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AUTHORS' REPLY

Dear Sir,

Mr. Butler makes some interesting and pertinent comments regarding the social implications of the women followed up in this study. Initially it should be said that, while little information regarding socio-economic status was included on these patients, this was in fact a follow-up study and was adequately reported on in the original study by O'Connor et al[1]. Mr. Butler has addressed a number of broad policy issues which do not directly pertain to the article in question. Perhaps some of the issues raised by him could be discussed at a broader forum rather than in a specific article such as this.

The aim of our study was to follow up these women after a period of six years and we highlighted the chronic and chaotic nature of this group. This point is aptly illustrated by the fact that since the study was completed a further three patients have died giving a mortality rate of 22%.

In view of these findings it is our belief that continued use of illicit drugs while on concurrent Methadone maintenance leads to ongoing chaotic and at risk behaviour. It is our further contention that these patients and ultimately their children would be better served by a greater emphasis on promoting a drug free lifestyle. This encompasses both detoxification and active rehabilitation in a setting where access to children would be unrestricted.

While the idea of Methadone maintenance during pregnancy has long been promoted as a safe option[2], it should be in conjunction with adequate care and psychosocial counselling i.e. a harm reduction model. For some time this has been the policy of our Centre. Further one might also state that it is hardly an ideal start in life for a baby to be born addicted and require detoxification in the neonatal period.

At no point in the article do we advocate that all babies born to drug dependent mothers be placed on an "at risk" register and as Mr. Butler points out there is no statutory basis for such a register under our present Child Care Acts anyway. What we do attempt to convey is that if certain mothers continue to abuse drugs and indulge in at-risk behaviour regarding HIV transmission etc. then obviously these babies need to be monitored in an adequate manner.

Thus we feel that some provision should be made in our current Child Care Policies for monitoring such babies.

Our Centre has been to the forefront in providing treatment programmes for this group of patients, which includes both medical and psychosocial aspects of care. We feel that we are in a unique position to evaluate the impact of treatment services on these women in Ireland. The programme has now been in operation for nine years and it is gratifying to note Mr. Butler's current interest in the area. At any time we would be delighted to afford him the opportunity to visit our Centre and discuss further with us the services provided as described.

Yours sincerely,
E. Keenan
A. Dorman
J. J. O'Connor

References

1. O'Connor, J. J., Stafford-Johnson, S., Kelly, M. G. A review of the characteristics and treatment progress of 45 pregnant opiate addicts attending The Irish National Drug Treatment Centre over a two year period. Irish J. Med. Sci. 1988: 157, 146-149.
2. Finnegan. L. P. Outcome of children born to women dependent upon narcotics. In: Stimmel, B. (Ed.). The Effects of Maternal Alcohol and Drug Abuse on the New Born. (New York Howarth Press 1982).