

Argumentative essay on drugs and pregnant women

[Family](#), [Parents](#)



Why are babies, who are born to drug-addicted mothers, more likely to abuse drugs as teens and how can this be prevented?

Introduction

The term 'Mothering' is a manifestation of all the best practices constituted in the well being of a child. The way mothers perform this behavior is largely influenced by the social norms, rituals and myths. Then, the outcome of Mothering is an amalgamation of social, economic and political influences reflected in the character of a child. Hence mothers should be really concerned about how they raise their children and who is accountable for them. Family and household further extend support to the mothers as mothers alone cannot provide for all the needs of the children. It is the family and society which sets standards for what is good and bad for a child and a mother should be mindful of these differences if she wants to return to the society, a responsible human being.

This paper supports the argument that receptors of drugs, while in their mother's wombs, develop higher chances of becoming drug addicts when they come into their adolescence. In this regard, the paper provides explanation to how this happens highlighting the withdrawal symptom that these children experience, what specific drugs causes this impact over their lives and what is the after effects on their life. The paper also identifies which factors are responsible for pushing the teenage girls and women towards substance use and how can these women be saved from such a trauma. A comprehensive conclusion is provided at the end.

Withdrawal symptoms

Starting from the time since the baby is conceived in the mother's womb, the baby is vulnerable to all the harmful things that the mother gets involved in, which may include taking drugs or consuming alcohol. As the baby is developing in the mother's womb, the baby may get abused by the drug intake of mothers and hence may suffer from withdrawal symptoms when the mother cuts down on the quantity of drug consumed or when the fetus leaves the womb. This problem is also known as narcotics abstinence syndrome (NAS) and it basically explains the irritability, hyperactivity, and restlessness witnessed in newly born babies. These symptoms as provided by (Brownstein-Evans, 2) are:

- **Difficulty with tone and movement:** Infants facing this problem may have developed tight muscles and tremors and these problems can lead to difficulty in feeding, resulting in weight loss of the baby or in some cases, failure to survive.
- **Difficulty in state regulation:** Under this condition, infants face problem sustaining an alert state of mind which is essential to observe the ambiance, respond to care takers and demonstrate the need to be fed. They can also experience an issue transiting in different states like from wakefulness to sleep state and hence develop irritation associated with the lack of sleep.
- **Difficulty in reacting to stimuli:** Infants may demonstrate absurd reactions to different stimuli like touch, sound, movement. Their

reaction may vary from being hyperactive to not responding at all or avoiding the stimuli altogether.

- Difficulty in autonomic nervous system control: If an infant develop a problem in its nervous systems than it will demonstrate an irregular functioning which may involve too frequent hiccupping, fast breathing and diarrhea/vomit.

However, the withdrawal symptom exhibited in different babies may be different dependent upon the timing of exposure to the drug, the intensity or the dose. The timing of exposure is important as well because when the fetus is in 12th week than it's highly vulnerable and so may get significantly affected by the drug in the blood. However, if the fetus is in its 37th week, than the effect will be minimal (Brownstein-Evans, 2). Also since the fetus doesn't metabolize and can't excrete compounds hence the level of drug in the fetus differs from the level in the mother. That is why the new born may demonstrate evidence of drug intake by the mother; even several days after the birth and the withdrawal symptoms may continue to show for months.

There may have developed several ways to help the babies recover from the withdrawal symptoms but at the very heart of the cure, there should be immense attention that the baby should receive from the hospital staff.

Medication that is used typically include morphine whereas the physicians may also recommend methadone or other soothing techniques (Beck, 1-3).

Specific drugs

According to (Chadwick, 2-3) Drug abuse is a practice seriously illegalized because almost all of the drugs have disastrous effects on the brain and the

more they are use, the greater will be their damage over the nervous system. There are many drugs registered, that may cause harm to the fetus. These drugs may be categorized into prescription drugs, over-the-counter drugs, and illegal drugs. Alcohol, heroin and tobacco are some common drugs with well-documented effects. For example, Alcohol, when consumed in large quantity during the early stages of pregnancy can produce devastating effects over the fetus including birth defects and mental impairment. These problems will range from mild to moderate brain damage and will become apparent when the child is born with a disability or his mental capabilities are challenged at school. Another drug is heroine, which used late in pregnancy can boost up the severity of the withdrawal symptoms inflicting the baby after birth. There are many other drugs which may directly affect the fetus or may demonstrate their effects through the severe withdrawal symptoms inflicted upon the baby. These drugs may be cocaine, PCP or amphetamines.

The effects of the substance abuse

(Evans, 1) illustrates a scenario of the tumultuous life of a fetus trapped in its mother's womb and unwillingly being subjected to high amounts of alcohol or other drug abuse. This scenario is in congruence to the life of passenger on a storm tossed ship without a rudder. The little fetus has to absorb the drug which will eventually be in higher quantity than the drug consumed by the mother and this drug will persist in the fetus's bloodstream for a comparatively longer time. Hence the fetus will have to pay for sins which he didn't commit. In most of the cases, the baby gets addicted to the drug and

experience withdrawal at their birth. As (LaGasse et al, 64-72) summarizes the emotional instability in the following lines “ An exposure is associated with increased emotional reactivity and anxious/depressed problems at both ages and externalizing and attention-deficit/hyperactivity disorder problems by age 5 years”. Furthermore (Olsen et al, 1-5) contend that the other defects which may accompany these babies for their entire life are the deformities like the facial deformity, the malfunctioning of the heart, mental retardation and other defects like low birth weight, coupled up with increased chances of infant mortality.

The above mentioned were the effects which were personal to the baby.

However,

(Cornelius, Leech & Goldschmidt, 45-52) further contend that the child may continue to witness neglect and physical abuse, if the mother continues her addiction to the drug. This may happen because mothers addicted to heroin would be too high to cater to services of the baby particularly during the night times and would not take appropriate care leaving the baby to its own self or to others. Fathers indulged in this behavior, experience zero level tolerance for normal stresses accompanied by a new born baby like waking up in the middle of the night and the repercussion of them being so aggressive is fatal abuse over the baby. Such mental disturbance cultivates a negative trait in the personality of the new born even if he weren't affected earlier (Chadwick, 2-3).

Another similar argument has been made by (Norris, 3) who highlights the study of Dr. Brook. Dr. Brook recognizes that the three influencing factors over the life of a baby are prenatal tobacco exposure, a physically abusive or stringent disciplinary style and a conflict behind mother and child. All these factors are solely responsible for disrupting the neuro physiological functioning of the fetus, which pushes the child in a tragedy of not being able to develop their brain functioning properly which will eventually cultivate into behavioral problems being exhibited by these kids such as mental illness, substance abuse or juvenile delinquency. In fact, a study by (Richardson et al, 37-46) reinstates the same findings that children exposed to prenatal methamphetamine exhibit behavior problems starting from the age 3 which is actually a cause of concern for the public.

General Family Factors Leading to Addictions in Children and Adolescents

There has been a network of factors behind the initiation and development of substance abuse among women and girls. As is anticipated, the initiation began after the substance was introduced by someone else who in most of the cases is by a boy friend or another male friend. (LaGasse et al, 64-72) has provided evidence for the notion that interaction, assistance and encouragement of other people is responsible for women engaging in substance abuse. They may get attracted to the offer made by the male partner in circumstances when the women may be suffering immense stress, heavy influence of the relationship or other psychological characteristics. Some women also report that they took on to the drugs because it kills their hunger and hence help them lose weight. Other studies have reported the

parental impact over pushing the child towards development of drug addiction. Parents who have remained regular users of alcohols or illicit drugs are not able to monitor their kids properly and protect them from being subjected to physical or sexual abuse by other family members. (LaGasse et al, 64-72) also contends that throughout the history, many examples have been proposed in which a child particularly female when tormented by physical or sexual abuse may develop the habit of consuming drugs to relieve them of this pain. It is tragic to realize that leaving their kids in worst possible conditions, parents are either savoring their own lives or may remain unavailable to cater the needs of their children. Alarming reviews provided by (Minese et al, 2-44) have registered that there is a direct link between alcoholic parents and children getting addicted to alcohol and an indirect link to less parental supervision, stress and other forms of emotional volatility because when a parent has substance abuse disorder, the child sees this as an acceptable behavior. This is the reason why good parental support is like a shield against this behavior. (Richardson et al, 37-46) have contended that around 4500 women interviewed have proposed the statement that good parental and marriage is protective against the development of substance abuse in women. Even if a woman is indulged in bad behavior such as this, good partners can act as motivators for women to escape this condition in which immense trauma and risk is involved.

Why do adolescents possibly end up being substance users involuntarily?

As much as the prospect of babies developing drug addiction due to prenatal exposure is alarming, how do they develop this addiction is a question of

utmost significance. (Tom, 1-2) has answered that fetus start producing inhibitory/repressive chemicals once they cross their second trimester. Until then the baby is highly vulnerable to whatever the mother intakes. The evidence of this is provided by (Richardson et al, 37-46) as he quotes " First trimester cocaine exposure significantly predicted earlier adolescent marijuana and alcohol initiation". Also until then the mother has to provide for the necessary serotonin which the baby demands. If the mother is low on the supply, then the baby will suffer the repercussions of that lack of serotonin. This notion of the fetus being completely vulnerable before the second trimester explains that when the mother takes the tranquilizers or other pain killers, she is actually forcing the fetus to adapt to the input. These continuous doses adapt the fetus to drug abuse before the development of inhibitory chemicals to restraint its use and so when the baby is born, he/she is in demand for these products.

However (Tom, 1-2) provides a different side of the argument claiming that the drug abuse may develop tolerance in the baby so that they are least aggravated by the depressive moods and the potential of committing suicide is also low amongst them. The only worst implication in the offspring of a mother who takes drugs would be the development of drug addictive behavior. The earlier proposition was made on the grounds that if mother was addicted to opiates or any other pain easing drug, then her baby will be capable of soothing the trauma in his life and hence would be capable of not becoming a suicide prone individual. In other words, when projected with feelings of hopelessness which can trigger the need to bring about an end to

one's life because it not only raised the hopelessness but also resonated the agony of the situation. In this circumstance the pregnant mother would resort to taking a drug to ease her pain which will also ease the suffering of the baby. Thus later on the baby will develop the habit of turning onto the drugs to ease the pain, a replication of the earlier event.

The gravity of the issue can be determined by the statement proposed by (Beck, 1-3) that around 375, 000 babies are born to drug addicted mothers every year and hence later in life these babies also develop the habit of injecting cocaine, heroin, methadone, amphetamines, PCP or marijuana because they can't stand without its effects when they are vulnerable outside the womb. Another similar stance can be drawn from the article by (Munro, 35-47) which states that a large number of pregnant women in Canada are addicted to crystal meth, the evidence of which can be found after testing wisps of hair from days-old babies. The drug crossed the placenta and reached fetuses in the womb.

Solution to the problem

Given the devastating effects that drug addicted mothers impose upon their babies particularly the behavior of becoming addicted to the same drugs which the fetuses were exposed to while still in the womb, there is an immediate need to find out the resolution of this problem. (Nordberg & Hellström, 289-293) has outlined some remedies which are a useful solution. First of all women with drug dependency should pursue drug abuse treatment, prenatal care and psychiatric treatment, from the time they conceive the baby so that can furnish their parenting skills. The medication

usually provided in this circumstance is methadone or buprenorphine to help the women maintain their abstinence from illegal drug abuse.

This problem also arises out of the lack of awareness of the repercussion of drug addiction of pregnant mothers hence the a major campaign should be undertaken to educate the people and spread the message far and wide about the risks of drug abuse in pregnancy. (Chadwick, 2-3) is of the view that this approach would require support from the government in providing funds for this campaign, and allowing it to run on the media. The government can also provide enhanced facilities for drug rehabilitation especially for young teens. Though this may cost a lot, but considerably lesser than the cost of all litigations against drug abuse. The benefits will be both at the individual level as the life of mother and the child will be protected and at the societal level for the society will no longer have to deal with these issues and will have responsible citizens directed towards their well being.

According to (Turner, 5) the best treatment for mother on drugs is not to abstain from the drug usage immediately. Abstaining immediately is more harmful for the fetus and the mother always holds the potential of relapsing into this behavior later in their lives. Rather the doctors recommend that mother should sustain her usage of methadone or buprenorphine which controls their opium exposure and doesn't pose any risk to the baby as well. This may reduce the withdrawal symptoms faced by the baby as well. The remaining symptoms can then be eliminated with the same drugs by which the mother was being treated. These drugs can be passed onto the infants

through direct injection or through the mother's milk while the mothers are nursing for their kids.

Conclusion

Based on the above discussion we can see that those women who have developed the habit of substance use hold a major risk for their unborn babies. This risk may demonstrate its dangers from the moment it enters the blood stream of the fetus for the fetus will cultivate a need for this drug due to which it may suffer withdrawal when the baby is born. The withdrawal itself is not a good sign because it can give rise to negative traits within the baby. Furthermore, more traumatic effects of this can be either mental or physical deformity. As the essay progressed, we identified that the factor for this substance abuse has largely been less parental support and supervision which can project the child towards isolation or physical abuse in the extreme case. Hence an educational campaign with the help of citizens and government is required to reduce such risk, educate the mothers and push them towards taking the remedial measures outlined above.

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