

Effects of cocaine on the child



**ASSIGN
BUSTER**

The author starts the journal with a brief outlook on the development of research on the effects of drug use during pregnancy. She explains how to begin with it was very difficult to study this topic but as time has gone by the researchers have been able to progress in both animal and human studies. However despite this great achievement when in the mid 1980's cocaine came back on the scene scientists and drug researchers found themselves in difficulty as their differing views were not what the general public was aware of. The public, helped by the media were still in belief that use of drugs such as cocaine during pregnancy would have horrific effects on a child. This view however was in opposition to the view of scientists at that time.

The author then informs the reader that throughout the journal she is giving her view of events and how she feels how social events in the past along with the media have played a great role in shaping and moving the development of cocaine research. The journal begins with a brief look at the history of the presence of cocaine in America. Setting the scene and showing how over time attitudes have changed towards the drug by both the public and the media. Over the past century the Americans have had mixed feelings over the issue of cocaine. In the very early days it was known as a substance of great danger which would effect the CNS, was harmful and addictive and most often life threatening.

And so its presence was seen negatively. However by the 1980's views changed greatly as the cocoa cola company was publicising coco cola as a 'therapeutic nerve and brain tonic' because it was made with the coco plant. In addition to this Dr. William A. Hammond promoted it suggesting that it was a 'safe and effective soother' for 'feeling blue'. He encouraged it

further by proudly announcing that he himself used it regularly, suggesting that even frequent use would not have any negative effects on the user.

However this attitude did not prevail for long, soon the original feelings of hostility towards the drug returned, and again were perceived as a dangerous and addictive substance. This was due to the results of frequent “pleasure users” having problems with their judgement and also the increase in the promotion of criminal violence by these users. By 1903 cocaine was removed from the coca cola drink and legal laws made it extremely difficult to purchase it except by medical prescription. And so within three decades the public view changed from being extremely relaxed to one of fear and abhorrence of both the drug and those who chose to use it. Therefore as time went by cocaine became a thing of the underground world and it was not until the late 1970's that it rose again, this time in a new recognition, especially as a snuffing powder for the rich and famous.

Again the drug was being promoted especially in the media in a positive light. As a easy way of feeling confident and fearless and was being linked as a drug for the 'high class'. However history repeated itself and once again the dark side of drug and especially cocaine abuse came to light again. This time side by side with the great medical side effects which ranged from seizures to sudden death? As newspapers filled their front pages with cocaine tragedies both the rich and poor came to see what the cocaine addiction was really about. Only in 1985 were the first serious studies done to determine the effects of cocaine abuse during pregnancy on both the mother and the foetus. The findings of these studies showed how there was

an increase in spontaneous abortions, premature labour, growth retardation and many more and severe problems for the children of users.

Reports also suggested that cocaine exposed neonates would suffer greatly in terms of neurology especially in the long run. These reports despite their small size and the great deal of methodological problems that could not really be clearly interpreted were accepted widely by both the general public and the scientists. One explanation given here as to why this may be the case is that these findings despite their limitations seem to be logical. These people having already seen the effects cocaine was having on the adult users could only infer that the effects on the neonate would be the same or greater. The journal then goes on to describe the cocaine scene in the subsequent years and how it was perceived and shown by the media.

However as time went by the media coverage was no longer light or positive. Both papers and news channels filled their bulletins with scenes and pictures of ' crack babies', young children in intensive care as a result of being exposed to cocaine whilst in their mother's womb. By this time attitudes of the public were transformed into rage as they cried out for something to be done of those who supplied the drugs. But their rage did not stop here, they had a particular rage against the mothers who used drugs and saw them as immortal.

So much so that in some states women were being prosecuted for supplying drugs to minors as cocaine was being delivered to the foetus through their umbilical cord. To some this was a step too far. Especially for those that were providing help for addicts, they felt that the only place for these women was

in rehabilitation and not prison where instead of being helped they would be punished. As the media and the wider public acted in dramatic ways, drug abuse researchers were going through a period of confusion.

Whilst the former were sure that the use of these drugs especially during pregnancy was horrific, the latter were not so sure that this was the case as in their units babies despite being exposed to cocaine were not suffering from the severe toxic effects that were being published in the news. This is just one example of how the media played a crucial role in influencing the views of the public...

....

.....

.....

..... Studies: Lutiger et al and his meta analysis.

Comparing 4 groups He used a statistical analysis to analyse reports that were gathered until 1989 . His procedure of meta analysis brought together findingsRichardson and Day. interviews . issues with nterviews especially as women were being prosecuted for taking drugs.

looked at group differences rather than individual differences. Their results imply that the use of mild drugs during pregnancy has no great effect on the behaviour, motor activites of the neonate. Neuspiel et al. issue of using structured interviews. Structured interviews, like all social interactions, are co-constructed, meaning that both the interviewee and the interviewer

shape the context of the dialogue and what is (and is not) said; researchers drawing inferences from such data should be mindful of this fact. For example, inferences regarding what a particular student does or does not understand should be qualified by an acknowledgement of the variety of other reasons why the student may have behaved a certain way – the interviewer may have unknowingly made the student uncomfortable, the particular features of the task or props used may have led the student down a garden path, etc.

A recent observational study on the behavior of cocaine-exposed newborns noted more obstetric complications, smaller head circumference, and a greater number of withdrawal symptoms (Eisen, Field, Bandstra, Roberts, Morrow, Larson & Steele, 1991.). In addition, these polydrug-exposed infants were slower to habituate. In a pilot study by Larson and Field (1989), cocaine-exposed infants were found to have depressed vagal tone, suggesting a parasympathetic-sympathetic imbalance.

Given the literature on the relationship between low vagal tone and low developmental scores later in infancy, this group may be at risk for delays in cognitive development. It is also noteworthy that dopamine levels were depressed in the cocaine-exposed newborns. Dopamine depletion has recently been implicated in habituation disturbances in the rat model (Simonik, Robinson, & Smotherman, 1994). It is interesting in that light that both dopamine depletion and habituation deficits were reported for cocaine-exposed infants.

Others have reported inferior performance on the Brazelton scale. during the first month of life, including poorer motor responses and poorer autonomic regulation and more abnormal reflexes (Coles et al. , 1991). Both the terms excitable and depressed, or overstimulated and underaroused, have been used to describe cocaine-exposed infants (Lester, Corwin, Sepkoski, Seiper, Peucker, McLaughlin, & Golub, 1991; Singer, Farkas, & Kliegman, 1992).

Lester et al.

(1991), for example, described two types of cries, one being higher intensity/high frequency and the second being lower intensity. Griffith, Chasnoff, Dirkes, and Burns (1989) reported that cocaine-exposed infants were highly aroused, while Magnano, Gardner, and Karmel (1992) noted that these infants looked in the direction of high-intensity sounds as if seeking additional stimulation. Chasnoff, Bussey, Savich, and Stack (1986) noted subtle delays in motor development in later infancy. Schneider (1988) found that cocaine-exposed infants had significantly poorer scores on muscle tone, primitive reflexes, and volitional movement; 43% of these infants were at high risk for motor development delays and dysfunction. Rodning, Beckwith, and Howard (1989) noted that toddlers who were prenatally exposed to drugs demonstrated difficulty modulating arousal and abnormal emotional responses.

For example, these toddlers did not show typical distress responses when separated from attachment figures. In a study on grade school children, those who were exposed to cocaine were compared with ADHD children; more disturbed classroom behaviors were observed for the former, including more fidgeting, staring into space, off-task behavior, attention-seeking,

<https://assignbuster.com/effects-of-cocaine-on-the-child/>

noncompliant behavior with teachers, and aggressive behavior with peers (Field, 1994). Their Achenbach and Conners scores were also more problematic and in the clinical range for externalizing problems, and they scored high on the Center for Epidemiologic Studies Depression Scale.