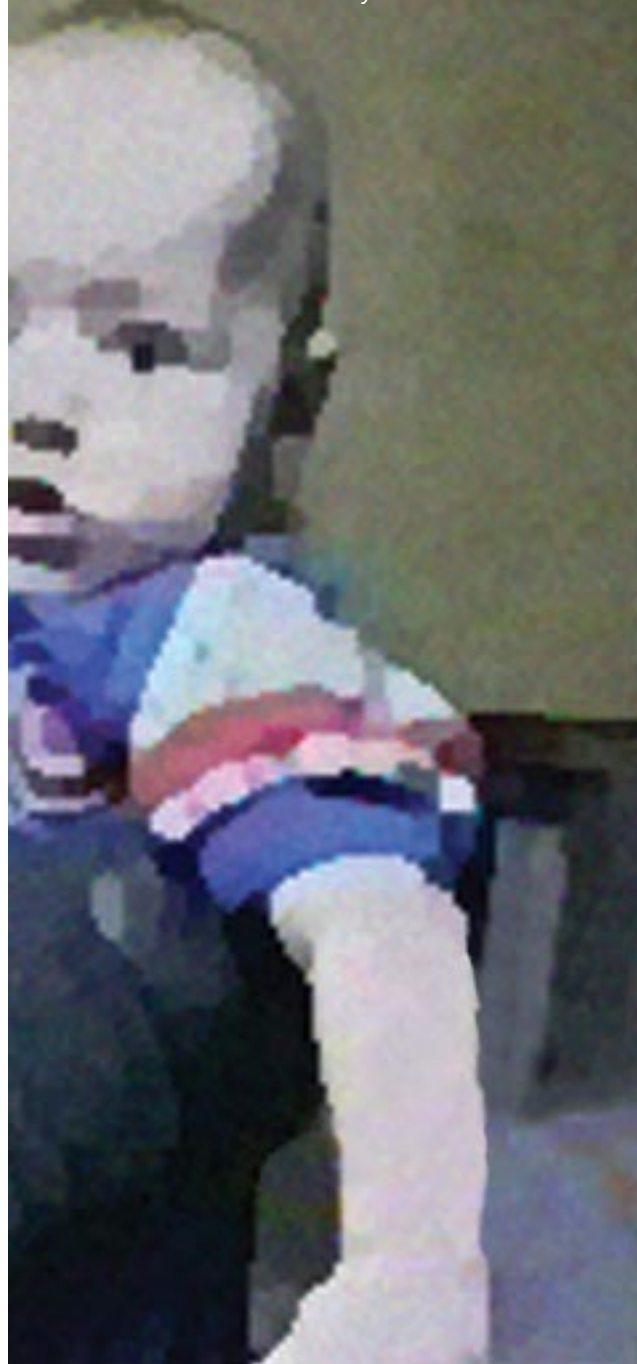


Growing Up wi

Meth addiction is spreading among American families, leaving thousands of children vulnerable and child welfare systems stretched.

th METH

By Jennifer Micheal



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Nothing makes a child grow up faster than having a parent who is addicted to methamphetamine, says Lori Moriarty, a Colorado law enforcement official who has raided enough meth labs to know. “Constant chaos” is how she describes home life for children of meth addicts. Parents abusing meth can stay high and wired for an entire week, then crash into comatose sleep for several more days. Meanwhile, the house grows filthy, and the refrigerator goes empty.



Children in these situations many times are left to fend for themselves. Moriarty recalls entering a home where a 3-year-old child had taken over feeding his 1-year-old brother. The parents were too high to notice his hunger, so the older child resorted to feeding his baby brother a bottle of chocolate syrup—food he thought was appropriate for an infant because it was in a bottle. In another case, the 4-year-old boy of a meth addict couldn't count to seven for Moriarty, but he could draw a meth lab in detail for her.

“These children are totally neglected,” says Moriarty, who serves as President of the Colorado Alliance for Drug Endangered Children and is Commander of the North Metro Drug Task Force in the Denver area. “Law enforcement realized that we have to do early identification of all the children living in these dangerous drug environments and work hand-in-hand with social services to make sure children are identified and receive immediate care.”

The U.S. Drug Enforcement Administration reports that 61,782 meth labs were seized nationwide between 2000 and 2004. These meth raids affected more than 15,000 children—and those were just the reported cases. Many states are only beginning to collect data on the presence of children at lab sites, so the total number of children who enter child welfare because of parental meth use is still uncertain.

Nonetheless, child welfare has unquestionably felt the effects of the methamphetamine epidemic. In a survey released last summer by the National Association of Counties, 40% of child welfare officials in 303 U.S. counties reported increased out-of-home placements because of meth in the last year.

The survey results brought a slew of media coverage—considered long overdue by many child welfare experts—exposing the struggles within child welfare to cope with the effects of meth abuse. With burgeoning foster care caseloads, communities have had to step up foster family recruitment efforts, which is a chronic problem nationwide anyway.

To better protect social workers and lessen trauma for children, many states have enacted strict protocols for responding to meth lab seizures. And child welfare workers have undergone

crash courses on the science behind meth, how it affects the brain, and the dangers of meth environments so they can better work with meth-addicted and recovering parents to achieve family reunification, when possible.

Coping with meth recalls, for some, the 1980s crack epidemic that sent the number of abused and neglected children soaring. "I think this is the next crack cocaine epidemic, as it impacts the child welfare community, and therefore is one that we need to take very seriously," says CWLA President and CEO Shay Bilchik. "We need to be vigilant, we need to be informed, and we need to be ready to respond when this happens in our own communities."

But unlike cocaine abuse, which was largely an urban problem, methamphetamine addiction has lobbed heavy blows to rural communities, overwhelming areas unaccustomed to drug problems and lacking sufficient services to address them. As a result, many communities are bringing all of their government branches and nongovernmental organizations to the table, including child welfare, law enforcement, school systems, and health care facilities, churches, and community organizations, to establish uniform protocols for responding to meth. Many communities are also exploring treatment programs for meth, which, though longer and more complex than for other drugs, can work.

Although meth has spread rapidly, it still accounts for a relatively small percent of people affected by drug and alcohol problems in the United States.

In 2003, alcohol accounted for 42% of addicts admitted for drug treatment in the United States; heroin and other opiates accounted for 18%; marijuana, 15%; cocaine, 14%; and methamphetamine and other stimulants, just 7%.

"The thing to keep in mind as you start to work with people around the issue of methamphetamine is not to let the media drive the caseworker's response to a person addicted to meth," advises Jay Wurscher, Director of Oregon's Child Welfare Addiction Services. "This isn't the bogeyman. This is a drug addiction, and it comes with the standard list of things for people to be concerned about."

Nevertheless, public and private child welfare agencies, observing how meth has inched from the West, to the Midwest, to the East like a contagious disease, have realized the immediate need to tackle the problem so that as few children as possible are affected.

"If the ultimate goal is to keep children from being the next users and to keep them out of jail...everybody is going to have to come together to be a piece of that change," Moriarty says.

How It's Made, How It Works

Methamphetamine is a white, odorless, bitter-tasting crystalline powder that dissolves in water or alcohol. It's easily made in hidden laboratories with store-bought ingredients and is a powerfully addictive stimulant that dramatically affects the central nervous system. It can be injected, snorted, smoked, or ingested orally.

Early in the 20th Century, meth was developed from its parent drug, amphetamine, for use as a nasal decongestant and bronchial inhaler. The chemical structure of methamphetamine is similar to that of amphetamine, but has greater effect on the central nervous system, causing increased activity, decreased appetite, and a sense of well-being that can last from 20 minutes to 12 hours.

The ease of manufacturing meth, and its highly addictive potential, has contributed to the drug's spread. Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement.



“Meth is better than sex and food,” Wurscher says. “It grabs people in a way that no other drug does because of that dopamine release.” Meth, he explains, affects the brain such that addicts are more likely to remember their first high—that initial surge of dopamine—than all other aspects of their addiction, causing them to return to the drug time and time again.

As for the characteristics of meth addicts, 47% of meth drug treatment admissions are women, according to the Substance Abuse and Mental Health Services Administration. The nearly equal split between male and female addicts is unusual. Most drugs have higher numbers of male addicts, says Nancy Young, Director of Children and Family Futures, and Project Director for the National Center for Substance Abuse and Child Welfare (NCSACW). The statistics are all the more reason for child welfare to address meth abuse issues, Young points out, because women are usually the primary caregivers for children.

Not surprisingly, so many female meth addicts mean treatment rates for pregnant meth addicts are on the rise. In the past eight years, drug treatment admissions for pregnant women addicted to meth and marijuana have nearly doubled. Meanwhile, according to NCSACW, admissions for pregnant women using alcohol and heroin have remained stable, and admissions for pregnant women using cocaine have fallen since the mid-1990s.

In terms of age, high numbers of young adolescent girls are being treated for meth. “It’s something to be very aware of in terms of drug-use pattern,” Young notes. Of the 12- to 14-year-olds treated for meth in 2003, 70% were female, according to NCSACW; in the 15- to 17-year-old range, 56% were female.

The Youngest Victims

According to the National Center on Addiction and Substance Abuse at Columbia University, 13% of U.S. children under 18 live in households where a parent or other adult uses illicit drugs, including meth. The risks to the safety and well-being of children under the care of a drug-addicted parent are numerous—inadequate supervision, exposure to second-hand smoke, accidental ingestion of drugs, possibility of abuse, HIV exposure from needles used by the parent, and parents who exhibit poor judgment, confusion, irritability, paranoia, and violence.



Children of a meth-dependent parent is often exposed to risks more often and for longer periods than are other children. Chronic neglect is likely, their home life is often chaotic, and their households may lack food, water, and utilities. They may go without medical and dental care and immunizations. A parent’s involvement in meth trafficking may expose the child to violence and weapons, as well as physical or sexual abuse by people visiting the household. If a parent cooks small quantities of meth, the child can be exposed to chemicals, toxic fumes, fire, and explosions.

“[Children] clearly have all of those risks from a parent who is using or abusing, but we also have to pay attention to the chemical exposure,” Young says. “The children in those kinds of environments have higher risks than the adults...for reasons just having to do with their own development.”

For the unborn children of pregnant meth-addicted mothers, according to NCSACW, risks include birth defects, growth retardation, premature birth, low birthweight, and brain lesions. Problems at birth may include difficulty sucking and swallowing, hypersensitivity to touch, and excessive muscle tension. Long-term risks may include developmental disorders, cognitive deficits, learning disabilities, poor social adjustment, and language deficits.

Medical and psychological researchers discourage the use of such terms as meth babies and ice babies, however. Last summer, more than 90 leading physicians, scientists, and treatment specialists signed off on an open letter urging public policies to address prenatal exposure to meth, and media coverage “based on science, not presumption or prejudice.” The letter cited numerous inappropriate cases of print and broadcast media using the term meth baby.

“Addiction is a technical term that refers to compulsive behavior that continues in spite of adverse consequence,” the letter explained. “By definition, babies cannot be ‘addicted’ to methamphetamine or anything else.”

Cleaning Up the Cooks

Living in the home of a meth-addicted parent who is operating a meth lab not only poses physical dangers, but also severe emotional trauma for children if the lab is raided. To lessen the trauma, many states have trained law enforcement how to provide initial care for children found in meth labs, and greater attention is being paid to children's needs during decontamination procedures.



Polk County, Iowa, for example, uses a state-of-the-art decontamination trailer to assist victims possibly exposed to meth. The 20-foot-long trailer contains enclosed shower stalls, a portable water heating unit, and other resources to reduce trauma during the cleanup process, particularly for children.

Polk County, Iowa, for example, uses a state-of-the-art decontamination trailer to assist victims possibly exposed to meth. The 20-foot-long trailer contains enclosed shower stalls, a portable water heating unit, and other resources to reduce trauma during the cleanup process, particularly for children.

"It has pictures and toys and is what you would think kids would like in terms of a bath and a warm, friendly place, as opposed to a sterile, adult environment," explains Mary Nelson, Administrator for the Iowa Department of Human Services Division of Behavioral, Developmental, and Protective Services.

Iowa is among the many states that have established uniform protocols that law enforcement, child welfare, and other agencies closely follow when responding to meth lab situations. In most cases, law enforcement is the first responder when the presence of meth is suspected, and children found in the labs are taken immediately to hospitals for observation. Responders are trained on the appropriate care to provide children in these situations.

Having law enforcement first on the scene also ensures safety for social workers who may encounter physical danger due to meth users' heightened sense of paranoia. Unknowing workers can also risk chemical contamination if they enter a home where meth is present.

Meth labs are becoming less of a problem, thanks to state laws that place cold medicines containing pseudophedrine—used in meth manufacturing—behind pharmacy counters. Customers are limited to the quantities they can buy and must sign for them and show proper identification. Oregon has gone so far as to make pseudophedrine a prescription drug as of July 2006.

But meth addicts remain within communities because more than 80% of the nation's meth supply is imported from outside U.S. borders. Luckily, treatment is proving successful for meth addicts, though it can take much longer than treatment for other drugs, due to cognitive damage and mental health issues such as depression and anxiety, which can accompany meth addiction. And more addicts are seeking treatment—between 1992 and 2002, admission rates for meth treatment nation-

wide increased 420%, according to the National Institute on Drug Abuse.

Cognitively, meth decreases the ability to recognize and recall words and pictures, make inferences, manipulate information, and ignore irrelevant information. People in early recovery may find it difficult to pay attention, comprehend spoken and written information, and remember information, both Wurscher and Young point out. Wurscher advises that child welfare should think about working differently with families affected by meth and explore "strategies to communicate information to this population that's having problems with manipulating and retaining information."

Research shows that meth abusers who stay drug free at least nine months display significant recovery. According to NCSACW, after four years of abstinence, no deficits have been found in their memory, learning, attention, executive function, or motor function.

Holding Each Other Accountable


Meth may never be completely eradicated from communities, but citizens are becoming more educated about the problem. In Colorado, for example, meth has been an ongoing problem since the 1990s, but it wasn't until the early 2000s that communities began to pay attention to its effects on families and children, says the North Metro Drug Task Force's Moriarty. Today, 19 similar task forces are working in the state's 64 counties to establish integrated responses to drug situations that involve children. They are working with police officers, social workers, treatment providers, probation officers, prosecutors, guardians ad litem, and others to focus on the best interests of children endangered by drugs.

"I believe we have raised awareness in our state," Moriarty says.

"We all hold each other more accountable." Before drug

raids or planned arrests, she says, police officers check

with social service departments to see if children might be living in the homes of offenders. Also, all drug arrests are reported to social services in case children may be adversely affected.

"We find the more we are sharing this information, the faster we are to the response and the protection of the child," Moriarty says. 



In the spring issue of Children's Voice, read how Iowa, Oklahoma, Oregon, and North Carolina have successfully tackled meth abuse and its effects on child welfare through community collaborations and legislation.

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