Babies among victims of heroin addiction

NICOLE LEONARD, Staff Writer | Posted: Saturday, November 7, 2015 4:00 pm

It usually happened at a friend’s house.

Brittany Vitullo would watch as someone prepared a syringe filled with a dark brown liquid. She’d line up the syringe with a blue vein in her arm, stick the needle in and push the plunger until the liquid disappeared.

In minutes, Vitullo said, there was a rush of ecstasy that made her forget any problems she had with her family or that she was an unmarried 19-year-old, six months pregnant with her second child.

At the time, Vitullo, of Lower Township, didn’t want to have another baby. And she didn’t want to give up heroin. Using heroin gave her “a warm feeling, like everything going on in my mind would just shut down for a while.”

Brittany Vitullo talks in video here.

Heroin use has become an epidemic in South Jersey, with the number of overdoses making headlines. Less well-known is the fact that more expectant mothers are exposing their unborn children to the drug.

Experts say the problem is growing. While more men use heroin overall, the number of women users has doubled in the past decade, according to the federal Centers for Disease Control and Prevention. Putting numbers on heroin use during pregnancy is difficult, but the National Institute on Drug Abuse cites one study that says an opioid-addicted baby is born in the United States every 25 minutes.

Harvard Medical School researchers say women become dependent on drugs more quickly than men, find it harder to quit and are more susceptible to relapse. The odds were stacked against Vitullo when she used heroin for the first time, at age 18.

“I didn’t know what it was at first. I had no idea what my friend was going to get, but I tried it and liked it,” said Vitullo, now 22. “After the first time, I just took off with it.”
Vitullo had her first child when she was 16 and hasn’t seen much of her since. The child lives with her birth father in Atlantic County.

Vitullo became a heroin addict before her second pregnancy, and she continued to use.

“I felt self-centered. I didn’t want another baby at that point, and I had postpartum (depression) after the first,” Vitullo said. “I remember thinking, ‘I’m not stopping.’ If I had a miscarriage, then that’s what would happen. But then I realized if I was going to get treatment, it had to be all or nothing.”

Dr. Jennifer Tioseco, a neonatologist and medical director of CHOP Newborn Care at AtlantiCare, said that 10 years ago, hospitals rarely saw babies born into opioid dependency. That has changed.

“I’ve seen a definite increase of babies who have been exposed, not just here, but at conferences all across the country,” Tioseco said.

Babies born addicted to opioids are often jittery, irritable and inconsolable. Addicted babies have trouble feeding and, in the worst cases, experience seizures while their bodies go through withdrawal.

Vitullo was still using heroin six months into her pregnancy. Then her mother forced her to go to a methadone drug-treatment clinic.

“I wouldn’t get out of the car. Everyone was going to look and judge me. And I thought, ‘How did I end up like this?’” Vitullo said. “Everyone in there said it was OK, but I was hysterical.”

In 2012, Vitullo gave birth to a baby girl at Cape Regional Medical Center in Cape May Court House. The baby was born with neurological symptoms common in heroin-addicted babies and had to stay in the hospital for two months. Vitullo watched as doctors gave her daughter morphine as she went through withdrawal.

“She looked so sad in the incubator. I wanted to breastfeed and I remember asking the nurse if I could, but she said no,” Vitullo said. “It was painful to see my child suffering. I was scared. I remember people saying they were going to call DYFS and take her away.”

It is too early to tell whether Vitullo’s daughter, now 3, will experience significant effects from her mother’s drug use. Tioseco said long-term studies show many children born in similar circumstances will have learning disabilities, developmental problems and high-order function difficulties.

Gauging the size of the problem of heroin-addicted babies is difficult because of inadequate data. Figures on pregnant women using narcotics lag years behind today’s heroin epidemic. And even those data lump together all drug use. Data on heroin-related pregnancies is scarce.
“While the CDC does not currently conduct national surveillance for neonatal abstinence syndrome, recent studies show that there have been dramatic increases in babies being born suffering from opioid withdrawal in the United States,” said Dr. Jennifer Lind of the CDC’s National Center on Birth Defects and Developmental Disabilities.

Lind cited studies that recorded a fivefold increase between 2000 and 2012 in babies born with NAS, a withdrawal syndrome that affects newborns who have been exposed to opioids in the womb.

For a while after the baby’s birth, Vitullo’s life seemed OK. The methadone treatment helped, and Vitullo took on the responsibility of caring for her baby. But weeks later, she couldn’t resist the call of heroin and decided she was unfit to be a mother. She gave custody of her baby to her mother.

Vitullo remembers going to a friend’s place when she was using heroin. A back room was filled with children’s toys and baby food. When Vitullo asked about the child, her friend just said she didn’t have it anymore.

“She said that and was about to get high. That was a sign for me,” Vitullo said. “That was how I was going to be if I didn’t stop.”

In 2014, Vitullo started an addiction treatment plan using methadone and buprenorphine, which blocks the effects of heroin and eases withdrawal symptoms. She had begun dating her current boyfriend, who helped her want to be free of her addiction.

On a recent Monday, Vitullo visited the Families Matter addictions treatment center in the Villas section of Lower Township. Her third daughter, Jaeda, lay smiling in her baby seat as they waited in the lobby. Other women, and some young teenage girls, sat in nearby chairs.

“It’s amazing to see how far she’s come,” said Michelle Keating, a counselor at Families Matter. “We work on giving space to any stressors, anything that’s a barrier to her recovery. She has the confidence to do all these things, and sometimes she doesn’t give herself enough credit. She has goals to accomplish.”

Vitullo was clean for several months when she got pregnant with Jaeda. This time, she wasn’t a scared teenager or a heroin addict. Vitullo said she felt good about the pregnancy.

She has been clean for a year and a half, and her youngest daughter was born healthy. As she sat at Families Matter with her red hair pulled into a bun and a cup of coffee in one hand, she was excited about a job orientation she had that morning and the prospect of going back to work.

Days like these are good and hold hope for the future, she said. She has earned her General Education Development diploma and would like to go to college and eventually work in drug
prevention, to help other young women avoid the mistakes she made. Vitullo is beginning to repair the damaged relationships she has with her parents and siblings.

“I was afraid to confront my family after not talking to them in so long, but it’s like how things were before my drug use,” she said. “I want others to know that it will get better in time.”

The past isn’t gone, though. It’ll take time to regain the trust of her family, she is under constant monitoring from the state Child Protection and Permanency agency (formerly the Division of Youth and Family Services) and she has years of counseling ahead of her. Being near heroin could easily derail her progress, she said, but she’s determined not to let that happen.

“Sometimes I’m scared when I think about my older kids asking me why I couldn’t do this when I had them,” Vitullo said. “But I hope to go back to court and get DYFS uninvolved, that a judge sees how I’ve taken advantage of the programs they offered, that I’m serious about this.

“Everyone has to deal with their past, with the wreckage, at some point.”

Contact: 609-272-7022

NLeonard@pressofac.com

Twitter @ACPressNLeonard