

**Special Topic:
Considerations for Families in the Child
Welfare System Affected by
Methamphetamine**

Child Welfare Training Toolkit



National Center on
Substance Abuse
and Child Welfare

Acknowledgment



National Center on
Substance Abuse
and Child Welfare

*A program of the Substance Abuse and Mental Health Services Administration (SAMHSA)
and the Administration for Children and Families (ACF), Children's Bureau*

SAMHSA
Substance Abuse and Mental Health
Services Administration



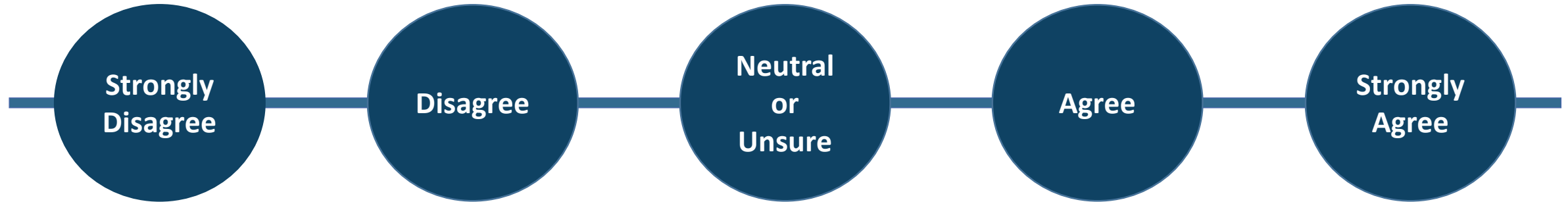
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Learning Objectives

After completing this training, child welfare workers will:

- Discuss the context and prevalence of methamphetamine use
- Identify the effects of methamphetamine use
- Recognize signs of methamphetamine use with families in child welfare
- Recognize signs of methamphetamine manufacturing
- Understand the effects of parental methamphetamine use on risk and safety to children
- Identify evidence-based and practice-informed strategies to address methamphetamine use disorders, engagement strategies, and treatment resources
- Apply casework practice strategies in child welfare cases involving methamphetamine

Collaborative Values Inventory



- A person with a substance use disorder should not be held accountable for their negative behavior
- Substance use disorder treatment will only be effective if a parent wants treatment
- If parents with substance use disorders had enough willpower, they would not need substance use disorder treatment
- The stigma associated with substance use disorders prevents parents from seeking treatment

Methamphetamine

- Methamphetamine was developed early in the 20th century from its parent drug, amphetamine, and was used originally in nasal decongestants and bronchial inhalers
- Like amphetamine, methamphetamine causes increased activity and talkativeness, decreased appetite, and a pleasurable sense of well-being or euphoria
- Methamphetamine differs from amphetamine:
 - Greater amounts of the drug get into the brain, making it a more potent stimulant
 - It has longer-lasting and more harmful effects on the central nervous system
- **These characteristics make it a drug with high potential for widespread misuse**

Methamphetamine

Methamphetamine, a schedule II substance under the Controlled Substances Act, can be:

- Inhaled or smoked
- Swallowed in pill form
- Snorted or injected when dissolved in water or alcohol

Methamphetamine

- Street names for methamphetamines include "speed," "meth," and "crank"
- Crystallized methamphetamine known as "ice," "crystal," or "glass," is a smokable and more powerful form of the drug
- Methamphetamine use causes a euphoric experience that can alter brain functioning, memory, decision-making, mood, and potentially damage the central nervous system
- Chronic or long-term methamphetamine use can result in irreversible physiological and psychological damage

Methamphetamine

Concerns regarding public safety, public health, and child well-being resulted in the establishment of multi-agency initiatives like:

- High Intensity Drug Trafficking Areas (HIDTA) Program, established in 1990
- Drug Endangered Children (DEC) Program, established in 1993
- NIDA Methamphetamine Initiative, established in 1998
- DOJ Community Oriented Policing Services (COPS) Methamphetamine Initiative, established in 1998
- Methamphetamine Clinical Trials Group at UCLA, which began in 1999
- NIDA Methamphetamine Addiction Treatment Think Tank, established in 2000

Methamphetamine

- In 2005, the federal government enacted the Combat Methamphetamine Epidemic Act (CMEA) to eliminate or minimize the production of methamphetamine by restricting the purchase of over-the-counter products used for manufacturing, such as ephedrine, pseudoephedrine, and phenylpropanolamine
- Restriction of ephedrine, sanctions on production, and mandatory minimums and sentencing guidelines are in place to address methamphetamine use, home and lab production, trafficking, and public safety

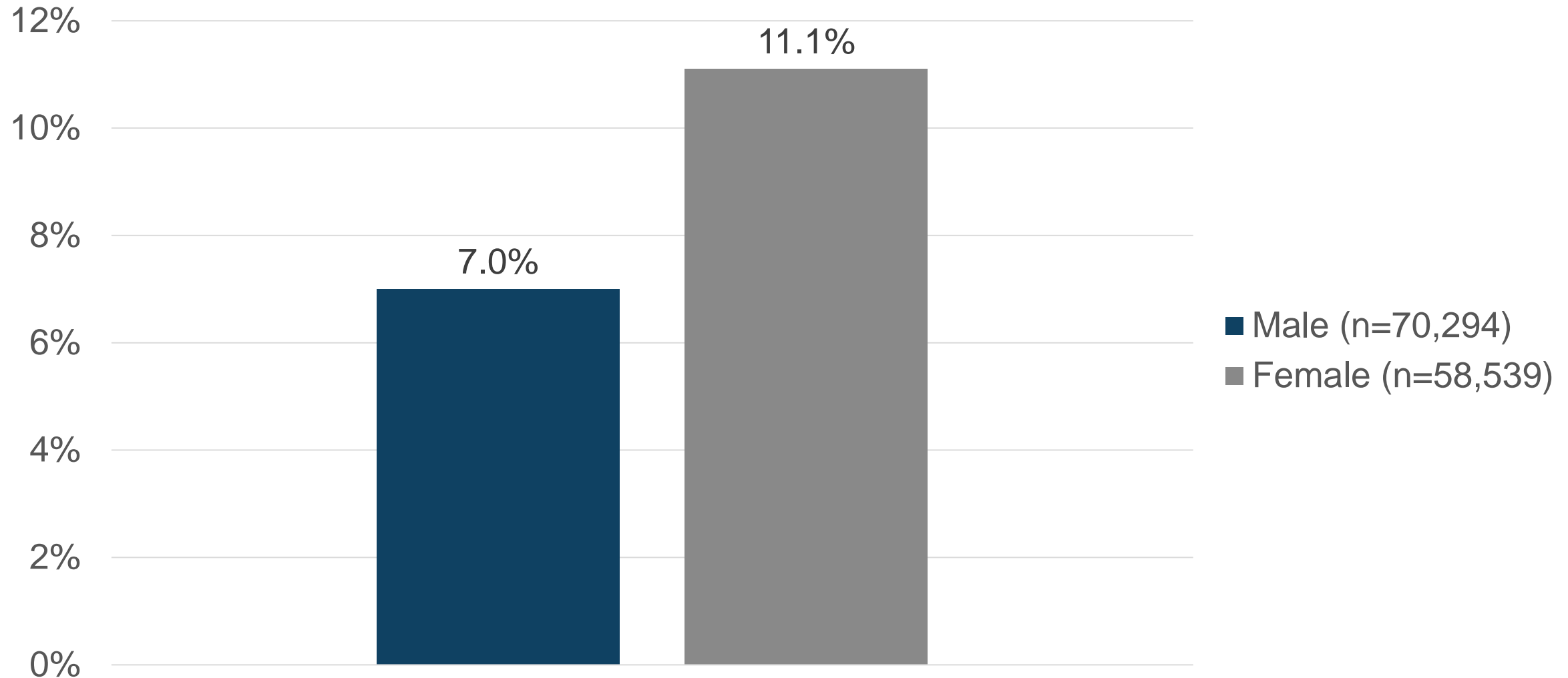
Prevalence

- In 2016, 667,000 people aged 12 or older reported using methamphetamine in the past month, approximately 1.4 million people aged 12 or older reported methamphetamine use, and approximately 684,000 people aged 12 or older met the DSM-IV criteria for methamphetamine use disorders
- Although treatment admissions have decreased for methamphetamine by 1.8%, Arizona, Colorado, Minnesota, Montana, Nebraska, Nevada, Wyoming, and Utah reported methamphetamine/amphetamine as the primary illicit substance with the highest treatment admission rate
- Treatment admission rates for methamphetamine/amphetamine between 2005 to 2015 were highest in the Pacific, West, Central, and Mountain regions
- Methamphetamine drug overdose deaths increased from 5% in 2010 to 11% in 2015

Methamphetamine Use at Treatment Admissions in the United States, 2015

Demographics	National (n = 210,902)
Gender	Male: 65.5%, Female: 34.5%
Age at Admission (years)	Under 20: 8.5% 21–30: 28.8% 31–40: 27.1% 41–50: 18.5% 51+: 17.3%
Race	American Indian or Alaska Native: 2.6% Asian or Native Hawaiian or Other Pacific Islander: 0.8% Black or African American: 18.2% White: 65.5% Other: 10.6% Unknown: 2.3%
Ethnicity	Hispanic or Latino: 20.4%

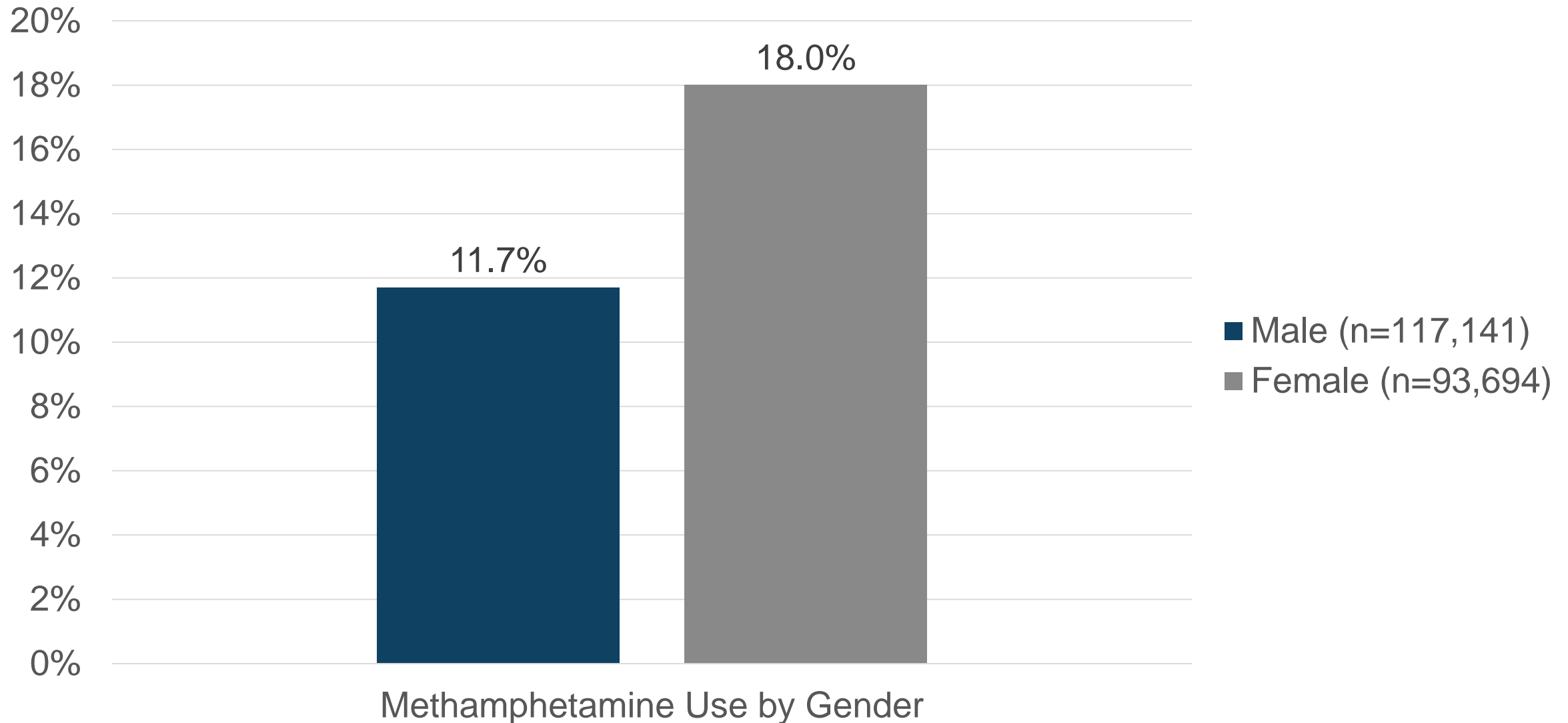
Substance Abuse Treatment Admissions by Methamphetamine as Primary Substance Used and Gender in the United States, 2015



Methamphetamine Use by Gender

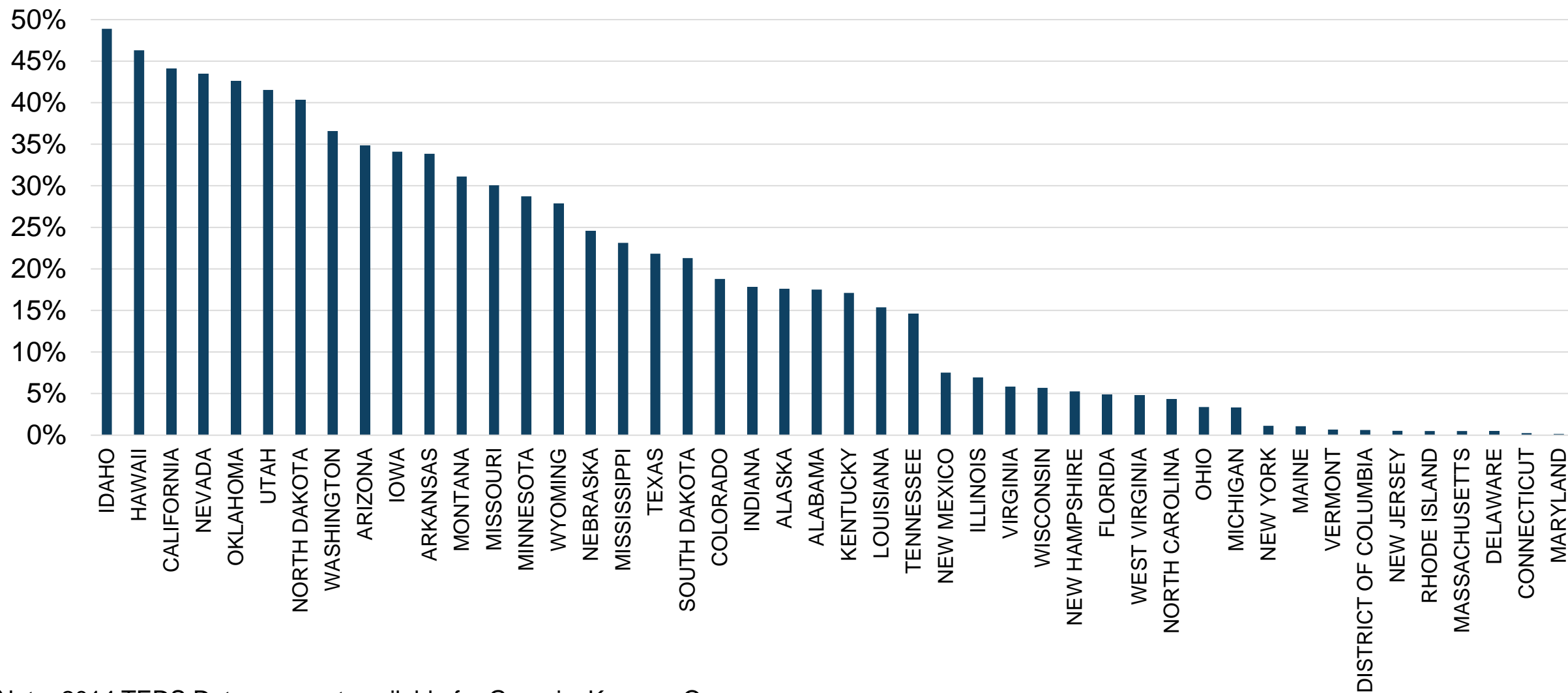
(Center for Behavioral Health Statistics and Quality, 2017)

Substance Abuse Treatment Admissions by Methamphetamine Use and Gender in the United States, 2015



(Center for Behavioral Health Statistics and Quality, 2017)

Methamphetamine Use at Treatment Admission in the United States, 2015



Note: 2014 TEDS Data were not available for Georgia, Kansas, Oregon, Pennsylvania, or South Carolina.

(Center for Behavioral Health Statistics and Quality, 2017)

Effects of Methamphetamine Use

The effects of methamphetamine use include:

- Euphoria
- Increased heart rate and blood pressure
- Increased wakefulness; insomnia
- Increased physical activity
- Decreased appetite; extreme anorexia
- Respiratory problems
- Hyperthermia, convulsions, and cardiovascular problems, which can lead to death

Effects of Methamphetamine Use (cont.)

The effects of methamphetamine use include:

- Irritability, confusion, tremors
- Anxiety, paranoia, or violent behavior
- Possible irreversible damage to blood vessels in the brain, producing strokes

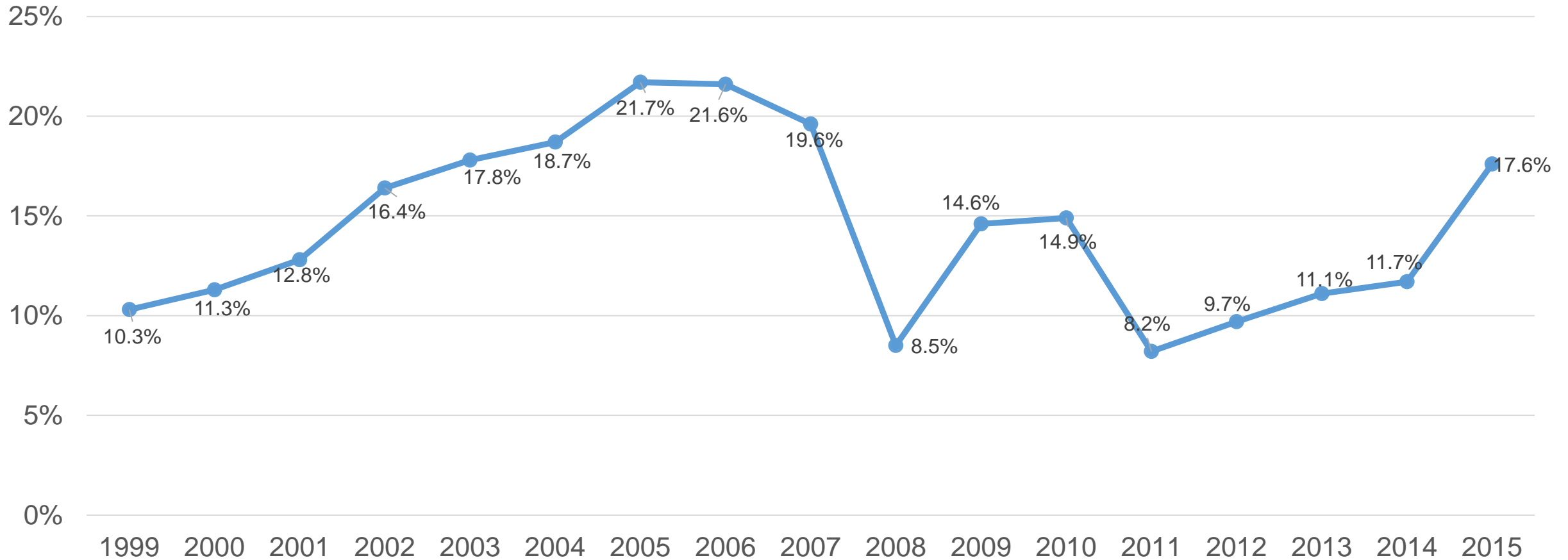
Methamphetamine users who inject the drug and share needles are at risk for acquiring HIV/AIDS

The Reward Circuit:
How the Brain Responds
to Methamphetamine

Women and Methamphetamine

- Compared with male methamphetamine users, female methamphetamine users:
 - Use methamphetamine more days in a 30-day period
 - Smoke rather than snort or inject the drug
 - Are more likely to be single parents who live alone with their children
 - Have worse medical, psychiatric, and employment profiles
- 70% of methamphetamine-dependent women report histories of physical and sexual abuse
- Research points to women being drawn to methamphetamine as a way to lose weight, aid self-confidence, and increase energy to deal with childrearing

The Prevalence of Methamphetamine Use Disorder as a Primary Substance Problem Among Pregnant Women at Substance Abuse Treatment Admission



Note: Estimates based on **pregnant women who entered SUD treatment** during the fiscal year.

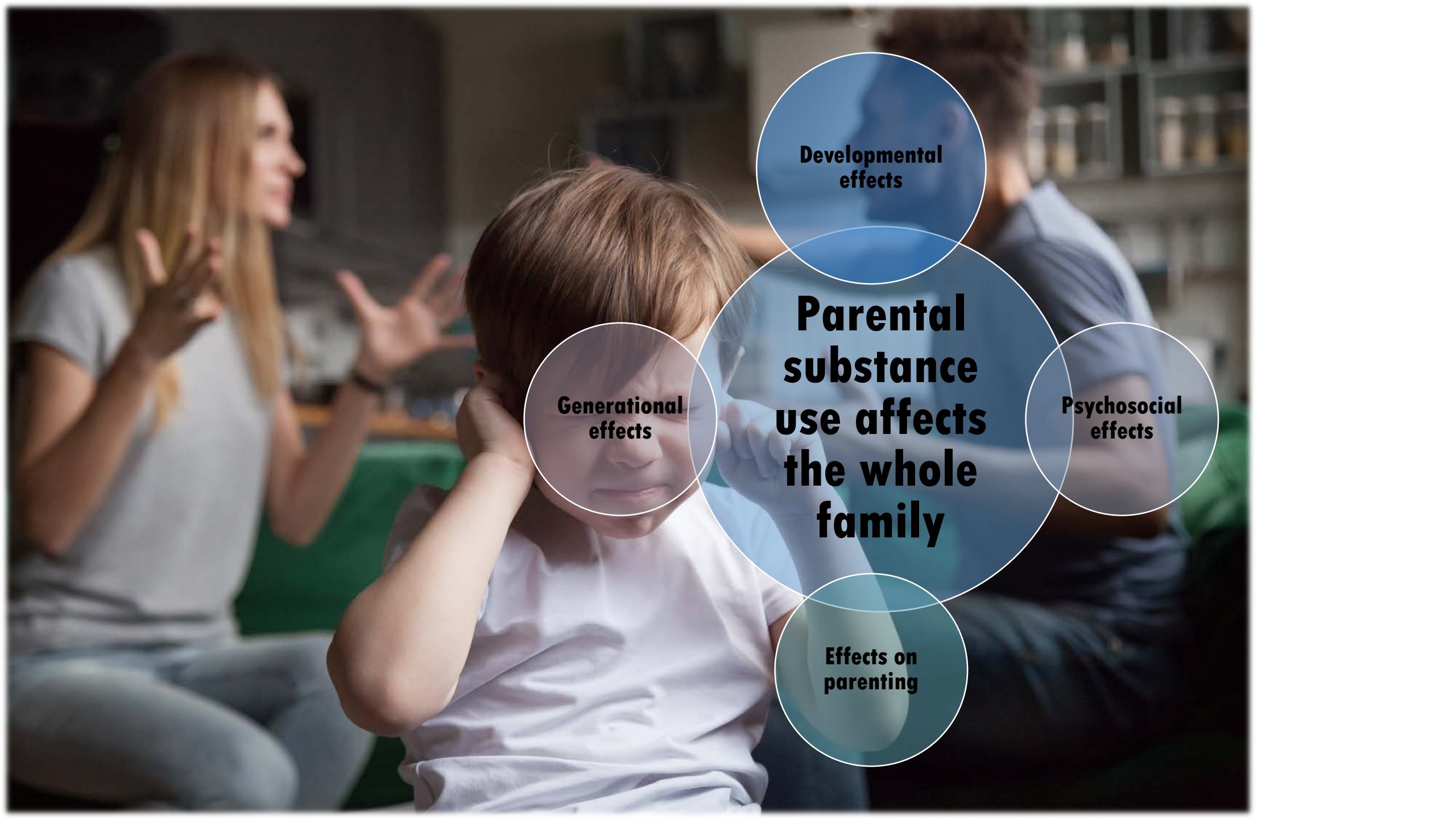
Source: TEDS-A Data, 1999–2015

Meth Inside Out: Human
Impact—Women at Risk

Methamphetamine: Points to Remember

- A person can overdose on methamphetamine. Because methamphetamine overdose often leads to a stroke, heart attack, or organ problems, first responders and emergency room doctors try to treat the overdose by treating these conditions.
- Methamphetamine is highly addictive. When people stop taking it, withdrawal symptoms can include anxiety, fatigue, severe depression, psychosis, and intense drug cravings.
- Researchers do not know yet whether people breathing in secondhand methamphetamine smoke can get high or experience other health effects.

Exposure to Parental Methamphetamine Use



Developmental effects

Parental substance use affects the whole family

Psychosocial effects

Generational effects

Effects on parenting

Methamphetamine Use and Child Welfare

During the last several years, more research about methamphetamine use in the context of child welfare has emerged:

- Methamphetamine use, manufacturing, and trafficking lead to a risk of child abuse and neglect.
- Increased and long-term use of methamphetamine can lead to an escalation of parental neglect and abuse, exposure to violence, and child fatalities due to the psychoactive components of the stimulant and toxic chemicals in production.
- Compared with parents who only use alcohol, parents who use methamphetamines are considered a greater risk for maltreatment yet had fewer allegations of physical abuse. On the other hand, parents in the alcohol-only group were at the lowest risk for maltreatment yet had the highest rates of physical abuse allegations.

(Akin et al., 2015; Carlson et al., 2012; Haight et al., 2007)

Implications for Children of Parents Using or Producing Methamphetamine

Type of Exposure	Implications and Risks
Parents use methamphetamine or have methamphetamine use disorder	Children face many of the same risks as children of other drug users; parents less likely to be incarcerated
Mother uses methamphetamine during pregnancy	Birth defects, fetal death, growth retardation, premature birth, low birth weight, developmental disorders, difficulty sucking and swallowing, and hypersensitivity to touch after birth
Parents manufacture drugs in the home	Children most at-risk for contamination and need for medical interventions
Parents distribute or sell drugs	Children at increased risk due to persons in the home purchasing or using drugs
Parents operate a “super lab,” manufacturing large quantities of drugs	Children less likely to be in these settings but may experience environmental exposure; parents will be incarcerated

Effects of Parental Use of Methamphetamine on Children and Adolescents

- Children affected by parental methamphetamine use are often exposed to violence, parental absence, emotional abuse, and chronic maltreatment; these factors have detrimental effects on child development.
- Parents with methamphetamine use disorder often exhibit irritability, anger, and violence, compromising child safety.
- Exposure to psychoactive components of the stimulant during childhood can hinder development and lead to cognitive deficits.

Prenatal Exposure to Methamphetamine

Prenatal Exposure to Methamphetamine

Studies on methamphetamine-exposed pregnancy outcomes have been limited because of:

- Retrospective measures of drug use
- Lack of control for confounding factors such as:
 - Other drug use, including tobacco
 - Poverty
 - Poor diet
 - Lack of prenatal care

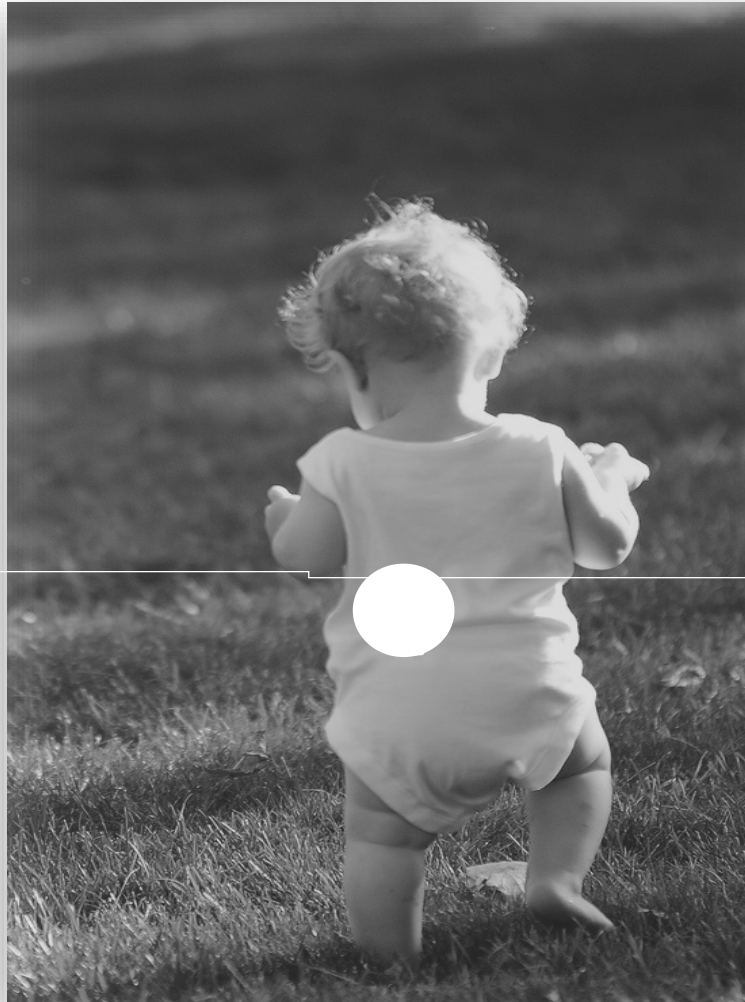
Methamphetamine and Prenatal Exposure: Short-Term Outcomes

- Prenatal exposure to methamphetamine during pregnancy has negative effects on childhood development
- The Infant Development, Environment, and Lifestyle (IDEAL) Study concluded that infants exposed to methamphetamine in utero are more likely to have gestational growth restrictions compared to children who are not prenatally exposed
- Prenatal methamphetamine exposure is associated with increased fetal stress, cognitive deficits, and growth abnormalities

Effects of Prenatal Substance Exposure

American Academy of Pediatrics Technical Report

Comprehensive review of ~275 peer-reviewed articles over 40 years (1968–2006)



Short-Term Effects of Prenatal Substance Exposure

	Growth	Anomalies	Withdrawal	Neurobehavioral
Alcohol	Strong effect	Strong effect	No effect	Effect
Nicotine	Effect	No consensus	No effect	Effect
Marijuana	No effect	No effect	No effect	Effect
Opiates	Effect	No effect	Strong effect	Effect
Cocaine	Effect	No effect	No effect	Effect
Methamphetamine	Effect	No effect	Lack of data	Effect

Long-Term Effects of Prenatal Substance Exposure

	Growth	Behavior	Cognition	Language	Achievement
Alcohol	Strong effect	Strong effect	Strong effect	Effect	Strong effect
Nicotine	No consensus	Effect	Effect	Effect	Effect
Marijuana	No effect	Effect	Effect	No effect	Effect
Opiates	No effect	Effect	No consensus	Lack of data	Lack of data
Cocaine	No consensus	Effect	Effect	Effect	No consensus
Methamphetamine	Lack of data	Lack of data	Lack of data	Lack of data	Lack of data

Methamphetamine and Prenatal Exposure: Long-Term Outcomes

- Children prenatally exposed to methamphetamine are at higher risk for emotional and behavioral issues compared to their peers, exhibiting symptoms as early as age 3
- Symptoms include anxiety, depression, aggressiveness, hyperactivity, impulsivity, and inattention
- Prenatal exposure to methamphetamine can alter children's cognitive functioning
- Children ages 6 to 7 who are exposed to methamphetamine have lower IQs when compared to their peers, as well as learning and memory deficiencies, fine-motor developmental delays, and visual-motor integration impairment

Exposure to Methamphetamine Production

Production of Methamphetamine

- Manufacturers make most of the methamphetamine found in the United States in “super labs” located in the United States or Mexico
- Some also make the drug in small, secret labs with inexpensive over-the-counter ingredients such as pseudoephedrine, a common ingredient in cold medicines
- Methamphetamine production involves a number of other very dangerous chemicals
- Toxic effects from chemicals used in production can remain in the environment around a lab for a long time after the lab has been shut down, causing a wide range of health problems for people living in the area
- These chemicals can also result in deadly lab explosions and house fires

Safety Concerns of Methamphetamine Production on Children and Adolescents

- Children experience increased risk to their safety and health when exposed to the manufacturing and distribution of methamphetamine
- Children exposed to home-based methamphetamine labs and toxic chemicals used during production are at greater risk of:
 - Poisoning
 - Burns
 - Physical injury
 - Infections
 - Respiratory issues
 - Other health risks

Production of Methamphetamine

Signs of a Meth Lab

Although not in and of themselves conclusive evidence, the following could signal the presence of a meth lab:

- Unusual, strong odors (like cat urine, ether, ammonia, acetone, or other chemicals) coming from sheds, outbuildings, other structures, fields, orchards, campsites, and especially vehicles (older cars, vans)
- Possession of unusual materials such as large amounts of over-the-counter allergy, cold, or diet medications (containing ephedrine or pseudoephedrine), or large quantities of solvents such as acetone or Coleman fuel
- Discarded items such as ephedrine bottles, coffee filters with oddly-colored stains, lithium batteries, antifreeze containers, lantern fuel cans, and propane tanks

Production of Methamphetamine (cont.)

Signs of a Meth Lab (cont.)

- The mixing of unusual chemicals in a house, garage, or barn, or the possession of chemical glassware by persons not involved in the chemical industry
- Heavy traffic during late night hours
- Residences with operating fans in windows in cold weather, or blacked out windows
- Renters who pay their landlords in cash

Production of Methamphetamine (cont.)

If you suspect a meth lab:

- Remain calm
- If you are in the lab, find an excuse to leave immediately
- Do not touch or smell anything to try to identify unknown substances
- Do not enter the home or area
- Keep a safe distance—hazardous materials may ignite or the fumes may overwhelm you
- Promptly notify law enforcement and follow your agency policy and protocols regarding meth labs

Drug Endangered Children (DEC)

- The National Alliance for Drug Endangered Children has worked with communities and states to support the development of a multidisciplinary approach to address the needs of children and ensure the safety of children who are exposed to an illicit drug laboratory or any illicit drug environment
- Protocols typically provide workers from child welfare, law enforcement, medical services, and prosecution with community-specific procedures for situations where there are drug endangered children as a result of clandestine drug labs, trafficking, or drug use
- Drug Endangered Children programs outline coordination and roles and responsibilities and ensure timely access to qualified personnel who can respond to the immediate and longer-term medical and safety needs of drug endangered children

Considerations for Children Whose Parents Are Involved in the Production of Methamphetamine

- Decontamination process
 - Coordinated with law enforcement/emergency medical services
 - Clothing, toys, blankets, etc., may not be safe
- Physician assessment for health/safety
 - Screen for drug and chemical exposure
- Children may not need to be decontaminated if out of the home for 72 hours
 - Need to be examined by their physician
- Children who ingest meth may exhibit agitation, inconsolability, tachycardia, respiratory problems (such as asthma), nausea, protracted vomiting, hyperthermia, ataxia, roving eye movements, seizures, and headaches

Treatment of Methamphetamine Use Disorders (MUD)

Treatment of Methamphetamine Use Disorders

The most effective treatment options for methamphetamine use disorders are behavioral therapies and contingency management interventions, including the following:

- The Matrix Model
- Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR)
- Cognitive-behavioral therapy

Family-Centered Treatment for Methamphetamine Use Disorders

- Like all families affected by substance use disorders, families affected by methamphetamine use disorders benefit from services that integrate family functioning and relationship work into recovery
- Addressing the needs of children requires recognition of improved child and family functioning as core elements in parents' recovery
- Services need to address child and family trauma, and support quality visitation and the parent-child relationship through evidence-based parenting programs, attachment-based therapy, and other therapeutic interventions
- When these family-centered elements are included, families see improvements in family functioning including living environment, parental capabilities, family interactions, family safety, child well-being, social/community life, self-sufficiency, family health, caregiver/child ambivalence, and readiness for reunification

Monitoring Treatment and Assessing Progress

Key factors in monitoring treatment progress:

- Participation in treatment
- Knowledge gained about substance use
- Participation in support systems
- Compliance with the child welfare services plan
- Visitation with children (when appropriate)
- Parental skills and parental functioning
- Interpersonal relationships
- Keeping appointments and being on time
- Abstinence from substances

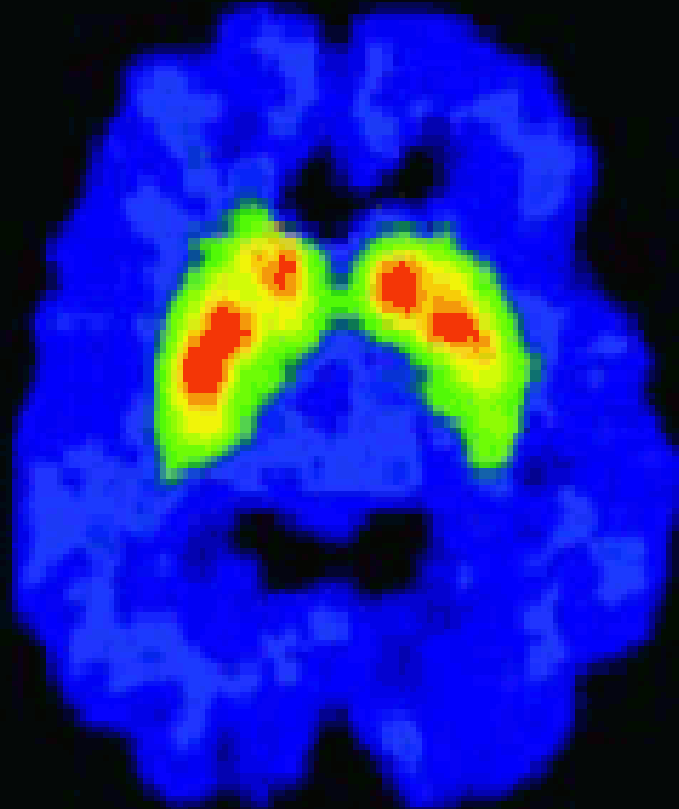
Meth Inside Out:

Windows to Recovery—

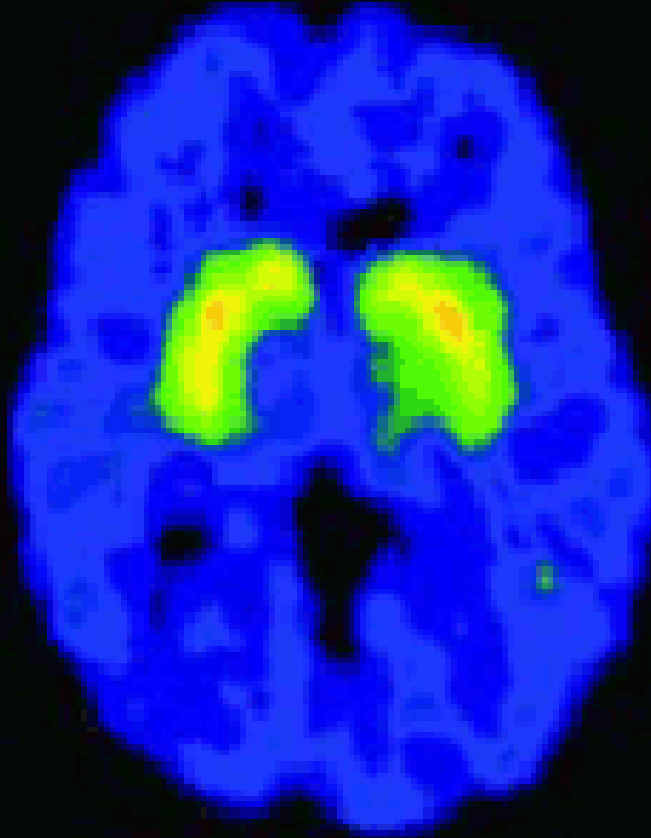
Relapse

Effects of Meth on the Brain

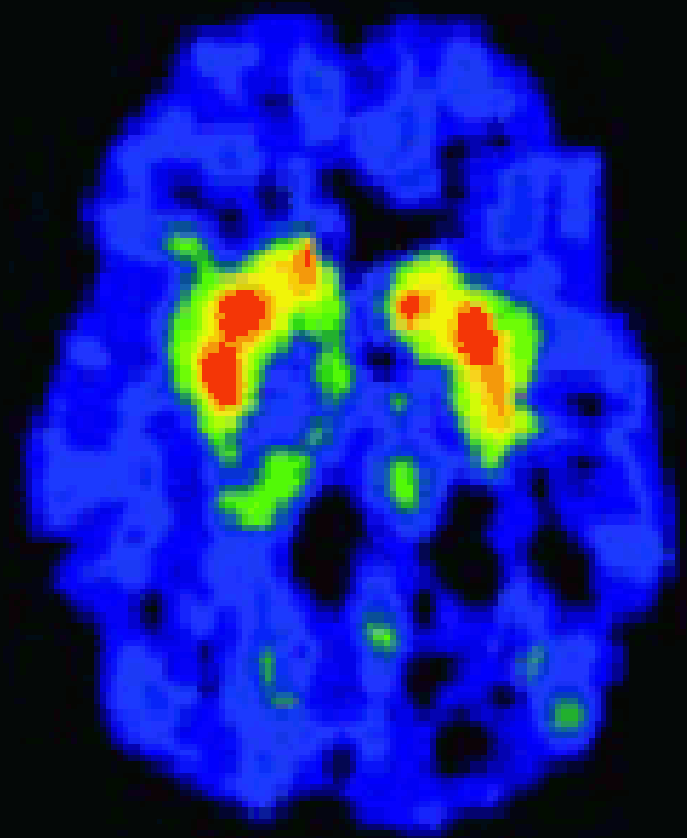
(National Institute on Drug Abuse, 2013)



Healthy person



**Meth use disorder,
1 month abstinent**



**Meth use disorder,
14 months abstinent**

Treatment Completion

- Progress towards treatment goals
- Sobriety and evidence that the parent can live a sober life
- Stabilization or resolution of medical or mental health problems
- Evidence of a well-developed support system

Addressing Relapse

- Be attentive to transition times in the case plan
- Research findings indicate not only that children's emotional and behavioral problems tend to escalate after they return home from foster care, but also that the stress of re-establishing parenting can lead to relapse for parents with substance use issues

Meth Inside Out:

Windows to Recovery—

Building a New Life

Casework Tips for Child Welfare Workers

Casework Tips for Child Welfare Workers

- Collaborate with the experts on substance use disorders in your community
- Talk with the treatment provider to learn what evidence-based treatment and therapeutic approaches are used to treat methamphetamine use disorders
- Understand that outpatient treatment can be as effective as inpatient treatment when supportive services and community supports are provided
- Refer parents to available programs that will address engagement and retention in services such as peer or recovery support programs
- Ensure that co-occurring disorders, such as depression and anxiety disorders, are addressed in treatment

Casework Tips for Child Welfare Workers

- Conduct a comprehensive family assessment based on informed decision-making by identifying, considering, and weighing factors that affect the family.
- Families affected by substance use disorders have strengths. Help the family identify these and build on them to enhance their parenting capacity.
- Understand the parents' readiness for change and use motivational skills.
- Offer practical help to parents who are navigating complex systems.
- Be a resource to parents and offer support.
- Ensure that parents are included in planning, decision making, and service provision related to their family case plan.
- Do not use parent/child visitation as a consequence for relapse.
- Know about the safety issues related to methamphetamine use and manufacturing, and community resources for families affected by methamphetamine use.

Casework Tips for Child Welfare Workers

- Be aware of how altered brain functioning, memory, decision-making, mood, and potential damage to the central nervous system could create challenges with remembering appointments or completing activities of daily living.
- Understand that a parent with a methamphetamine use disorder can recover and convey empathy and a sense of hope in your interactions with parents.

Child Welfare Safety Tips

- Ask permission if you want to view another part of the residence
- Notify your supervisor or co-worker about your intended location when in the field
- Carry a cell phone
- Be transparent about the purpose of your visit and explain what you are doing and why
- Be aware of all exits in the residence, and do not let the client stand between you and the exit
- Do not provoke the client

What Do You Think?





National Center on Substance Abuse and Child Welfare

A Program of the

Substance Abuse and Mental Health Services
Administration

Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families

Children's Bureau

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Resources

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