

Participation by Opioid-addicted Babies and Foster Children in the National Opioid Epidemic Litigation



Our nation's children, especially our newborns, are suffering in clinics and hospitals from real, provable damages related to their parents' addiction to prescription opioids.

Here are the Facts*:

INFANTS

- National studies of Medicaid-enrolled women by the Centers for Disease Control found that 21.6 percent filled at least one opioid prescription during pregnancy.
- Every 15 minutes an opioid addicted baby is born in this country.
- Newborn babies experience side effects to include excessive crying, heavy sweating, diarrhea, tremors, convulsions, seizures, vomiting, difficulty sleeping, loss of appetite and pain as soon as 24 hours to 10 days after birth.
- Methadone or Morphine is often needed to treat infant opioid withdrawal, known as Neonatal Abstinence Syndrome. Long-term side effects include Attention Deficit Disorder, cognitive deficits, growth delays, depression, and behavioral problems, and the ability to function independently.

FOSTER CARE IMPACTS

- New foster care cases involving parents who are using drugs have hit the highest point in more than three decades of record-keeping, accounting for 92,000 NEW children entering the system in 2016, according to the U.S. Department of Health and Human Services.
- The crisis is so severe – with a 32 percent spike in drug-related cases from 2012 to 2016 – it reversed a trend that had the foster care system shrinking in size over the preceding decade.
- All told, a total of 437,000 children were in the foster care system as of Sept. 30, 2016. Child and family assistance spending related to the epidemic was about \$6.1 billion in 2016.

**These facts provided by our medical expert Dr. Brent Bell*

Increased medical costs, social service costs, child welfare costs, law enforcement costs, court costs, incarceration costs, loss of worker productivity, wrongful deaths, lost personal opportunities: These are the rising costs of a national addiction problem caused by opioid manufacturers and distributors.

Addicted parents, removal of children from parents, and addicted infants pose a direct threat to our society. There is a significant lack of resources for education, treatment, prevention and public safety in our communities to address this growing epidemic threatening our future and our families.

Let us discuss how we can fight back together. We're at the forefront of fighting the national opioid litigation battle, and we're in a good position to get justice now. Stand with us.

OPIOID JUSTICE TEAM™

Our team of renowned experts is already building a damage model that will capture the extent of the economic loss suffered by Americans, their families, businesses and communities because of the additional uncompensated expenses and stress on resources that have come with the Opioid Crisis. Our experts are also developing proposals to bring communities the resources they need to fight the causes of the Opioid Crisis and deal with its effects.

Join us: www.opioidjusticeteam.com or call 800-LAW-2999

A Brief History of Prescription Opioid Abuse in the U.S.

Knowledge of the addictive nature of opium is extensive and addiction to it is recognized as a harmful, long-lasting complex brain disorder and mental illness with a high relapse rate. The costs associated with addiction include medical costs, police costs, jail and prison costs, work-related accidents, and other accidents caused by impairment. In all users, long-term opioid use leads to decreased brain volume in the emotional centers of the brain (amygdala).

Despite knowing this, in December 1995, the FDA approved the manufacturing and dispensing of time-released synthetic opioids, namely Oxycontin. Other drugs soon followed. By 1998, the Federation of State Medical Boards released a recommended policy, reassuring physicians they would not face regulatory action for prescribing large amounts of narcotic opioids. By 2001, new health standards required hospitals to ask patients about pain and to make treating pain a priority. Medical pamphlets, notably those published by Purdue Pharma, stated there was no evidence that addiction was a significant issue when persons are given opioids for pain control.

Nevertheless, the increase use of prescriptive opioids was most influenced, according to the Journal of the American Medical Association, when physicians were greatly influenced to write more opioid prescriptions thanks to "freebies" and benefits they received from industry marketing efforts encouraging them to write more opioid prescriptions.

Thus, America now knows synthetic opioids, like natural opioids, are highly addictive. Prescription drug abuse is rampant in all areas of our country, particularly among young people, causing untold misery and harm. There are more than 6.4 million prescription drug abusers in the United States. Since 1996, the incidence of opioid-based addiction in the United States of America has risen to the point of a national epidemic. Today, the opioid epidemic crosses every population, rich poor, coastal interior, industrial rural, every race, every religion.

In 2012, the number of opioid prescriptions written in the U.S. was 259 million resulting in sales of more than \$9 billion. The White House Drug Policy Office estimates that such abuse rose 17 percent from 2001 to 2005. That office reports that currently there are more new abusers of prescription drugs than new users of any illicit drug. Young people mistakenly believe prescription drugs are safer than street drugs.

WOMEN ARE MORE LIKELY TO BE PRESCRIBED OPIOIDS BY THEIR DOCTOR THAN MEN.

It is estimated that one third of all opioid users are female and that two thirds of these women are of childbearing age; almost 40 percent of women aged 15-44 years report receiving at least one opioid prescription in 2015. Women are more likely than men to be prescribed opioids for conditions such

as headache. In fact, female subjects, on average, have plasma of oxycodone concentrations up to 25 percent higher than males on a body weight adjusted basis.

WOMEN, OPIOIDS AND PREGNANCY

Among women in the U.S. who use opioids, an estimated 86 percent of their pregnancies are unintended. Many women do not realize that they are pregnant.

Opiate drugs easily transfer cross the placenta to the fetus. Anything the mother ingests, or inhales is eligible to cross the placenta to the fetus. Opioids are lipid (fat) based and easily transfer from mother to the baby. The developing fetal brain has a high lipid content and easily combines with the opioids circulating in blood. The transmission of opioids across the placenta is increased as gestation increases. Synthetic opioids cross the placenta more easily compared with semi-synthetic opiates.

The ease with which synthetic opioids can cross the blood-brain barrier of the fetus and the prolonged half-life of these drugs in the fetus may increase the risks of abnormal brain development and worsen opioid withdrawal in infants after birth, causing Neonatal Abstinence Syndrome in the baby or NAS.

The addictive nature of synthetic opioids can transmit to a fetus in utero during gestation. Prescription opioid use in pregnancy is strongly associated with neonatal complications. Opioid use can disrupt fetal brain development at any stage during pregnancy, except the first 10-14 days after conception.

OPIOID-DEPENDENT BIRTHS INCREASING IN U.S.

The prevalence of opioid abuse or dependence among pregnant women in the United States has increased from 1.7 per 1000 delivery admissions in 1998 to 3.9 per 100 delivery admissions in 2011. Recent figures demonstrated almost a 40-fold increase in the number of infants presenting with opioid withdrawal or neonatal abstinence syndrome (NAS) at birth.

Gaps in medical knowledge still exists with NAS, including a lack of clarity and consistency in how the syndrome is defined, measured, and managed. Only 28 states report NAS births. By 2012, on average, one NAS-affected infant was born every 25 minutes in the United States. In 2019, one NAS-affected baby is born every 15 minutes.

Neonatal abstinence syndrome is a constellation of symptoms suffered by newborn infants exposed to opioids in utero. Clinically significant NAS most commonly results from prolonged exposure to opioids, but symptoms of neonatal withdrawal have also been noted after short-term therapy.

Opioid-exposed infants are typically born with small head circumference, low birth weight, respiratory and feeding difficulties, seizures, neural tube defects, cleft palate, and visual disturbances which, are

recognized as a complication of gestational opioid exposure. Long-term outcomes beyond the initial NAS diagnosis are concerning. A substantial number of these children demonstrated neurodevelopmental, behavioral, and attention problems.

Both long-term and short-term in utero exposure to opioids presents dangers to the developing child. It is thought that in utero opioid exposures occurring between 3 weeks and 12 weeks after conception carry the highest risks for congenital defects. The long-term risks of opioid exposure during the 14-day period following conception are currently unknown. Thus, preventing in utero exposure is the key to abatement.

Prenatal exposure to opioids may decrease full brain and basal ganglia volumes in otherwise healthy newborn infants. Risks of sudden infant death syndrome (SIDS) in preterm infants with prenatal opioid exposure are increased because of the changes in normal infant sleeping patterns, depressed respiration or responses to hypoxia (low oxygen levels).

There is a continuous negative effect on infants/children related to prenatal-opioid exposure over time. Preschool aged children, exposed to opiates, are known to the experience one or more of the following symptoms: mental and motor deficits, cognitive delays, hyperactivity, impulsivity, attention deficit disorder, behavior disorder, aggressiveness, poor social engagement, failure to thrive (socially), and short stature.

School-age children exposed to opiates may experience one or more of the following cognitive/behavioral deficits: verbal impaired performance, impaired reading and arithmetic skills, for mental and motor development, memory and perception problems, attention deficit hyperactivity disorder, developmental delays, speech problems, language disorders, impaired self-regulation, school absence, reduced executive functions and behavioral regulation, for responses to stressful stimulations situations, poorly developed confidence or efficacy, impaired task performance, depressive disorder, and substance abuse disorder.

Compared with non-exposed children, the children of drug-using parents are more than twice as likely to develop an alcohol and/or drug abuse disorders themselves as an adult.

Methadone has become the standard of care for pregnant women with opioid addiction. Methadone treatment is related to the increase incidence of NAS.

In the United States of America, between 2000 and 2012, NICU admissions increased more than fivefold, resulting in annual costs from \$61 million and 67,869 hospital days (2003) to nearly \$316 million and 291,168 hospital days (2012). According to the CDC, once discharged from the NICU, first year Medicaid costs of opioid-exposed babies in utero in 2015, ranged from \$159,000 to \$238,000.