



SPORTS | C1

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SUNDAY EXCLUSIVE

PRESCRIPTION FOR TRAGEDY

DRUGS PLAGUE KY. INFANTS



Annalena Elizabeth is comforted by Pauline Hayes, a clinical nurse manager in University Hospital's neonatal intensive care unit. Annalena was born dependent on opiate medications, a problem Kentucky hospitals are seeing more often. ALTON STRUPP/THE COURIER-JOURNAL

By Laura Ungar | lugar@courier-journal.com | The Courier-Journal

They are the most vulnerable victims of Kentucky's pain pill epidemic — babies born addicted because of their mothers' drug abuse.

These infants' first experience is withdrawal, causing them to cry inconsolably, breathe rapidly or suffer tremors. And nothing can take away their pain, only ease it.

A dozen years ago, it was rare to see a newborn suffer this way. But the number of drug-dependent infants has skyrocketed with Kentucky's prescription drug abuse, and today hundreds fill hospital nurseries across the state, leaving doctors and officials scrambling for answers.

ABOUT THE SERIES

The Courier-Journal has been investigating the state's prescription drug abuse epidemic for the past two years, publishing stories on the rising toll of drug overdoses, the Florida pain-pill pipeline, rogue pain clinics in Kentucky and the overprescribing of narcotics by well-meaning doctors.

Today, in the project's fifth installment, medical writer Laura Ungar looks at how the addiction surge affects the next generation — newborns suffering drug withdrawal because of their mothers' drug abuse.

Ungar wrote these stories while participating in The California Endowment Health Journalism Fellowships, a program of the University of Southern California's Annenberg School of Journalism, which is providing partial funding for this project.

INSIDE

A four-page package explores the problems, successes and remaining challenges as Kentucky's medical community and others strive to address the problems. **A9-A12**

ONLINE

To see continuing coverage of the prescription drug epidemic in Kentucky, go to www.courier-journal.com/drugabuse:
» An addicted mother gets help from the Volunteers of America Grace House.
» An infant development therapist describes the addicted infants at Kosair Children's Hospital.
» A look at a Corbin center helping mothers battling addiction.



"It's a silent epidemic that's going on out there. You need to say: 'Stop the madness. This is too much.'"

AUDREY TAYSE HAYNES, secretary of the Kentucky Cabinet for Health and Family Services

NEIL ARMSTRONG | 1930-2012



Neil Armstrong on the day of the moon landing. AP

First man on moon dies at 82

Ohioan's 'one small step for man' turned a dream into history

By John Faherty
The Cincinnati Enquirer

CINCINNATI — Neil Armstrong, the first man to walk on the moon, died Saturday. He was 82 years old. Armstrong died after complications from cardiovascular procedures, according to a statement from his family.

Armstrong's life began and ended quietly in Ohio, but in between was a life nearly beyond measure.

He was a fighter pilot in the Korean War, he tested experimental jet planes for the government, and then he joined the space program.

He piloted the Gemini 8, performing the first successful docking of two vehicles in space.

But he became an icon on July 20, 1969, on his second and last space flight, when he jumped down off a ladder, landed on the moon, and said: "That's one small

INSIDE

Armstrong's "one small step for mankind" united the world for a brief time. **A15**

See **ARMSTRONG**, Page **A16**

ELECTION 2012

Republicans scrap plans for first day of convention

Associated Press

TAMPA, Fla. — Republican officials announced plans Saturday evening to scrap the first day of their national convention, bowing to a threat posed by Tropical Storm Isaac, churning toward Florida.

"Our first priority is ensuring the safety of delegates, alternates, guests, members of the media attending the Republican National Convention, and citizens of the Tampa Bay area," party chairman Reince Priebus said in an emailed announcement that followed private conversations involving presidential candidate Mitt Romney's campaign, security officials and others.

Priebus added that forecasters have predicted that convention-goers "may encounter severe transportation difficulties due to sustained wind and rain" on

INSIDE

Delegates from Kentucky look forward to a conventional experience. **A3**

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WEATHER | B2

36-HOUR FORECAST

Louisville area: Mostly sunny, hot today. Slight chance of storms tonight. Hot, chance of storms tomorrow.



TODAY
93 | 70



TOMORROW
90

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KY SUN

PRESCRIPTION FOR TRAGEDY



Janiece French, a volunteer in the neonatal intensive care unit at Kosair Children's Hospital, cares for an infant who was suffering from withdrawal. The number of such births has skyrocketed in recent years, another symptom of Kentucky's pain pill problems. PHOTOS BY ALTON STRUPP/THE COURIER-JOURNAL

SOARING INCREASE IN ADDICTED INFANTS

Hospitalizations of affected newborns jump from 29 in 2000 to 730 in 2011, reflecting another dire side of Kentucky's pain pill epidemic

By Laura Ungar | lungar@courier-journal.com | The Courier-Journal

More than half the babies in University Hospital's neonatal intensive care unit one day this month were suffering from drug withdrawal — one sucking licorice-flavored morphine to ease his tremors and near-constant crying, another so sensitive to light and sound that he slept in a dark isolation room.

They are the tiniest victims of Kentucky's prescription pill epidemic, and their numbers are soaring.

Kentucky has seen its hospitalizations for addicted newborns climb from 29 in 2000 to 730 last year. The state's 2,400 percent increase dwarfs by comparison a disturbing national rise of 330 percent found in a study that examined hospitalizations from 2000-09.

"It's a silent epidemic that's going on out there," said Audrey Tayse Haynes, secretary of the Kentucky Cabinet for Health and Family Services. "You need to say: 'Stop the madness. This is too much.'"

See **PILLS**, Page A10



Independence House resident Rebecca Brown tickles the foot of 4-month-old Easton Hall, son of resident Valerie Hall. He was born drug-free.

ONLINE

See videos and continuing coverage of the prescription drug epidemic in Kentucky at www.courier-journal.com/drugabuse, including:
» An addicted mother gets help from the Volunteers of America Grace House.

» An infant development therapist describes the addicted infants at Kosair Children's Hospital.
» See what's happening at a center helping moms battling addiction in Corbin.

INSIDE

» Without enough centers, treatment options are limited. **Page A12**

» Tight budgets put the

squeeze on reaching solutions. **Page A12**

» A full-page graphic takes a closer look. **Page A11**

PRESCRIPTION FOR TRAGEDY

PILLS: MANY MORE KENTUCKY BABIES BEING BORN ADDICTED

Continued from Page A9

The skyrocketing numbers reflect the enormity of Kentucky's prescription drug abuse problem, which is among the nation's worst. It kills about 1,000 Kentuckians a year and wrecks thousands more lives in a state plagued by doctor shortages, high levels of chronic pain and illness, and too little drug abuse treatment.

Van Ingram, executive director of the state Office of Drug Control Policy, requested statistics on Kentucky infant hospitalizations — collected for the first time — after hearing that the state's pain pill explosion was fueling a dramatic rise in addicted newborns. He soon realized the state's epidemic is threatening to claim a second generation.

"I was blown away," he said. "We need to slow the tide."

While state officials and doctors say the hospitalization statistics reflect newborns suffering withdrawal from all types of drugs, they blame prescription pills for the dramatic increase. And even as growing awareness and better diagnoses play a role in the rising numbers, they say rampant abuse is driving the rise.

Melissa Lueloff, 28, of Louisville, who gave birth to an addicted girl two years ago, said her cravings at the time for OxyContin, Opana and cocaine ruled her life even during pregnancy — "I just couldn't stop."

Neveah was born a month premature and spent five days in a neonatal intensive care unit struggling with withdrawal, constantly clenching her tiny fists and whining in pain.

A silent epidemic

Nurse Tonya Anderson, an infant development/touch therapist for neonatal nurseries at Kosair Children's Hospital, said there are times when as many as 14 of 26 babies in the special-care nursery where she works suffer from withdrawal.

"They are just agitated. They are screaming. They have tremors. Their faces — you have the grimace. They're in pain. ... Sometimes, the babies have seizures," she said. "We hate it. ... It breaks my heart to see these babies go through withdrawal."

On a recent morning, Anderson cuddled and caressed a crying infant whose tiny foot peeked from beneath a blanket. The newborn, surrounded by beeping monitors, quieted and melted into her chest.

As nurses and doctors care for the newborns, state and hospital officials are trying to cope with the larger problem — convening experts, seeking grants to educate the public and creating special infant-withdrawal units in hospitals.

But there's not enough drug treatment for pregnant addicts, they say, and more needs to be done to protect the lives the addicts carry.

Carla Saunders, a neonatal nurse practitioner at East Tennessee Children's Hospital in Knoxville, a pioneer in the treatment of babies withdrawing from drugs, said the public simply cannot afford to ignore this national epidemic.

A team of researchers writing in the Journal of the American Medical Association in May found that overall health care costs for addicted newborns are soaring — from \$190 million in 2000 to \$720 million in 2009.

Addicted babies stayed an average of 16.4 days in the hospital at a cost of \$53,400 per infant, with government-funded Medicaid paying the bill in 80 percent of cases.

And while little is known about long-term outcomes, evidence suggests that addicted babies may have higher rates of behavioral issues and attention deficit and hyperactivity disorder that could burden schools and the health care system for years to come, Saunders said.

"People think it's easy to ignore the substance-abuse problem," she said. "But it's your problem. You better take notice."

Rampant addiction

According to the May study in the Journal of the American Medical Association, the rate of newborns suffering withdrawal in the United States rose from 1.2 hospitalizations per 1,000 hospital births in 2000 to 3.4 per 1,000 in 2009. Doctors call the condition "neonatal abstinence syndrome."



Tayvian Wright, 3, watches through the door as her mother, Melissa Lueloff, spends time with Tayvian's brother, Amari Wright, 9 months. Lueloff sought treatment for her substance abuse, and Amari was born without an addiction. ALTON STRUPP/THE COURIER-JOURNAL

Based on their findings, researchers estimated that 13,539 newborns were born addicted in 2009 — more than one baby every hour.

"We knew that it was common, but we would not expect this problem would have tripled in the last decade," said Dr. Matthew Davis, an associate professor at the University of Michigan and one of the study's authors. "There are not many medical problems that have tripled in a decade — not obesity, not heart disease, not diabetes."

Davis and his colleagues did not examine regional data, but he said he was not surprised about Kentucky's numbers, given the overall trend. There's regional evidence that rapid increases have occurred after the national study period ended in 2009.

In Kentucky, the number of hospitalizations for addicted newborns rose from 470 in 2009 to 730 in 2011. Saunders said the number of addicted babies at her Tennessee hospital has more than tripled in the past three years.

University of Kentucky biostatisticians who calculated Kentucky's hospitalization numbers didn't break them down by county or region, but Kentucky doctors said addiction affects babies in every corner of the state.

Dr. Lori Ann Devlin-Phinney, a neonatologist who sees patients at University Hospital, Kosair Children's and Baptist Hospital East, said she's counted 132 newborns treated for addiction to opiates or narcotics at University's NICU in the past seven years.

She's seen similar numbers at Kosair Children's — including 65 in 2011 — and about 50 during the seven-year period at Baptist East.

Devlin-Phinney also tracked a steep recent rise at University Hospital, from nine in 2006 to 44 in 2011. The hospital had particularly high numbers of addicted babies in its NICU earlier this month — with eight of its 15 babies suffering withdrawal in the 24-bed unit.

Neonatologists at UK Medical Center in Lexington, where many patients come from Eastern Kentucky, report seeing 90 to 100 addicted babies a year — or about one in eight babies there.

"Every hospital where there are newborns sees it," said Anderson.

Born addicted

According to the JAMA study, 60 percent to 80 percent of infants exposed to opiates in the womb develop neonatal abstinence syndrome.

While babies do not show signs of psychological addiction, they experience the physical effects of withdrawal.

UK screens every mother and baby for drugs, but some hospitals instead assess a mother's drug use history and look for symptoms in the newborn. Those symptoms may show up one to three days after birth, potentially meaning a baby would have to return to the hospital after going home.

By that time, the mother's

HOW TO HELP

The public may donate to prevention programs targeting pregnant addicts; a few are listed below. People may also inquire about volunteering with babies going through withdrawal in local hospitals.

DONATIONS

» For **Volunteers of America's Women's Substance Abuse Treatment Services**, go to www.voaky.org or call 636-4660 to request a donation envelope.

» For **Cumberland River Comprehensive Care Center's Independence House** in Corbin, send checks to Independence House at 3110 Cumberland Falls Highway, Corbin, KY 40701 (Attn.: Mary Burnette).

» For **Jefferson Alcohol and Drug Abuse Center**, send checks to JADAC, 600 S. Preston St., Louisville 40202. JADAC especially needs funds for its family day and concerned persons services for family members, including those of pregnant women.

VOLUNTEERING WITH BABIES

To volunteer at a Norton Healthcare location, go online to norton-healthcare.com, click on the "ways to help" box at the top of the page, and go to the section titled, "Volunteering at Norton Healthcare."

Or call Brenda O'Brian at Kosair Children's Hospital at 629-6122 to volunteer there, or Rita Ross at Norton Suburban Hospital at 893-1229 to volunteer there. Baptist Hospital East and University Hospital have no similar programs, officials said.

drugs are out of the newborn's system, and "they're basically looking for their fix, so they have this withdrawal," said Dr. Henrietta Bada of UK.

Many cry constantly. Some suffer diarrhea, vomiting, low-grade fevers, sweating and seizures. They're extra-sensitive to noise and light and often console themselves by sucking.

At Kosair Children's recently, one newborn girl sucked frantically on an orange pacifier and squeezed her eyes tightly closed, opening them only when nurses dimmed the lights.

Bada said some born prematurely experience respiratory distress and have to be placed on ventilators. They "can get into critical condition," she said.

Devlin-Phinney said doctors often use a combination of oral morphine and phenobarbital to treat addicted babies, escalating doses based on symptoms and then weaning the infants from them.

Babies with milder cases don't need medicating, doctors said, but all require comfort measures. Anderson swaddles the babies in blankets to make them feel secure, massages them gently, and rocks and cuddles them.

"Sometimes," she said, "all we can do is hold them."

Janiece French of Louisville, a 68-year-old grandmother, helps the nurses provide this tender care as a volunteer at Kosair Children's. In her three years volunteering, she's witnessed the cycle of addiction, caring for siblings of drug-addicted babies born in the same condition.

Earlier this month, she settled into a rocking chair with a newborn girl, gently rubbing her back to soothe the baby through withdrawal.

"Mostly it's just rocking, cuddling — whatever it takes," French said. "But all you can do is get them off on the right track. You do what you can while they're here and then, like your own children, you have to let them go, give them their wings,

and hope for the best."

Treating moms

Dr. Lori Shook, a UK neonatologist, said caring for such babies can be frustrating because the condition "is avoidable."

"At the same time," she said, "the substance-abuse problems suffered by their mothers are very real."

Dr. Jonathan Weeks, an obstetrician and associate professor of maternal/fetal medicine at the University of Louisville, treats the mothers, trying to help.

He said pregnant addicts going cold turkey risk miscarriage or preterm birth, so the treatment of choice is methadone, a pain reliever that also prevents withdrawal symptoms. But some women on methadone give birth to babies who go through withdrawal from that drug.

Weeks said many of the pregnant addicts he sees are strongly motivated to get clean. And while kicking their habits in the first trimester is better for the fetus, he said that often doesn't happen.

"The vast majority of mothers are concerned about their babies," he said. But "opiate addiction is a chronic problem with lots of relapses."

Kentucky has a handful of long-term residential programs that target pregnant and postpartum addicts, including Volunteers of America's Freedom House in Louisville and Cumberland River Comprehensive Care Center's Independence House in Corbin. Both provide therapy, life-skills education and support.

Recovering pill addict Valerie Hall of Pikeville, a 26-year-old mother of three, was five months pregnant with her youngest child when she came to Independence House after serving jail time for drug trafficking. With counseling and support, she gave birth to a healthy, drug-free son, Easton, more than four months ago.

"I know he would've been born addicted if I had not come here," she said, cradling Easton as he sucked on a bottle. "I love him so

much, and I'm grateful nothing happened to him."

Rickitta Smith, a recovering pain pill addict and former Freedom House client, said that program helped her give birth to a healthy baby as well.

"I was just tired of living that life," said Smith, who stopped taking the drugs when she was five months pregnant with her son. "I could feel my baby being hurt. It scared me."

But there are often waiting lists for such programs, and a similar location recently closed in Louisville for lack of funding.

Keeping custody

When a woman gives birth to an addicted baby, she can face serious consequences.

Criminal charges, however, are unlikely. Although women have been charged over the years with taking drugs while pregnant, a 1993 Kentucky Supreme Court ruling found that criminal child abuse doesn't extend to a woman's use of drugs while pregnant, Assistant Commonwealth's Attorney Leland Hulbert said.

But giving birth to a drug-affected baby can bring in child-protective services. Doctors and advocates said some women then go through treatment and keep their babies, but others lose custody. UK doctors said about four in 10 drug-affected babies can't go home with their mothers.

"A lot of these moms are very loving moms," Shook said. "They're just not at a point in their lives when they can take care of a baby."

Doctors and nurses said they try to educate parents in the hospital about caring for their infants and getting help for their addictions. "Our place is not to judge," Saunders said. "Our place is to help."

Tara Glover, a family advocate for Volunteers of America whose own son was born withdrawing from drugs nearly two decades ago, said many people see addiction as a moral failing instead of a disease. "But addicts aren't bad people," she said. "They're sick people."

Lueloff said she was at one of the lowest points in her life when she gave birth to Neveah, who was placed with a foster family and then an aunt.

But after becoming pregnant again, Lueloff sought help at a house run by Volunteers of America's substance-abuse services. She wiped away tears as she recalled getting sober and giving birth to a healthy son less than a year ago, her fifth child.

"This place has changed my life," she said.

Lueloff has regained custody of Neveah, is living on her own with her children, and beginning management training for McDonald's. She said she's bonding with her daughter, who used to consider caregivers her parents.

"Now," Lueloff said, twirling her hands through her daughter's black ponytail, "she's calling me Mommy."

Reporter Laura Ungar can be reached at (502)582-7190.

PRESCRIPTION FOR TRAGEDY

NEWBORN ADDICTS

Neonatal Abstinence Syndrome

WHAT IS IT?

A group of problems that occur in a newborn who has been exposed to addictive drugs while in a mother's womb. Neonatal abstinence syndrome can last from one week to six months.

CAUSES

A pregnant woman takes addictive (opioid or prescription drug) such as narcotics, benzodiazepines, amphetamines or others. These pass through the placenta to the baby during pregnancy, and the baby becomes addicted along with the mother. At birth, the baby is still dependent on the drug, but because the baby is no longer getting the drug, symptoms of withdrawal may occur.

SYMPTOMS

Symptoms are dependent on the type of drug the mother used, how much she was taking and how her body breaks down the drug. They can begin 1-3 days after birth or may take 5-10 days to appear. They may include:

- Bloated skin during swaddling
- Diarrhea
- Excessive high-pitched crying
- Excessive sucking
- Fever
- Hyperactive reflexes
- Increased muscle tone
- Irritability
- Poor feeding
- Rapid breathing
- Seizures
- Sleep problems
- Slow weight gain
- Stuffy nose, sneezing
- Sweating
- Trembling
- Vomiting

TREATMENT FOR NEWBORNS

Depends on the drug involved, whether the baby is premature and the baby's overall health.

- Watching the baby for signs of withdrawal, feeding problems, and weight gain. Babies who vomit or who are very dehydrated may need to get fluids through a vein.
- Caring for a fussy infant by gentle rocking, reducing noise and lights, swaddling in a blanket.
- Some babies with severe symptoms need medicine, such as morphine or methadone, to treat withdrawal symptoms. The doctor may prescribe the infant a drug similar to the one the mother used during pregnancy and slowly decrease the dose. This helps wean the baby off the drug and relieve some withdrawal symptoms. Opiates such as morphine or fentanyl (a synthetic opiate) should probably be used as initial treatment for opiate withdrawal in newborn infants. When a sedative is needed, phenobarbital is preferred.
- Breast feeding may also be helpful. Babies with poor feeding or slow growth may need a high-calorie formula that provides greater nutrition, or smaller portions given more often.



Tonya Anderson, an infant development and touch therapist nurse at Kosair Children's Hospital, comforts a newborn with substance dependency. "Sometimes all they really need is someone to hold them," she said. "I can do it for hours, so if they have a child that just can't be consoled, they will usually call me." www.thecourierjournal.com

“They are just agitated. They are screaming. They have tremors. Their faces – you have the grimace. They’re in pain. ... Sometimes the babies have seizures. We hate it; I’ll be honest about it. ... It breaks my heart to see these babies go through withdrawal.”

TONYA ANDERSON, infant development/touch therapist nurse at Kosair Children's Hospital

“We knew that it was common, but we would not expect this problem would have tripled (nationally) in the last decade. There are not many medical problems that have tripled in a decade – not obesity, not heart disease, not diabetes.”

DR. MATTHEW DAVIS, Associate professor at the University of Michigan

“This is driving costs in so many areas up from a fiscal standpoint. Then you look at the children who are born withdrawing from drugs – that’s a whole different cost. That’s the human cost.”

ANDREY TAYSE HAYNES, Secretary of the Kentucky Cabinet for Health & Family Services

TESTS

The doctor will ask questions about a mother's drug use. Tests to diagnose withdrawal in the baby may include a neonatal abstinence syndrome scoring system, which assigns points based on each symptom and its severity, a toxicology screen of the first bowel movements and a urine test.

COMPLICATIONS

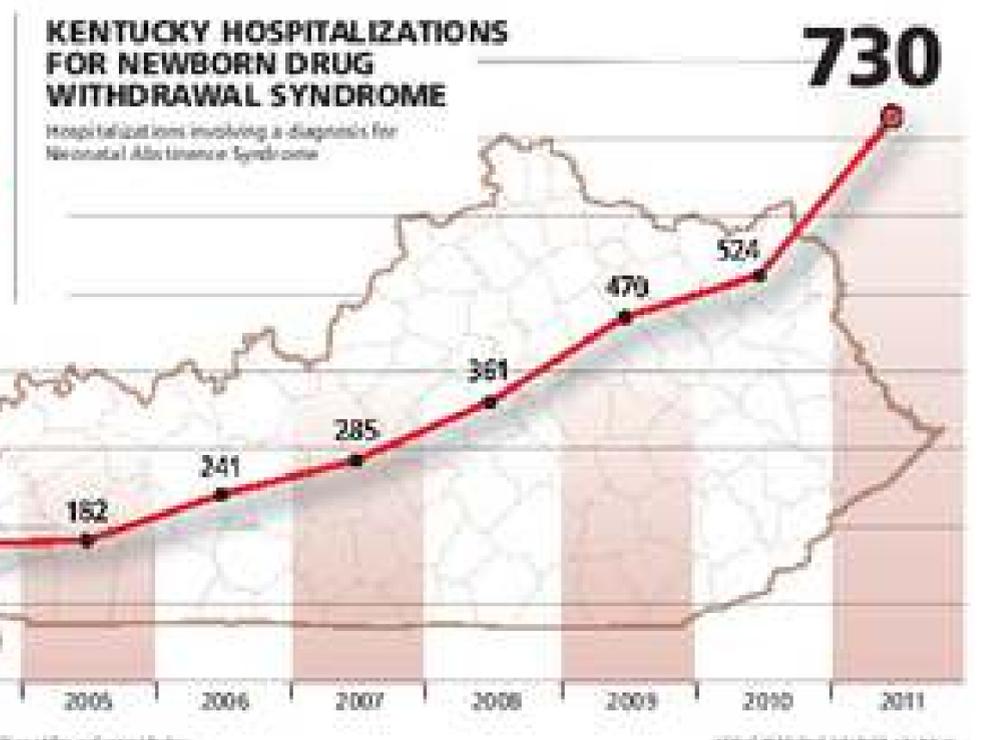
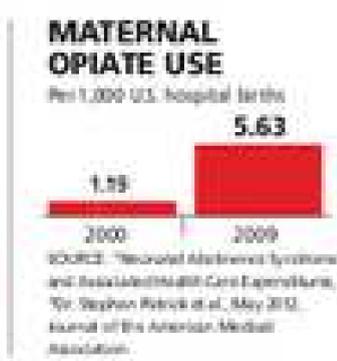
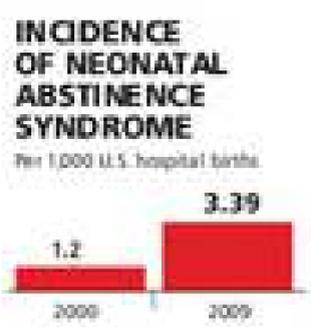
Birth defect, low birth weight, premature birth, small head circumference and sudden infant death syndrome.

LONG-TERM ISSUES

Recent data on long-term outcomes of fetal exposure to prescription drugs are limited, although some doctors suggest neurobehavioral problems or Attention Deficit and Hyperactivity Disorder are possible.

TREATMENT FOR PREGNANT MOMS

The current standard of care for opioid dependence is referral for therapy with methadone, but emerging evidence suggests buprenorphine also should be considered. Abruptly stopping opioids can result in preterm labor, fetal distress or fetal death.



WAYS PARENTS CAN HELP

THE "C" POSITION • Holding your baby in a "C" position will help him relax. Hold him securely and tuck his head and legs into a "C" shape so that his chin rests near his chest, with arms near the center of his chest. The baby's back should be rounded, with legs tucked toward his belly. Wrap the baby in a blanket to help him stay in the position.



PATTING • Pat the baby's diapered and blanket-covered bottom. (He can sometimes be too much for the most sensitive babies.)



AVOID FAST, JERKY MOVEMENTS • Such movements can be too stimulating to the baby's nervous system. Slow and rhythmic swaying is calming.

SWADDLING • Wrapping your baby snugly in a blanket will help him control movements and comfort him.



1. Put the blanket down in a diamond shape.
2. Fold the top corner down.
3. Place baby on the blanket with the tucked-down corner at the level of baby's ears.
4. Gently bend baby's legs close to his or her body so that the heels are near the mouth.
5. Tuck one side of the blanket snugly around baby.
6. Turn up the bottom corner.
7. Tuck the last side around baby.

PRESCRIPTION FOR TRAGEDY

TREATMENT

OPTIONS FOR REACHING OUT TO ADDICTED MOMS LIMITED

Kentucky's 36 certified centers are 'certainly not enough,' supervisor at one says

By Laura Ungar

lungar@courier-journal.com
The Courier-Journal

One way to stop the cycle of addiction is to get women into treatment before they pass their drug problems to their babies.

But officials, experts and recovering addicts echo the comments of Audrey Tayse Haynes, secretary of the Kentucky Cabinet for Health and Family Services: "There are very few treatment places for pregnant, addicted moms to go."

The U.S. Substance Abuse and Mental Health Services Administration lists 36 licensed or certified substance abuse treatment centers that serve pregnant or post-partum women in Kentucky.

But that's "certainly not enough," said Maggie Schroeder, a case management supervisor in the outpatient program at the Jefferson Alcohol and Drug Abuse Center. "We need more residential services. We need more outpatient services. We need more services in general."

The existing programs provide a range of services, from detoxification to long-term, residential treatment.

JADAC, for example, runs Project Link, an outreach and case-management service that assesses pregnant women at risk of using drugs and helps them find addiction treatment or other community resources for free.

The center also offers outpatient treatment and short-term inpatient care for pregnant women, including opiate detoxification in the second and third trimester as appropriate. Those services are covered by Medicaid or other insurance or paid for on a sliding scale.

A handful of long-term residential treatment programs in Kentucky target pregnant women and their babies, providing intensive therapy, support groups, fellowship, life skills education and recreation. Women stay during pregnancy and for a short time after giving birth.

Two such programs are the 15-bed Independence House in Corbin, run by Cumberland River Comprehensive Care Center and the 10-bed Freedom House in Louisville, part of Volunteers of America's Women's Substance Abuse Treatment Services.

Medicaid generally covers clients at Independence House and pregnant clients at Freedom House. Some post-partum Freedom House clients may pay a fee, but officials said no woman is turned away because she can't pay.

Both facilities have waiting lists. Freedom House's totaled 30 women earlier this month. And budget difficulties forced Volunteers of America in July to close Grace House, its second long-term site targeting pregnant women in Louisville. Officials said they couldn't afford to pay for clinical staff in two places.

Some Grace House clients were moved to Freedom House, while others moved to transitional or permanent housing after completing the program.

Volunteers of America is converting Grace House into a transitional housing and sober-living environment for women who have completed substance abuse treatment, and their children. Officials hope to turn it back into a treatment location if they can.

"We get calls every day," said Tara Glover, family advocate for the women's program at Volunteers of America. "If we had a huge hotel, we would still be getting calls every day."

Glover said such programs "are the last resort for many women," their "only hope." But if the pregnant mothers stick with their treatment, officials said the vast majority give birth to healthy, drug-free babies.



Heaven Walker holds her 2-day-old son, Kyler Adams, in Baptist Hospital Northeast earlier this month. Walker heavily abused painkillers until she was five months pregnant, but Kyler was born drug-free. ALTON STRUPP/THE COURIER-JOURNAL

Heaven Walker, 23, of Louisville

A Volunteers of America client who was at Grace House and is now at Freedom House. On Aug. 8, she gave birth to Kyler Adams, who was drug-free. Here she tells her story in her own words:

"When I was 17, I started hanging out with the wrong people, and I started using drugs, just on a social basis. Like I would smoke marijuana every now and then, and if somebody would have a pill, I would do a pill with them. I just kept on and kept on. ...

"Then I met a guy. He was both of my children's father, and he was already using, so I started using with him. ... I don't even remember getting addicted, but I was just at the point to where every day I just needed something. ... It was no longer a social thing; I needed it.

"In 2008, I got pregnant with my first daughter, and I stopped doing drugs while I was pregnant with her. And after I had her, me and (her father) started fighting and he wouldn't stop using. So I started using again. He

went to jail for robbery ... and I went to jail for possession. ...

"While I was in jail, my parents got temporary custody of my daughter. ... And then when I got out, I was doing really good. I was staying clean, doing everything (child protective services) wanted me to do. And then I just fell off again.

"(Eventually) I got pregnant with Kyler and I continued to use. ..."

After another arrest, "I was relieved. I was happy. I didn't cry or nothing. I was thanking God it was over with. ...

"So I found the Grace House and they accepted me. ... I ended up staying. I've loved it. I've been clean for almost four months now. ...

"I feel guilty for doing drugs when I was pregnant with (Kyler). I thank God every day that he gave me an eye-opener.

"(Kyler) is one of the biggest accomplishments of my life. He's the proof of me getting better and being a better person."

Reporter Laura Ungar can be reached at (502) 582-7190. Photographer Alton Strupp contributed to this story.

CONTACT THE PROGRAMS

- » **Independence House:** (606) 523-9386
- » **Volunteers of America Women's Substance Abuse Treatment Services:** 634-0082
- » **Jefferson Alcohol and Drug Abuse Center programs for pregnant women:** 583-3951

ANOTHER MOTHER'S STORY

Rebecca Brown of Lawrenceburg, Ky., was 15 when she started using and lost a daughter because she couldn't stop abusing drugs. Read her story and watch a video interview at www.courier-journal.com/drugabuse.

Do you or a loved one have a prescription drug problem?

Answering yes to any of these questions could mean that you have an addiction problem that could require medical help. In the past 12 months:

- » Have you ever had problems stopping your pain medication after the pain resolved?
- » Have you ever run out of your medication early because you took more than prescribed?
- » Have you ever felt guilty about your use of the medication?
- » Have you ever mixed other drugs with your prescribed medication to enhance the effect?
- » Have you taken pain medications from friends or family members without their knowledge?
- » Have you ever stolen property to pay for your medication? Do you have legal problems related to pill use?
- » Have you ever been sick when you ran out of pain medication?
- » Have you neglected your family as a result of your pain medication use?
- » Have you ever purchased medication illegally?
- » Have you thought that you need to stop using pain medication?
- » Have you found that you rapidly need more pain medication now than you recently needed to treat your pain?
- » Have you ever taken pain medication with anyone who has accidentally overdosed? Have you ever overdosed or required hospitalization for taking too many pills?
- » Have you ever experienced a blackout or loss of consciousness due to your use of drugs?
- » Have you tried to quit taking pain medication but couldn't tolerate how bad you felt so you started taking pills again to feel better?
- » Have you ever tried heroin?
- » Have you ever crushed your pills to inject them or snort them?
- » Have you ever sold your pills to someone else to pay for your own prescriptions?

Source: Dr. Chris Stewart, a medical director at Jefferson Alcohol and Drug Abuse Center

SOLUTIONS

ANSWERS ELUSIVE AS FUNDS SCARCE

'It's going to take all the knowledge of everybody to deal with this problem,' state official says

By Laura Ungar

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With the numbers of addicted babies skyrocketing, Kentucky and hospital officials say they've made it a priority to help the infants and try to stem the growing problem.

"This is driving costs in so many areas up from a fiscal standpoint," said Audrey Tayse Haynes, secretary of the Kentucky Cabinet for Health and Family Services. "Then you look at the children who are born withdrawing from drugs — that's a whole different cost. That's the human cost."

Cabinet officials met with medical professionals this month to discuss ways to combat the crisis.

"We're just at the early stages of trying to put together all the experts in the field," Haynes said. "It's going to take all the knowledge of everybody to deal with this problem."

There's no way to measure exactly how much the state spends on the addicted newborns be-

cause its budgets aren't broken down that way. But state and federal governments have put more money into some programs designed to help vulnerable families:

» In April, Gov. Steve Beshear announced that Independence House Recovery Kentucky Center in Corbin received a \$262,500 Community Development Block Grant from the federal government to support recovery care for residents. The 15-bed center serves pregnant and post-partum women battling substance abuse. Residents can stay 40 days to 12 months.

» Van Ingram, executive director of the state Office of Drug Control Policy, is seeking a \$45,000 grant from the National Governors Association to educate medical providers and the public about drug abuse and infants.

» A new Medicaid benefit means the state and federal governments will spend more money treating drug abuse in coming years. The current state behavioral health department budget for substance abuse treatment

and prevention is about \$34 million.

The Medicaid budget for the current two-year period includes funds to cover substance abuse services such as individual therapy, group therapy, peer support and intensive case management for 5,800 people.

This "i-waiver" program is funded through a state general fund increase to the Department for Medicaid Services—\$1.7 million in 2012-13 and \$4.4 million in fiscal 2013-14. Along with associated federal funds, this means total funding of \$5.8 million in 2012-13 and \$14.9 million in 2013-14 for these services.

But as the state struggles in the rocky economy, not every program designed to help pregnant women give birth to healthy babies is getting more money.

KIDS NOW Plus, a state initiative targeting pregnant women at risk of substance abuse, won't see its \$1.4 million budget grow next year despite the fact that officials say it works.

In fiscal 2011, KIDS NOW provided prevention services to 1,443 pregnant women, and case

management and outreach to 551. Overall, officials said, the program has reduced the number of clients misusing prescription drugs during pregnancy and six weeks post-partum by 75 percent.

When the problem can't be prevented, hospitals are increasingly taking steps to meet addicted infants' needs.

Plans for the new Norton Women's Hospital and Kosair Children's Hospital-St. Matthews call for a 10-bed neonatal abstinence syndrome center of excellence.

And a task force at University Hospital developed a neonatal abstinence syndrome protocol so doctors and nurses treat the problem uniformly, based on the best medical evidence.

The protocol, put in place in 2005 and revised this year, includes guidelines for assessing babies, managing their medicine, nursing and comfort care, and discharging infants.

Karen Kelly, president of the Eastern Kentucky anti-drug organization Operation UNITE, recently observed a similar pro-

gram at East Tennessee Children's Hospital in Knoxville.

Besides a treatment protocol, the Tennessee hospital uses volunteer cuddlers, has put together an educational brochure on the dangers of taking drugs during pregnancy and sends neonatal intensive care unit representatives to speak with community groups.

As policymakers and advocates attack the problem on a large scale, doctors and nurses continue the daily struggle to help individual babies.

But they agree they can do only so much; a lot depends on the child's home environment and whether their mothers stay off drugs.

Pauline Hayes, clinical nurse manager for University Hospital's neonatal intensive care unit, said nurses must remind themselves when addicted newborns leave the hospital, "it's not our baby; it's their baby, and we have to get them ready to take their baby home."

Reporter Laura Ungar can be reached at (502) 582-7190.