Everyone calls it an epidemic. It’s certainly one of the most far-reaching health crises this country has ever faced. More than 70,000 Americans died in 2017 from overdoses of illicit drugs and prescription opioids (National Institute on Drug Abuse, 2019). That represents a two-fold increase in just a decade. As many healthcare professionals know, the sharpest increase came in the use of fentanyl and fentanyl analogs. The cost was 28,400 lives. This issue of MEDSURG Nursing offers readers a valuable overview of problems related to substance abuse in our patients and our colleagues. One victim group was largely unaddressed, however.

Impact of Methamphetamine Use

I have two adorable grandsons, ages 5 and 6. They are smart and charming and all-boy. They are adopted biologic half-brothers, and their mother was a homeless methamphetamine addict. My daughter and son-in-law became foster parents in 2012, the year the older boy was born. In their location in California, drug-addicted babies may well be more the norm than the exception. In fact, almost 50,000 drug-exposed infants have been born in California since 2000 (Sforza, 2018).

Methamphetamine is one of the most often used illicit drugs during pregnancy, but we are really just beginning to understand its impact. We do know that use during pregnancy contributes to shorter gestational age and lower birth weight, for example (Wright, Schuetter, Tellei, & Sauvage, 2015). However, this is a tough group to study because the mothers’ lifestyles are often chaotic and their pregnancies difficult. A great deal of the available research is also older and may have methodological problems.

More recent landmark research such as the Infant Development, Environment, and Lifestyle (IDEAL) Study (Eze et al., 2016) is adding to our understanding of the impact of methamphetamine exposure in utero. Neurodevelopmental findings indicate exposed children have increased emotional reactivity as well as anxiety and depression at ages 3 and 5. Heavy exposure also was linked to attention problems and withdrawal behavior at the same ages. Slightly older children had indicators of risk for attention deficit hyperactivity disorders that required closer monitoring. Emotional regulation and behavior control issues were identified around age 5. Authors recognized a growing body of literature that has begun to pinpoint the effects of prenatal methamphetamine exposure on brain structure and neurochemistry, including some memory deficits and impairment of motor function.

Caring for the Victims

My older grandson, who seems to have experienced the worst of it, has participated in therapy to overcome a fine motor delay. For emotional outbursts, he receives consistent guidance from parents and teachers who understand he still has occasional difficulty dealing with overstimulation. In many ways, he seems to be a normal 6-year-old who wants to climb trees and ride his scooter. We know, however, that his exposure to methamphetamine during his most vulnerable developmental period may have long-term consequences for him and for the people who love him.

Certainly, there are other youngsters with more profound drug effects than those experienced by my grandsons. My heart aches for them, and I wish I had an answer for this problem that is raging through our country. Our challenge as nurses is to identify and assist all the victims of this epidemic.

REFERENCES


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