



Suffer the Little Children

Learning Objectives

Review the living environment associated with meth abuse

Consider the neglect and abuse of drug endangered children

Discuss long term follow-up of drug endangered children

Learn the Components of a Family Drug Court

A Toxic Families

Methamphetamine addiction has profound effects on the family of the addict. The addict himself is usually oblivious to the harm he is causing to his family, especially his children. Even low dose casual users experience personality changes under the influence of methamphetamine. The user perceives these changes as positive – increased efficiency, alertness, endurance, but his children perceive those same changes as impatience, irritability, and a lot of late nights with Dad making too much noise.

As addiction progresses from simple use to outright dependence, the home life deteriorates. Violent outbursts, neglect and verbal and physical abuse become a way of life. And since changes occur so gradually, the addict fails to notice that lines have been crossed. Where once the kids had to make do with cereal for every meal, now there is nothing to eat at all. Where once they wore dirty clothes to bed, now there are no diapers or sheets. As expectations diminish, behavior would be perceived as clearly unacceptable becomes tolerable, rather like the frog in the slowly heating water.

Ultimately, as parents lose control over their addiction, they lose control over every other aspect of life as well. They lose control over their temper and beat the children. They lose the ability to get up and go to work in the morning and lose their jobs. They lose the ability to suppress their own needs and desires in order to attend to the needs of the children, and so laundry piles up and homework is not done.

Only in the later stages of disintegration is the home environment so distressing that someone intervenes. Parents are arrested and children are removed when conditions are so deplorable no one can deny it anymore. These are the stories in the newspaper about children with broken bones eating dog food and drinking out of the toilet. By this time, untold psychological harm has been done to those children. They tolerate conditions like this because they believe they deserve no better.

B Toxic Chemicals

In homes where methamphetamine is being manufactured, not just used, the harm done to the children is multiplied exponentially. The incidence of children exposed to meth labs fell dramatically in the years immediately following the pseudoephedrine containment laws passed in 2005 and 2006. Recently a resurgence of home manufacture of methamphetamine has occurred as cooks have secured supplies of the base chemical from sources other than the local grocery store.

A home meth lab has industrial strength chemicals that are housed in ordinary kitchen equipment. Pills are ground up with the kitchen blender. Caustic acids and bases are stored in lemonade containers. The electric frying pan is used to heat the product and the rotating fan blows fumes out over the children's playpen. Nothing is labeled, contained or vented. All of it mixes freely with the family dinner.

- Volatile organic compounds – eg Benzene are carcinogens
- Acids / Bases – caustics that burn mucous membranes
- Solvents – corrosive and flammable, fumes are neurotoxins
- Reactive metals– lithium, lead and mercury flammable with exposure to humidity
- Gases- phosgene is a neurotoxin, anhydrous is caustic to airway and lungs
- Methamphetamine itself – a neurotoxin

Methamphetamine itself is a neurotoxin. It is in the ventilation system and residue spreads throughout the house. The national Jewish Study measured levels of methamphetamine in a home where it was manufactured, and found 500mcg/m² in rooms remote from the lab site. Appliances are contaminated, especially the refrigerator and its contents. Plumbing has fumes and volatile organic compounds arising from drain pipes. No room in the house is safe.

Even a home in which methamphetamine is only smoked, not manufactured, levels of 30-50 mcg/m² were detected. Levels in the ventilation system, carpet and floors were sufficient to produce an effect if ingested. Methamphetamine is a potent neurotoxin. There is no safe level of exposure. A child in a meth *using* home is a drug endangered child.

The solvents and reagents used to manufacture methamphetamine are considered high grade hazards in any reputable chemical firm. But in a home lab, they are left out where children can find them. Some are liquids which are easily spilled, some are gases that permeate the air, some look like food or a beverage and are kept in food containers. Each pound of finished product generates 5 to 6 pounds of toxic waste which is generally flushed down the toilet or dumped in the back yard.

Children are more susceptible to the toxic effects of these chemicals because they are smaller and have a higher metabolic rate. They are generally closer to the ground where spills may accumulate, and they place their hands in their mouths frequently. Children are still maturing their kidneys and liver, and their brains are developing at a rapid rate, especially in those first three years of life. This rapid brain development is the saving factor to ameliorate the effects of the child's fetal exposure, but when exposed to neurotoxins, some of that necessary development is impaired.

C General Neglect

The basic needs for health and safety of a child are not met in a methamphetamine abusing home. Parents are distracted and uninvolved with the children, and their own needs for food and rest are distorted by the effects of methamphetamine. Mom is never hungry, so she doesn't buy food. She doesn't get tired, so she forgets to put the children to bed.

Social interactions that are necessary for language and emotional development are not being offered in a drug abusing home. Communication might consist only of yelling and grunts. A child learning to talk in this environment will have language and developmental delays. School attendance is erratic and homework is not done. Social interactions with other children are impaired when a child cannot bring friends home for fear of what Dad will do.

Basic needs for medical care and protection are not met, including nutrition and immunizations, basic cleanliness and hygiene. Children who live with the dogs in third world countries get worms and parasites. Children living with dogs in the USA also get worms and parasites. Infections are not treated promptly leading to complications and hearing loss. Children exposed to dirty needles and razor blades pick up hepatitis and HIV. They are exposed to TB (tuberculosis) and MRSA (methicillin resistant staph aureus).

D Abuse

Emotional abuse is almost universal in drug abusing homes. Children are threatened, insulted, degraded and called names. When one parent is abused the child is also threatened and abused. Children become withdrawn and fearful. They often blame themselves for the conflict, because they are blamed by the parent.

As methamphetamine abusing parents get more and more out of control, abusive situations become more violent and explosive. The spanking turns into a broken arm or a shattered pelvis. Head injuries are common in infants because of shaking and blunt trauma. Cigarette burns, gunshot wounds, stabbings and beatings are often the result of violent hallucinations on the part of the intoxicated adult.

Children are most vulnerable during the tweaking stage of the high – a prolonged intense state of intoxication. Tweaking is marked by constant drug use over the course of days or even weeks during which the addict does not sleep. Hallucinations are almost universal in a tweaking binge and violence is very common.

During the crash, parents are asleep –sometimes for days - and often cannot be aroused. When their sleep is interrupted they are irritable and may lash out, but are not awake enough to be very violent. For another 5-7 days after the acute crash, they are irritable, anxious, and grouchy. They often have an intense headache or flu like body aches. Their only concern is to obtain more meth and get back to 'normal.'

While intoxicated, parents are energized and jittery, loud and obnoxious. They feel powerful and competent. They are prone to engage in repetitive and often meaningless activity, like a video game, for hours, unaware of how much time has passed and what their children's needs are. They are impatient with their children and easily frustrated.

But methamphetamine is unique among drug of abuse in its sexual effects. Meth causes intense sexual arousal, particularly in men. Pornography is a universal finding in a meth lab. The pre-occupation with sex is pervasive. Children in these homes are exposed to the pornography and inappropriate sexual activity of the adults with each other, but they are also exposed to direct sexual abuse, often violently so.

Children of all ages are sexually abused by parents of both sexes, including rape and sodomy. Children are often prostituted to dealers and cooks as payment for meth. They are left alone with people who are likely to sexually abuse them. They are also used to produce child pornography which is a lucrative trade.

E Natural Consequences of Severe Child Abuse

Children raised in an abusive home internalize the multitude of destructive messages sent to them on a daily basis by the people they live with. They learn that they are unimportant, unloved and of no value. They believe they are worthless and useless and stupid. Those exposed to sexual abuse believe they are filthy, repulsive and disgusting.

These internalized messages form the basis of the poor self esteem, sense of shame and isolation they experience. They do not reach out for acceptance because they are convinced they are unacceptable. They are unable to trust their caregiver and so develop attachment disorders.

Many of these children become parentified, particularly oldest siblings. They are charged with caring for the younger siblings at an inappropriately young age. The three year old feeds cat food to the eight month old because he knows food comes in cans and this is the only can he can get open without a can opener. Often the children are made to function as parents to the parents. A child is forced to protect his mother in a conflict with his father. A six year old finds his mother passed out on the floor and he gets a blanket and covers her up, puts a pillow under her head.

Many children raised in meth labs are accomplished methamphetamine cooks by the time they reach adolescence. They want to please their parents and participate in family activities. They are often proud of their parent's accomplishments in the drug lab. They don't see anything wrong with it; this is normal activity to them, like popping popcorn.

When children are used to help procure drugs for their parents or serve as couriers and lookouts, they take on a feeling of responsibility for their parents activities. When the police come and haul everybody off the jail, the children blame themselves for their parent's addiction; after all they went and got more dope for mommy.

Sometimes they actually prefer that their parents keep using. When daddy goes into the crash he sleeps for three days, you can't talk to him, no response at all. Children would

prefer the parents be high, because when they are high they at least talk to the kids. So older kids will often procure more dope for the parents when they go into the crash.

Children raised in homes like this often have very poor anger management skills. They learned how to control their temper from the father, who has absolutely no control over *his* temper. They learn that shouting and hitting are normal responses to frustration. At school they are diagnosed with a conduct disorder.

These children are distracted and anxious at school because of the turmoil at home. They have trouble focusing attention because they are so tired. Mom and dad were up all night partying and they couldn't sleep. No one helps them with their homework, no one checks to see if they know their spelling words, and they experience academic failure which they internalize as "I am stupid" Often they are diagnosed ADHD which further alienates them from their peers.

As they enter adolescence, children naturally become more sensitive to criticism. This kid is unable to compete in school. He fails at academics, he fails in athletics, and he fails in social interactions. The acceptance of peers is important to any teenager, but to this kid, it is life or death. His peer group may be the only acceptance he has. He becomes angrier and more defiant as his failures add up.

F Long term Outcomes

Is it any wonder so many of these kids become drug users themselves? The real surprise is that some of them *do not* become drug users. The resiliency of some of these kids is amazing. Occasionally a child from a drug abusing home finishes school, goes to college, and escapes the influences around him. Occasionally.

The odds are against them from the start. They face a genetic susceptibility to alcoholism or addiction in their family history. Many of them were exposed to drugs or alcohol (or both) in utero and so have inborn deficiencies in learning ability and attention control. Their early childhood was marked by profound neglect; they were devalued, ignored and uncared for, and so have internalized a self image of worthlessness. If they were sexually abused, they feel shameful and repulsive.

Then they have been taught all the ins and outs of dope dealing by their parents. They can regain some sense of personal value by participating in the family business. Their early experience with methamphetamine in adolescence just confirms this. Methamphetamine makes them feel powerful, intelligent, an invincible instead of helpless, worthless and revolting. The social acceptance they experience in the context of using methamphetamine solidifies the deal. All their friends use, all their relatives use, that is what you do to fit in around where they live.

And so truancy, delinquency, expulsions and drop outs are the rule, not the exception in a drug abusing home. Early pregnancy might offer an escape from the ongoing abuse, especially sexual abuse for the girls. Unemployment and incarceration are the future for the boys. The child who was eating what the neighbors left out for their dog six years ago is in juvenile probation now. Is anyone surprised?

G Short term interventions

Early identification of the drug endangered child is enhanced with teacher training and public education. Teachers should be alert to the nutritional status and cleanliness of their students. Erratic attendance and frequent tardiness are indicators for a referral to Child Protective Services. Children who are consistently unprepared for class, fall asleep in class, or are disruptive in class should be evaluated by a professional. Children are very reluctant to report their own abuse. They consider their living conditions normal and believe that they deserve what ever abuse they receive.

Emergency room personnel are also on the front lines in identifying the drug endangered child. The child whose parents act suspiciously or evasively should be referred for a home evaluation. Any evidence of neglect or abuse, non compliance with recommended treatment, or unexplained injury should be immediately investigated.

Investigation of suspicious cases by child protective workers must include a reliable drug test of the parents. A mere denial of drug use is not adequate. Some CPS workers do not even inquire about drug use. Substance using parents are responsible for a large majority of child abuse in this nation. No amount of parental methamphetamine use should be tolerated by CPS workers. Methamphetamine is al illegal drug and a neurotoxin causing serious mental illness. Any use at all renders a parent unfit and a home unsafe.

Children can be tested for exposure to illegal drugs, though the forensic lab (crime lab) is required to detect passive exposure. Clinical laboratories have high cut off values for a positive test and so do not detect passive exposure in children. Hair testing is valuable to detect long term exposure, but is more expensive. Adequate testing generally requires the involvement of legal authorities and a search warrant.

H Long term intervention

Once removed from a dangerous environment, children need a safe place to live, a consistent routine and validation of their feelings and fears. They often have questions about the condition and disposition of their parents, and those questions should be answered truthfully. Sibling groups should be kept together as much as possible, and kinship care should be arranged if possible after proper screening has been done.

Long term mentoring programs have shown the best record of success in the long term care of drug endangered and abused children. A relationship with a caring adult communicates to the child that he is important, valued, and loved.

Many children coming out of drug abusing homes have significant mental health problems that require professional treatment. Some of these children, especially adolescents, have severe mental illnesses like bipolar or major depression. Many of them have ADHD. Children with prenatal exposure to methamphetamine have additional learning and attention problems that require intervention. A comprehensive assessment of mental, social, and emotional development is needed for these children.

I. Family Drug Court

The rehabilitation of both the child and the family is the goal of a family drug court. Equal doses of accountability and support often can result in a livable home with at least one parent to care for the child. Often it is difficult to identify who is included in the family. Often the juvenile child is herself a parent which complicates the picture.

Goals of treatment are sobriety, self sufficiency, and the development of parenting skills that would allow the family to be reunited. Education and vocational training, 12 step support, professional counseling, and accountability by regular random drug testing are cornerstones of a successful drug court.

The effectiveness of the drug court approach is defined primarily by the parents' level of motivation to participate. Drug treatment is hard work. Major life changes are necessary and not all parents are willing to engage this process. Recovery takes significant time. The brain injury associated with methamphetamine affects crucial frontal lobe functions like judgment, reasoning, and impulse control, and those functions take a year or more of intense therapy to recover.

With younger children, especially those with special needs, the courts and case workers feel that permanent placement should be perused. Crucial brain development is going in the child under the age of 5, and a stable permanent home is essential to the child's long term prognosis. Older children however have formed significant bonds with their parents. They may be able and willing to live in foster care for an extended time in order to get their real mommy and daddy back.

Juvenile offenders require the most services from a drug court. Professionals from the schools, counselors, mentors, trained foster parents and close supervision are needed. But a well done juvenile drug court makes a huge difference in the long term outcome for these people.

J It takes a village to replace two parents

A fleet of committed and involved professionals can provide most of what a child needs to be successful. But no professional can give a child an identity. We are very reluctant to enroll juveniles in any type of faith based programming, but the faith based community has a valuable resource to offer. They can contribute a sense of identity, value and worth that no one else can communicate to a lost child.

This function is often met by the foster family, but some children are not candidates for fostering because of age or mental problems. They also need access to 12 step programs that permit a spiritual grounding for this little human being.