Special Topic: Considerations for Children and Families Affected by Methamphetamine Use

Child Welfare Training Toolkit



Acknowledgement

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Learning Objectives

After completing this training, child welfare workers will:

- Recognize current methamphetamine terminology
- Identify physical indicators of methamphetamine use including long-term physical and psychological effects
- Understand changes to methamphetamine purity with knowledge of current data trends
- Discuss types of illegal manufacturing including multiagency efforts to increase public health and safety
- Recognize potential signs of methamphetamine production exposure with steps to ensure child and worker field safety
- Identify the short- and long-term effects of parental methamphetamine use on the prenatal, postnatal, childhood, and adolescence periods
- Improve their engagement, case planning, and referral practice with increased knowledge of evidence-based and emerging treatment considerations for methamphetamine use disorders

History of Methamphetamine



Developed in the 20th century from its parent drug, amphetamine

Known primarily for its illegal use but does have legitimate medical purposes

Methamphetamine Terminology

Speed	Crank	Peanut Butter Crank	Ice	Shaved Ice	Chalk
Crystal	Glass	Diamond	Hawaiian Salt	Fizz	Wash
Trash	Dunk	Gak	Scooby Snax	Pookie	Popsicle
Cookies	Yellow Cake	Christina	No Doze	Soap Dope	Stove Top
Tupperware	Evil Sister	Shiny Girl	Cotton Candy	Witches Teeth	Rocket Fuel

Slang Terms That Describe the Act of Using Methamphetamine

- Getting geared up
- Chicken flipping
- Hot rolling
- Getting fried or foiled

- Tweaking
- Zooming
- Getting scattered or spun out

Slang Terms for Combining Methamphetamine with Other Illicit Drugs

- Fire
- Twisters
- Hugs and kisses
- Biker coffee
- Party and play

Methamphetamine 101

DRUG TYPE

- Stimulant
- Schedule IIcontrolled substance



FORMS

- Powders
- Crystals
- Pills



METHOD OF USE

- Smoking
- Snorting
- Swallowing
- Injecting



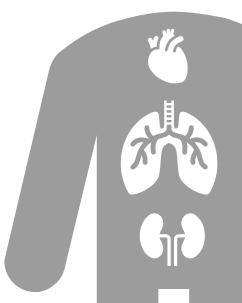


Physical Signs of Methamphetamine Use

Euphoria	Hyperactivity	Rapid Heartbeat or Breathing	Pressured Speech	Pacing or Repetitive Movements
Sweating	Tremor (Shaky Hands)	Weight Loss	Dry Mouth	Tooth Decay/Gum Disease
Skin Lesions	Sensitivity to Light	Depression (from drug wearing off)	Anxiety	Irritability or Aggression



Long-Term Physical Effects of Chronic Methamphetamine Use



Communicable diseases (Hepatitis, HIV, STDs)

Kidney failure

Seizures

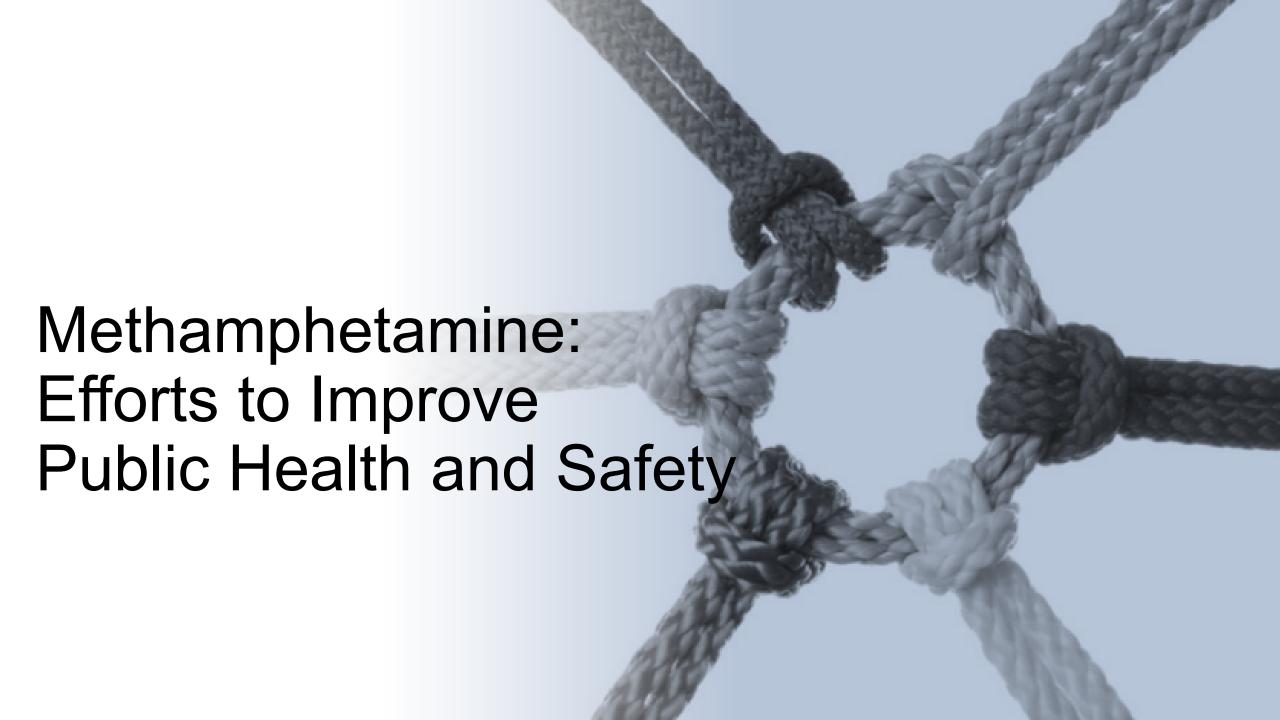
Lung or nerve damage

Heart attack or stroke

Death

Short- and Long-Term Psychological Effects of Chronic Methamphetamine Use





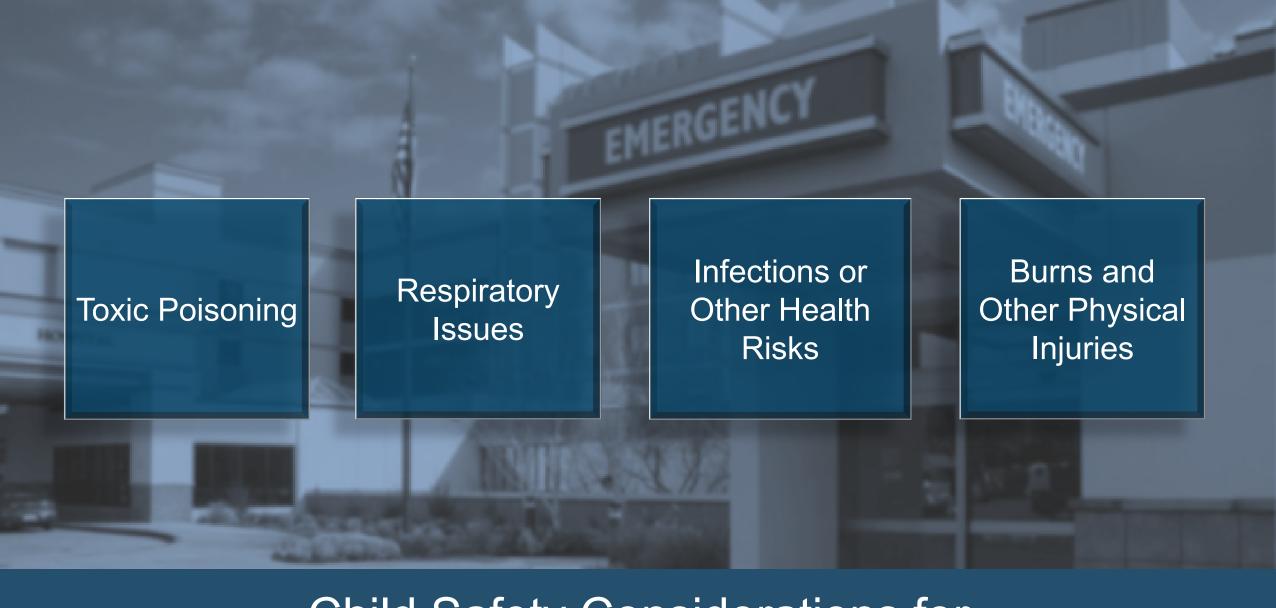
Methamphetamine Production

Super Labs The rise of methamphetamine production: **Makeshift Labs**

Methamphetamine Public Health and Safety Considerations

Safety and health hazards include:





Child Safety Considerations for Exposure to Methamphetamine Production

Safety Tips for Suspected Methamphetamine Manufacturing



Awareness of warning signs:

Presence of unusual or strong odors

Possession of unusual or hazardous materials

Observation of discarded items or hazardous materials

Additional Safety Tips for Suspected Methamphetamine Manufacturing



Additional warning signs include:

Covered or blacked out windows

Unusual ventilation systems

Elaborate security measures

Yard with dead vegetation

Heavy traffic during late night hours

Steps to Ensure Child Welfare Worker Field Safety



What to do if you suspect a makeshift lab:

Remain calm

Protect yourself and others

Notify law enforcement

Follow agency policies and protocols

Practice Considerations for Children Exposed to Methamphetamine Production

Follow agency exposure protocols including:



Safety precautions for child removal and decontamination process



Child comprehensive health screening

Multi-Agency Efforts to Address Public Health and Safety



High Intensity Drug Trafficking Areas (HIDTA) Program

Drug Endangered Children (DEC) Program

NIDA Methamphetamine Initiative

DOJ Community Oriented Policing Services (COPS)

Methamphetamine Initiative

Methamphetamine Clinical Trials Group at UCLA

NIDA Methamphetamine Addiction Treatment Think Tank

Combat Methamphetamine Epidemic Act (CMEA)

Changes to Methamphetamine Purity





Treatment Admissions

167,722
Treatment Admissions
(age 12 or older)
with Methamphetamine
as Primary Substance Use

56% Male

43% Female

Age of Admission for Methamphetamine

12-20 years old	47.8%
21-29 years old	30.1%
30-39 years old	30.9%
40-49 years old	25.2%
50-59 years old	12.8%
60-69 years old	5.7%
70 + above	2.4%

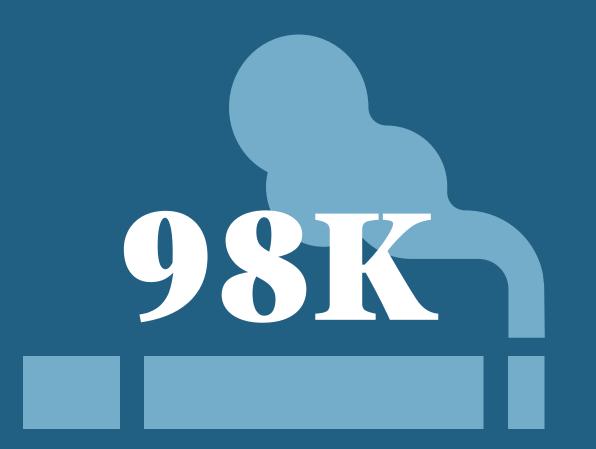
Race Admission for Methamphetamine

American Indian or Alaska Native	3.3%
Asian	.08%
Black or African American	6.7%
Native Hawaiian or Other Pacific Islander	0.7%
White/Caucasian	77.0%
Other	11.4%

Primary Use of Methamphetamine by Region

West	59k
Midwest	58k
South	49k
Northeast	10k

Method of Use

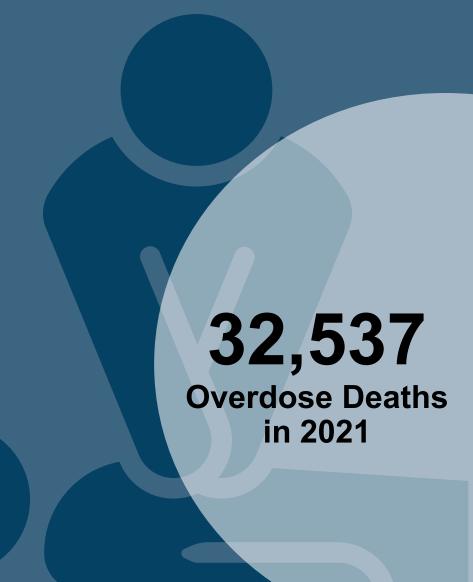




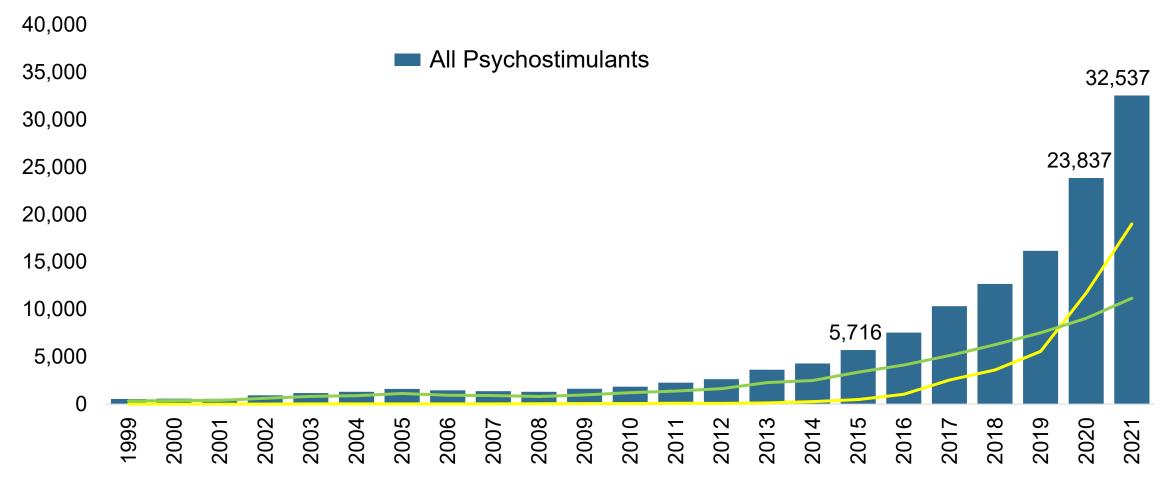
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(Substance Abuse and Mental Health Services Administration, 2023b)

Overdose Deaths
Involving Psychostimulants
(Primarily Methamphetamine)



National Overdose Deaths Involving Psychostimulants with Abuse Potential (Primarily Methamphetamine)*, by Opioid Involvement, Number Among All Ages, 1999-2021



^{*}Among deaths with drug overdose as the underlying cause, the psychostimulants with abuse potential (primarily methamphetamine) category was determined by the T43.6 ICD-10 multiple cause-of-death code. Abbreviated to psychostimulants in the bar chart above. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Understanding the Initial Effects of the COVID-19 Pandemic on Overdose Death Rates



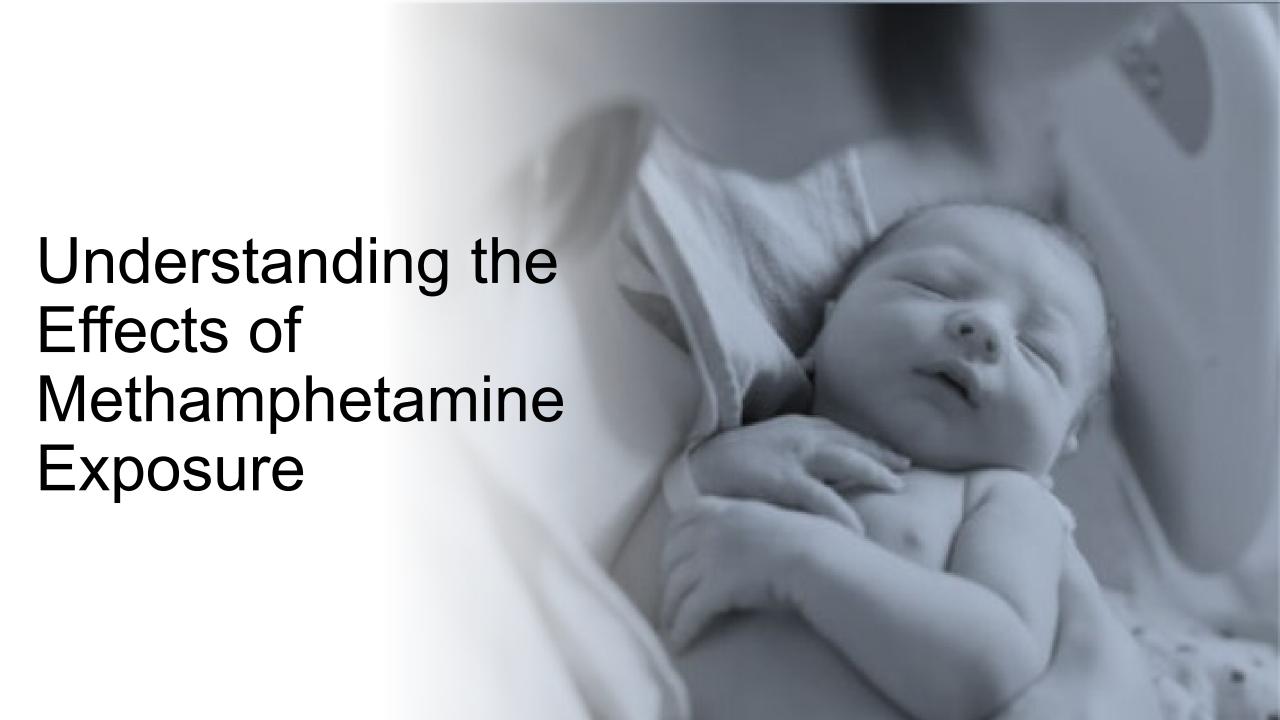
Twin Epidemics: Methamphetamine & Opioids

Rise in methamphetamine use in combination with opioid use

Important considerations for concurrent use of methamphetamine and opioids

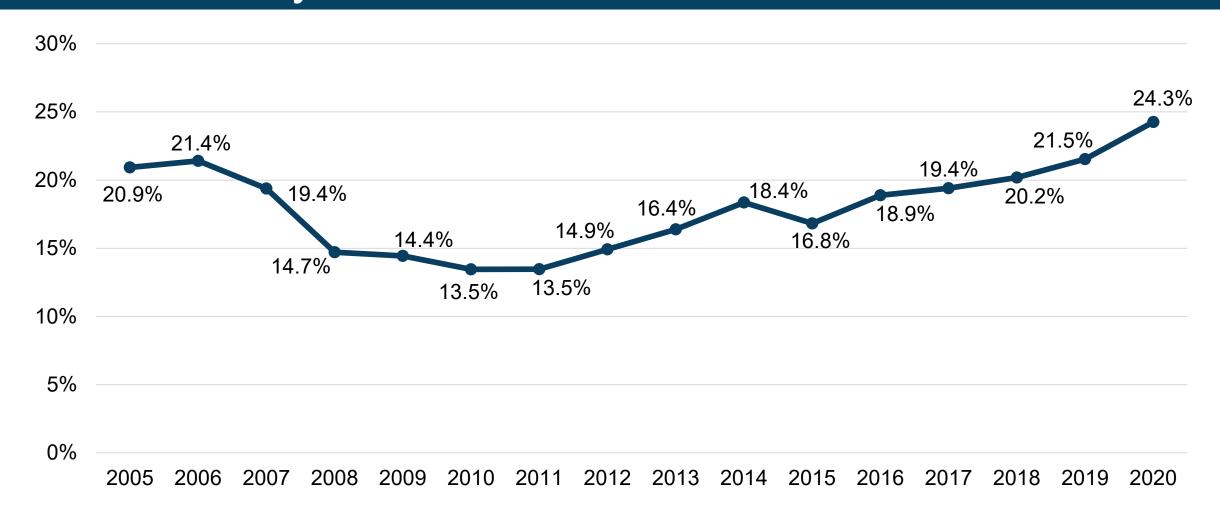
Past-month use of heroin coincided with a 5-fold increase in methamphetamine use (up from 9 to 44%) between 2015-2019

Synergistic Effects
Heightened Overdose Risks





Percent of Treatment Admissions for Pregnant Women Who Reported Methamphetamine as a Primary Substance at Treatment Admission



Note: Estimates based on entry into substance use treatment for **pregnant women** during fiscal year.

Source: TEDS-A Data, 2005-2020

Short-Term Outcomes of Prenatal Exposure to Methamphetamine

Fetal Growth Effects

Low birth weight

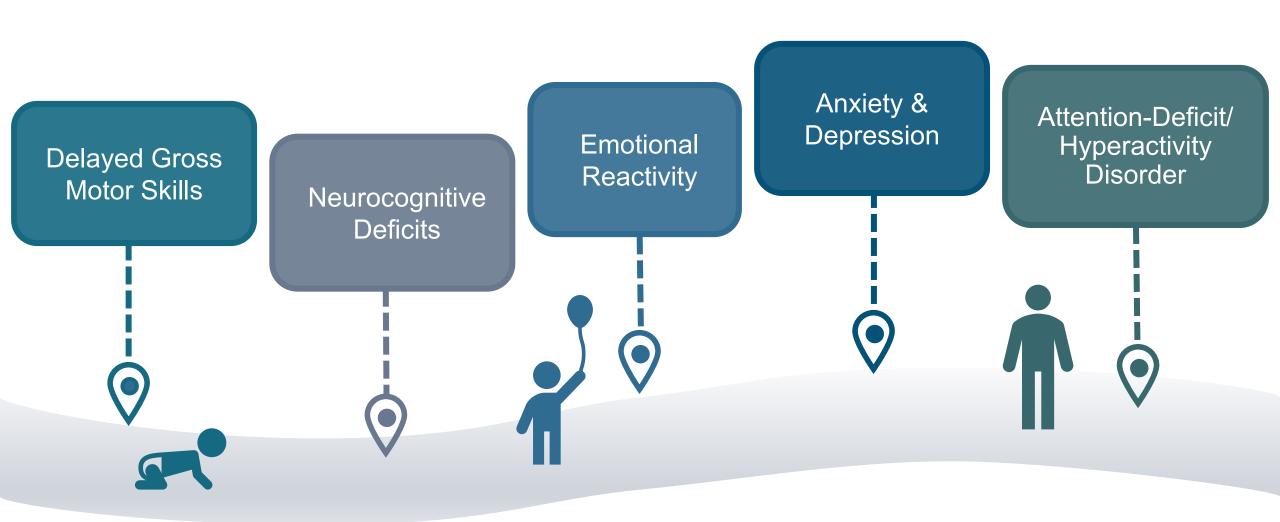


Abnormal Neurobehavioral Patterns

- Poor movement quality
- Decreased arousal
- Increased stress



Long-Term Outcomes of Prenatal Exposure to Methamphetamine



Exposure to Parental Methamphetamine Use During Childhood and Adolescence

Parental methamphetamine use is often associated with the following experiences for children and adolescents:



Exposure to parental violence, irritability, and anger



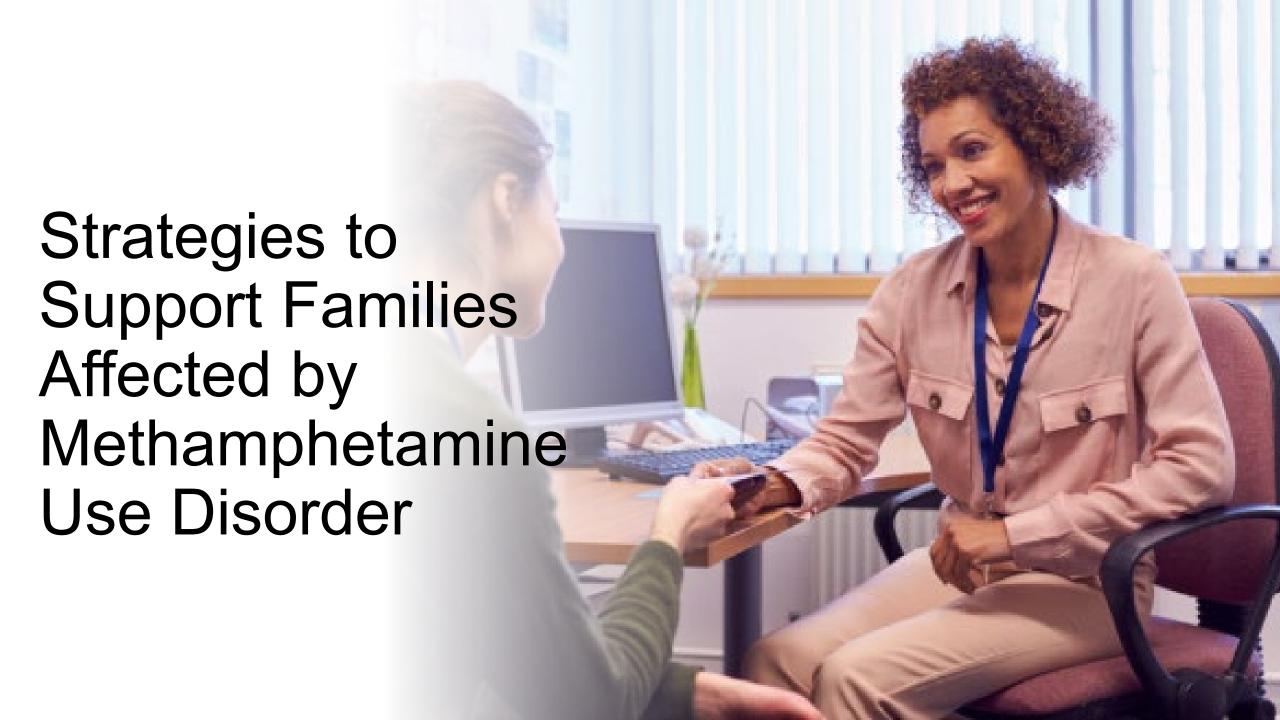
Increased likelihood of removal and placement in out-of-home care





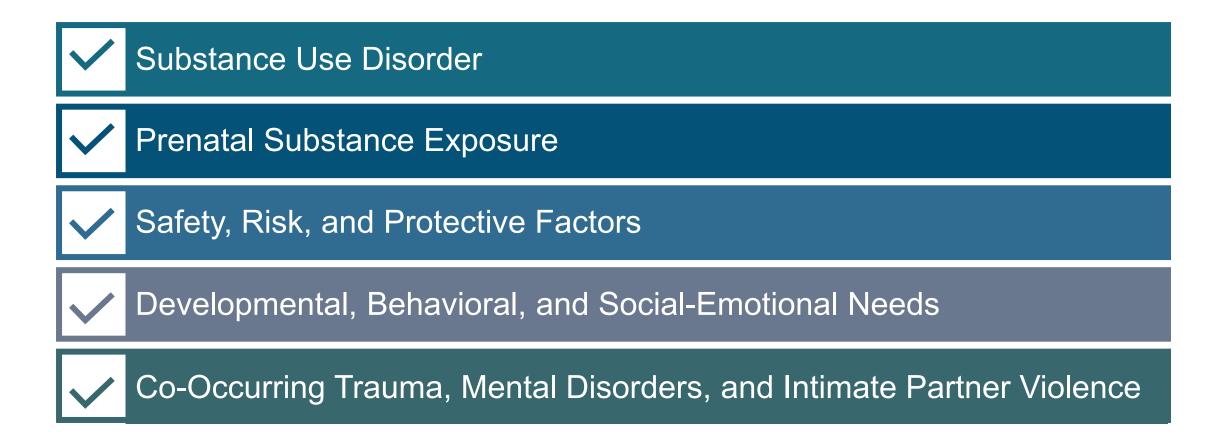


Lower likelihood of successful reunification and higher rates of adoption compared to other parental substance use disorders





Comprehensive Screening and Assessment for Early Identification of Family Treatment and Service Needs...



...Followed by Timely Referral for Indicated Services

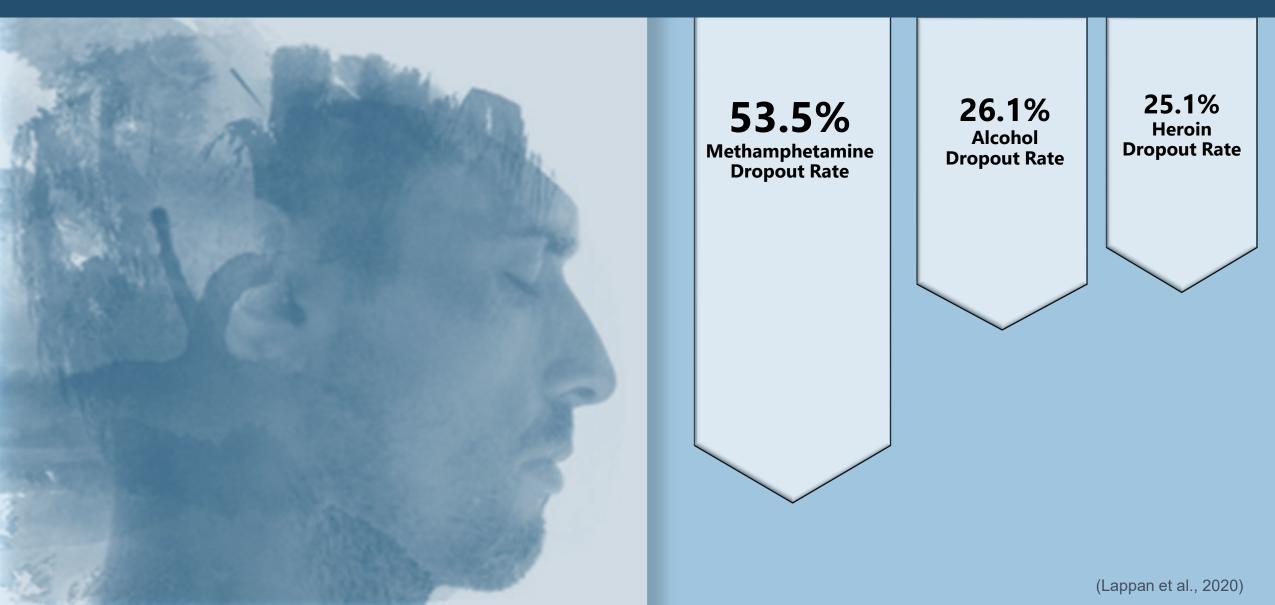
Family-Centered Practice Strategies



Collaborate	Collaborate with the experts on substance use disorders in your community.
Talk	Talk with the treatment provider to learn what evidence- based treatment and therapeutic approaches are used to treat methamphetamine use disorders.
Understand	Understand that outpatient treatment can be as effective as inpatient treatment when supportive services and community supports are provided.
Refer	Refer and link parent and families to tailored services and supports that meet their unique needs.
Ensure	Ensure that co-occurring disorders, such as depression and anxiety disorders, are addressed in treatment.
Support	Belief and understanding that recovery from methamphetamine is possible; just may require extra support
Convey	Convey empathy and a sense of hope in your interactions with parents.

with parents.

Important Reminder About Methamphetamine Treatment Retention



How Engagement Might Look Differently for Methamphetamine Use...



Accessing treatment and supportive services



Completing intake or enrollment paperwork





Scheduling appointments and setting up reminders



Arranging transportation services or help with navigating public transportation system



Reinforcing positive steps toward recovery big or small!





Treatment for Methamphetamine Use Disorder

Effective Treatment Models for Methamphetamine Use Disorders

The Matrix Model





Delivered in an intensive outpatient setting

Combines various modalities to promote recovery from stimulants:

- Individual and family counseling
- Early recovery skills groups
- Relapse prevention groups
- Family education groups
- 12-step programs
- Random drug testing
- Social support groups

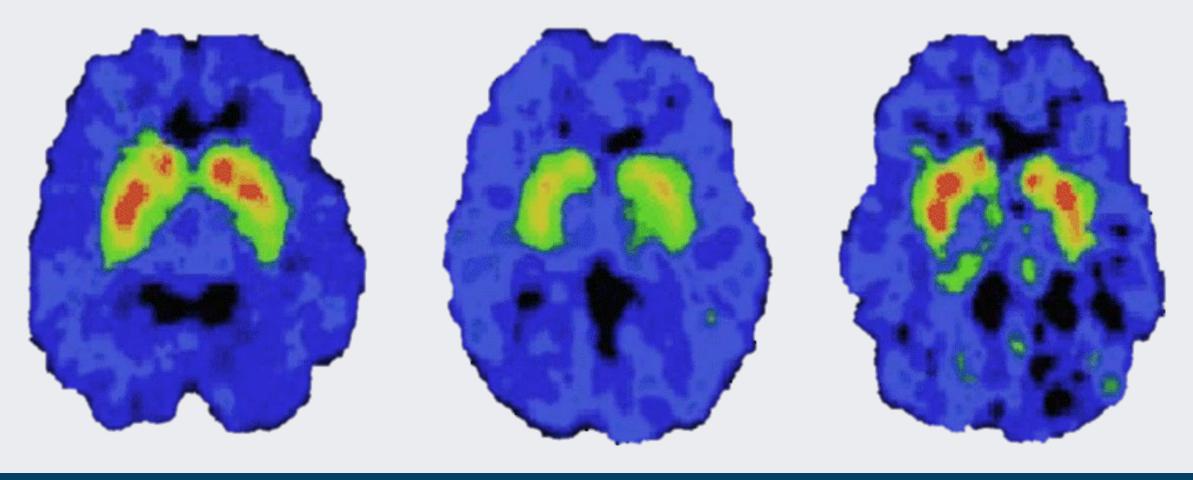


Emerging Treatment Considerations for Methamphetamine Use Disorders





Length of Treatment and Recovery Matters



No SUD

MUD 1 month recovery

MUD 14 months recovery

Doorway Recovery Videos

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Ira's Story: Getting Real with Addiction

Contact

Contact the NCSACW TTA Program

Connect with programs that are developing tools and implementing practices and protocols to support their collaborative

Training and technical assistance to support collaboration and systems change



National Center on Substance Abuse and Child Welfare



https://ncsacw.acf.hhs.gov/



ncsacw@cffutures.org



Toll-Free @ 1-866-493-2758

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Resources

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