

# Self-Study Course

## Methamphetamine: A Training Course for Resource Families

March 2008

### 3.0 Hours Credit

#### ***CREDITS:***

This course was first presented as a web based course from the Alaska Center for Resource Families at [www.acrf.org](http://www.acrf.org) and was transferred into a self-study course in March 2008. See Reference page at the end of this self study.

If you wish to receive training credit for reading this self-study, please fill out the “CHECK YOUR UNDERSTANDING” Questionnaire” at the back of this course. Return the questionnaire to the Alaska Center for Resource Families for 3.0 hour of training credit. The course is yours to keep for further reference. This course was written by Aileen McInnis, Training Coordinator for the Alaska Center for Resource Families in Anchorage.



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# **Methamphetamine: A Training Course for Resource Families**

## **Part One: *Understanding the Basics for Methamphetamine***

In Part One, you will learn:

- What Methamphetamine is and the different names it is known by
- How it impacts the brain and body and why it is so addictive
- What the short and long term effects are of using meth

### **Chapter One: What is Methamphetamine?**

Methamphetamine, or meth, is an addictive drug that is a powerful central nervous system stimulant. It is a synthetic drug that causes the brain to release a surge of dopamine, creating an initial intense high followed by a sense of euphoria that can last from six to 24 hours. Its intense high leaves the user craving more, thus making meth a highly addictive drug. It is a stimulant like other amphetamines but is much stronger and more addictive. Other names for meth include: Crystal, Crystal Meth, Speed, Tina, Zip, Christy, Ice, Chalk, Crank, Go, Go Fast, and Glass

Like cocaine, meth comes in two forms: powder or rock. The most common is a white, odorless, bitter-tasting powder that dissolves easily in water. It is taken into the body by swallowing, smoking, snorting or injecting intravenously. A purer form of the drug, called "crystal" or "ice", comes in clear, chunky crystals that are usually smoked or injected.

Methamphetamine produces a stronger and longer lasting high than that of cocaine. Similarly, while smoking cocaine produces an intense high that lasts 20 to 30 minutes, methamphetamine produces a high that last from six to 12 hours and remains longer in the body. Because of the negative effects such as depression and paranoia that set in when the drug begins to wear off, many users continue to "binge" and stay high, staying up for days at a time and often engaging in risky behavior. Meth users often will "crash" at the end of the binge and sleep for days afterward.

Unlike other strong drugs such as heroin or cocaine, meth is made from ingredients that can be purchased in local stores. This has contributed to an increase of small "mom and pop" operations where cooks of meth are making the drug just for themselves and for friends, and not necessarily selling to other outside their circle. The "meth lab" is often not a real laboratory but a place that manufactures meth and can actually be in a home, a motel room, a car, an apartment, or an abandoned building.

## **Why it is a Problem in Our State?**

Meth is not a new drug. First created around 1900 from the drug ephedrine, it was sold in the early half of the century as a treatment for inflamed nasal passages and used in a tablet form to treat narcolepsy. During the 1930s and 1940s, it was used by World War II troops to improve soldiers' performance. During the 1960s, methamphetamine was associated with "biker" groups, resulting in a second wave of methamphetamine use.

The current focus on methamphetamine seems to be fueled by the proliferation of small "meth labs" or persons making the drug for use by themselves and a small circle of friends. In many states, the number of children coming into foster care as a result of chemical abuse, including meth, is on the rise though its use and production seem to be higher in rural area and in the Western states. In Alaska, the Mat Su Valley seems to have a higher incidence of busted meth labs. The sharing of recipes for production via the Internet and the relative easy access to ingredients seems to have fueled an increase in use.

Nationwide, there is some indication that the number of smaller labs is decreasing due to law enforcement actions and the restrictions placed on the purchase of large amounts of products containing ephedrine and pseudo-ephedrine. Meth use still seems to be rising, though the production of the drug seems to be happening more in "super-labs" or large production centers.

## **Impact on Families and OCS Involvement**

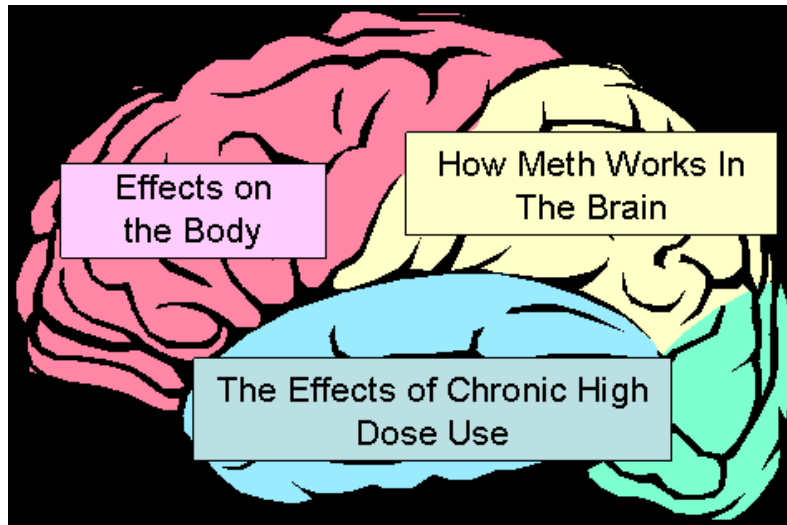
Resource families need to know about meth because when parents who are abusing drugs or manufacturing methamphetamine are suspected of putting children in danger, the State of Alaska Office of Children's Services (child protective services) may become involved with a family. A child who has been exposed to his parent's drug use or has been living in a meth "lab" may be placed in foster care for protective reasons or while his parents are incarcerated. Children may be impacted both by the use of the drug by their caregivers and the physical danger of being in the same room where the drug is being manufactured.

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## **CHAPTER TWO: Understanding How Methamphetamine Works**

There are many different reasons why people make try meth for the first time. But the reason they continue to use despite its destructive impact is the same for most people. People use meth because they like what it does to their brain. They like the way it makes them feel.

Read below to learn more about how meth works on the brain and the body, and what the short and long term consequences may be.



### **How Meth Impacts The Brain:**

- \* Meth makes people feel a great sense of pleasure by causing the brain to release an excessive amount of the chemical dopamine, a neurotransmitter that controls the feeling of pleasure, into the brain. One researcher said, "All drugs of abuse cause the release of dopamine, even alcohol and nicotine, but methamphetamine produces the mother of all dopamine releases." (From Richard Rawson, UCLA, Researcher, Quoted in Frontline video "The Meth Epidemic")
- \* Meth causes the dopamine to flood the brain's receptor synapses, which causes a rush of pleasure much more intense than any normal activity, even more than that of cocaine. The drug remains in the body for a longer period of time than cocaine, so the feeling of euphoria can last for hours. When the drug wears off, the users experience a strong let down and depression, and want to take the drug again in order to experience the same high.
- \* During this process, the drug actually begins to change the brain. The dopamine receptors are damaged, making it increasingly difficult for the user to achieve the same level of pleasure at first. Users who try to regain that initial "high" may find themselves using more of the drug, and feeling more intense depression and craving when they stop using. Users may find that they can't feel good without the drug, thus making it a very highly addictive drug.

### **Initial Impact on the Body**

- \* Using meth results in a short intense rush followed by a sense of euphoria that can last for hours. One user described the feeling as "the most pleasurable experience you have ever had multiplied by ten."
- \* Heart rate, rate of breathing, and blood pressure increase. Body temperature goes up.

- \* There may be sensitivity to light, tremors, shaking hands, excessive talking, and hyperactive behavior.
- \* User may sweat and experience a dry mouth, and possible grinding of teeth. The mouth is usually dry and swallowing is difficult, which make eating food difficult. There is a decrease in appetite.
- \* Meth produces a feeling of euphoria or happiness, a lessened need to sleep, increased sexual libido, sense of invulnerability, feeling like "Superman" and rapid speech.
- \* Meth is a stimulant that releases adrenaline (the chemical that causes the "fight or flight" response) and produces bursts of energy, physical activity, and stamina. It can cause anxiety and wakefulness, as well as hyperactive or possibly obsessive behavior.

### **Chronic, High Dose Use of Meth May Result In:**

- \* Users may be irritable, confused, and suffer from insomnia. There may be violent and erratic behavior, especially in the last phase of meth bingeing
- \* Paranoia is a distinctive long term effect of using meth. Users may see law enforcement in every person around them, they may set booby traps for their meth labs, or they may isolate themselves in their homes with windows shut and not leaving the house for long periods of time. Users may be in constant states of panic and suspicion. Users may also experience auditory and sensory hallucinations.
- \* Because meth depresses the appetite, there may be severe weight loss from lack of eating and poor nutrition.
- \* Users may engage in high risk behaviors such as sharing needles. Meth increases the sexual libido and the perception of one's sexual desirability, so users may engage in risky sexual behaviors, such as unprotected sex, multiple partners, and sex with strangers.
- \* Referred to as "Meth Mouth", chronic meth use can result in a deteriorating condition of the teeth and gums that results from a combination of poor dental hygiene, dry mouth and weakening enamel of the teeth. Meth dries the saliva glands and the resulting dry mouth allows bacteria to group. Meth also causes vessels that supply blood to oral tissue to shrink and decay starts between the teeth and begins to destroy the tooth from the inside. Teeth turn rubbery and soft. This is often combined with the lack of dental care and hygiene that accompanies a severe drug addiction.
- \* Withdrawal from high doses of meth may produce depression, which may last for months and even years. Because of the damage to the brain, chronic users may lose the ability to feel pleasure or "feel good," which contributes to the depression.
- \* Chronic users may develop sores on their bodies from scratching at "crank bugs." This is the delusional sensation of bugs crawling under their skin. The sensation sometimes causes users to scratch their skin raw, leaving sores and welts that are often untreated.

Because heavy usage constricts blood vessels, tissue such as skin becomes more prone to damage and sores take longer to heal.

\* Long term use also puts a strain on internal organs resulting in lung and nerve damage, heart attack and stroke, kidney failure and seizures

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## CHAPTER THREE: "The Faces of Meth"

Faces of Meth™ is a project of the Multnomah County Sheriff's Office in Portland, Oregon. This project began when Deputy Bret King put together mug shots of persons booked into the Multnomah County Detention Center. Deputy King worked with his co-workers in the Classification Unit to identify people who had been in custody more than once. He then worked to verify criminal records and files to determine and assure a history of methamphetamine related use. Deputy King also started interviewing people in custody to learn of their experiences with methamphetamine, how or if methamphetamine contributed to their criminality, and asked what they would tell young people about methamphetamine.

What Deputy King set out to do was create a realistic presentation about methamphetamine. He didn't want to create something that made people curious about a drug nor that was a scared straight program. The idea was simple-- be honest with kids, let them hear directly from the inmates, and show them what people who work on the front lines see methamphetamine doing to people and to our communities.

The efforts of this project were first published in newspaper, The Oregonian, as part of their focused efforts on the methamphetamine epidemic. The Multnomah County Sheriff's Office has provided the pictures posted in the Oregonian Faces of Meth™ story on December 28, 2004, to others who are involved in methamphetamine prevention and awareness efforts. More information about this project can be found at <http://www.facesofmeth.us/>





## CHAPTER FOUR: Effects on Families and Communities

A meth addiction in a family can rip it apart. Children who grow up in the chaos, neglect and violence of a meth lab experience severe stress and trauma, as well as unpredictability, increased risk of abuse and physical harm from the toxic qualities of the drug. Children are impacted not only by growing up in a home that manufactures the toxic chemical. They are also impacted by their parent's use of the drug. These effects will be explored in depth in Lesson Two.

Meth use and production also impacts communities. Makeshift labs and their dangerous chemicals and components have been discovered in cars, hotel rooms, storage lockers, mobile homes, abandoned buildings and remote parcels of land. Waste material from production is often dumped down drains, toilets, septic systems, and on bare ground. Toxic fumes seep into walls, floors and buildings, making the building potentially dangerous to others and demanding expensive clean up.

Meth labs are extremely volatile and explosive. Approximately 15 percent of meth labs are discovered as a result of fire or explosion. First responders, emergency medical personnel, law enforcement and child protection workers all may be put at risk when responding to an event with or without knowing what they are getting into.

### Treatment and the Long Term Effects of Methamphetamine Use

Meth can be a powerful addiction, with individuals unable to stop use or suffering painful withdrawal symptoms if they try. Its physical addiction and impact on the brain makes treatment a challenge. Treatment for meth abusers was long thought not to be very effective, though more recent treatment seems to be improving as it focuses specifically on the nature of the drug's effect on the brain.

Because meth destroys the brain's dopamine receptors, persons recovering from use need up to a year to allow those receptors to repair themselves. After meth use is stopped, many symptoms, such as depression, lack of ability to feel any kind of pleasure, insomnia, paranoia and a craving for the drug can continue for six to 12 months. There is a high relapse rate associated with meth use because of this inability to feel pleasure and

this intense depression. Many treatment programs include prescriptions for antidepressants as part of their regimen.

Some effects appear to be permanent for chronic users as well. Brain scans in persons who have been clean 6 months of the drug show a 25% to 80% reduction in dopamine metabolism. (Davidson, 2001)

Dr. Nora Volkow, director of the National Institute on Drug Abuse, examined several scans of various meth abusers. After 14 months of abstinence from the drug, the scans showed that former users were able to regrow most of the damaged dopamine receptors. However, the individuals in recovery still showed signs of the other cognitive impairments caused by the drug, such as an impairment in memory, poor judgment ability and impaired motor coordination. These are the same symptoms seen in individuals suffering from Parkinson's Disease.

Treatment and recovery for meth involves more than just stopping use of the drug. Like other drug treatment, meth users must retrain their brains and learn to recognize and deal with the triggers that cause them to use the drug. Users need to learn their patterns, learn to recognize and avoid the triggers, and work to replace old patterns with healthier behaviors. Relapse prevention and after-care becomes critical for the meth addict because the physical recovery from the addiction is so extended.





# **Methamphetamine: A Training Course for Resource Families**

## **Part Two: *The Impact of Meth on Children***

In Part Two, you will learn:

- What are the child protection issues involved with methamphetamine
- How meth is produced and how it can impact children
- How meth poses dangers of abuse and neglect for children
- What the short and long term effects are of using meth

### **CHAPTER ONE: Drug Endangered Children**

The phrase “drug endangered children” refers to children who live where drugs are used, sold or manufactured. Children are strongly impacted by the use and abuse of all kinds of drugs, including alcohol (the most commonly abused drug), heroin, marijuana, and cocaine. This self-study is concerned specifically with the impact of methamphetamine because of its potential destructive effect on individuals and their children.

Substance abuse has always been linked to child maltreatment. Nationwide, in 7 out of 10 cases of child abuse that come to the attention of the child protective services, substance abuse is involved. In families where there is substance abuse, children are 3 times as likely to be abused and 4 time as likely to be neglected.

Like other drugs, methamphetamine or “meth” puts a child at risk when parents become reckless, neglectful, or unable to provide protection or consistent parenting to a child. But meth has an added danger for children. Children can be put at risk by a parent’s drug use, but can also be put at risk by caregivers who manufacture the drug in the place where children live or play.

Children are often present in the smaller, makeshift meth labs, which are the types seen in Alaska vs. the “Super Labs” which are mostly found in Mexico and Southeast Asia. “Mom and Pop” labs are smaller productions where individuals make meth to use for themselves or to sell to a small group of people. Around 30% to 50 % of meth labs at the time of lab seizure have children in them.

Children can be also physically impacted by either being in a place where meth is being used or by being around people using meth. Statistics vary, but anywhere from 30% to 80% of children in an active lab test positive for meth in their system if there is a toxicity screen within 2 hours. Of the children in homes where meth is used regularly, 10% to

50% also test positive for meth in their system. (These statistics come from Dr. Cathy Baldwin Johnson, Head of the Mat Su Task Force on Drug Endangered Children, June 22, 2006.)

Carol Chervenak, MD, is a physician who regularly examines children entering the child protective services system in Portland, Oregon. From an interview for the PBS Frontline Television Presentation, "The Meth Epidemic," she relates a story of a young girl's experience.



"A nine year old girl was sent to see me because there was methamphetamine in her home and she was sent to foster care. I asked her 'tell me about drug use in your family' and she said, 'Oh well, my dad taught me how to cook it.' And in detail from beginning to end, she described how woozy she felt from what was going on and she described how her dad took her finger and stuck the end in this stuff and quote 'made me taste it.' She graphically described domestic violence between her parents, with her father pistol whipping her mother in the driveway to a bloody pulp. She described pornography running on the television all day long and sexual activity between herself and adults in the home when they were high on methamphetamine."

"I do think of these kids as meth orphans because their parents have been stolen from them by this drug."

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## CHAPTER TWO: Children at Risk for Abuse

In Lesson One, you learned the short and long term effects that meth can have on an individual. Some of these included:

- Not sleeping for days
- Not being hungry and not eating
- Being paranoid and irritable
- Paranoia and hallucination
- Heightened sexual libido
- Depression and sleeping for days after crashing

Persons using meth often go through a Binge Stage and a Crash Stage while using. The Binge Stage is the active high, which can last to several hours or several days. Persons who are using during this stage often are very agitated, are not sleeping or eating, and may experience an increase in sexual libido. The Crash Stage may produce a period of exhaustion and fatigue, which may eventually end in intense sleep lasting for days. It also can result in insomnia, paranoia and auditory hallucinations or a long period of intense depression. Children can be affected differently at these different stages.

## **Children Are At Risk for Maltreatment**

Children are put at high risk for maltreatment in a home where a parent is abusing drugs. Some of these risks associated specifically with methamphetamine use include:

**Physical Abuse:** Persons using meth are often irritable and easier to provoke to violence during both the crash stage and binge stage. Domestic violence is also common during the binge stage and children may view or indirectly be hurt by violence between adults.

**Sexual Abuse:** During the binge stage, meth increases the libido and children may become the target of sexual abuse. Pornography is often present in the home as users may seek more sexual stimulation. Some children have problems sleeping during this time out of fear or noise. During the crash stage, the caretaker may be unaware or unconcerned and may leave children with unsafe people.

**Neglect:** When parents are focused on their own needs to get and stay high, they often neglect the basic needs of their children. Children may not be taken for medical treatment or get dental care. Users may not be hungry and may neglect to feed their own children. Children may not be taken to school or clothed properly. Financial resources are often directed toward getting and keeping the drug. Children also may be exposed to dangerous environments without adult supervision, and have access to solvents, acids, heat sources, electrical cords, and lye. Items holding meth or production ingredients may be within easy reach to a child, and food and meth ingredients may be stored in the refrigerator side by side. In one national incident, a child swallowed lye that was stored in the refrigerator in a Diet Pepsi bottle.

## **Prenatal Exposure to Methamphetamine**

Children born to mothers who used meth during pregnancy will vary in their responses. It is important to remember that most pregnant women who are using meth during pregnancy also are using alcohol, may not be getting good nutrition, may be smoking, and may be using other drugs as well. All of these factors can contribute to harm the developing fetus. Research is still being done in this area.

Children born to meth addicted mothers may go through a painful withdrawal since the drug is in their system. Some studies show additional complications of low birth weight, birth defects, increased rates of premature delivery, and abnormal infant behavior (NIDA, 2002; Wells and Wright, 2004). Some smaller studies also show that children between the ages of 3-6 can show deficits in cognitive, language, and behavior functioning. (As related by Dr. Cathy Baldwin-Johnson of the Mat Su Task Force of Drug Endangered Children.)

## **CHAPTER THREE: The Making of Methamphetamine**

Meth labs seem to be more concentrated in the Western United State and in rural areas, though ample evidence shows the drug moving East and into urban settings. Rural areas provide isolated areas, abandoned or unused buildings and privacy. In Alaska, rural areas on the road systems where larger stores such as Wal-Mart or Costco are available make it easier to get the ingredients. The Mat Su Valley seems to have a particularly high incident of meth use and labs.

Unlike other strong drugs such as heroin or cocaine, meth is made from ingredients that can be purchased in local stores. This has contributed to an increase of small “Mom and Pop” operations where cooks of meth are making the drug just for themselves and for friends, and not necessarily selling to others outside their circle. The meth lab can actually be in a home, a motel room, apartment, or an abandoned building. Meth labs can be portable and easily dismantled or moved to avoid police.

To understand why children are in such danger when they live in homes that make their own meth, it helps to understand how meth is made.

“Methamphetamine is a potent combination of store bought items. Its main component is pseudo ephedrine, that active ingredient found in cold and allergy pills. Pure ephedrine is extracted from the cold pills through a process involving lithium batteries, starter fluid, rock salt, red phosphorus, coffee filters, acetone, muriatic acid, Red Devil lye, Xylol, aluminum foil and assorted kitchen glassware.” --FROM THE Mat Su Valley FRONTERIESMAN, Meth in the Valley Special Printed Edition.

According to the Alaska Drug Enforcement Agency, in 2000, 26 meth labs were busted in the state. In 2005, that number jumped to 62.

The main ingredient in methamphetamine is Ephedrine or pseudo-ephedrine, which is the active ingredient in common cold medications such as Sudafed and is extracted in one of two methods. The first is a highly volatile chemical process in which strong acids, iodine and red phosphorus are combined and heated. Other ingredients in the process include sodium hydroxide (lye), solvents, and hydrogen chloride gas. This is the most common method used in Alaska. This is a highly volatile process that emits a gas by product called phosphine gas that is flammable and explosive, as well as a respiratory tract irritant. Solvents, such as toluene or acetone acids such as sulfuric acid, and metals and salts including iodine, lithium and red phosphorous are used in the various stages of the process.

A second method of production is the “Nazi Method” or “dry cook” method which extracts the ephedrine using sodium or lithium from batteries and anhydrous ammonia (which is more common in the Midwest and found at farms and Co-ops.) Anhydrous ammonia also is quite volatile and may explode while stored if tanks and spouts are corroded and weakened.

The environment in a meth lab is dangerous. Fires and explosions are common. Gases and chemicals often are being mixed in a small environment, making the air toxic and seeping into the floors, walls and ceilings. If the meth lab is in a home, it can potentially contaminate food, and seep into the clothes and skin of children and contaminate every surface in the house.

Every step of methamphetamine use and production poses a hazard when children live in the home.

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## **CHAPTER FOUR: Growing Up In a Meth Lab**

What is it like for children who grow up in a meth lab? Meth labs aren't really laboratories, they are places where meth is produced. Cooks who make meth for personal use or to sell to a small circle of people are often called "Mom and Pop" labs and it is not uncommon to have children present in these operations. It is estimated that children are present in up to 30% to 50% of seized meth labs.

The physical well being and safety of children is greatly compromised by living in these living spaces. Meth permeates all surfaces, such as floors, curtain, rugs, countertops and walls. Kids are often touching these surfaces and putting their hands to their mouths. When the drug is manufactured, there are risks of ingestion, exposure or inhalation of smoke, solvents, chemical risks, fumes, skin contact, fires and explosions.

Children ingest and inhale these fumes, thus are consuming the drug even if not intentionally. In one study, approximately 35% of children found in meth labs test positive for toxic levels of chemicals in their bodies, including meth (NDIC 2002, Shaw, 2004).

Some children have chemically induced asthma or pneumonia that often clears up after children are out of the lab. Some have long term damage to lungs, kidneys, liver, eyes, skin and the neurological system. Children may have access to corrosive and poisonous chemicals such as lye, battery acids, and brake fluid, and run the risk of skin burns and poisoning accidents. These homes are at great risk for fires as well, since the process to make meth is very flammable. Many of these fires go unreported.

Children in meth-using families may also faces hazards such as used hypodermic needles and razor blades, and live in environments where paranoid adults carry guns and set booby traps.

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### **"Meth in the Valley"**

The Mat-Su Drug Endangered Children's Task Force in Palmer and Wasilla has worked to apply protocols for law enforcement, the hospital and child protection to work together

when children are discovered in a meth lab setting. The following excerpt explains how children are often the victims in the world of meth production and use.

**"The Mat Su Drug Endangered Children's Task Force" From "Meth In The Valley" Mat Su Valley Frontiersman Special 2004 Edition on Meth.**

The Mat Su Drug Endangered Children's Task Force, formed by the plight of children coming into the emergency room at Valley Hospital from a meth lab, started as a response to the spread of methamphetamine production in the Mat Su Valley. At first the task force consisted of people representing the agencies directly responsible for the immediate fallout of meth labs—the Department of Environmental Conservation, Alaska State Troopers, Drug Enforcement Agency, Department of Youth and Family Services (OCS), Mat Su Borough Emergency Services and Valley Hospital....

Dr. Cathy Baldwin-Johnson, who chairs the Task Force, has seen the effects of meth first hand in the children referred by the Office of Children Services....

"The youngest was a newborn," Baldwin-Johnson said. "The baby was very jittery, with breathing problems. We had to send it to the neo-natal unit at Providence. How much a baby is affected depends on the extent of the mom's use. Reports are of babies who are smaller, born into drug withdrawal, more irritable and difficult to control."

Studies are few and not always consistent, but there is a lot of anecdotal evidence about meth's damage to children, she said.

Infants and small children have faster metabolic rates than adults. For their body size, they breathe in more air than adults, which in meth labs is a stew of toxic substances that clings to every permeable surface, including toys, clothes and blankets.

Their brains and immune systems are underdeveloped and are damaged more easily. They crawl around, touch everything and constantly put their hands in their mouths.

But the biggest concerns are signs of neglect and abuse, according to Baldwin-Johnson. The children are usually filthy, hungry and may have burns from contact with the solvents, lye, acid and heat in the cooking process...

For the younger children—victims of adult meth users and cooks—there have been some improvements brought about by initiative from the task force. Now, when they are removed from labs, they are wrapped in Tyvek suits, brought to the hospital and passed through warm showers to decontaminate them, no longer subject to bucket baths in a cold garage. From the moment they leave the lab, they are surrounded by caring adults. But because of toxic contamination, they leave everything behind to begin a future full of unknowns.

-- Excerpted From "Meth In The Valley", Mat Su Valley Frontiersman Special 2004 Edition on Meth.



# **Methamphetamine: A Training Course for Resource Families**

## ***Part Three: A Caregiver's Guide for Caring for a Drug Endangered Child***

In Part Three, you will learn:

- How meth use has impacted children coming into foster care
- Strategies for caring for the physical health of a child from a meth lab
- Strategies to care for children who have affected by a parent's drug use
- The special issues of youth who use meth and how parents can support them

## **CHAPTER 1: Children and Child Protective Services**

### **Children and Child Protective Services**

Child welfare has a specific interest in how meth impacts families. Because of the high percentage of children present when meth labs are busted or discovered, child protection must work hand-in-hand with law enforcement. The higher incidence of abuse and neglect in these families and infants born to meth-using mothers may also draw in the services of the Office of Children's Services. Rates of meth use and production vary across the state, but the Mat Su Valley seems particularly hard hit by meth production and use.

Alaska is not alone. Minnesota in particular has found that its greatest increase in the number of foster care placements has been directly related to parent abuse of chemicals, including meth, cocaine and heroin.

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## **CHAPTER 2: Strategies for Working with Children Impacted by Methamphetamine**

### **Working with A Child Whose Been Exposed to Meth**

The Office of Children's Services works with families who are using meth and whose children are in state custody is very similar to the way it works with any family abusing drugs. OCS strives to keep children safe, get parents into treatment programs, and monitor their progress with the initial goal of reuniting parents with their children. However, meth offers some additional challenges.

Some users have learned to make the drug in dangerous home “labs.” These labs pose real physical threats to children who have been exposed. When children come to a foster home from an environment where meth is manufactured, resource families need to understand how to keep children safe and what to expect.

### **What Resource Families Need to Know**

The following are guidelines for resource families accepting a child into their home who may have been exposed to a meth lab. The guidelines have been adapted from the article "What Foster Parents Need To Know About Methamphetamine" by John McMahon. It was written by the North Carolina Division of Health and Social Services and printed in *Fostering Perspectives*, May 2005. (For the full article on What Foster Parents Need To Know About Methamphetamines, go to [http://ssw.unc.edu/fcrp/fp/fp\\_vol9no2/meth.htm](http://ssw.unc.edu/fcrp/fp/fp_vol9no2/meth.htm)).

- (1) In all likelihood, most children who have been removed from an environment where meth was being manufactured will undergo a decontamination procedure when they are taken into care. Ask before a child is placed in your home what steps have already been taken. If they have not yet decontaminated or if you don't know, follow these steps
- (2) For safety sake, place clothes from a child in a plastic bag until you can wash them or discard them. Wash clothes separately on the hottest setting and rewash a second time. Air-dry outside the home not in the dryer. Run the washer once empty to clean it thoroughly. Shoes should be washed with the clothes if possible or wiped off with soap and hot water.
- (3) The child should be bathed in very warm, but not hot water. Use lots of soap. Wash the child completely including hair, face, between toes, and other hard to reach places. Drain the tub and give the child a second bath to remove any residual chemical, Drain and clean the tub thoroughly afterwards.
- (4) Children exposed to meth labs must leave behind all their personal belongings when they enter foster care. Foster parents should anticipate this and work with agency social workers to ensure children have what they need in terms of clothes, stuffed animals, toys and shoes.
- (5) If a child brings something from a home where meth was manufactured, it will need to be destroyed. Isolate and wrap up the object and talk to your social worker before it is destroyed and document your actions and reasons.



## Ask Questions If Contacted For A Placement

If you are contacted by a social worker for placement of a child who has been exposed to methamphetamine, make sure you ask the following questions:

\*\*Get as much information as possible about the extent of the child's exposure to chemical and toxins.

\*\*Get a description of medical treatment the child has received.

\*\*Get information about any follow up medical appointments the child may require.

***Does a child from a lab pose a risk to your family?*** No. Once a child is removed from the toxic lab and goes through some kind of decontamination process, he or she should pose no toxic risk to other persons due to the meth. It is important, however, to discard any items that the child may bring with him due to the potential contamination of that item.

## Children Need Medical Follow Up



Children who have been in a meth lab need to be medically evaluated and checked at the point they are removed from the lab. Information from the National Alliance for Drug Endangered Children underscores the importance of physical examination, including urine testing, within 2 to 4 hours of removal to test for traces of meth, ephedrine or pseudoephedrine. The National Alliance for DEC also recommends a comprehensive medical exam within 72 hours, including mental health and dental assessment. The potential dental damage to children comes not so much from exposure to fumes as it comes from dental neglect, poor nutrition and poor dental habits.

Caregivers should also be sensitive and pay attention to any respiratory symptoms (such as difficulty breathing, excessive cough, shortness of breath) as well as mental states (confusion, excessive sleepiness, excessive hyperactivity). Follow up medical, mental health or developmental services should be pursued as indicated by the exam finding.

Children who are live in homes where meth is used but not manufactured seem to be at lower risk for the toxic effects of the manufacturing process, but still have been exposed to fumes and smoke. Their risks will probably stem more from the effects of abuse, neglect, sexual abuse.

## Caring for Prenatally Exposed Infants

For prenatally exposed infants working with your physician is critical. When infants are discovered in a meth producing environment, sometimes they are quite sleepy and hard to rouse because they may have the drug in their system from inhaling the smoke and fumes around them. This lethargy may turn to jitteriness and irritability, much like an infant prenatally exposed to cocaine. Some infants who were prenatally exposed to drugs may

also be experiencing withdrawal symptoms. Sometimes medications are available and appropriate to help relieve some of the painful symptoms, so begin working immediately with a knowledgeable health care provider.

When feeding or calming, try use the same techniques for calming as those used for babies born with cocaine in their system. Eliminate as much unnecessary stimulation as possible. Make feeding times with low stimulation (low lights, darker room, quiet space) and try feeding smaller amounts and more frequent feeding. In the first few weeks of life, the baby may need to be awakened for feedings. Sometimes wrapping and swaddling a baby also helps the baby calm himself down.

It is important to keep track of babies who are hard to rouse or don't seem to feed, to be sure they get enough nutrition. Contact the Alaska Center for Resource Families for more specific material on caring for the drug affected infant.

### **Ongoing Concerns and Considerations**

Children who live in homes where meth was used or manufactured need many things from their resource families. Besides the physical risks we discussed in the previous chapter, these children are at a higher risk for abuse and neglect and may hunger for consistency, love and nurturing.

Children growing up in a chaotic home of drug addiction and possible meth production experience a tremendous amount of stress and uncertainty that may affect their development. These children often exhibit poor social skills, low self esteem and a sense of shame. In addition, they have not learned to trust that their caregivers will consistently take care of them and keep them safe. This may cause them to be mistrustful of foster parents and always on guard, or "hyper-alert."

Because children have been neglected, they may have trouble eating or getting used to a regular schedule of meals and snacks. Children also may not have regular bedtimes or may not feel safe falling asleep. If children have been exposed to sexual abuse or inappropriate sexuality, resource families also may be helping children set boundaries, feel safe, and deal with the trauma of abuse.

A child who comes from a neglectful home may have attachment difficulties. He may have trouble forming a relationship with adults or may be the opposite and become very clingy and needy. Children with attachment disorders typically don't cry or show emotion when they are separated from their caregivers.

In one raid on a meth lab, a law enforcement officer remarked about a child's behavior in the following way.

*The child warmed right up to the police officer that dealt with him. Complete stranger, complete stranger coming into the house and the child walked right up to this officer. Obviously the child was in need of some human contact.*

Resource families should anticipate the normal anxiety and trauma that all children feel when they come into care. But if a child was taken from a meth lab situation, there may be additional trauma for the child. Labs are seized by law enforcement officers in protective suits, which hide faces and may look scary to children. The drama and noise of breaking into a home, the arrests of parents, the seizing of children and the decontamination process is traumatic for a child.

Foster parents need to provide a calming, patient environment. They need to act as a resource to help children calm, feel secure and make the transition into their home. Children may have questions and worries about where their parents or siblings are, especially if arrests were made at the scene.

### **Visitation and Contact with Birth Families**

The Office of Children's Services is mandated by law to provide visitation between a child and his birth family. Unless there is strong reason not to, your children will probably have visits. Treatment strategies for meth addiction vary in success rates, but usually OCS will pursue a reunification strategy when initially working with a family.

Foster parents should also monitor children after visits and contact social workers about any unusual behavior or information. Parents should also be monitored for any obvious signs of continued drug use.

The parents of some children may be incarcerated because of their drug use and manufacturing. There is a special challenge of keeping a connection between children and their birth parents when parents are in treatment or in prison. Children often maintain a very strong attachment to their birth parents. Even if face to face meetings with the parents are not possible, it may be helpful to have ongoing communication through an exchange of letters, photos, etc.

Treatment for a strong meth addiction may take longer for parents. After care and follow up services for the parents is critical, since the relapse rate is so high. Child protective services has timelines they need to follow for case management, as established by the Adoption and Safe Families Act and state statutes, and these may conflict with the time realistically needed for treatment.

### **Drug Endangered Children Need Emotional Follow-Up, Too**

Children from a drug abusing environment will be strongly affected by the experience. Children may benefit from services that allow them to talk about the experience and be with other children, such as a Kids Group. In a 2005 training in the Mat Su Valley sponsored by the National Alliance for Drug Endangered Children and local agencies, Dr. John Davis listed out the "Characteristic Concerns of Children From Families of Addiction" when talking about how family drug addiction affects children. These included:

- Children feel responsible for parent's substance abuse and other problems in the family

- Children equate parental substance use with not being loved
- Children feel angry with the non using parent
- Children fear the addicted parent will get hurt or die
- Children are embarrassed by the parent's behavior
- Children never know what to expect
- Children sometimes want their parent to use

He suggested that adults provide a caring, accepting environment for children and send the following important message that the children from addicted families need to hear. These include:

- There are people and places that can help you.
- It's not your fault.
- All your feelings are okay.
- Things can be better for you.
- You are not alone.
- You are not responsible for what the adults in your life do.

Drug endangered children, he continued, also need:

- A safe place to grieve and that understands the losses they are feeling (home, safety, possessions, other family members, school,)
- Consistency in their routine and sense of security
- Opportunities to remember their family
- To be told the truth in a developmentally appropriate language and to be prepared for what's to come (court, change in placement, etc.)

### **Resources for Children from Drug Abusing Families**

Besides strong supports from caregivers, children also may benefit from other services. These can include educational groups, kids groups, healthy recreational activities, activity therapy, and counseling. Check with your social worker to determine what kinds of resources are available in your community.

Projects Such as CAMP Hope and FAScinating Families Camp through the Volunteers of America Project in Anchorage help provide opportunities for kids who have been impacted by alcohol and drug use by their parent to learn more, have fun and be around other kids who have experienced the same things. Find out more about these programs by going to the Volunteers of America website at <http://www.voaak.org>.

National Association for Children of Alcoholics has a kid's page on their website that speaks directly to children whose parents abuse alcohol or drugs. Find their activity page for kids at <http://www.nacoa.net/kidspage.htm>

PBS Kids offers an interactive page for kids on Drug Education, Facts about drugs and Interactive Game to learn what drugs can do to your body. Find the PBS Kids Page at <http://pbskids.org/itsmylife/parents/resources/drugabuse.html>

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## CHAPTER 3: Impact on Youth Who Use Methamphetamine

Parents and caregivers are not the only ones using meth. Youth, themselves, may be using meth. The 2003 Youth Risk Behavior Survey in Alaska showed that 6% of adolescents surveyed indicated that they had tried meth at least once. Nationwide in 2000, the national average was closer to 10%. However, a 2005 "Monitoring the Future" drug use study sponsored by the National Institute on Drug Abuse showed that meth use amongst middle and high school students is declining, though researchers admit that their population does not include teens and young adults who have dropped out of school.

The issues of long term effects on adolescents are complicated because the adolescent brain is undergoing so much change and development. Treatment issues, however, are similar to those of adults because of the strong addictive qualities of meth. We posed several questions to two treatment professionals about their programs and about treatment for meth use in youth.

### A Talk with Two Treatment Counselors

Karin Schaff is the Treatment Services Director for Adolescent Treatment Services through Volunteers of America (VOA) in Anchorage, Alaska. VOA runs two program specific to substance abuse treatment: **Assist**, an outpatient treatment program for chemical dependency and substance abuse and **ARCH**, a residential treatment center for chemically dependent adolescents. Jackie Cox, M.A, CSCDCII, LPC, has been a trainer for RADACT for several years and is presently a trainer with the Co-occurring Disorder Institute in Palmer, Alaska. For more than 10 years, she was Clinical Supervisor and Program Director for Nugen's Ranch, a residential substance abuse treatment center in Wasilla. Their answers to our questions are listed below.

**From your perspective, how large of a problem is meth use amongst young people? What percentage of youth in your program have used meth?**

**KARIN SCHAFF:** I can't give you an exact percentage. I could tell you that we frequently have youth who have used meth in our programs.

**JACKIE COX:** *Meth use starts in the teens. Nationally, nearly 9% of high school seniors report using meth at least once, so it is a problem. Meth is a regional problem in Alaska. The Mat-Su Valley, Anchorage, Kenai Peninsula and Fairbanks have significant problems with the manufacture and use of methamphetamines. Recently, the making of meth is becoming a problem in rural Alaska like Kotzebue, Nome, Barrow, Bethel and the smaller villages. Southeast Alaska and other coastline fishing communities receive processed/usable methamphetamine via fishing vessels.*

*The Mat Su Borough, however is known as the "meth capitol of the state". Teens in this part of the state find meth readily available at raves. Most teens obtain meth from "friends?" who know somebody who manufactures it. At Nugen's Ranch in Wasilla, there were 5 very young clients, 18 to 21 years old. Three of the five had used meth. Is the*

*meth use in Alaska similar to that of California? Not yet, but Alaska is on the distribution route for “ingredients” from Mexico via California/Washington.*

**What are the treatment issues around meth? Are there special issues for youth in treatment that might be different than adults?**

**KARIN SCHAFF:** Meth has added complications around withdrawal, health related consequences, impact on brain functioning, and on how quickly individuals become addicted. All these factors need to be taken into account in treatment planning and the individual’s ability to function in a treatment setting. I do not know if there are special issues for youth versus adults besides the typical development issues.

**JACKIE COX:** *The treatment methods are somewhat different for meth. The brain damage is more severe with some functions of the brain permanently damaged by meth use (memory and physical agility/coordination). Because of the severe brain damage, meth use by teens presents a frightening scenario. Their brains are naturally in critical developmental phases- the meth interferes with the normal process of brain development.*

*The brain damage plays into the treatment process. Treatment modalities include motivational interviewing and cognitive behavioral therapy coupled with contingency management (rewards). It is a slow process of re-building cognitive/behavioral functions in the brain. Treatment is very structured and tasks of all kinds are reduced to simplistic steps. There is an 18 month “wall” that prevents many people from actually recovering from meth use. To maintain recovery at that time, it is important to identify triggers to relapse and learn skills/choices/behaviors to overcome them.*

*The damage to the brain makes treatment for teens more critical. Adults who use meth have problems cognitively, but their issues are not developmentally connected to their use of meth. We also need to remember all the physical damage done to the body, such as to the teeth, skin, hair, and facial feature changes (like aging). Meth, like other drugs, affects every organ in the body.*

**What kind of services do you offer at your program in relationship to drug treatment or prevention? Anything specifically around meth issues?**

**KARIN SCHAFF:** At Volunteers of America, we have a full continuum of care for youth with substance use disorders. This includes outpatient, intensive outpatient, residential and continuing care. All of our programs are designed to meet the unique needs of youth. Services are individualized and include family services. The treatment plan is tailored to reflect the needs, strengths and preferences of the youth to include co-occurring disorders, and specific drugs of choice.

**JACKIE COX:** *During my tenure at Nugen’s Ranch, we provided clients with individualized treatment services. Traditionally being a long-term residential program, we adjusted the intensity of the services provided to the clients based on their accomplishments, treatment plan, and adjunct support services. Clients were an integral part of treatment decisions, including the involvement of family members and/or support persons.*

*There's a traditional treatment concept that assumes recovery is recovery and it is appropriate for all drugs. As providers get more and more training on meth and treatment strategies that work best with the recovery issues/behaviors associated with it, I'm sure treatment approaches will change, some. Substance abuse treatment programs are using more and more evidence-based treatment approaches that provide flexibility and individualized treatment interventions.*

### **What are the relapse rates? What kind of aftercare is needed for youth?**

**KARIN SCHAFF:** Relapse is very high with youth and is not the only measure of success. It is important to involve the family, help the youth develop a sober support system, coping skills and relapse prevention skills. We work at providing a net for the youth so if they do relapse they can regroup and get back on track. Continuing care is extremely important for youth. Our continuing care program is a best practice model that works with the youth and family in the community, actively linking them to community resources, pro-social and employment opportunities as well as providing family support, individual counseling and groups if needed.

**JACKIE COX:** *Relapse is part of recovery. Meth is so potent that relapse is a huge option. Being "drug sick" is obsessive thinking and recalling how the use of meth relieved the discomfort/pain many times before; it is about the physical craving for the drug. Returning to and hanging out with old using friends, huge mood swings, fuzzy thinking, residual family problems, anger/aggression problems (a big issue) and depression make returning to meth attractive because all these things "go away" for a few minutes, anyway. Youth need to learn and use new behaviors, monitor signs of vulnerability to relapse, check motives for behaviors, check thinking errors, and use methods to stop them before they over-take recovery. Remember, too, meth and sex are closely linked. Put a kid in that equation!*

### **How can foster or adoptive families help support a youth who is in a treatment program? How might they be involved in the treatment and aftercare regimens?**

**KARIN SCHAFF:** Foster and adoptive families can show for and participate in treatment activities, provide supervision and support to the youth, and communicate with the treatment provider.

**JACKIE COX:** *Foster families can be supportive by understanding what meth does to the body and the brain and how addictive it is and ask to be included in the treatment process (groups, individual counseling). They can talk to the youth in their home about triggers and help develop alternative activities that are fun and challenging so meth (and its escape) doesn't look so attractive. Stay involved in the youth's life. Foster/adoptive kids come from lots of loss. Meth and other drugs/alcohol stops the pain associated with loss. Adults can teach and model problem-solving skills, choice-making skills, communication skills, building and maintaining healthy relationships.*

*Because of the brain damage associated with meth use, I would encourage the adults to go to second hand book stores and find special education books that have activities in them for memory development, comprehension exercises, spelling, visualization exercises, amongst others. (There are computer programs for each of these also.) Then*

*I'd make a family game of these exercises with everyone participating in them. Contingency management is significant in meth treatment. So, put big charts on the refrigerator and give stars for tasks done correctly or on-time, including homework/grades/following rules/coming home on-time, etc. Make the "pay-offs" something that the youth wants. This might include, for example a new t-shirt, hair cut, or extra time on the computer.*

*Families have an energy of connectedness, Make sure your youth is included in that energy as that is "belongingness". Feeling like you don't belong opens the door to drugs because with drugs you belong regardless.*

# TEST



## BIBLIOGRAPHY AND RESOURCES USED IN THIS COURSE

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**The FACES OF METH Project.** Photos used by permission. Information and additional photos and information about this program are located at <http://www.facesofmeth.us/>.

**KCI : The Anti-Meth Site.** <http://www.kci.org>. "Frequently Asked Questions about Methamphetamines " can be found at [http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)

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