
Presented by
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Ways to Look at the Data

- New users
  - Those that initiate substance use in a given year; monitor to estimate future problems
- Persons who meet criteria for substance abuse or dependence
  - Began to experience consequences and problems and need treatment
- Persons who were admitted to treatment
  - Those that met abuse/dependence criteria and were admitted to publicly funded treatment programs
Persons who Initiated Substance Use by Year

What is the Relationship?

- It is not solely the use of a specific substance that affects the child welfare system; it is a complex relationship between
  - The substance use pattern
  - Variations across States and local jurisdictions regarding policies and practices
  - Knowledge and skills of workers
  - Access to appropriate health and social supports for families
Methamphetamine Use in Past Year among Persons Aged 12 or Older, by State: 2002, 2003, and 2004

Methamphetamine Use in Past Month Among Persons Aged 12 or Older

The percentage of current methamphetamine users who met criteria for substance abuse or dependence doubled between 2002 (27.5%) and 2004 (59.3%).
Treatment Admissions by Primary Substance

Source: Treatment Episode Data Set (TEDS) – Highlights 2004

Methamphetamines as Primary Substance by Gender and Pregnancy Status: 1994-2004
Percent of Total Admissions

Source: Analysis of Treatment Episode Data Set (TEDS) Computer File
### Trends in Primary Substance Use

**Treatment Admissions for Pregnant Females by Primary Substance 1994-2004**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cocaine</th>
<th>Alcohol</th>
<th>Heroin/Opiates</th>
<th>Marijuana</th>
<th>Meth/Amphet/Stimulants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td></td>
<td></td>
<td></td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

**Percent of Pregnant Women’s Admissions for Meth/Amphetamine and Marijuana More than Doubled over 10 Years**

Source: Analysis of Treatment Episode Data Set (TEDS) Computer File

### Different Risks to Children Based on Type of Parental Involvement

- Parent uses or abuses methamphetamine
- Parent is dependent on methamphetamine
- Mother uses meth while pregnant
- Parent “cooks” small quantities of meth
- Parent involved in trafficking
- Parent involved in super lab

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005
Different Risks to Children Based on Type of Parental Involvement

- Each situation poses different risks and requires different responses
- Child welfare workers need to know the different responses required
- The greatest number of children are exposed through a parent who uses or is dependent on the drug
- Relatively few parents “cook” the drug

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005

Parent Uses or Abuses Meth

Risks to safety and well-being of children:

- Parental behavior under the influence: poor judgment, confusion, irritability, paranoia, violence
- Inadequate supervision
- Inconsistent parenting
- Chaotic home life
- Exposure to second-hand smoke
- Accidental ingestion of drug
- Possibility of abuse
- HIV exposure from needle use by parent

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005
Parent Is Dependent on Meth

Risks to safety and well-being of children:

- All the risks of parents who use or abuse, but the child may be exposed more often and for longer periods
- Chronic neglect is more likely
- Household may lack food, water, utilities
- Chaotic home life
- Children may lack medical care, dental care, immunizations
- Greater risk of abuse
- Greater risk of sexual abuse if parent has multiple partners

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005

Mother Uses Meth While Pregnant

- Risk to child depends on frequency and intensity of use, and the stage of pregnancy
- Risks include birth defects, growth retardation, premature birth, low birth weight, brain lesions
- Problems at birth may include difficulty sucking and swallowing, hypersensitivity to touch, excessive muscle tension (hypertonia)
- Long term risks may include developmental disorders, cognitive deficits, learning disabilities, poor social adjustment, language deficits

Sources: Anglin et al. (2000); Oro & Dixon, (1987); Rawson & Anglin (1989); Dixon & Bejar (1989); Smith et al. (2003); Shah (2002)
Mother Uses Meth While Pregnant

- Observed effects may be due to other substances, or combination of substances, used by the mother
  - For example, if the mother also smokes, growth retardation may be significant

- Observed effects may be complicated by other conditions, such as the health, environmental, or nutritional status of the mother

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005

Mother Uses While Pregnant

- Scope of the problem:
  - An estimated 10% to 11% of all newborns are prenatally exposed to drugs or alcohol; this amounts to 400,000 to 480,000 newborns per year
  - Only about 5% of prenatally exposed newborns are placed in out-of-home care; the rest go home without assessment and services

Sources: Vega; SAMHSA, OAS, National Survey of Alcohol and Drug Use During Pregnancy, 2002 and 2003
Mother Uses While Pregnant

- Home environment is a critical factor in the child’s outcome
- Many of the consequences can be mediated
Parent “Cooks” Small Quantities of Meth

- All the risks of parents who use or are dependent on meth, with added risks of manufacturing the drug:
  - Chemical exposure
  - Toxic fumes
  - Risk of fire and explosion

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005

Environmental Methamphetamine Exposure and Risks

- Toxic effects of manufacturing

- Children more at risk:
  - Higher metabolic rates
  - Developing bone and nervous systems
  - Thinner skin than adults which absorbs chemicals faster
  - Children tend to put things in their mouth and use touch to explore

Source: Mason (2004)
Parent Involved in Trafficking

- Presence of weapons
- Possibility of violence
- Possibility of physical or sexual abuse by persons visiting the household
- Higher possibility of becoming a child of an incarcerated parent

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005

Parent Involved in Super Lab

- Lower likelihood of children on the site
- Higher likelihood of being a child of an incarcerated parent

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005
Number of Children in Meth Labs

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of incidents</th>
<th>Incidents with children present</th>
<th>Percent with children present</th>
<th>Children taken into protective custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>8,971</td>
<td>1,803</td>
<td>20%</td>
<td>353</td>
</tr>
<tr>
<td>2001</td>
<td>13,270</td>
<td>2,191</td>
<td>16.5%</td>
<td>778</td>
</tr>
<tr>
<td>2002</td>
<td>15,353</td>
<td>2,077</td>
<td>13.5%</td>
<td>1,026</td>
</tr>
<tr>
<td>2003</td>
<td>14,260</td>
<td>1,442</td>
<td>10%</td>
<td>724</td>
</tr>
</tbody>
</table>

4 years = 2,881; all children ~1,000,000

Source: El Paso Intelligence Center

Models of Improved Services

- Many communities began program models in 1990s
  - Paired Counselor and Child Welfare Worker
  - Counselor Out-stationed at Child Welfare Office
  - Multidisciplinary Teams for Joint Case Planning
  - Persons in Recovery act as Advocates for Parents
  - Training and Curricula Development
  - Family Treatment Courts
More Advanced Models of Team Efforts

- Workers out-stationed in collaborative settings: at courts, at CWS agencies, at treatment agencies
- Increased recovery management and monitoring of recovery progress
- New methods and protocols on sharing information
- Increased judicial oversight and family drug treatment courts
- New priorities for treatment access for child welfare-involved families
- New responses to children and family members' needs

Lessons and Challenges of Out-stationed Substance Abuse Counselors

Primary Roles and Responsibilities

1. Clinical Consultation and Interpretation
2. Referral and Brokering
3. Engaging Clients in Treatment
4. Cross-training
5. Creating Awareness
Lessons and Challenges of Out-stationed Substance Abuse Counselors

Environment and Context
1. Who Is the Customer?
2. Specific Qualifications
3. Clear Policies, Protocols and Location
4. Clear Supervisory Relationships
5. Clear Functions for the Substance Abuse and Child Welfare Agencies and/or the Overall County

Common Ingredients of Family Treatment Courts
- System of identifying families
- Earlier access to assessment and treatment services
- Increased management of recovery services and compliance
- System of incentives and sanctions
- Increased judicial oversight
Judicial Oversight Court Models

- Integrated (e.g., Santa Clara, Reno, Suffolk)
  - Both dependency matters and recovery management conducted in the same court with the same judicial officer

- Dual Track (e.g., San Diego)
  - Dependency matters and recovery management conducted in the same court with same judicial officer during initial phase
  - If parent is noncompliant with court orders, parent may be offered DDC participation and case may be transferred to a specialized judicial officer who increases monitoring of compliance and manages only the recovery aspects of the case

- Parallel (e.g., Sacramento)
  - Dependency matters are heard on a regular family court docket
  - Specialized court services offered before noncompliance occurs
  - Compliance reviews and recovery management heard by a specialized court officer
Sacramento County’s Comprehensive Reform

Five Components of Reform

1. Comprehensive cross-system joint training
2. Substance Abuse Treatment System of Care
3. Early Intervention Specialists
4. Recovery Management Specialists (STARS)
5. Dependency Drug Court

Reforms have been implemented since 1994; Fully operational since October 2002

Treatment Discharge Status by Primary Drug Problem***

***p<.001
24-Month Child Placement Outcomes by Parent Primary Drug Problem

Percent

- Reunification
- Adoption
- Guardianship
- Continued Reunification Services
- Long-Term Placement
- Other

n.s.  

- Alcohol
- Heroin
- Cocaine/crack
- Marijuana
- Methamphetamine

Time in Out of Home Care at 24-Months after Court Order to Participate in DDC by Parent’s Primary Drug Problem

- Alcohol: 25.1 months
- Heroin: 23.7 months
- Cocaine/Crack: 20.3 months
- Marijuana: 19.0 months
- Methamphetamine: 20.2 months
National Alliance of Drug Endangered Children (DEC)

- Formed in October 2003
- Provides multi-disciplinary training for communities interested in starting or expanding DEC programs
- www.nationaldec.org

Gender Differences and Implications for Treatment

- Co-occurring mental health problems
- Trauma
- Body image
Histories of Violence among Clients Treated for Methamphetamine

- Persons in treatment for methamphetamine reported high rates of violence
  - 85% women vs. 69% men

- The most common source of violence:
  - For women, was a partner (80%)
  - For men, was strangers (43%)

- History of sexual abuse and violence:
  - 57% women vs. 16% men


Abuse During Lifetime from a Women’s Treatment Population

- Emotional Abuse
  - 84% women vs. 62% men

- Physical Abuse***
  - 64% women vs. 36% men

- Sexual Abuse***
  - 29% women vs. 7% men

*** significant difference between women and men $p < .001$

Judith Cohen, Ph.D. Presentation to NASADAD June 2005
### Age That Physical Violence Began

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total reports of violence</td>
<td>365</td>
<td>324</td>
</tr>
<tr>
<td>Percent of total N</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Began between 1 and 10 yrs.</td>
<td>158</td>
<td>135</td>
</tr>
<tr>
<td>Began between 11 and 18 yrs.</td>
<td>207</td>
<td>189</td>
</tr>
</tbody>
</table>

Judith Cohen, Ph.D. Presentation to NASADAD June 2005

### Age That Sexual Abuse Began

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total reports of sexual abuse</td>
<td>307</td>
<td>58</td>
</tr>
<tr>
<td>Percent of total N</td>
<td>56%</td>
<td>14%</td>
</tr>
<tr>
<td>Began between 1 and 10 years</td>
<td>134</td>
<td>34</td>
</tr>
<tr>
<td>Began between 11 and 18 years</td>
<td>173</td>
<td>24</td>
</tr>
</tbody>
</table>

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Prevalence of Co-Occurring Problems, and Violence and Trauma

- Women in treatment 2 times more likely to have history of sexual and physical abuse than general population
- Women who are dependent on meth usually have more severe problems than their male counterparts in many areas of their life
- Speaks to the need for comprehensive, and trauma-related services

Source: CSAT TIP 36

Gender Differences and Implications for Treatment

- Sexual behavior linked to methamphetamine is a significant clinical issue that needs to be addressed in women-only groups
- Co-occurring mental health issues complicate treatment and require longer duration for treatment
- Violence linked to meth use is related to trauma and safety needs which must be addressed in treatment
- Body image and nutrition need to be addressed
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
Office on Child Abuse and Neglect

Mission

- To improve outcomes for families by promoting effective practice, and organizational and system changes at the local, state, and national levels
  - Developing and implementing a comprehensive program of information gathering and dissemination
  - Providing technical assistance

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