

Methamphetamine and Child Welfare – A Progress (?) Report August 2006

In August 2003, the Iowa Department of Human Services (DHS) in Council Bluffs conducted a study of cases served by DHS due to child protective concerns. The study was completed to assess the extent to which parental use or manufacture of methamphetamine was impacting children and the state's child welfare system. Findings of the 2003 study were:

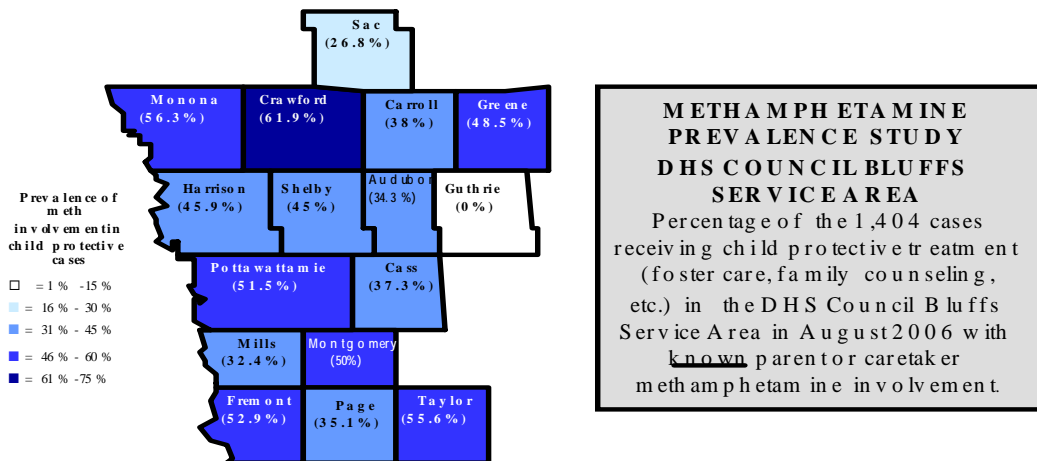
- One-third of the child protective investigations conducted by DHS involved methamphetamine – parents using, manufacturing, or selling methamphetamine, or infants born with meth in their systems.
- Nearly half – 49% - of the 1,469 children involved with DHS due to protective concerns were from homes where parents or caretakers had been or were involved with meth.
- The fifteen rural counties in the study area had an average prevalence rate of 42.7%, while the rate in the one urban county was 57.5%.

In August 2005, the study was again conducted to determine the extent to which meth continued to dominate the state's child welfare efforts. This study was of particular interest in that Iowa had recently implemented a law restricting purchase of pseudoephedrine, a key ingredient in meth production. The findings of the 2005 DHS study, however, showed no decrease in the number of meth-involved cases. The consistent finding that 49% of DHS cases were meth-involved made sense in light of two factors: the law had been in effect for only three months at the time of the 2005 study; further, it is well-established that the majority of the meth used in Iowa is manufactured elsewhere.¹ Thus, a reduction in labs would not be expected to lead to a reduction in parental meth involvement.

2006 Update – Data

The study was again conducted in southwest Iowa in **August 2006**. The findings were as follows:

- Of the new child abuse assessments conducted by DHS, 16% involved meth-related allegations.
- Of the 1,404 children involved with DHS due to ongoing protective concerns, 46.7% were from homes where parents were/had been involved with methamphetamine.
- The average rate in the fifteen rural counties was 42.2%; the rate in the one urban county was 51.5%.



2006 Analysis

Is the overall decrease in DHS cases a harbinger of positive change? Has Iowa started to turn the corner on parental meth use? A review of the table on the following page indicates that the findings are mixed at best:

- Of the sixteen counties in the study, eight showed a decrease in the percent of ongoing cases with known parental meth involvement, while the other eight showed an increase.

- Of the sixteen counties in the study, ten showed a decrease in the number of ongoing cases with known parental meth involvement, while six showed an increase.
- While the overall percentage of meth-involved cases in August 2006 was 46.7%, compared to 49% in August 2003, the actual number of meth-involved cases decreased from 720 to 656 – representing an actual decrease of 8.9%. The greatest decrease in number was seen in the rural counties.

Table 1
METH PREVALANCE IN DHS ONGOING CHILD WELFARE CASES
2003 vs. 2006

SW Iowa Counties	August 2003			August 2006			Trend by %	Trend by Number
	Cases	Meth Cases	Percent Meth	Cases	Meth Cases	Percent Meth		
AUDUBON	31	7	22.6%	35	12	34.3%	Up	Up
CARROLL	62	15	24.2%	71	27	38.0%	Up	Up
CASS	83	28	33.7%	83	31	37.3%	Up	Up
CRAWFORD	60	36	60.0%	84	52	61.9%	Up	Up
FREMONT	29	12	41.4%	17	9	52.9%	Up	Down
GREENE	66	29	43.9%	33	16	48.5%	Up	Down
GUTHRIE	54	24	44.4%	25	0	0.0%	Down	Down
HARRISON	57	37	64.9%	61	28	45.9%	Down	Down
MILLS	70	33	47.1%	37	12	32.4%	Down	Down
MONONA	47	14	29.8%	32	18	56.3%	Up	Up
MONTGOMERY	78	41	52.6%	78	39	50.0%	Down	Down
PAGE	77	33	42.9%	74	26	35.1%	Down	Down
POTTAWATTAMIE	628	361	57.5%	684	352	51.5%	Down	Down
SAC	59	21	35.6%	41	11	26.8%	Down	Down
SHELBY	45	26	57.8%	40	18	45.0%	Down	Down
TAYLOR	23	3	13.0%	9	5	55.6%	Up	Up
Council Bluffs SDA Totals	1,469	720	49.0%	1,404	656	46.7%	Down	Down
Urban (Pott) Total	628	361	57.5%	684	352	51.5%	Down	Down
Rural (all other counties) total	841	359	42.7%	720	304	42.2%	Down	Down

Notes: Parental Meth Involvement is defined as **known** (not suspected) parental meth use, meth manufacturing, or meth sales. Data reflects all active child welfare cases handled by DHS Child Welfare social work case managers in the 16 counties above.

Continuing Issues

Since the implementation of Iowa’s pseudoephedrine laws, the number of meth labs in Iowa has decreased dramatically.² This is excellent news – Iowa’s children are not being cared for in homes in which meth is manufactured. The fact that “only” 16% of the new DHS protective assessments in SW involved allegations of parental meth involvement (compared to one-third in the August 2003 study) is indeed a promising indicator.

Further, as the table below indicates, the number of southwest Iowa child abuse findings specific to Iowa’s two drug-related abuse categories have dropped considerably between 2003 and 2006, particularly in the category of “manufacturing or possessing illegal substances in the presence of a child.” However, it should be noted that very specific criteria must be met in order for a child abuse finding in either of the two drug-related categories. Thus the majority of meth-related abuse tends to fall into the much broader category of “denial of critical care” – a category in which findings have actually increased. The fact that most meth-related findings occur in the “denial of critical care category” helps explain the discrepancy between the continued prevalence of meth in ongoing child welfare cases, versus the relatively low percentage of meth-related child abuse findings. Further,

it should be noted that in some of the physical and sexual abuse cases below, meth may also be a factor in that parents using meth may be less able to manage anger, and may also allow people into their homes who may sexually abuse their children.

CONFIRMED CHILD ABUSE CASES – 16 Counties in SW Iowa	State FY 2003	State FY 2006
Presence of Illegal Drugs in a Child's System	53	34
Manufacturing or Possessing Illegal Substances in the Presence of a Child	40	13
Denial of Critical Care	906	967
Physical Abuse	208	170
Sexual Abuse	116	112
TOTALS	1,323	1,296

As noted in the August 2003 study, parental meth involvement creates a broad range of short-term and long-term problems:

- In general, parents involved with meth don't make good choices for their own safety or that of their children. Children of meth-abusing parents may be poorly supervised, exposed to unsafe or erratic adults, and placed in unstable environments not conducive to well-being and normal child development.
- When parental meth use becomes known to law enforcement, DHS, and the courts, extended out-of-home placement of children is typically required while the parent addresses treatment and legal issues. Even in the best of relative placements of foster care placements, children of meth-involved parents face challenges related to parent-child bonding, trust, and stability.
- System capacity and resources are stretched. For children, foster care and counseling resources are needed and are provided at a considerable state and federal cost. Costs directly associated to parents include court, possible incarceration, drug treatment, and drug testing.
- The full long-term impact of meth exposure on a child's physical, cognitive, and emotional development remains under study.

With adequate resources and parental commitment to change, many successes have been seen. Like persons recovering from other addictions, many meth-involved parents can and do complete treatment and successfully resume responsibility for their children. Several factors are key:

- Treatment resources which include inpatient, outpatient, and halfway house option;
- Drug-testing to monitor compliance;
- Frequent, supervised parent-child contact to maintain bonding and to sustain parental motivation; and
- Constant focus on the child's need for a safe and permanent family.

¹ Source: Governor's Office on Drug Control Policy.

² Source: Report to Legislature from Governor's Office on Drug Control Policy, 1/17/06, indicated an 80% reduction in the number of meth lab seizures following implementation of the pseudoephedrine law on 5/22/05. Latest analysis (9/1/06) from Department of Narcotics Enforcement showed a 74.5% monthly average reduction in meth lab seizures since 2004.