Wrap Up: Reflections and Recommendations: "The Meth Phenomenon: What Do We Know?"*

The Initiative Foundation
Little Falls, Minnesota
September 20, 2004

Introduction and Background: Defining the Issues

Methamphetamine is Minnesota's fastest growing drug problem. The production, sale and use of meth has spread rapidly throughout rural counties, with metropolitan counties not far behind.

This highly addictive drug, produced by cooking mixtures of ephedrine and chemicals including acids, solvents, and ammonia fertilizer, results in hazardous environments and criminal behavior associated with theft and conspiracy. It is understandable that clandestine labs first attracted the attention of public health and law enforcement. Now child welfare has joined the community of concern. Meth, as the latest entry into the substance abuse scene, has changed the face of child protection in rural counties.

Child protection has a specific interest in the meth phenomenon. This drug has an unusually seductive appeal to a population well known to practitioners in the child welfare system: overstressed young families struggling for survival under marginal circumstances. The properties of a drug that produces intense highs, sexual energy, suppresses appetite for food (weight loss), and is cheap and accessible, in a perverse way, appeals to crisis-ridden young families searching for a quick fix.

Further, the production of meth [meth production utilizes] uses components that are familiar: cold and allergy over-the-counter drugs. Moreover, the recipes for cooking the drug are easily available on the internet. These seductive elements mask the catastrophic consequences for parents and children.

Child welfare has a range of distinct but overlapping concerns in the unfolding crisis in the meth phenomenon: infants born to meth-using mothers; children found in clandestine labs; children living in meth-induced neglecting environments; and children of imprisoned parents.

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*This forum offered two major presentations: "Assessing Medical Risk: Crisis and Consequences," Barbara Knox, M.D., Department of Pediatric and Adolescent Medicine, Mayo Clinic; and "Drug-endangered Children: Crafting a Response to Trauma," Michele Fallon, MSW, Circle of Women and Baby Space, Irving B. Harris Training Center for Infant and Toddler Development. For a list of handouts, see page 7.

Scope

A fully documented picture has not yet emerged. According to the Multi-Jurisdictional Narcotics Task Force, 410 labs were discovered in 2003. For 2004, with incomplete figures, there appears to be a slowing down. The precise number of children present at the time of a lab raid appeared to be small (16-20). More than 900 new entrants into prison are meth related, and the largest cohort of women entering Shakopee from rural counties (estimated at 75%) are meth related. Probation caseloads related to meth have not yet been published.

It is widely understood that a significant portion of meth activity is unreported. Overburdened law enforcement and child protection staffs are factors limiting the response systems. Domestic production and distribution is only one aspect of concern regarding meth. Law enforcement resources have been stretched thin, with connections forged between Texas, Mexico, and rural counties for illegal meth transactions.

Highlights: Presenter, Barbara Knox, MD, Department of Pediatric and Adolescent Medicine, Mayo Clinic, *Assessing Medical Risk: Crisis and Consequences*

Meth is a powerful drug and can be characterized as illegal and powerfully addictive. It is a neurological stimulant providing an extreme high. Meth comes in many forms—injected, snorted, etc. It is easy to make using chemicals found in most homes. The recipe is so simple that children can easily make the drug.

Risks & Dangers to Children

- All children discovered at the scene of a lab must be assessed by a qualified pediatric health care person.

- Prenatal exposure places infants at an increased risk for multiple medical issues, including premature birth, extreme irritability and abnormal reflexes. In addition, these mothers are more likely to neglect aspects of prenatal care.

- Children are more vulnerable to the chemical contamination related to meth. Children eat more food, breathe more air and have higher metabolic rates. As a result, they absorb more toxins than adults. Children's bodies are still developing and are more likely to accumulate metals.

- The environmental conditions of children living in meth-producing and meth-using households are those of serious neglect: hazardous conditions such as fires and explosions; extreme filth; collections of pornographic materials.

Screening Steps Used by Health Professionals

Screening steps to be used by health professionals are available in medical protocols.* The medical protocol should include three steps:

1. A medical assessment should be done at the scene.
2. Within 12 hours, immediate medical care should be given to address problems that can not wait for an exam. Urine collection to test for toxicology should be done at this time.
3. A baseline exam should be completed and follow up care determined.

Medical Concerns

- Myconium stool analysis allows health professionals to determine if an infant was prenatally exposed to meth.

- Neurological development assessments for children are hard to access. At this time, in Minnesota, the Mayo Clinic and the University of Minnesota are the only facilities to conduct these assessments.

- Meth is made of toxic chemicals, and these may be absorbed prenatally. This has serious consequences for the infant. When the baby urinates or has a bowel movement, the acid in its system burns the skin and may actually cause bleeding.

Highlights: Presenter, Michele Fallon, MSW, LICSW, Circle of Women and Baby Space Expansion Partnership, Irving B. Harris Training Center for Infant and Toddler Development, University of Minnesota, *Drug Endangered Children: Crafting a Response to Trauma*

Children in meth-related situations experience trauma on a continuum—from prenatal exposure, to neglect, to the trauma of being removed from their primary caregiver and then experiencing multiple placements.

Time and skill are required to deal with the traumatic impact on children who have observed and experienced the visible deterioration of their meth-addicted parents.

Long-Term Effects are Unknown

We must not over-catastrophize the possible effects of children born to meth-using mothers, or to children growing up in homes with meth labs as we are uncertain of the long-term effects. This cautionary note reflects our knowledge of long term effects of crack-cocaine babies. While all suffered to some degree, many grew up to be resilient and functional. More attention must be paid to what we already know about children and substance abusing parents.

*Note that at this time, there is no state-wide effort to have doctors trained to effectively work with children who have been exposed to meth.

Chronological vs. Emotional/ Developmental Age

It is important to work with each child individually as each child is at a different developmental level, and each child will react differently to their experience. In addition, the characteristics of trauma are demonstrated differently from child to child. But every child needs stability and assurance of physical and emotional safety.

Children's Response to Trauma

- It is not uncommon for children in meth situations to have trouble eating. First, make sure it is not an organic problem. If it is not, mental health professionals should also be involved, since this is a socialization issue. The child is likely not used to eating at regular intervals, with others or at a table. The use of food in either over-eating or the refusal to eat are coping mechanisms.

- Sleep disorders may also be evident. For many children sleep disorders have their origin in not allowing themselves to sleep for safety reasons. (See handout on, "The Mental Health Needs of Young Children in Placement.")

- Sharing information with others about a child's background is an important issue. We don't want to create a self-fulfilling prophecy. Teachers do not need to know that the child came from a "meth" situation. One can say the child has had a "traumatic experience." You may want partner with the teacher, who may benefit and be more helpful from knowing about the child's grief and sorrow from separation.

- Support groups for children who have been removed from their parents can be helpful.

Practice Issues

Recognition of a Continuum:

The Episodic User	The Binger	Chronic User
- able to function relatively well - mood swings - concern of consistent care of infants and toddlers	- may be incapacitated from 3-15 days - children unsupervised for long periods of time	- deeply addicted - high risk of abuse and neglect - high rates of sexual abuse

Tasks for Child Protection

- Developing an appropriate protocol for assuring decontamination of children at the site of the lab; devising strategies for limiting the trauma of decontamination (e.g., the “Suitcase Strategy”; in Pine County, fresh clothes and new toys are instantly available).
- Organizing and maintaining collaboration with public health and law enforcement.
- Assuring worker’s safety.
- Tracking treatment outcomes for permanency decisions.
- Maintaining a multi-disciplinary team that includes a liaison to the court.
- Arranging for visitation of children in foster home and in correctional facilities, when the parent has been incarcerated.
- Providing medical and mental health consultations for foster parents and relative custodians.
- Providing services following reunification.
- Developing a protocol for foster parents and relative custody parents that answer these commonly asked questions:
  1. How do we protect ourselves when we have children from toxic lab sites
  2. What protections should we take when there are other children in the home?
  3. What do we do with a child’s belongings?
  4. What information can we give to a new foster parent when a child has to be moved?

System Issues: Foster Care

Recruitment

Special recruitment efforts are needed to identify foster parents experienced in dealing with medically fragile children. One county has made a special effort to recruit and train registered nurses.

Training

In order for foster parents to provide nurturing care, they must see the neediness underlying children’s behavior. This requires training in attachment disorders and coping mechanisms of distraught children.

Special Tasks of Foster Parents

- Facilitate visitation: Preserving the child’s family connections, while in foster care.
- Assume a supportive role with parents when re-unification is in the plan. Remain as an advisor to parents in the early stages of reunification.

Public Policy Issues: Translating Beginning Knowledge into a System of Care

- Managing the risk of harm to children by making available resources for medical and mental health consultation.

- Refine the use of Family Group Decision-Making to assure stability and permanence for the child, with special attention to imprisoned parents.

- Review policy on public/private information statutes. Presently, information from substance abuse and mental health files cannot be disclosed. Does this policy protect the civil rights of clients? Does it impair case plans?

- Develop resources that are available and accessible in rural communities:
  - encourage multi-system collaboration
  - develop a response system that begins with public health and the hospital
  - maintain a trust relationship with law enforcement and the courts
  - create and support a collaboration between pediatric services and mental health
  - convene a task force to explore the cost and reimbursement factors in toxic clean-up, treatment plans for parents without health insurance and child protection costs for maintaining safety and well-being for the children.

Unfinished Tasks

- Training doctors and medical staff, throughout the state's emergency units in hospitals to assess the condition of a child exposed to meth; conduct neurological development assessments and provide consultation to child protection.

- Supporting studies on the use of drug courts, treatment effectiveness and prevention strategies.

- The uncertain experiences in rehabilitation create problems in permanency planning, such as reconciling the uncertain pattern of treatment and relapse, with sharply reduced time for permanency decisions. Typically the pathway in treatment is 28 days in a treatment facility, followed by a period in a half-way house (depending on payment sources). The intensity of withdrawal behaviors and uncertain patterns of relapses requires flexibility. Treatment plans are constrained by sources of payment (private insurance/ Medicaid/other). Generally, two to three years of tracking is required to chart the response patterns. Tracking data is yet to be instituted.

- Concentrating attention on the impact of the meth phenomenon on adolescents. Fragmented reports exist on the escalating trend of cooking, selling and using among high school students in rural areas. The scope of this problem is not available and recommendation on reconciling children's needs for stability and permanence with family preservation.

The Child Welfare consequences for the Meth Phenomenon is a work in progress.

The following handouts were available at this forum:

*National Protocol for Medical Evaluation of Children Found in Methamphetamine Drug Labs (*available from Dr. Knox at knox.barbara@mayo.edu*)*.

"Assessing Medical Risk: Crisis and Consequences," Barbara Knox, MD, Department of Pediatric and Adolescent Medicine, Mayo Clinic, powerpoint presentation.

"Drug-Endangered Children: Crafting a Response to Trauma," Michele Fallon, MSW, LICSW, powerpoint presentation.

"Notes from the Field I: A Summary of Observations on the Meth Phenomenon" (available from Esther Wattenberg).

"Notes from the Field II: Children in a Meth-Endangered Environment: Coping with the Effects" (available from Esther Wattenberg).

"The Mental Health Needs of Young Children in Placement" by Michele Fallon (available from Esther Wattenberg).

Prepared by Esther Wattenberg, Professor, School of Social Work, Center for Advanced Studies in Child Welfare; Associate, Center for Urban and Regional Affairs, University of Minnesota. Notes recorded by Christina Zeise, graduate student, and Mary Kaye LaPointe.

We appreciate observations included in this wrap-up that were derived from ATM's and others in the field.