino says.

Giving medications to newborns can lead to other problems, so the preference is to get them through withdrawal without it. A scale based on their symptoms is used to determine which ones need medication. In cases where withdrawal isn't so severe, symptoms can be managed by keeping the baby away from noise and bright light, cuddling them, and using devices such as mechanical swings to sooth them.

Logan Keck of Carlisle feared the worst upon learning what her baby might face. The 23-year-old became addicted to heroin several years ago. She says it was prominent in her circle of high school classmates, and she became "desensitized" to the danger, figuring it couldn't be as bad as some claimed.

Keck has been in recovery for more than two years with the help of methadone, a prescription drug used to prevent withdrawal and craving. She was a few weeks away from being fully tapered off methadone when Keck learned she was pregnant.

She was told stopping methadone during pregnancy would put her at risk of miscarriage. Keck further learned her baby might be born addicted. She gave birth on Feb. 1 at Holy Spirit-Geisinger in Cumberland County.

Her baby had difficulty latching on during breastfeeding and vomited milk into her lungs, but seemed fine otherwise. Keck expected she and her baby would go home soon after delivery.

But after a few days, withdrawal became obvious. Keck knows how withdrawal feels. "That's when it really hit home for me - seeing her feel it," she says.

Then she was hit again: she was discharged, but her baby remains in the NICU, possibly for several more weeks.

The opioid addiction epidemic affects people of all backgrounds and regions - rich, poor, urban, suburban. It's prevalent in economically-stressed areas, including many of Pennsylvania's rural counties.

Geisinger has found a bit of brightness within the 30-plus rural counties it serves. Some of the region's doctors realized there was little access to methadone, which is dispensed from clinics usually located in more populated areas. That meant pregnant rural women lacked access to a legal drug that could keep them away from the risks of street drugs while also getting them onto the road to recovery. So the doctors became licensed to prescribe buprenorphine, another drug that staves off withdrawal and cravings for opioids. As a result, the majority of mothers of NAS babies at Geisinger have been taking buprenorphine during pregnancy, according to Johnson-Robbins.

Geisinger doctors have been pleased to find that buprenorphine, while it does cause NAS, withdrawal isn't as severe as with methadone. It also impacts another major concern surrounding NAS babies: that the mother will continue to struggle with addiction and live a lifestyle that will prevent her from properly caring for her baby. Most Geisinger moms, being in recovery for a while, are better-equipped to care for their baby.

Still, there's great concern about what happens to NAS babies after they leave the hospital. The mother might go back to heroin and become unable to properly care for her baby - there have been many news reports of addicted parents or fathers who neglected or otherwise hurt their babies, including a

Pennsylvania woman who rolled over and suffocated her baby while high on opioids and other drugs. The mother might lack adequate housing or other means of having a stable home. There might be criminal activity in the home.

"We are sending children out into compromised environments," says Dr. Lori Frasier, who leads the division of child abuse pediatrics at Penn State Hershey Children's Hospital. Those babies often return to the hospital as victims of abuse or neglect, Frasier says.

Another cause for worry is the fact that NAS babies can remain unusually fussy after leaving the hospital, potentially putting extra stress on a parent already dealing with the stress of addiction. "We know that crying, fussy babies can be triggers for abuse," Frasier says.

Cathleen Palm, founder of the Pennsylvania-based Center for Children's Justice, said much more needs to be done to provide help for mothers of NAS babies, and to monitor and protect the babies. "We have really been trying to get policy makers to understand the nuances," she says.

Keck goes to Holy Spirit-Geisinger daily to breastfeed and hold her baby for one to two hours. Her time is limited by distance and the fact the baby's father needs their only car for work. Looking forward, Keck says she's in a stable relationship with the baby's father, who is not an addict and accompanies her to the hospital. He didn't want to be quoted in this story and didn't want his child to be named. They have family support, and a Holy Spirit program will provide additional help.

Ultimately, Keck's pregnancy and motherhood have taught her things that might have inspired her to make a different choice regarding heroin, including the fact it caused her newborn to suffer and forced her to go home without her baby. She agreed to be interviewed out of desire to get others to think and talk about such realities. "I want people to understand it's something that's not pretty," Keck said. "It's something that's important to talk about."

About the author: David Wenner

David Wenner has worked for PennLive and the Patriot-News since 1999 and won numerous awards for his reporting. For many years he focused on health care. Now he's an enterprise/watchdog reporter, and interested in any important, troubling or otherwise noteworthy situation in central Pennsylvania.

April 24, 2017

Dear Representative Watson:

On behalf of the March of Dimes Pennsylvania, I write to express our support of HB 235, which would establish a task force on the opioid abuse epidemic's impact on children.

The mission of the March of Dimes is to improve the health of women of childbearing age, infants, and children by preventing birth defects, premature birth, and infant mortality.

The use or abuse of either illegal or prescription drugs during pregnancy can have serious health consequences for both mother and infant. Neonatal Abstinence Syndrome (NAS) refers to cases in which newborns experience drug withdrawal shortly after birth due to drug exposure in utero. In the case of opioids, NAS can result from the use of prescription drugs as legitimately prescribed, from the abuse of prescription drugs, or from the use of illegal opioids like heroin.

In many cases pregnant women who are addicted to opioids often do not seek prenatal care until late in pregnancy because they are worried that they will be stigmatized or that their newborn will be taken away.¹ Pregnancy creates a unique and opportune time to reach women with rehabilitation options. Research has shown that obtaining prenatal care, staying connected to the health care system, and being able to speak openly with health care providers about drug use creates a healthy environment for mothers at risk of drug abuse to seek treatment that can improve birth outcomes.¹ Treatment options for pregnant women who are addicted to opioids include a medication-assisted treatment (MAT) program (using methadone or buprenorphine). NAS in the newborn can be more easily controlled if the mother has been in a MAT program rather than receiving no treatment. The program prevents complications associated with illicit drug use and withdrawal, encourages prenatal care and treatment, and helps avoid the risks associated with drug culture.¹

The March of Dimes supports policy initiatives aimed at providing care for mother and baby including access to comprehensive services, priority access and flexible treatment, immunity during prenatal visits and provider education. The March of Dimes opposes policies and programs that impose punitive or perceived punitive measures on pregnant women who use or abuse drugs as these policies can deter women from seeking prenatal care and can result in unhealthy pregnancies and negative birth outcomes.

The March of Dimes believes HB 235 and the task force is a great way to begin to look at the unique challenge of the opioid epidemic and its effect on the Commonwealth's most vulnerable populations. We would like to offer partnership and expert support as the task force is created and the work begins. We look forward to partnering with Representative Watson and stakeholders on this great initiative.

Sincerely,



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¹ The American College of Obstetrics and Gynecologists Committee Opinion. Opioid Abuse, Dependence and Addiction in Pregnancy. May 2012