

FOREWORD

Initial studies of cocaine addiction among pregnant women began to be published a little more than a decade ago. They were promptly followed by predictions of disastrous consequences that lie ahead. Healthcare facilities and personnel would be inundated by the anticipated flood of addicted mothers and newborns, and public schools would be swamped a few years later by wave after wave of drug-impaired, handicapped children, each of whom was guaranteed a public education. The costs to the nation would be staggering, but the price exacted in human terms from exposed infants and their families was unimaginable. As new and more valid information was gathered and published, it is now known that most of these predictions were wrong, enormously exaggerated, perhaps, by bad data and fear. That's the good news. The bad news is, the long-term effects of a child's exposure to cocaine *in utero* and to other risk factors which commonly characterize such children's environment, are still not clear.

To bring us up to date on what is known about prenatal cocaine exposure, I contacted Dr. Michelle Mentis of Boston University and asked her to serve as guest editor for this issue of *Seminars in Speech and Language*. She has assembled a team of developmental specialists, who have focused much of their recent research and clinical work on this growing clinical population. Their articles critically examine what is known about the consequences of *in utero* cocaine exposure and what is only

suspected, at present. They also discuss what needs to be learned and the formidable problems in isolating the effects of a broad range of key variables that may affect these children's outcomes. Lastly, they suggest a number of evaluation and management strategies for cocaine exposed children based on current understanding of the children, their disabilities, and their risks.

After reading these articles, I was surprised to learn that most exposed infants who are reared in normally supportive families will evidence no major disabilities. Even so, of course, thousands of others do show a variety of subtle language and executive function anomalies, which usually become more apparent under stress and when performing in unstructured conditions. I was struck, also, by the similarities between their difficulties and those observed in persons following injuries to their frontal lobes. Most of all, however, I was impressed by the incredible resilience that exposed infants and young children must have to survive the biological and environmental barriers they have encountered, and in most cases have overcome. This issue of *Seminars* brings much more good news than bad about children exposed prenatally to cocaine; still it is just a progress report of their outcomes to date. The major portion of their lives is yet to be lived, and the story of their long-term outcomes has yet to be written.

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