

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

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Methamphetamine Epidemic--Partnering to Confront the Issue

HOLLY HOPPER: I'm going to talk about creating a public health response to the DEC Effort. Hopefully at the end of this day, I can say DEC and you'll know what that means. It can refer to a child who is endangered or abused because they are living in a home where drugs are manufactured, sold, or produced. It doesn't just apply to methamphetamine; however, methamphetamine is really how the national awareness of the problem with drug-related child abuse came to our awareness.

It was originally determined that DEC is a sub-set of our nation's abused children. However, we now know after looking at numbers, even going back a hundred years, that drug-related child abuse actually counts for about three to three and a half of every four abused children in the nation.

The National Drug Endangered Child website is nationaldec.org, if you're interested in seeing what's going on in the nation.

And a drug endangered child is a sub-set, but it's a large sub-set, okay. There are very specific issues in addition to the abuse itself. It's defined by direct or indirect exposure as I said before. And, of course, 88 percent in Kentucky of substantiated child abuse in

children under the age of 4 do involve substance abuse, so we know that. So of approximately 80,000 child abuse reports a year, there are about 6,200 children who are in care at any given point in time.

Now, we understand that there may be multiple reports on children, but because of the nature of this, of the drug endangerment, the forensic issues that are involved which I will talk more about, it's more difficult to identify those problems and the health aspects of that exposure.

Looks like some of my pictures aren't working. That's okay, we'll go with it.

The role of public health in the DEC effort is that maternal involves a lot of people. Okay. So maternal and child health is critical. The prenatal exposure period, the early first steps types of programs. Many of these children will fall somewhat below the level, so they will be delayed, but they may not qualify for services. The problem is if they are not engaged with a parent who can seek services on their behalf or work with them one-on-one, those delays become more critical, and by the time they reach school age, they are significantly behind.

Environmental division is important, too, because if there's a lab or any contamination on our property, we need to know that. Public Health needs to communicate with other people so those issues can be addressed. We don't want children playing in contaminated fields or playing in meth dump sites.

Immunizations are critical. Lead and radium programs, home visitors programs, because there are many, many public health workers who go into homes every single day. They need to know how to identify a drug home. What is hazardous for children. What situations are unsafe.

Well child centers, WIC as part of the WIC counseling program. If a mother comes in and appears to be under the influence, who do you call? How do you refer that woman for services? What information might you provide? Because many addicts will not seek intervention unless somebody points out that they are falling behind or they are in need of help. And community health centers can be great resources as well.

The point of this is that education or work groups, that's a picture below of one of our public health work groups in Kentucky. So that's what that is, taking the practice to the State level out to communities so communities know what to look for, and so they feel they have the competence to respond and say, "This is what needs to be done, and this is the evidence to support the recommendation of this practice."

In Kentucky, the Kentucky Alliance for Drug Endangered Children actually has no funding, but we are a group of multiple state agencies that seek to provide educational support for professionals. Because what we realized was professionals were out there, and they were seeing these problems and they were feeling very overwhelmed and feeling as though they knew something needed to be done, but they really didn't know

how to work with other professionals to do it. With the Drug Endangered Child Effort is one of those rare issues that actually involve law enforcement, hospitals, schools, community public health centers. So what we decided it was, that we would come together, put our expertise together. Rather than counting fatalities and saying "Wow, that's too bad," we looked at the fatalities and said, "Where could we have corrected this path?" So in March of 2005 we actually had regional training in the State, and we have provided follow-up and technical support since that time.

Currently, in order to qualify for a training which we provide, which does not cost anybody, we have a volunteer, one of the trainers, but we don't charge them, but an action plan is required, and that is critical, because this is not an issue that's about entertainment or about -- only about information, it's about helping children and helping families recover.

We did receive funding for the Drug Endangered Child Training Network. Those funds were awarded by the Appalachian Regional Commission, and we have many, many partners, but the primary of which are the College of Medicine, College of Public Health, College of Dentistry, College of Social Work, as well as state agencies and divisions of state government.

We have a regional advisory board that is multi-disciplinary and represents the population of Appalachia.

We do have online training and resources that are free and available to you as well. Each of you has a brochure, have a brochure in your chair, so you're welcome to access that and those courses are certified as well.

Within Kentucky, we offer technical support to DEC teams. What we realize is that everything may not go as smoothly as someone might hope once you sit down in a room with professionals with a piece of paper. Once the real cases start coming, it's not as cut and dry as sometimes we may hope. And those of us who work and practice absolutely can relate to that experience.

We also translate research into usable formats. Not a lot of people have time to read the literature, so we try to translate that for them.

Our goal is to build local capacity and to share resources, to implement the National Medical Protocol which is a crises protocol, and you can download that from our website as well.

We survey the incidence in care of children as it progresses and develop community based response and education teams.

Currently we have trained over 15,000 professionals in Kentucky. We have follow-up training of professionals in 116 of our 120 counties. And again, as I said, the commitment that is required is that they must have a multi-disciplinary Drug Endangered Child team.

This is our website you're welcome to access that. However, if you want information for professionals, that is right here, you click on that and you will be asked for a user name and a password. All you'll need to do is request that. The reason we do that is we don't want Joe Meth Cook to be able to access the information that you would use to provide medical treatment and protection for children.

The DEC Education Team is a critical part as well. The education team typically includes members of response team, so people who are out there providing law enforcement. Many agency support community outreach, so that's been an easy thing to accomplish. Representative from school, family court judges, health departments, members of the faith community are all critical pieces.

This is actually a photograph of one of our community sessions, and you'll notice that it's in a church. We encourage every community to choose a place where they feel the members of the community will feel comfortable coming, and so we don't tell them where that is, each community choose where that is.

So the community is aware how many children child abuse reports happen or did they receive every month; how many people in that community are involved in WIC, the WIC program; what are the needs of that community so that communities can respond.

This is the national protocol, I'm not going to spend a whole lot of time with this, but this bottom line is get urine because children will test positive.

Key components in medical tracking involve interagency agreements. State police have actually secured funding for medical examinations for endangered children. What's interesting is most of these children are actually Medicaid covered, so we've only had to use this pot of money twice. That is one of the things we felt would be a barrier, and fortunately it has not been.

UK College of Dentistry donates tooth brushes, so every one of these children receives a backpack with tooth brushes, and coloring books, and clothing, clean clothing.

We have 24-hour medical consultation available through the University of Kentucky Hospital.

We have developmental protocols that can be implemented within communities, and the Commission for Children with Special Healthcare Needs now provides medical follow-up to all children who are involved in the care system. So that is a brand new program that is currently being implemented, and we believe that will improve the care, the long-term care of children.

I want to talk about some of the alternate points of interest, the ones you may see in health departments or discover in homes. We've had situations where these cases are

not evident. I mean, you couldn't just look at that and say, "Wow, that's a DEC child." But, a 13-year old with a miscarriage. We need ask questions. What had happened?

This little girl had a chemical rash on her body, but not her face. She was cooking with her mom's ex-boyfriend, the mama disappeared, he had gotten her pregnant and they were wearing respirators while they were cooking or manufactured methamphetamine. So her clothing had absorbed the chemicals and the rash was on her body. So sometimes you really do need to have that forensic sense in order to respond.

We had a three-year old brought into the ER for a respiratory problem. So that's the presenting problem. When they disrobed him, they found 38 human bite marks on his body and evidence of penetrated sexual abuse. The perpetrator of that crime is now serving 15 years, but his mom is a meth addict. It took us three days to be able to find his 19-month old twin siblings. His 12 year old sister witnessed much of this abuse, so that case was able to be successfully prosecuted. But I will say that he had had multiple allegations previously that were not successfully prosecuted. It was because of the Drug Endangered Child Team and the involvement of everybody in the community. This child was enrolled in an Early Start program as well. So, fortunately that outcome is good.

Five-month old presenting with recurrent ear infections and unusual rash. Get the urine. If you test urine to detectable levels, you may be surprised of how many of these children actually test positive for drugs.

The findings are, not all babies, sexual abuse is common, oral neglect issues are common although not -- they are not a clear indicator of drug endangerment, but something to keep in mind. Many may be malnourished or dehydrated, although not necessarily underweight. Some may be overweight. A lot of food hoarding issues you may observe. Education and awareness seem to be the key.

Children's advocacy centers are child friendly, and if you have access to those, those can be great places to do the forensic exam. We are not asking every public health nurse to be an expert; however, what you can do is build relationships with other people in the community so that that can happen.

A day in the life looks like this. This is an actual drug home. Become aware. Encourage people in your community, law enforcement officers, to show you photographs of what the homes look like because this is worth a thousand words to me. This was a cocaine, methamphetamine, and marijuana home. There was a meth lab in the bed, under the bed, and this baby was ten months old. The parents said they moved over the bumper pad to keep the child away from the drugs and away from the meth lab. So clearly, that is -- that does not -- is not a picture of clear thought or the ability to protect or care for that child.

Here is another one. Methamphetamine production produces five to seven pounds of waste per pound of product, and that sludge waste has to go somewhere. It's either down a bathtub or if it's outside, it may be in a play area. That's what depicted in this

photograph. Do you see the broken glass? And that's where that child's play area is. That's where they play.

Communities must determine what is acceptable for children and I apologize for the photographs not turning out. That's a meth lab and here, you could -- well, there's a child play area, and basically the child is imitating the adult use right there.

This is an example of a meth lab on the inside, but the parents of this child actually put this three-year old outside in a cage while they manufacture methamphetamine because they heard that they would be charged with -- they would receive criminal penalties if they manufactured around their child.

Let's listen to our children. Rachel Parnell who is seven did this as a school assignment. She said if she were president, she would get a limousine, and she drew her limousine. And on the back she wrote, "And help children that have parents who do drugs and put them in jail and find them some new parents." And she removed her last name. And my promise to Rachel is that everywhere I speak, I will use this and use her first and her last name, because her teacher didn't call her mom, and her mom said, "I said I will continue to use until somebody told me I had a problem." So it is critical that those of us who work with families listen and have -- just take a moment so that we are a trusted person that children can talk to.

I'm proud to say that Kentucky now has three limousines, we hope to have seven. We call them our (inaudible) limousines for drug endangered children. What this is is a response vehicle, because social workers are not supposed to transport, and really, law enforcement officers are not supposed to either. So we now have vehicles. These are for our kids. The back holds toy and clothing and healthy snacks because many of these children are dehydrated as I said. So we have apple sauce and that kind of thing in the back. So I wanted you to see that.

Other online resources, methpedia.org is one that you can go to, an additional one. And I wanted to show you the Commission for Children with Special Healthcare Needs page here, and information on the Kentucky alliance, and this is an interactive website that you are state can do join. And Kentucky is building out this as well right now.

Summary of points here: Access to accurate information is critical. Caution is critical as well. But overreaction is unnecessary. There's no reason to be afraid of these children, because the environments are toxic, but not the children. And contamination does not disappear without remediation. The children do not need to return to the homes. If they do, and they continue to have health problems, that may be why. Cross-training and collaboration are keys to preventing negative outcomes for children's health and well-being.

So thank you very much.

(Applause.)