

COMMENTARY

Cocaine Use and Crack Babies: Science, the Media, and Miscommunication

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WE would like to commend Dr. Donald Hutchings for taking on the issue of what we do and do not know about the effects of prenatal cocaine exposure. Although we can argue about some of the finer points of interpretation, we think it is clear now, from a multitude of studies, that the effect of prenatal cocaine exposure is minimal at birth and is probably limited to minor growth deficits. Longer term effects have yet to be fully explored. The few data available seem to demonstrate that the effects may be minimal, but this area should remain an important focus for researchers. Furthermore it is also clear that it is extremely difficult to separate the effects of prenatal cocaine exposure from other detrimental factors, including a life style that includes other substance use, poor nutrition, and in many cases, poverty and a lack of medical care.

When the research is designed correctly and the appropriate control groups are used, the data demonstrate convincingly that the devastating effects forecast for cocaine- and crack-exposed offspring have not occurred (1). We have not seen a hoard of "crack-crazed children descending on our school system" as we heard a speaker once declaim, nor has exposure to cocaine during pregnancy created a biological underclass (2). There are further questions that must be raised, however, that as scientists we are not well equipped to address but that we are responsible for raising.

How did it happen that an epidemic of such proportions was declared so quickly? What were the forces within science and our society that propelled the early reports of cocaine effects to such prominence, and that still in large part continue to propagate the belief that cocaine is a terrible scourge visited on the innocent unborn? And why is it that we as scientists have been so ineffectual at re-educating the public to the real facts?

As Musto (1) documented and Hutchings noted, cocaine has occupied a special place in American culture, shifting from an acceptable bromide, to a feared drug, to a plaything of the rich and famous, to a drug used by the poor and unnoted. At its apex, cocaine is valued and prized and at its nadir blamed for all kinds of terrible consequences.

Scientists forgot, or perhaps did not know, that the first cases identified, the proband cases of an epidemic, are usually

the most severe, the most complicated, the most obvious, and seldom accurately represent the real natural history of a disease. We also forgot to remind the public that a correlation is not a cause but simply the starting point for investigation, and that behaviors do not exist in isolation but are part of and determined by the fabric of a woman's life.

It may be that cocaine use was becoming too prevalent, and therefore "out of control." At the same time, a number of problematic babies were identified, many of whom had been exposed to cocaine. This concordance, combined with the negative pictures painted for the effects of prenatal cocaine exposure, based on small case series of highly selected pregnancies and the failure to recognize that cocaine use exists in a broader context, all drove popular feeling toward declaration of a crisis.

We, as researchers, have moved through that crisis and it is time to correct the damage that has been done. Discussions like this one are useful for reaching a consensus among scientists, but once done, we must move on to broaden the consensus, to involve other fields and different expertise in the remediation. It is time to start educating other professionals—lawyers, police officers, medical professionals, educators, and journalists—rather than just continuing to talk among ourselves. Damage has been done to women and to the "crack babies" who have been given a label for which there is no cure and little hope. In addition, it is time that we, as scientists, begin to study the process by which research findings are translated into practice and what happens when those data are taken out of our context of carefully-couched reports into the lay press and the political arena.

Meanwhile, we must not lose sight of the fact that, although cocaine may not be the cause, teachers, health care workers, and society in general are seeing an increase in the number of children with problems. If these are not "crack babies," and if we cannot escape from the responsibility for these children by blaming yet another victim, what then is the explanation, and what is our responsibility as researchers?

A useful first step in addressing this problem is the acknowledgement that the cause is not cocaine/crack exposure. This would allow us to begin to focus on other issues that are

likely culprits, although far more difficult to study, such as poverty, violence, demoralization, and the complex interplay of these factors which affect the outcome of each pregnancy and the development of each child in ways we have yet to

understand. This work, however, will necessarily involve a coalition of skills, combining the expertise of this group of commentators with experts in the study of our culture and politics.

REFERENCE

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