

OPIOID-DEPENDENT BIRTHS INCREASING IN U.S.

In 2015, first-year Medicaid costs for opioid-exposed babies in utero climbed from **\$159,000 to \$238,000**

every **15** minutes one NAS-affected baby is born

Between 2000 and 2012, U.S. **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).

Delivery admissions to opioid-dependent pregnant women went from 1.7 per 1000 in 1998 to **3.9 per 100 in 2011.**



Prescription drug abuse is rampant in all areas of our country:

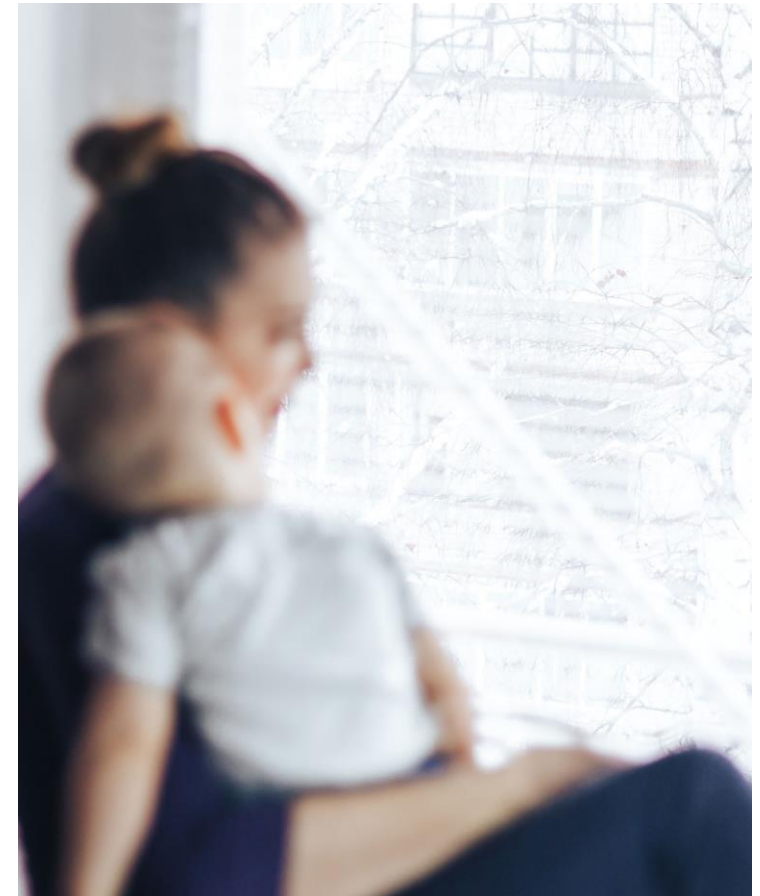
- 6.4 million prescription drug abusers in the United States today.
- The number of opioid prescriptions written in the U.S. in 2012 was 259 million resulting in sales of more than \$9 billion.
- Opioid abuse rose 17 percent from 2001 to 2005, and today there are more new abusers of prescription drugs than new users of any illicit drug.

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



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Addiction to opium has long been recognized as a complex brain disorder and mental illness with a high relapse rate.

Despite this common knowledge:

- In 1995, the FDA approved the manufacturing and dispensing of time-released synthetic opioids.
- By 1998, the Federation of State Medical Boards reassured physicians they would not face regulatory action for prescribing large amounts of narcotic opioids.
- Medical pamphlets, notably those published by Purdue Pharma, stated there was no evidence that addiction was a significant issue when persons are prescribed opioids for pain.

Women are more likely to be prescribed opioids by their doctor than men.

- Two-thirds of women prescribed opioids are of childbearing age.
- Almost 40% of women aged 15-44 received at least one opioid prescription in 2015.
- Women using oxycodone have plasma concentrations up to 25 % higher than men on a body weight adjusted basis.
- 86% of the pregnancies of women who use opioids are unintended.



Women, Opioids, and Pregnancy

The ease with which opioids cross the blood-brain barrier of the fetus and the extended release of these drugs to the fetus increase the risks of abnormal brain development and worsen opioid withdrawal in infants after birth, causing Neonatal Abstinence Syndrome in the baby or NAS. Methadone has become the standard of care for pregnant women with opioid addiction. Methadone treatment is related to the increased incidence of NAS.

Both long-term and short-term in utero exposure to opioids presents dangers to the developing child, and exposure between three and 12 weeks after conception carry the highest risks for congenital defects. Prenatal exposure to opioids may decrease brain volumes in otherwise healthy newborn infants. Opioid-exposed infants are typically born with small head circumference, low birth weight, respiratory and feeding difficulties, seizures, neural tube defects, cleft palate, vision problems and a higher risk of Sudden Infant Death Syndrome (SIDS).

The Continuous Impact on NAS Children

There is a continuous negative effect on infants/children who experienced prenatal-opioid exposure.

There is a proven link between in-vitro exposure of the fetus to prescription opioids and birth defects, most notably heart, neural, digestive and other physical deformities, as well as a pre-disposition to Spina Bifida, Cleft Palate and other conditions. Pre-school aged NAS children have mental and motor deficits, cognitive delays, hyperactivity, impulsivity, attention deficit disorder, behavior disorder, aggressiveness, poor social engagement, failure to thrive (socially), and impeded physical growth.

School-age NAS children experience impaired verbal performance; impaired reading and arithmetic skills; mental and motor development, memory and perception problems; attention deficit hyperactivity disorder; developmental delays, language disorders, executive functions and behavioral response to stress; 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 disorder as an adult. For more information, visit www.birthproblems.com

