

Johnson told me that the "average time for recovery is six months off drugs to succeed, but generally, it takes two or three years for the brain to heal."

She let me know there are barriers to helping recovering addicts. She listed them:

~No access to treatment centers because of funding shortages.

~Cognitive deficits of meth abuse preclude short-term therapy. There is no long-term therapy available, also because of funding shortages.

~Transportation. A number of people under correction supervision provide a special treatment for criminal offenders. It costs \$1.50 one way on the bus for an hour of group therapy. That's a three-hour time slot, so getting a job and keeping it is a big problem for them.

When I asked what the community could do to help, Eva said that external force plays 95% of the role. She told me how loved ones are the greatest motivators and this external force is "strongly encouraged."

"And that could include kids being taken, legal sanctions, employers, partners finally saying 'Enough is enough,'" she said. "Otherwise it's easy to say, 'I'm comfortable.' Then, people can give to local shelters because...when someone comes in, if they need medical intervention, they are taken to a clinic or hospital. Once that is taken care of, part of the processing is asking the recovering addict, 'Who are you? What do you want? Let's make goals...' And then we try to meet individual needs. The money that is donated is used for clothing, bus passes, etc."

Eva Johnson did inform me that they have an agreement with hospitals and clinics and that federal grant money is given to the Coastal Family Medical Clinic for the community. For those in the community who want to do something and make a difference she said, "Supporting community social services is the frontline approach." But then we have to make women want to get help. The number of women on meth is growing by staggering figures.

Dean Schabner from ABC News recently said that "according to a U.S. Department of Health & Human Services report released in May (2005), 45% of the patients admitted to state-licensed centers for care in 2002 who said meth was their primary drug were women."

Schabner quoted Kim Justice-Myers: "I smoked some on a foil and I thought, 'Hey. That's pretty cool.' It takes all the pain away. I wanted to go play. I didn't want to be respectable. I didn't want to feel anymore. I didn't want to be a mother anymore. I ended up saying I'm going away for a little bit, but that little bit turned into six months and then a year and then two years, then three years, then four years."

According to the *Newport News Times*, "Methamphetamine use and addiction in Oregon have reached epidemic proportions," and that legislation has been introduced "to combat the escalating crisis."

Sandra Swain of *The Daily Astorian* quoted Astoria Police Officer Chris McNeary (October 6, 2005): "You would be surprised at the people who use meth...The drug devastates families, with children being taken away from meth-using parents, and mothers testing positive for meth when they give birth."

The effects these results have on families is wrenching. The family is still the backbone of any society and when families are devastated, society is forced to pay the price. Children have been taken away by authorities, which creates a whole set of problems with a rippling effect. Children feel abandoned, and they may experience attachment disorders which can lead to horrendous problems, namely crime and later becoming substance abusers themselves.

"They are scalded with hot water," Mindy M. Moretti has written. "They are forced to drink bad milk because no one remembered to buy fresh. They are left in hot cars for hours on end while parents score a fix. They are sexually abused. They are beaten. They are abandoned. Sometimes they die."

These are the children of methamphetamine users and all across the country child welfare and police struggle with ways to deal with an alarming amount of meth orphans. These are children of the epidemic, neglected and abused, taken from moms and dads who nurture only their addiction. They represent the human tragedy of meth-rotting diapers, growling stomachs, burns, bruises and a lifetime of deep rooted scars.

Moretti writes in her *NACO* article (November 23, 2005), "According to the Drug Enforcement Agency, in 2004 children were present at 20% of all meth lab busts." But law enforcement officials note that the number of children affected is most likely much higher because "...although there may not be children present at the time of the bust, there is often evidence— clothes, toys, baby bottles — that a child lives in the home where meth is being cooked."

Children of methamphetamine-using parents face insurmountable problems in life because they are exposed to neglect and abuse beyond compare.

The number of American children who are abused or neglected doubled from 1.4 million in 1986 to about 3 million in 1997. Joseph Rose, writing for *The Oregonian* (August 28, 2005), reported that the first statewide analysis was conducted in Oregon by the State Department of Human Services in 2004, when 5,438 children entered foster homes, up from 4,906 in 2003. Rose also stated that welfare workers in several counties that have been hit hard by methamphetamine, scrutinized their local cases and confirmed what their gut feeling told them: Meth is straining the child-care system.

Executive Assistant U.S. Attorney Laura Birkmeyer says that "nationwide as many as 70% to 80% of the children rescued from meth environments test positive."

Since the early 1990s, meth use, which at one time was almost exclusively limited to the western and southwestern U.S., has been moving eastward into both major cities and rural areas. The production of methamphetamine and its use has become a national epidemic. Higher demand for meth has brought an increase in the amount of clandestine labs and with the amount of police raids of these laboratories. Data is being tracked by the



El Paso Intelligence Center (EPIC) according to the DEA through its National Clandestine Lab Seizure System, and the number of raids of meth labs in the U.S. increased from 3,811 in 1998 to 10,078 in 2003, with 4,716 raids made in the first eight months of 2004. The number of children found in these locations has risen from 1,224 in 2000 to 3,474 in 2003, with 1,177 in the first eight months of 2004. This indicates more labs were raided and more children were found, and there was more diligent reporting by law enforcement.

Children living in meth-producing environments are in danger from more than chronic exposure to toxic chemicals and their effects on the human body, such as inhalation of fumes, clothing and skin contact of improperly stored chemicals, chemical waste dumped in play areas, and possible explosions and fires. They are exposed to other physical dangers as well as risk of developmental problems. They are exposed to drug users, cooks and dealers, hypodermic needles within reach of children, accessible glass smoking pipes, razor blades, drug paraphernalia, and weapons for "protecting" the clandestine lab and its contents from intruders.

Children are forced to live in foul conditions, exposed to dirt, garbage, rodents and insects, and poor hygiene. With meth use, children are quite often neglected during their parent or caregiver's long periods of sleep while "crashing" from a drug binge, so they might not get proper nutrition and suffer from malnutrition. They do not receive dental or medical care, and suffer greatly from asthma and respiratory problems.

The use of methamphetamine causes the parent or caregiver to display paranoid behavior and often get irritable and have a "short fuse." Children in such homes are exposed to violence and foul individuals and are often exposed to pornographic material. Because meth creates a high that escalates sex drives, many children are sexually abused and/or beaten. Without supervision or nurturing, living in such an unstable environment can cause unimaginable stress and trauma, not to mention behavioral, emotional, and cognitive problems that will affect them for the rest of their lives. Children from drug homes often exhibit low self-esteem, a sense of shame, and poor social skills. Many are unable to function well in school, in social environments with other children, and unable to trust others which prevents them from healthy relationships.

Children taken from drug environments often suffer from post-traumatic stress disorder from six months to a year or longer. They might be returned to their drug-addicted parents too soon or shifted from one foster home to another. For some, the consequences of surviving such abuse include depression, hopelessness, suicide attempts, and self-mutilation. They might

behave compulsively, suffer panic attacks, and tend towards dangerous play and sexual promiscuity, not to mention being at risk of developing their own substance abuse problems. It is common knowledge that with both a history of childhood maltreatment and parental substance abuse, they most likely will.

In Joseph Rose's article in *The Oregonian*, he described a 9 year old girl named Sadie who felt this hopelessness. She was sitting in Carol Chervnak's examination room at the ABC House in Albany. She recalled standing in the driveway watching her father, "high and wild-eyed, hammer on her mother's head with the butt of a pistol." Sadie said that one night while her parents slept she picked up the gun that had been left out, and "pressed the barrel between her eyes and struggled to hook her finger around the trigger. 'I wanted it over,'" she told Chervnak. She joined a growing list of Oregon's "meth orphans" and was taken to a foster home in Linn County.

Rose reported Eugene's vice & narcotics Sergeant Lee Thoming saying, "Our society should be ashamed for allowing this kind of abuse and neglect of our children. We're going to pay down the road, when these kids get older."

There has not been any long-term follow up in most states, or information on the children's mental health and physical needs, but there are personal testimonies of some rescue stories that do not end in such despair. Such is the case with a personal interview I had with "Darlene," whose story started out like so many others:

"I had my niece and nephew off and on throughout their lives since birth due to meth use by their mother, my sister. After we had them for a few months while they were toddlers ages 3 and 4, their mother, who was still using, had been receiving money from the state and lying that the children were in her care. She used the money for drugs and was afraid she'd get caught, so she came to get the children from me. We tried to talk her into leaving them because they were in a stable home with people who loved and cared for them. She took them anyway, in spite of their crying and pleading to stay with us. Their lives were turned upside down. She didn't have a permanent residence or a steady job other than prostitution, so the kids had other addicts surrounding them, which put them at risk. She left them in the care of another addict, a relative, in a house with no electricity or running water. They were using cans in a bathtub to pee in. Because the relative was passed out in the back bedroom, they were scared when they woke up to a dark house thinking they were alone."

Providing safe and nurturing homes for children is the reason that agencies such as law enforcement, fire departments, emergency medical services as well as the general medical community, public health departments, social services, the judicial system, legislators, substance abuse and mental health providers and our entire communities must work together. The goal is to first and foremost assure that these children are safe, and then work to break the cycle to improve the future for our children, our families, and our communities.

According to Carl Peed of the U.S. Department of Justice, our society needs to follow a 4-part plan of action:

1. Social services must take children into emergency custody; coordinate medical exams; assess the need for long-term custody; arrange foster home care; intervene in the juvenile courts on behalf of children; and maintain a long-term follow up.
2. The medical community must conduct immediate toxicology testing and physical examinations of children found at meth labs to document their mental and physical condition; document their exposure to drugs and chemicals; look for signs of injuries, abuse, malnutrition, and maintain long-term follow up.
3. The law enforcement officials at seizures of meth labs must be sure that children found there are taken to safety; document the present dangers as future evidence of child endangerment; make the child endangerment charges against appropriate adults.
4. Prosecution must file and support charges of child endangerment; keep short-term and long-term interests in mind for the children.

The National Drug Endangered Children (DEC) Alliance has been providing multi-discipline training programs around the U.S. for professionals in health care, social services, and law enforcement, and will continue to hold seminars and panel discussions covering such topics as the psychological impact of drug exposure on children, medical protocols, reports from scientific and medical studies, law and legislative changes, developing public awareness, developing effective strategies, collecting and analyzing data as well as available resources and training.

The rest of Darlene's story gives hope and inspiration to explore other solutions:

"In the middle of the night, the children knocked on the neighbor's door, who called the police, and the children were taken into custody and returned to me. They rejected all authority and were totally out of control. It took years of a lot of love and earning their trust back to make an orderly home. Their mom went back to jail and eventually was rehabilitated in a home with one-on-one care. The kids are now young, working adults and still live with me. They continue to work on their relationship with their mother, my sister, as we visit often. And it's healthy.

Darlene's story is an inspiration for other families to do the same and since the child welfare system is strained, placing them with relatives in stable homes should be an avenue to be explored more often.

With everyone in the system working together, many children's lives can be touched, and hopefully we can reduce the horror they have to endure.

Everyone pays in the methamphetamine epidemic. The far-reaching effects can and are destroying America. So, what do you say, loved ones, do you think you're ready to "motivate" and say "Enough is enough?"

Karen Flores lives in Seaside. This essay is a fusion of two papers she wrote for a writing class at Clatsop Community College taught by Dr. Julie Brown.



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