

Substance Abuse



ACTION

- Support the reintroduction of the Child Protection/Alcohol Drug Partnership Act.

HISTORY

Alcohol and other drug problems devastate the lives of hundreds of thousands of American children and their families each year. A major factor in child abuse and neglect, substance abuse is associated with the placement of at least half of the children in child welfare custody. Substance abuse is a factor in one to two-thirds of cases of children with substantiated reports of abuse and neglect and in two-thirds of cases of children in foster care. Furthermore, children whose parents use drugs or alcohol are three times more likely to be abused and four times more likely to suffer from neglect. The increased introduction of methamphetamine further threatens the communities, lives, and security of all the children.

Children with a substance-abusing parent show greater adjustment problems and behavioral, conduct, and attention-deficit disorders than other children without substance abusing parents. The only measure that clearly provides a positive outlet for children and families of substance abuse is if specific strategies and resources are in place to address the substance abuse of the parent or guardian.

Substance abuse is a treatable public health problem with cost-effective solutions. Good assessment, early intervention, and comprehensive treatment are key to determining when and if a child can safely stay at home or be reunited with his or her family. Women who participate in comprehensive substance abuse treatment longer than three

months are more likely to remain alcohol and drug free (68%) than those who leave treatment within the first three months (48%). Of the women receiving comprehensive substance abuse treatment, 75% have physical custody of one or more children six months after treatment discharge.

The Child Abuse/Alcohol and Drug Partnership Act addresses the need for additional substance abuse treatment for caregivers involved in the child welfare system. Originally introduced in the 108th Congress in the Senate by Senators Susan Collins (R-ME), Mike DeWine (R-OH), John Rockefeller (D-WV), and Olympia Snowe (R-ME), this bipartisan legislation will likely be reintroduced in 2006.

The bill will provide five-year grants linking substance abuse treatment for families that come to the attention of the child welfare system. Increased treatment services, appropriate screening, assessment tools, new strategies to engage parents in treatment, and innovative aftercare supports are provided through this legislation. State child welfare and substance abuse agencies, working together, would have the flexibility to decide how best to use these new funds to enhance treatment and services. This would allow states to develop or expand comprehensive family-serving substance abuse intervention and treatment services that include early intervention services for children, addressing their mental, emotional, and developmental needs, as well as providing comprehensive home-based, out-patient, and residential treatment for parents with alcohol and drug abuse dependency.

This legislation recognizes that the majority of parents involved in the child welfare system need substance abuse treatment, but only a small number are getting the treatment they need. All states report long waiting lists for substance

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abuse treatment, especially for this population. In turn, this lack of resources for parental substance abuse treatment causes delays in making final decisions about the well-being and safety of children in foster care whose parents are awaiting treatment.

IMPACT OF METHAMPHETAMINE ON CHILDREN

The use and spread of methamphetamine (meth) poses one of the more significant threats to children within the last two decades. The devastation meth imposes on individuals, families, and communities, marks it as the most dangerous drug in America and a critical concern for the child welfare community. A 2005 survey by the National Association of Counties revealed that meth is creating a disastrous impact on communities and children. Child welfare officials responded that meth was the cause of 40% of out-of-home placements last year, and 59% stated that meth use is creating increased difficulty in family reunification.

This topic received an increased amount of attention from Congress during 2005, with several anti-meth legislative bills introduced. Most of these bills targeted the manufacture of meth and increased supports for prosecution efforts. The U.S. House of Representatives highlighted the needs of children, and specifically the strains on the child welfare system, during a hearing in 2005 where CWLA provided testimony outlining the increased strain meth has placed on the child welfare system.

Meth is an almost instantly addictive stimulant that produces intense highs and elevated levels of euphoria that often last hours and can extend into days and weeks. Research indicates methamphetamine may possess a toxicity level that is five times that of cocaine. Typical recovery and treatment is often more intense and requires a longer period than other chemical dependency programs. Due to meth's synthetic chemical nature and the increased introduction of dopamine, brain activity may not normalize for up to 24 months.

Children face many hazards while living in meth labs and are often the victims of maltreatment. In homes where drug addiction is present, necessities such as food, water, supervision, shelter, and medical care may only be an afterthought. Children can also be exposed to dangerous chemicals and the risk of explosions. As of 2003, fires or explosions occurred in 15% of meth labs.

Studies have shown that meth production environments produce immediate and long-term health risks. Exposure to

the precursor chemicals used in the manufacturing of meth can result in pulmonary irritation and pulmonary edema; severe corneal irritation; upper respiratory tract damage resulting in permanent lung damage; and bronchospasm, vocal cord dysfunction, and lung fibrosis among healthy adults. For children, these effects are multiplied. The complete and lasting long-term health effects for children exposed to meth environments are not fully known, however, reports from physicians and psychologists are revealing significant concerns about the physiological and psychological conditions of children exposed to these environments.

Between 2000 and October 15, 2005, methamphetamine lab seizures by local or federal law enforcement affected 15,192 children. Early reports reveal that nearly 3,800 children were exposed to toxic chemicals, 96 were injured, and 8 died because of meth labs. This does not account for the other meth-affected children that entered foster care through reports of abuse or neglect, or those that were never reported to state officials. The figures are considered underreported, as many states are only beginning to collect data representing the presence of children in a lab site. While it is important to document the number of meth labs seized, they account for only a small level of methamphetamine available in communities. More than 80% of the nation's supply is still being imported from outside U.S. borders to every section of the country.

Child welfare workers report that the needs of children removed from meth labs who have suffered prolonged periods of neglect are great. Outside of the immediate physical health concerns, these children may exhibit greater social, educational, emotional, and behavioral challenges than other children that enter foster care. The lack of parental attention has not allowed the children to achieve appropriate levels of development and a child may face confusion and doubt in terms of whom they can trust. These children have difficulty associating with peers and lack guidance in their everyday actions.

THE ONGOING PREVALENCE OF METH

National treatment rates for meth are also increasing:

- Treatment admission rates for meth increased by more than 42,000 between 2000 and 2003. During this same time frame, treatment admissions for alcohol as the primary substance abused decreased by 25,000. Overall methamphetamine/amphetamine treatment admissions constituted 7.3% (135,000) of the total

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population of treatment admissions—up from 1.3% in 1993.

- Of heightened concern are the age demographics of meth users—73.7% were between the ages of 20-39. Additionally, 9.4% of all meth admissions were for individuals under the age of 19.
- With an admission rate of 44.7%, women entering substance abuse treatment with methamphetamine as their drug of choice in 2003 exceeded women who entered treatment focused on alcohol, heroin, cocaine, or marijuana.
- Not only are youth using meth in greater numbers, outside of alcohol and marijuana, the age at which users start using is decreasing. Data shows that 17.1% of all meth users started between ages 17-18; 18.1% between 15-16; 11.3% between 13-14; and 6.1 % started when they were 12 or under.

THE IMPACT OF METHAMPHETAMINE ON THE CHILD WELFARE WORKFORCE

Child protection workers are often among the first to investigate potential meth labs based on reports of neglect or abuse from schools, neighbors, or others. Child protection workers who perform investigations may face extreme physical danger due to users' heightened sense of paranoia, which may lead to assaults against workers. Also, unknowing workers are at risk of chemical contamination as they enter the home.

Several state legislatures have enacted provisions within the past year that set strict protocols for child protection workers to follow if they suspect a meth lab is present. A responder who suspects a meth lab should immediately leave the area, without informing potential suspects, and inform law enforcement of the situation.

Child protection workers also face additional challenges finding appropriate foster parents. In some areas, eligible foster parents may not be willing or have the ability to accept children removed from these homes for fear of possible contamination and due to some children's behavioral problems that may require intensive therapy following removal.

KEY FACTS

- Substance abuse is a factor in one to two-thirds of cases of children with substantiated reports of abuse and neglect, and in two-thirds of cases of children in foster care.
- Women who stay in comprehensive substance abuse treatment longer than three months are more likely to remain alcohol- and drug-free (68%) than those who leave treatment within the first three months (48%).
- Seventy-five percent of women receiving comprehensive substance abuse treatment have physical custody of one or more children six months after treatment discharge.
- 50% of all children, 35.6 million, live in a household where a parent or other adult uses tobacco, drinks heavily, or uses illicit drugs.
- Substance abusing parents tend to engage in fewer family activities with their children, and sometimes force children to take on roles and responsibilities that are inappropriate for their age.
- Prenatal exposure to alcohol increases the risks for many physical and mental health difficulties in children, including hyperactivity and attention deficits, childhood depression, memory and information processing delays, poor problem-solving skills, lower IQ scores, and difficulty with linguistic, perception, and motor development.
- Children of alcoholics tend to exhibit greater stress and anxiety than other children, increasing the likelihood they will drink alcohol or use other substances to reduce feelings of anxiety.
- Substance abuse is a factor in at least 70% of all reported cases of child abuse.
- Children of substance abusers are more likely to have extensive exposure to crime and the criminal justice system.

Sources for statistical information are provided in the online version of this fact sheet. See www.cwla.org/advocacy/2006legagenda.htm.

CWLA CONTACT

Government Affairs Staff • 202/942-0336

