

National Center on Substance Abuse and Child Welfare

Special Topic:

Considerations for Families in the Child Welfare
System Affected by Methamphetamine

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Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

1. Understand substance use and co-occurring disorders.
2. Identify when substance use is a factor in a child welfare case.
3. Learn strategies for engaging parents and families in services.
4. Understand potential effects for the parent, children, and caregivers.
5. Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice.

The Training Toolkit consists of 10 modules—7 core and 3 special topics training modules:

Module 1: Understanding the Multiple Needs of Families Involved with the Child Welfare System

Module 2: Understanding Substance Use Disorders, Treatment, and Recovery

Module 3: Understanding Co-Occurring Substance Use Disorders, Mental Health/Trauma, and Domestic Violence

Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma

Module 5: Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder

Module 6: Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders

Module 7: Collaborating to Serve Parents with Substance Use Disorders

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

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

Special Topic: Understanding Prenatal Substance Exposure and Child Welfare Implications

The entire Training Toolkit can be delivered in a series, or each module can be delivered individually as a stand-alone training. Each module is approximately 2 hours

in length and contains a range of materials that can be adapted to meet the needs of child welfare trainers for in-person workshops or more formal training sessions. This flexibility allows the facilitator to determine the best format and timing for the training, according to the needs of the agency and staff. The special topics, in particular, lend themselves to brown-bag or lunchtime trainings.

Each module includes a Facilitator's Guide with training goals and learning objectives, a PowerPoint presentation, resources, and references. The PowerPoint presentation contains talking points and key details in the notes section of the slides. These talking points are not intended to serve as a script to read aloud to attendees, but rather as key points to highlight while presenting. Facilitators are encouraged to infuse their own content knowledge, expertise, and real-world experience to bring the training to life. NCSACW integrated discussion questions and experiential activities throughout the training sessions.

The Facilitator's Guide includes a list of resources where facilitators and participants can find additional information on related topics. Facilitators can customize content to include state or local child welfare practice information and terminology where appropriate.

NCSACW provides a free online tutorial, [*Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*](#), which is a self-guided online training that complements the content of this Training Toolkit. Toolkit facilitators may encourage the training participants to complete the online tutorial to augment their knowledge. The online tutorial is approved for 4.5 Continuing Education Units.

Intended Audience

The Training Toolkit contains information considered foundational for child welfare practice. The content is general enough for all child welfare workers, but it should be tailored to the audience's experience and role in child welfare practice (such as investigations, in-home services, or ongoing case management) to enrich the learning opportunity.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare systems. They should be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If the facilitator does not have specific knowledge in substance use disorders or mental health, he or she should partner with local substance use and mental health treatment agencies for support.

Terminology

Field-specific terms are used during the course of this training. To understand the purpose and intended meanings of these terms, please review the Trainer Glossary at <https://ncsacw.samhsa.gov/training/toolkit>. This glossary is also a useful resource for training participants.

Special Topic Description and Objectives

The goal of this special topic training is to provide an overview of the effects of methamphetamine use on families. The training provides information on methamphetamine and signs of use. Participants will be able to assess how methamphetamine use may impact the safety and well-being of the family, and gain an understanding of the warning signs of methamphetamine manufacturing. Participants will learn referral and treatment options for family members.

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.

Training Tips

- ✓ Partner with a local expert on substance use disorders to co-facilitate the training.
- ✓ Use the *** **bolded** discussion questions integrated in the module talking points to enrich the training.
- ✓ Share specific screening tools for substance use disorders used or vetted by the child welfare agency.
- ✓ Supplement content with information about how child welfare workers can locate treatment for parents in the community.
- ✓ Highlight local child welfare programs with expertise in serving families affected by substance use disorders or programs that provide family-centered treatment.
- ✓ Include content related to Drug Endangered Children used in the community.
- ✓ Include information about agency safety policies for staff.
- ✓ Contact the National Center on Substance Abuse and Child Welfare for more information about using the Collaborative Values Inventory, a self-administered questionnaire that provides jurisdictions with an anonymous way of assessing the extent to which group members share ideas about the values that underlie their collaborative efforts, in your community.

Materials

- ✓ Computer and projector
- ✓ Speakers
- ✓ Internet access
- ✓ PowerPoint slides
- ✓ Facilitator's Guide
- ✓ Flip chart paper or white board (for use as a visual aid during discussion)

PowerPoint Presentation and Talking Points

Slide 1


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*



www.ncsacw.samhsa.gov | ncsacw@cffutures.org

This toolkit was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the U.S. Department of Health and Human Services jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

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

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Slide 4

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

(Children and Family Futures, 2017)

Differences in values among participants are important to recognize, as they may come up in the training and can come up with the families who participants are working with. These questions can be asked at the beginning of this training to help participants understand the different values and perspectives that they bring to the training. Have a brief discussion with participants on how their individual values can affect their work with families.

*****Review the slide questions from *The Collaborative Values Inventory (CVI)*, a validated tool that assesses how much a group shares beliefs and values that underlie its work. Participants can share their experiences or keep their answers private. Discussion should be limited to understanding value clarification, instead of debating individual answers to questions. Participants' responses will fall along a continuum.**

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**

(National Institute on Drug Abuse, 2013)

Review these general facts about methamphetamine.

Slide 6

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

(National Institute on Drug Abuse, 2013; Rusyniak, 2013; Otero, et al., 2006)

Review these general facts about methamphetamine.

Slide 7

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

(National Institute on Drug Abuse, 2013; Rusyniak, 2013; Otero, et al., 2006)

Review these general facts about methamphetamine.

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

(U.S. Department of Justice, 2017)

A number of efforts over the years have been initiated to try to address the production and supply of methamphetamine in the United States.

You see this if you go to the pharmacy and try to purchase a product that has pseudoephedrine in it, such as Sudafed.

The restriction of the supply of the products used for home production of methamphetamine helped to decrease the number of home labs.

However, methamphetamine is still produced in large labs called super labs in the United States and in other countries, and is sold on the streets.

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

(U.S. Department of Justice, 2017)

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

(Center for Behavioral Health Statistics and Quality, 2017; Hedegaard et al., 2017; Substance Abuse and Mental Health Services Administration, 2017)

Review these general facts regarding the prevalence of methamphetamine use.

Over 650,000 people met the criteria for methamphetamine use disorder in 2016. Some areas of the country and some communities see a higher prevalence of methamphetamine use and disorders.

Note the increases in overdose deaths due to methamphetamine.

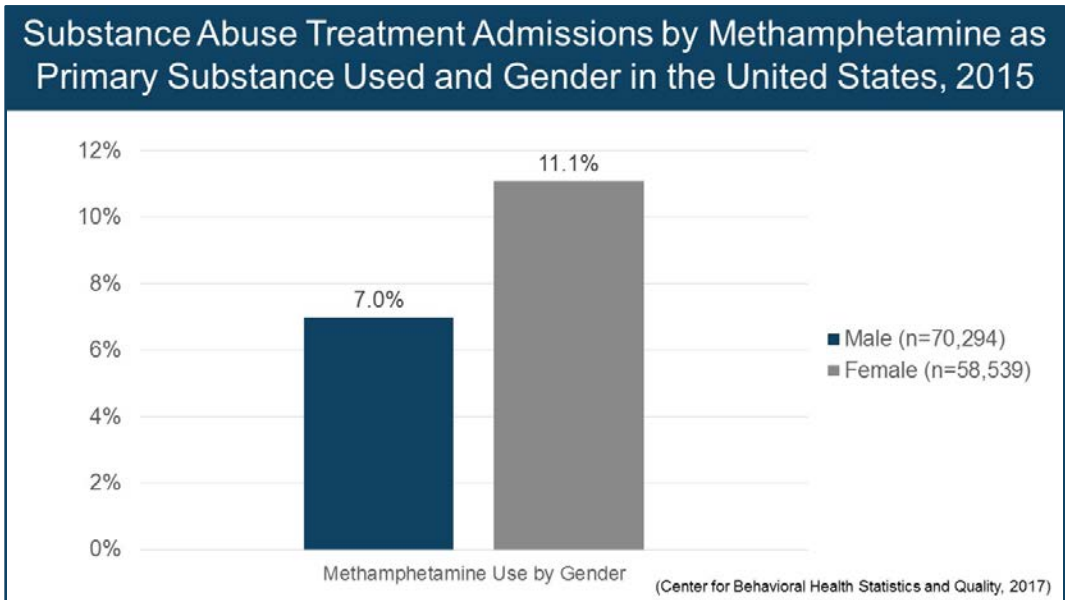
*****If you have local data on prevalence, include that information.**

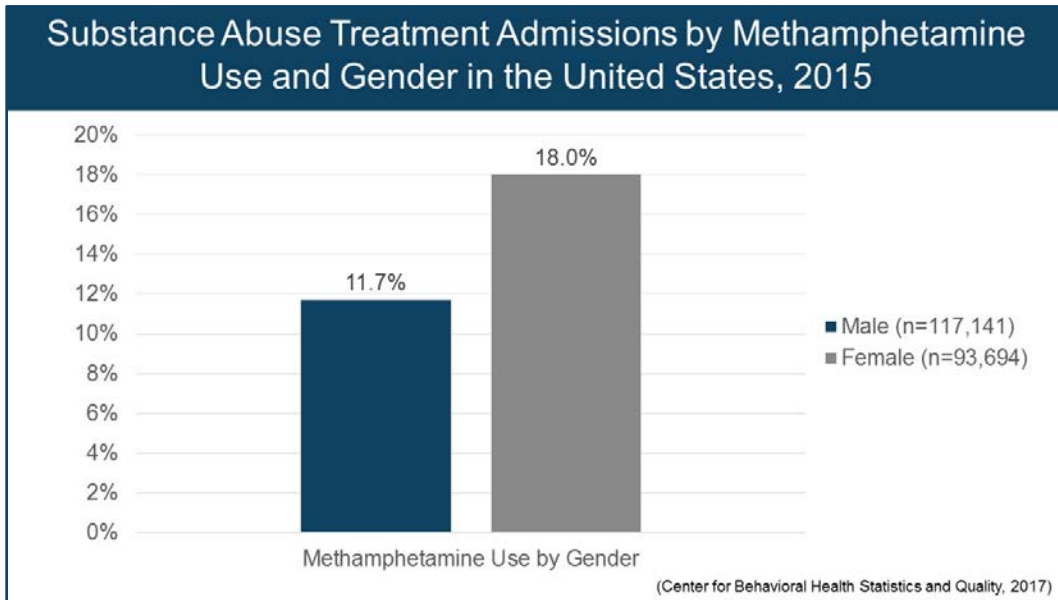
Methamphetamine Use at Treatment Admissions in the United States, 2015	
Demographics	National (n = 210,902)
Gender	Male: 65.5%, Female: 34.5%
Age at Admission (years)	Under 20: 8.5% 21–30: 28.8% 31–40: 27.1% 41–50: 18.5% 51+: 17.3%
Race	American Indian or Alaska Native: 2.6% Asian or Native Hawaiian 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%

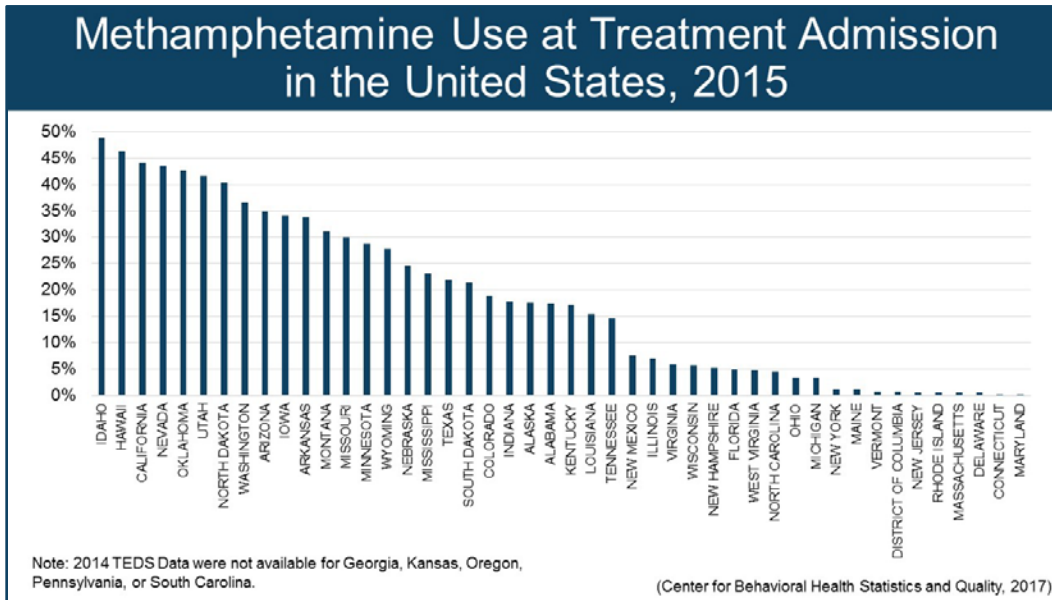
(Center for Behavioral Health Statistics and Quality, 2017)

Total treatment admissions in the United States in 2015: 1,645,968.

Slide 12







This information is currently not available for any fiscal year after 2015.

Note: Georgia, Kansas, Oregon, Pennsylvania, and South Carolina did not submit valid data in time for the release of the 2015 data set. More recent data sets have not been made publicly available yet.

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

(National Institute on Drug Abuse, 2013)

Review the following effects of methamphetamine use:

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- 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

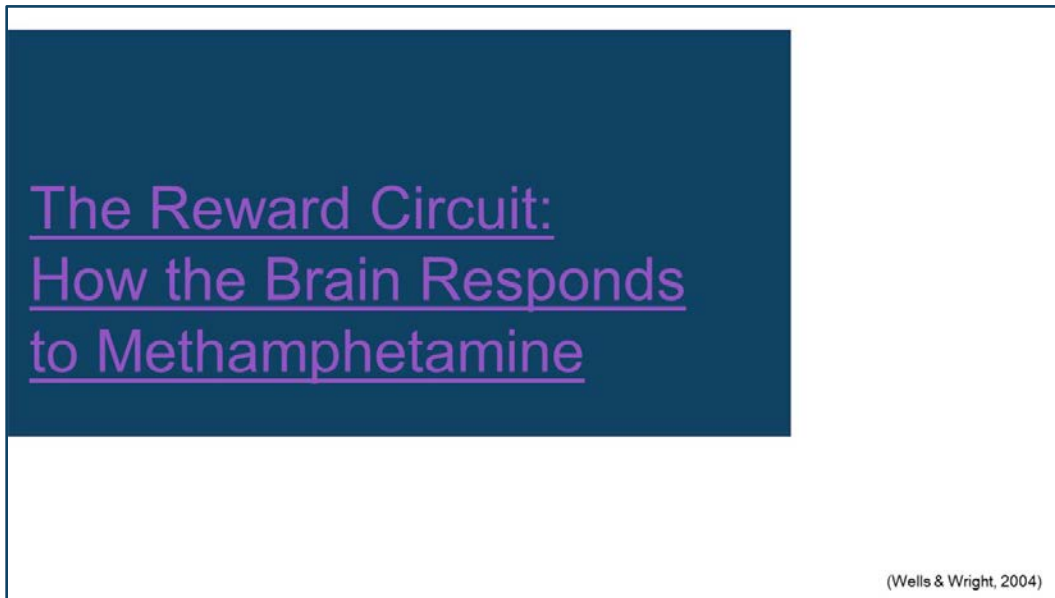
(National Institute on Drug Abuse, 2013)

Review the following effects of methamphetamine use:

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

*****Ask participants to discuss whether other conditions can mirror the listed effects.**

Emphasize the need for a comprehensive assessment of parenting capacity and assessment for a substance use disorder.



*****Show this video about how the brain responds to methamphetamine.**

For up to six months after they stop using, a person with a substance use disorder recovering from sustained, heavy meth use may have trouble processing information and may experience anhedonia (inability to experience even the simplest pleasures), depression, and anxiety.

However, research finds that the brains of people who use meth show signs of recovery after 12 to 14 months of abstinence.

<https://www.youtube.com/watch?v=TTMNxZL4O4s#action=share>

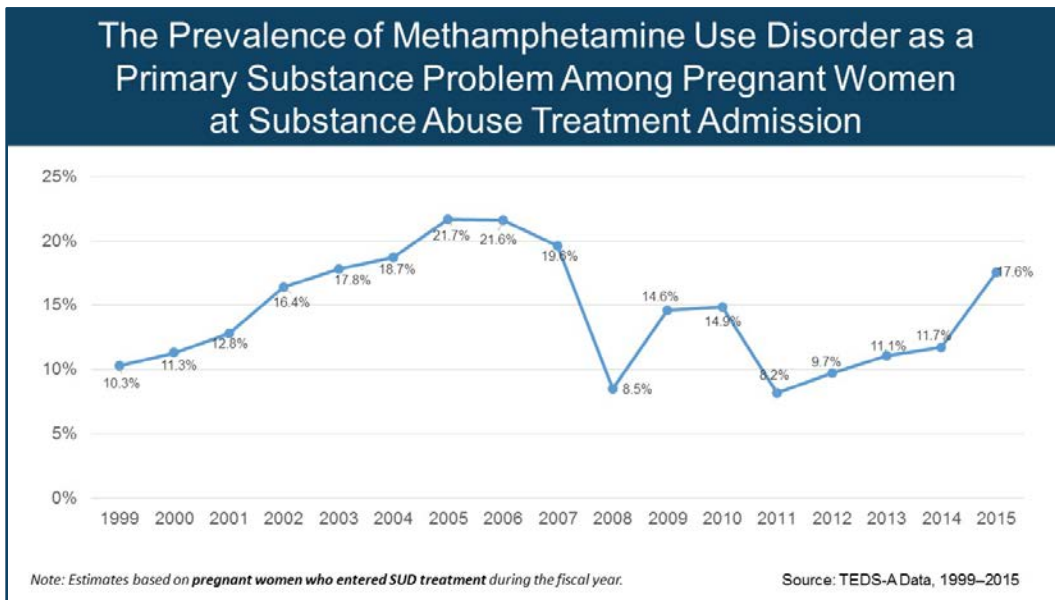
Women and Methamphetamine

- 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

(Brecht et al., 2004; Galanter et al., 2014; Polcin et al., 2012; Semple et al., 2005)

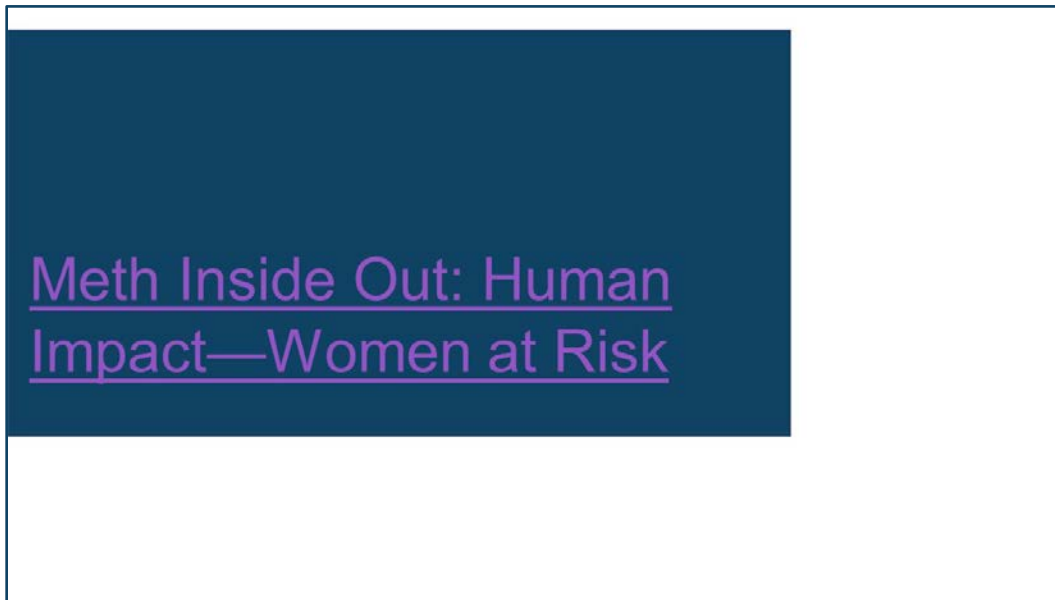
Women have some unique issues related to methamphetamine use.

*****Slide 20 contains a video related to women and methamphetamine use.**



Notice the trend lines. There was a sharp decline in the prevalence of methamphetamine use disorder after federal legislation was enacted to restrict some of the ingredients that are involved in making methamphetamine. There has been a steady increase in treatment admissions for methamphetamine since 2011, with many communities facing methamphetamine and opioids in their community.

*****Based on the data presented, ask participants about their perception of the prevalence of methamphetamines in their case loads. What factors may contribute to child welfare involvement?**



*****Play video: “Meth Inside Out: Human Impact—Women at Risk”**

“Human Impact” provides an eye-opening introduction to the impact of meth on individuals, families, and communities across the globe. The video:

- Explores motivations for use, including the need to escape negative feelings, lose weight, enhance sex, and increase energy.
- Reveals how many of these factors impact women disproportionately, resulting in specialized needs in recovery.
- Focuses on the magnitude and consequences of use, including job and property loss, poverty, incarceration, and effects on children.
- Spotlights the link between meth and violence, especially domestic violence and crimes that result in imprisonment.
- Concludes with realistic solutions.

<https://youtu.be/M36726ef6B4>

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.

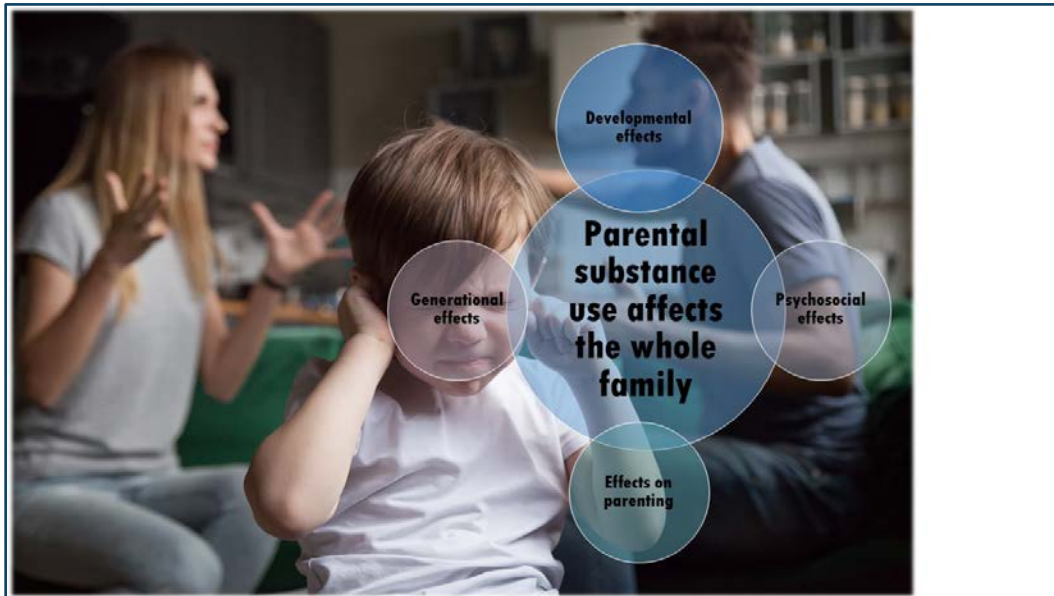
(National Institute on Drug Abuse, 2018a)

Review these general points to remember.

A person can overdose on methamphetamines, it is highly addictive, and it has withdrawal symptoms that can make engagement and treatment challenging.

Exposure to Parental Methamphetamine Use

Slide 23



This slide summarizes the ways that parental substance use can affect the family.

The next sections address different aspects of the effects related to methamphetamines. However, as with any substance use disorder, the whole family is affected.

*****Review the highlights from the previous slides and ask participants if they have any other examples of the effects of parental substance use on the family—particularly given the data about the unique characteristics of women who use methamphetamine. Ask participants to discuss how the unique needs of women may require services to address needs or potential barriers to case plan compliance such as employment, child care, trauma, domestic violence, and mental or physical health care.**

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)

Children in methamphetamine-involved families are at increased likelihood of placement in foster care and decreased likelihood of reunification compared to children in families with alcohol use or no substance use.

Methamphetamine use is considered especially dangerous for children because of the high rates of female caregiver use, the existence of home laboratories, and increased violence and neglect in the home.

In child welfare cases where parental methamphetamine use and methamphetamine polysubstance use are present, out-of-home placements may be more common, and decreased reunification rates and higher rates of adoption are seen as compared to cases with other types of parental substance use.

***** Ask participants their impressions. While these were studies in different parts of the country with varying methodologies, what policies, practices, or caseworker knowledge could contribute to these outcomes?**

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

(Young, 2006)

These are some of the risks that may come along with a parent's methamphetamine use and should be considered when identifying and assessing safety threats, risk, and parenting capacity.

*****Brainstorm with participants the best approach to identifying methamphetamine use. Ensure that substance use disorder screening questions, examination of the physical environment and personal appearance, and drug testing are used. Caution that physical appearance and behavioral signs don't necessarily mean a parent is using methamphetamine. A comprehensive substance use disorder assessment by a professional is needed to fully understand the extent of the use.**

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.

(Carlson et al., 2012; Drug Enforcement Administration, 2011)

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.

*****Ask participants for examples of interventions to address the needs of children belonging to families affected by substance use disorders. Include information about specific programs and services for children.**

See *Module 6: Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders* for more information.

Slide 27

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

(National Institute on Drug Abuse, 2018b; Wright et al., 2015)

Methamphetamine use during pregnancy is associated with shorter gestational ages and lower birth weight, especially if the substance is used continuously during pregnancy.

Studies that examine the effects of prenatal exposure to methamphetamine suffer from methodological problems such as poor compliance, small sample size, and multiple other confounding variables, such as the effects of poverty, poor diet, and tobacco use.

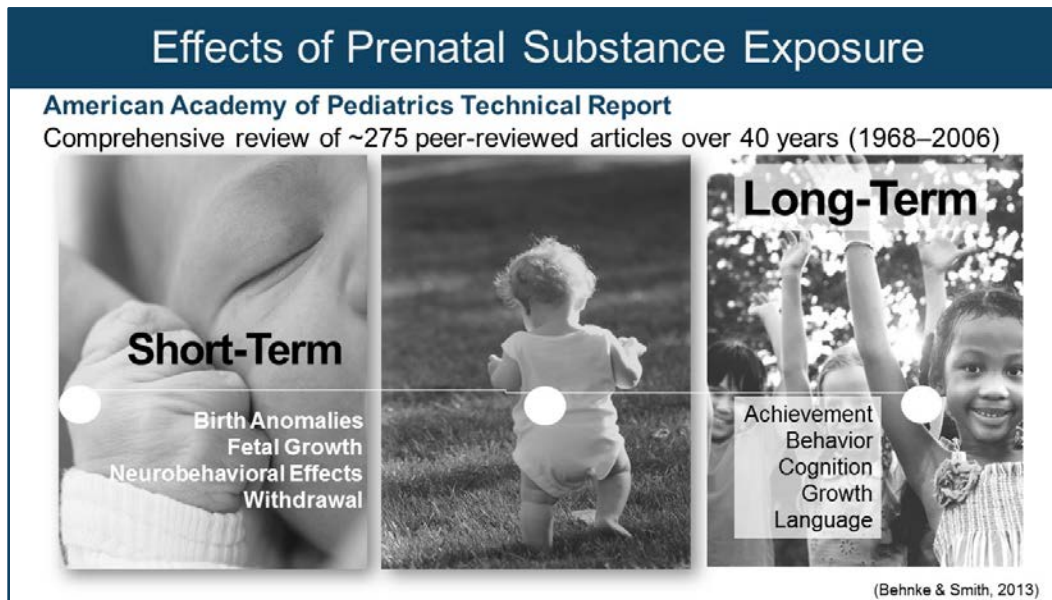
In studies of other substance use during pregnancy, these other variables have been shown to be as harmful or more harmful than the substance use itself.

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

(Smith et al., 2006, 2015)

Chronic and long-term use of methamphetamine can impact the developmental trajectory of children prenatally exposed to the stimulant and increase the risks of abuse and neglect.



The following slides look at the effects of prenatal substance exposure.

The American Academy of Pediatrics published a technical report that included a comprehensive review of approximately 275 peer-reviewed articles spanning 40 years (1968-2006). While the article was published in 2013, it is based on articles published up to 2006, so there is still a great deal to learn about how prenatal substance exposure affects infants and children.

It is important to note that very few individuals use one substance at a time, so it is difficult to parse out the effects by substance. The point of sharing this data is not to compare across substances but to point out similarities in some developmental domains, to recognize that more research is needed, and to understand polysubstance use should be expected when looking at developmental outcomes.

- This knowledge is very much in a state of flux and there is not enough information to make a formal conclusion.
- Very few individuals only use a single substance, so it is not easy to parse this out by substance.
- While opioids have a strong effect on short-term withdrawal symptoms, other substances such as alcohol, cocaine, marijuana, and nicotine show more effects on long-term outcomes.
- Prenatal exposure to alcohol has effects in 9 of 10 developmental domains studied, including short-term/birth outcomes and long-term outcomes.
- There are some substances and outcomes for which there is not consensus or not enough data to determine consensus.

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

(Behnke & Smith, 2013)

The trainer may want to point out the withdrawal effect of opiates, but other substances, alcohol in particular, have shown strong effects in the other domains of child development.

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

(Behnke & Smith, 2013)

Similarly, for alcohol, it is important to note that an effect has been demonstrated in each domain of child development for the longer-term outcomes. This may be attributed to the fact that alcohol has been studied more than the other substances.

It is also important to note the lack of longer-term outcome studies related to methamphetamine exposure.

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

(LaGasse et al., 2012; Kwiatkowski et al., 2018)

Chronic and long-term use of methamphetamine can impact the developmental trajectory of children prenatally exposed to the stimulant and increase the risks of abuse and neglect.

****** Discuss available services for infants with prenatal exposure. Include referral processes and eligibility information.**

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

(National Institute on Drug Abuse, 2018a)

There are some unique aspects to consider related to how methamphetamine is produced and how its production might affect family functioning and child safety.

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

(Carlson et al., 2012; Drug Enforcement Administration, 2011)

Review slide information.

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

(National Institute on Drug Abuse, 2018a)

Although most methamphetamine is now made in super labs, knowing the signs of a small home lab is important. Review the possible signs of methamphetamine production.

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

(National Institute on Drug Abuse, 2018a)

Although most methamphetamine is now made in super labs, knowing the signs of a small home lab is important. Review the possible signs of methamphetamine production.

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

(Michigan Department of Human Services, n.d.)

***** Include information about local resources related to the production of methamphetamine and the child welfare safety policy.**

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

(Pennar et al., 2012)

Drug Endangered Children (DEC) programs are multidisciplinary in nature and aim to address the safety and physical health needs of children. Communities that have adopted DEC strategies more recently have made efforts to address the needs of the whole family.

Some communities have studied outcomes related to DEC protocols. One study found that younger children were more likely to be designated by Child Protective Services as being at high or moderate risk of further abuse, to test positive for methamphetamine, and to have maternal alleged perpetrators of abuse. Older children were more likely to be designated as being at low risk for further abuse, to test negative for methamphetamine, and to have paternal alleged perpetrators of abuse.

The same study provided practice implications, including noting the young age at which children tend to be removed from homes with methamphetamine laboratories and being sensitive to the developmental needs of these children; following and intervening with these children long term; and encouraging father involvement in at-risk families given results suggesting that the presence of fathers in these families may act as a protective factor.

***** Discuss and integrate information about DEC programs in your community.**

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

(North Carolina Division of Social Services, 2016)

Due to the nature of methamphetamine production, there may be some additional practice considerations necessary when a child is identified in a home where methamphetamine is being produced.

*****Highlight any policies or procedures your agency has related to methamphetamine, particularly if there are concerns about meth labs.**

What is the procedure if a worker has concerns during a home visit that there may be meth manufacturing in the home?

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

(National Institute on Drug Abuse, 2013; Rawson et al., 2004)

A 2006 National Institute on Drug Abuse report noted that treatment models based upon cognitive behavioral therapy, contingency management, and motivational interviewing, such as those used in the Matrix Model, are effective in promoting and sustaining recovery from methamphetamine use and should be strongly considered by child welfare systems referring parents who use methamphetamine to treatment. One key difference between The Matrix Model and other treatment models is its duration. Many methamphetamine treatment programs last 30 or fewer days, but The Matrix Model lasts up to six months. This fits better with what we know about how long it takes the brain to recover from the effects of methamphetamine use.

There is currently research underway to develop a medication to support the treatment of methamphetamine use disorders.

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

(Substance Abuse and Mental Health Services Administration, 2016)

Treatment for methamphetamine use disorders is possible with active engagement, incentive-based approaches, and timely access to structured treatment. Although treatment for methamphetamine use disorders is available, agencies often struggle to meet the complex needs of parents who require longer in-patient stays and supervised withdrawal services.

Improving outcomes for families affected by parental substance use disorders and child welfare involvement starts with cross-systems commitment and a coordinated approach to address the multiple and complex needs of parents and children.

Through collaborative efforts around the country, evidence is emerging on what families need to succeed in their efforts to reunify with their children and maintain their recovery.

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

Monitoring treatment and assessing a parent's progress in recovery is one of the critical pieces to consider when making decisions in child welfare practice. There are several factors that can be useful in determining whether parents are making progress, including:

- The level of participation in treatment services
- Knowledge they have gained through substance use education
- The level of participation in recovery support systems
- Compliance with the child welfare services plan
- Visitation with children (when appropriate)
- Parenting skills and functioning
- Interpersonal relationships
- Keeping appointments and being on time
- Abstinence from substances

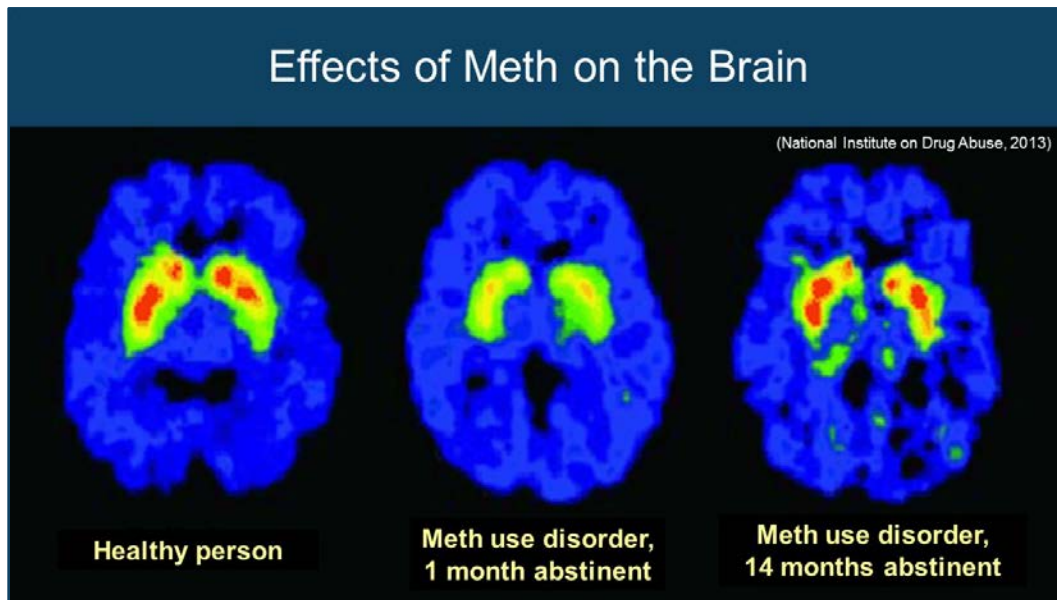
For further strategies for monitoring and assessing progress, please see *Module 5: Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder*.



*****Show this video about relapse.**

“Windows to Recovery” explores effective treatment practices across program types and settings. This episode empowers the viewer by providing information and concrete tools for recovery, including creating structure, participating in sober activities, avoiding high-risk situations, and coping with cravings. “Windows to Recovery” reveals that treatment is not a quick fix, but a set of activities leading to long-term changes in lifestyle, thinking, and behavior. The episode shows, without a doubt, that recovery is within reach. Chapter 9, “Relapse,” discusses common relapse scenarios and relapse drift and how a relapse episode can be used to strengthen the treatment program to avoid relapse in the future. It conveys the importance of getting back into treatment after a relapse and how many people in recovery need to attend treatment more than once.

<https://www.youtube.com/watch?v=TP9xlmCwnZo>



Although a substance use disorder is a chronic, relapsing brain disease, there is hope.

These images show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs—in this case, methamphetamine.

The image on the left is of a person who is not using substances and the image on the right is similar to that of a person not using substances after a period of abstinence from methamphetamine.

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

(Oliveros, 2011; Breshears et al., 2009; Werner et al., 2007; Choi & Ryan, 2006)

When a parent demonstrates significant progress in achieving treatment goals and other associated supports are in place, he or she may be ready to be discharged from treatment services. Examples include the following:

- Substantial progress in achieving individual treatment goals
- Sobriety, with evidence that the parent knows how to avoid relapse and live a sober life, which can include things such as having a sponsor or regularly attending Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings
- Stabilization or resolution of any serious medical or mental health challenges, with appropriate plans for continuing or re-entering treatment, as needed
- Evidence of a well-developed support system

Treatment programs often have criteria for discharge from their treatment program. If you have a parent in a substance use disorder treatment program, ask the program what the criteria are for treatment completion.

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

(Kemp et al., 2009)

*****Ask participants to brainstorm strategies to reduce the stress of transitions. What services may be available to help?**



*****Show this video about continuing care and recovery.**

“Windows to Recovery” explores effective treatment practices across program types and settings. This episode empowers the viewer by providing information and concrete tools for recovery, including creating structure, participating in sober activities, avoiding high-risk situations, and coping with cravings. “Windows to Recovery” reveals that treatment is not a quick fix, but a set of activities leading to long-term changes in lifestyle, thinking, and behavior. The episode shows, without a doubt, that recovery is within reach. Chapter 8, “Building a New Life,” emphasizes the need to make new friends, develop new skills, and find new activities that align with the goals of recovery.

<https://www.youtube.com/watch?v=4hRxj9WibcE>

Slide 51

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

(Taylor et al., 2006; Rawson et al., 2002)

Substance use interferes with engagement both directly, through impairment, and indirectly, as parents attempt to manage feelings of shame and stigma by closing off contact with services.

Parental methamphetamine use is as treatable as other forms of substance use. Experts in the treatment of methamphetamine have identified women with small children as a special population of people who use methamphetamine in need of increased support in treatment. Treatment should take into account the particular needs of women with young children such as residential treatment programs for women and children or intensive outpatient programs with available sober housing.

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.

(Connell-Carrick, 2007; Kemp et al., 2009; Lloyd & Akin, 2014; Substance Abuse and Mental Health Services Administration, 2016; Haight et al., 2009)

Attempts to join with parents who are using methamphetamine can be frustrating. Because the drug heightens energy and inflates self-esteem, some people who use meth feel so “on top of the world” that they are genuinely unable to see any reason for child welfare involvement with their family. Yet, it is important to avoid pre-judging or demonizing people who use meth. Engaging parents in all aspects of their case plan and providing support and connections to treatment are paramount to successful outcomes.

Knowing how to recognize the signs of meth intoxication is important, since it is linked to violent and unpredictable behavior. Follow your agency's safety protocols. Never do anything to endanger yourself or others.

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.

Consider the consequences of brain function with chronic meth use when developing a service plan or expecting families to keep multiple appointments on a daily basis.

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?



******Review casework tips with participants. Brainstorm ideas that a child welfare worker could use to facilitate hope, engagement, and retention in treatment and to develop a sound recovery support network.**

Suggestions could include identifying peer support programs, conveying information in multiple ways (i.e. written, verbal), providing a calendar, providing transportation, providing referrals to family treatment court programs, having realistic expectations about healing, and addressing mental and physical health disorders and past trauma.



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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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