Testimony before the U.S. Senate Sentencing Commission

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A child's development is a dynamic process, involving both social and biological factors that contribute to success or failure. From day one, children interact with the environment around them and seek the nurturing support that will help them achieve their full potential for health and development. However, a woman's use of alcohol, tobacco, cocaine, crack or any other substance during pregnancy is recognized as one of the most significant barriers to a child's healthy outcome, impeding the child's ultimate growth and development through both biological and environmental influences. Compounding this problem, many children from substance abusing homes end up in the child welfare system, often undergoing a series of placement changes that interfere with the child's ability to develop an enduring relationship with a primary caretaker.

In 1993, I had the opportunity to testify before this sentencing commission as it deliberated sentencing guidelines for drug possession and use. The question before the commission was the relative impact of cocaine vs. crack on the unborn child. To begin this discussion today, I would like to quote from my testimony in 1993:

> "(O)ur longitudinal research has shown without any doubt that the single most important factor affecting the life of a child is the environment of the home in which that child is being raised."

This statement remains true today, and as we revisit sentencing guidelines for cocaine vs. crack possession, I would like to summarize new information that has evolved since I last appeared before you that lends even further credence to that statement.

National data reveal that over 1 million children per year are born into a substance abusing home. Children born to substance abusing women face two key risk factors: the biological effects of alcohol or illicit drugs on the developing fetal brain and early separation from their families due to endangerment from the substance abusing environment.

The areas of the brain vital to cognitive functioning and behavioral regulation appear to be the most vulnerable to prenatal exposure to alcohol and other drugs. Fetal Alcohol Syndrome is the most common cause of diagnosable mental retardation in the United States and a leading cause of behavior problems and learning disabilities in children. Illicit drugs such as cocaine have a direct impact on the dopamine receptor system of the developing fetal brain. In this context, it is important to note some important points:

1. The physiology of cocaine and crack are the same, and changes in the dopamine receptors in the fetal brain are the same whether the mother used cocaine or crack.

2. Substance abuse is a polydrug phenomenon. It is impossible to differentiate the detrimental effects of any one specific drug from that of any other and foolhardy to try to protect the unborn child from any one drug. Our prevention and treatment efforts must turn attention to substance abuse, not specifically alcohol, cocaine, crack, amphetamines, or any other drug trend.
3. Long term, children exposed to maternal substances of abuse, no matter what these substances are, may suffer a wide range of mild to severe physical and behavioral problems, including poor growth, significant eating and sleeping problems, hyperirritability, and hypersensitivity to touch, movement and eye contact. By school age, prenatally exposed children have high rates of off-task behavior, distractibility, short attention span, impulsive behavior, and aggressive behavior.

4. In this light, it is vital that we understand that the home environment is the critical determinant of the child's ultimate outcome. Children depend on their parents to guide and nurture their development. The drug-exposed child most often comes from a neglectful family lifestyle filled with factors that interfere with the parents' attempts at effective child rearing and participation in the growth and development of their children. These factors are present to some extent in all women who abuse drugs at a high level, regardless of economic status. Further, the social environment of many addicted women is one of chaos and instability, which has an even greater negative impact on children.
5. Addicted women frequently have poor family and social support networks, thereby increasing their vulnerability to physical and sexual abuse. In turn, children of substance-abusing women are at greater risk for neglect and sexual, physical, and psychological harm. These difficulties are magnified in children living in poverty, because their mothers frequently lack the social and economic supports that could help alleviate some of the social isolation as well as the biological impact of prenatal drug exposure.
6. Significant psychiatric problems, such as a personality disorder or depression, are not uncommon in women who use drugs or abuse alcohol. These factors almost invariably hinder parenting capabilities further and lessen the chance for a normal developmental course for the child. Even in depressed women who do not use drugs or alcohol, there is less involvement with their children, poor communication among family members, increased friction, lack of affection, and an increase in guilt and resentment toward the child. To further complicate the picture, children of depressed mothers are much more likely to be depressed themselves, and the cycle of depression and drug use continues across the generations.
7. Women's attempts to seek services for themselves and their children often are hindered by the fragmentation that exists in the services community. Most frequently, families are referred to a variety of providers through categorical programs addressing a single need. These categorical programs most often are most often established by the Federal government, focusing on a specific drug or a specific condition of eligibility.

As we now turn our attention to the question at hand, we must ask ourselves how to develop

policies and guidelines that serve the best interests of the child. These best interests are not served by automatically removing a child from its mother's care. They are not served by meting out sentences that are based on false assumptions that one drug is "worse" than another. Every legal or illegal drug one can name has a pharmacologic basis through which it exerts its effects on the fetus and on the pregnancy. In the final pathway, neither scientists, clinicians, or a judge and jury will able to tell you what harm was done by the crack a woman used versus what harm was done by the cocaine, by the alcohol, or by any other substance she took in.

We have an opportunity today to discard laws that have no basis in science or common sense, laws that allow us to express moral outrage but do not affect or change the complex realities of substance abuse. We have an opportunity instead to view substance abuse for the non-categorical problem that it is and turn to unification of public health, public law, and child welfare approaches that will serve the best interests of the children and families of our nation.

Executive Summary
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Prenatal exposure to maternal substances of abuse can have a devastating effect on the long-term outcome of children. However, given that the physiology of cocaine and crack is the same, that changes in the fetal brain are similar whether the mother used cocaine or crack, and that substance abuse is a polydrug phenomenon, it is impossible to differentiate the detrimental effects of any one specific drug from that of any other. In this light, it is vital that we understand that the home environment is the critical determinant of the child's ultimate outcome. Thus, our efforts must be turned toward eliminating drug policy and sentencing guidelines that are not based in science and rather work to unify and coordinate public health, public law, and child welfare approaches that will serve the best interests of the children and families of our nation.

Ira J. Chasnoff, M.D.

Ira J. Chasnoff, M.D. received his medical degree from the University of Texas Health Science Center in San Antonio, Texas, and served a pediatric residency at the Children's Memorial Hospital, Northwestern University, in Chicago. Currently, Dr. Chasnoff is President of the Children's Research Triangle and Professor of Clinical Pediatrics at the University of Illinois College of Medicine in Chicago.

Dr. Chasnoff has worked in the arena of child health and development for the past 26 years and has served as principal investigator on a number of longitudinal studies funded through the National Institute on Drug Abuse, the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, the Maternal and Child Health Bureau, the Health Care Financing Administration, the U.S. Department of Education, and the Centers for Disease Control and Prevention. Dr. Chasnoff was principal investigator on a 12-year longitudinal prospective study of the developmental effects of fetal exposure to alcohol and illicit drugs, and he has conducted a five-year, randomized study comparing the effectiveness of outpatient vs. residential treatment for pregnant substance abusers. Dr. Chasnoff also conducted a four year, randomized study of the impact of integrating comprehensive gender-specific treatment services for substance-abusing women into a Head Start program for high risk children in Chicago's inner city. For the Health Care Financing Administration, Dr. Chasnoff helped lead a study of the impact of expansion of Medicaid funding for pregnant substance abusing women on pregnancy and neonatal outcome. Recently, Children's Research Triangle under Dr. Chasnoff's leadership was named by the Centers for Disease Control and Prevention as one of five national centers to develop treatment strategies for children with Fetal Alcohol Syndrome. Dr. Chasnoff currently is guiding communities in California, Alabama, New Jersey, Illinois, Oklahoma, Kentucky, Louisiana, Florida, Pennsylvania, Nebraska, Puerto Rico, and Texas as they seek to integrate systems of care for children and families affected by substance abuse.

From this extensive research and clinical experience, Dr. Chasnoff has published over 60 articles in peer-reviewed journals and served on the editorial board of several major scientific journals. In addition, Dr. Chasnoff has published six books, the most recent of which, *The Nature of Nurture: Biology, Environment, and the Drug-Exposed Child*, explores the biological basis of behavior induced by prenatal exposure to tobacco, alcohol and illicit drugs and provides guidelines for early intervention strategies that make a positive difference in the child's ultimate outcome.