POISON, PROBLEM, AND PERSPECTIVE:

THE IMPACT OF METHAMPHETAMINE ON THE ARKANSAS CHILD WELFARE SYSTEM

Summary

In recent years the media spotlight and public attention on methamphetamine, or "meth" as it is more commonly known, has grown extensively because of increased user rates and the inherent dangers of producing it. While many of us realize the immediate danger of either using meth or simply being around the harsh chemicals that comprise it, there are other entities that feel the harmful effects of its abuse. This report was created in an effort to understand meth's impact on one of these entities – Arkansas' child welfare system.

This report was written by Paul Kelly, Senior Policy Analyst for Arkansas Advocates for Children and Families.

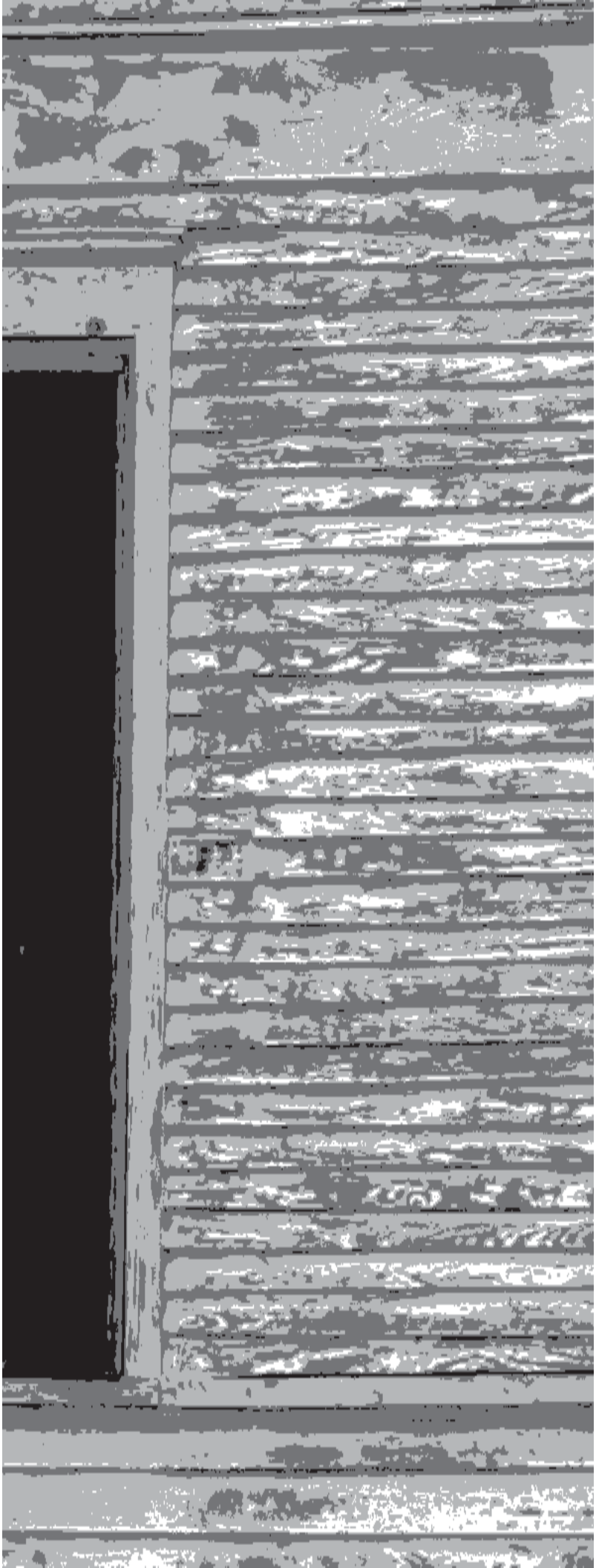
January 2007

Similar studies in other states have shown that a large percentage of child welfare cases originate in households dealing with either the abuse or production of methamphetamine. Arkansas Advocates for Children and Families spent several months analyzing data from Arkansas to determine this drug's impact on our own system. We examined available data from drug treatment centers, the criminal justice system and the Department of Health and Human Services (DHHS). We also engaged the public on this issue to better understand their thoughts and views on the subject. At the end of our inquiry, we had reached a two part conclusion.

First, we found that there is serious lack of data available to comprehensively examine this situation. Without the necessary information, there is a risk that public policy will be driven by anecdotal evidence or gut reactions to high profile incidents. We identify several shortcomings within various departments that must be corrected if we are going to fully understand the situation with which we are dealing.

Second, the data that was available clearly showed that while meth is indeed a serious problem that should in no way be overlooked, it impacts the child welfare system in much the same way as other abused substances, many times less so. This should in no way be construed to mean that meth is not a major problem for our state's families. It should instead move us to examine the effect that substance abuse in general has on Arkansas families, particularly those entering the child welfare system.

Arkansas Advocates for Children and Families will continue to examine the impacts of meth on our child welfare system by monitoring and evaluating the state's efforts to address substance abuse, creating educational tools for the public and identifying public policies that promote greater cooperation among all those involved in ending this affliction on our state and nation.



Introduction

In an effort to determine the impact of methamphetamine use on the child welfare system, Arkansas Advocates for Children and Families collected and analyzed quantitative data from a variety of sources, interviewed key informants within the state, organized focus groups of local family service workers and foster parents, and talked with experts from across the country. Included in this report is an analysis of the limitations of the data currently available in Arkansas, recommendations for improving data collection, and guidelines for future efforts to address this latest challenge to the state's child welfare system.

The Poison

Since its introduction in California in the mid-1960s, methamphetamine abuse has attracted a great deal of media attention.[1] Widespread use in small communities and rural areas, due to the low cost and ease of production of methamphetamine, has created special problems for the child welfare system. In addition to the problems typically associated with parental substance abuse, methamphetamine production has exposed children to harmful chemicals, including acute lead poisoning.

Methamphetamine, like cocaine and amphetamines, is classified as a psycho stimulant which produces motivation and feelings of euphoria. Methamphetamine is structurally similar to amphetamine, but quite different from cocaine. In contrast to cocaine, methamphetamine has a much longer duration of action, being present in the brain longer, which ultimately leads to prolonged stimulant effects. Methamphetamine abusers can also have episodes of violent behavior, paranoia, anxiety, confusion and insomnia. Heavy users also show progressive social and occupational deterioration.[2] All of these elements expose families to psychological distress, physical abuse and neglect, and involvement in the criminal justice system. Its ease of production and widespread distribution patterns in small communities penetrate rural areas of the state and plague families who were previously perceived as immune from the harmful substance abuse behaviors endemic to urban areas.

Parents who use methamphetamine may exhibit poor judgment, confusion, irritability, paranoia and increased violence. Neglect is also common when dependent parents fail to provide adequate supervision, food, water or regular medical care to their children. The link between methamphetamine and high-risk sexual behaviors may also put children at higher risk for sexual abuse by adults using methamphetamine.[3] Children and parents entering the child welfare system because of methamphetamine abuse present major challenges to the courts, community resources and the service delivery system that must respond to the criminal implications, site clean-up, appropriate substance abuse treatment, care for the children and family reunification.

In rural Montgomery County, a young mother was scheduled to go to trial later this month on charges that arose after her 5-year-old son drank sulfuric acid from the methamphetamine lab she and a partner were accused of operating in their rural trailer.

Arkansas Democrat Gazette
Sunday, January 22, 2006

"I just couldn't quit. After a while, your morals and everything change. Things don't register like they used to."

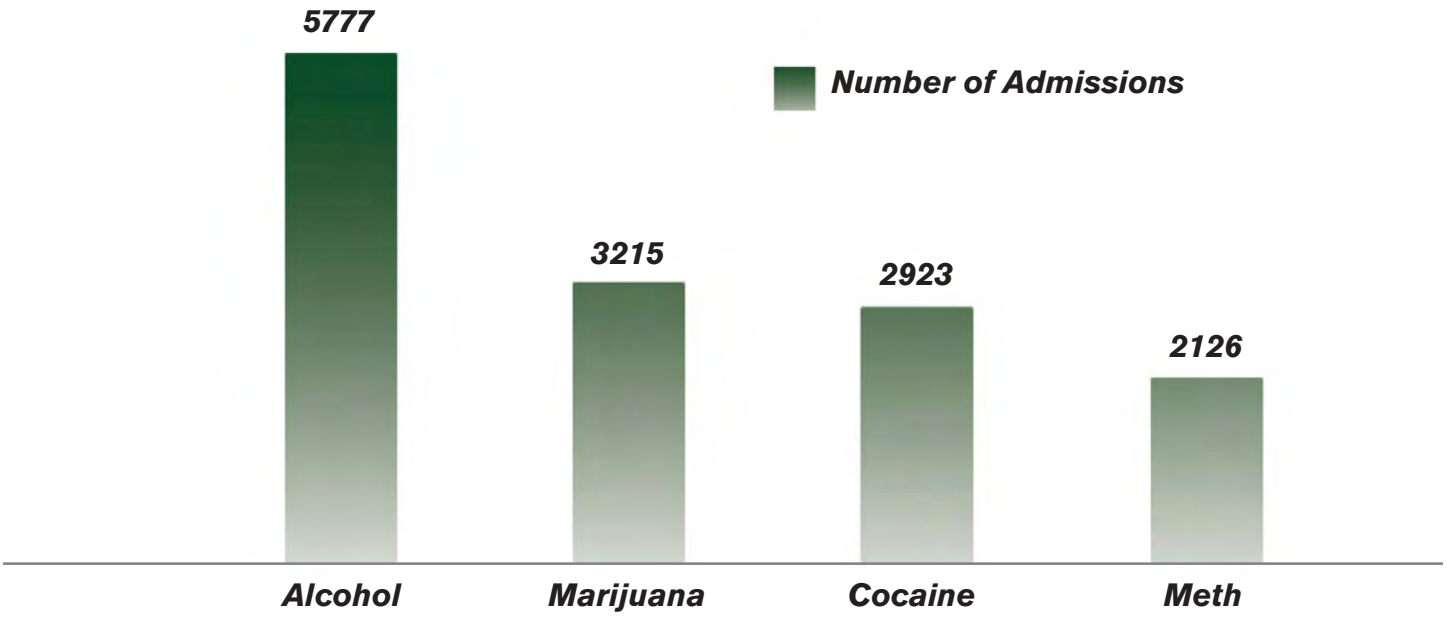
Resident of Mountain Home, Ark. who entered treatment for her addiction after testing positive for methamphetamine when she was four months pregnant.

Much of the focus on children and methamphetamine has been on those exposed to the toxic chemicals in methamphetamine labs. More than 20 states, including Arkansas, formed Drug Endangered Children Alliances to raise public awareness and build collaborative efforts to coordinate services for children exposed to methamphetamine abuse or manufacturing. Child exposure to these dangers is what distinguishes meth from others drug epidemics in recent memory. With some progress in shutting down labs, the focus is shifting to the continuing problems that result from parental addiction to drugs and the children who enter the child welfare system because of neglect.[4]

There are numerous reports, surveys and testimony given before legislative bodies, in addition to news accounts and magazine articles that provide evidence of the impact parental methamphetamine abuse imposes on their children. State child welfare agencies across the country report increases in methamphetamine related cases, with annual increases in out-of-home placements as high as 40 percent.[5] One of the most credible and frequently cited studies was conducted in 16 counties in Iowa beginning in August 2003 and repeated in August of 2005 and again in 2006. During 2003 and 2005 almost half of children involved with child protective services were from homes where parents or caretakers had been, or were currently involved with methamphetamine. That dropped to 46.7 percent in August 2006. While the overall percentage of methamphetamine involved cases dropped only slightly, the actual number of such cases decreased from 720 to 656, representing an actual decrease of 8.9 percent . The greatest decrease in number was seen in the rural counties.[6] A 2004 study of cases in an Oregon county found approximately the same percentage of children coming from homes of methamphetamine dependent parents.[7] A study conducted in Marshall County, Alabama found that 60 percent of their cases involved parents or guardians who abused methamphetamine.[8]

Primary Abused Substance

by Number of Admissions to Public Funded Drug Treatment in 2005



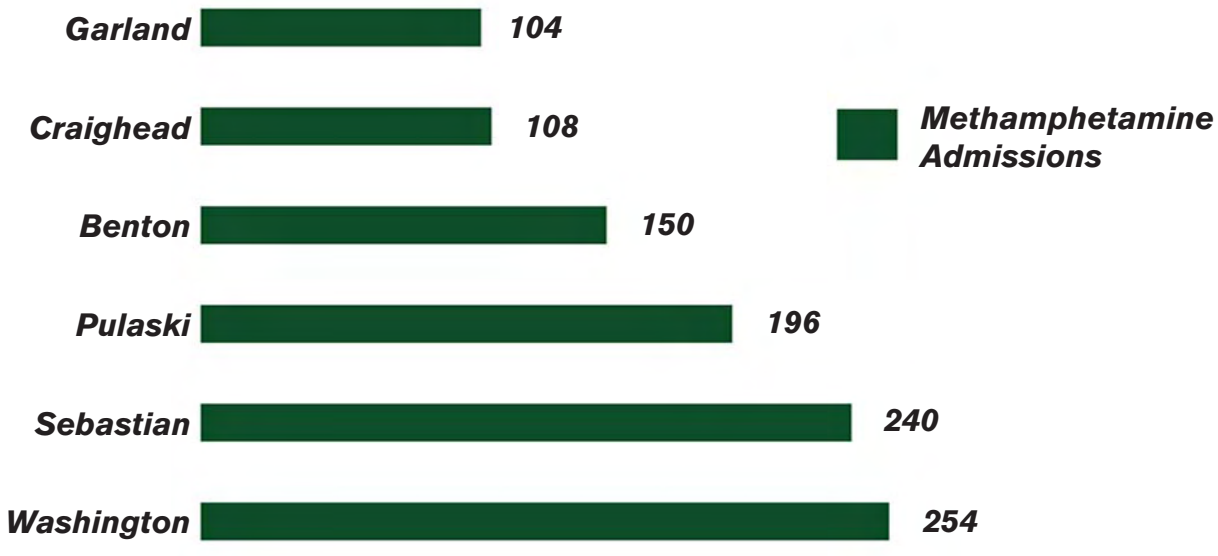
Methamphetamine in Arkansas

Despite the attention given to methamphetamine in recent years, the information on methamphetamine use by Arkansans is limited. Much of the available data is collected for a larger category of drugs including methamphetamine, amphetamines and other stimulants. A recent report on substance abuse in Arkansas reported that 0.6 percent of Arkansans ages 12 and up recount having used methamphetamine within the past 30 days.[9] In addition, 0.9 percent of 10th graders and 1.3 percent of 12th graders reported using methamphetamine within the past 30 days. Just over 3 percent of 10th graders and 4.7 percent of 12th graders reported using methamphetamine in their life time.[10] This same report notes that methamphetamine is predominantly used among Whites and males, with signs of increased use in the African American population.[11] In an effort to understand the potential impact of methamphetamine on the child welfare system, this project analyzed data available on publicly funded drug treatment admissions, indicators of methamphetamine use in the criminal justice system and a comparison of methamphetamine with other illicit drug use in Arkansas. Focus groups and informant interviews were then designed to collect qualitative data to supplement this quantitative data.

The Arkansas Department of Health and Human Services (DHHS) Division of Behavioral Health Services collects data on the primary drug of choice of those entering publicly funded treatment. (Prior to 2005, methamphetamine was included with amphetamines and other stimulants, so complete information on methamphetamine is available only for one year.) During 2005 more than 18,000 clients entered treatment. The three most likely drugs of choice included alcohol, marijuana and cocaine, followed by methamphetamine and amphetamine.[12]

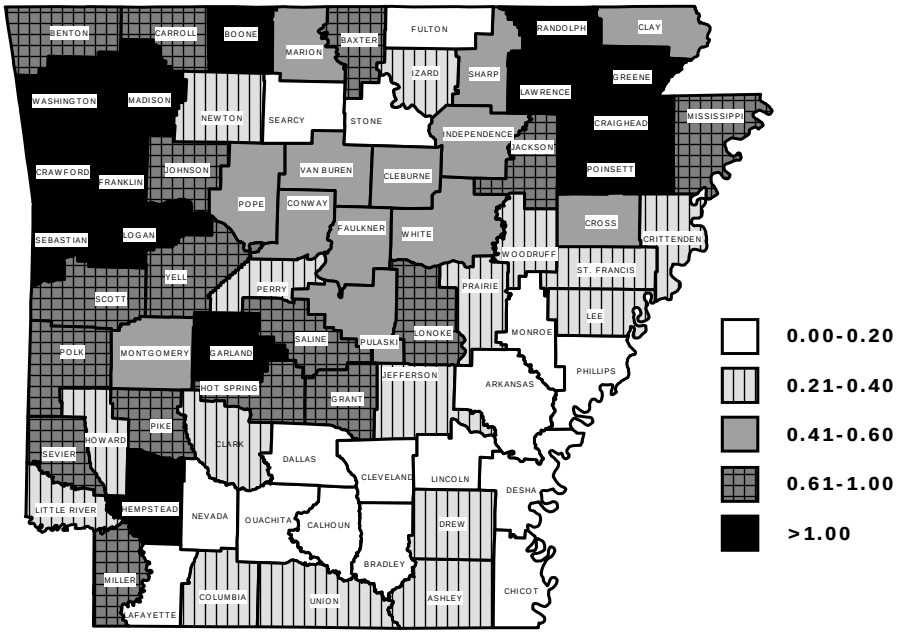
The 2005 treatment admission data indicating methamphetamine as the primary drug abused was analyzed by county, including (1) the number of admissions and (2) rates of admission per 1,000 residents in each county. As might be expected, the most populated areas of the state account for the largest number of admissions with Washington County having the largest number, followed by Sebastian County. A more useful measure for rural areas is the rate of admission per 1,000 populations during 2005.

Number of Methamphetamine Admissions in 2005
Six Top Counties



The map below shows high rates in Poinsett, Lawrence, Greene, Randolph, Franklin, and many other less populated counties.

Methamphetamine



Clients in Treatment for Methamphetamine Abuse
(rates per 1,000 persons)

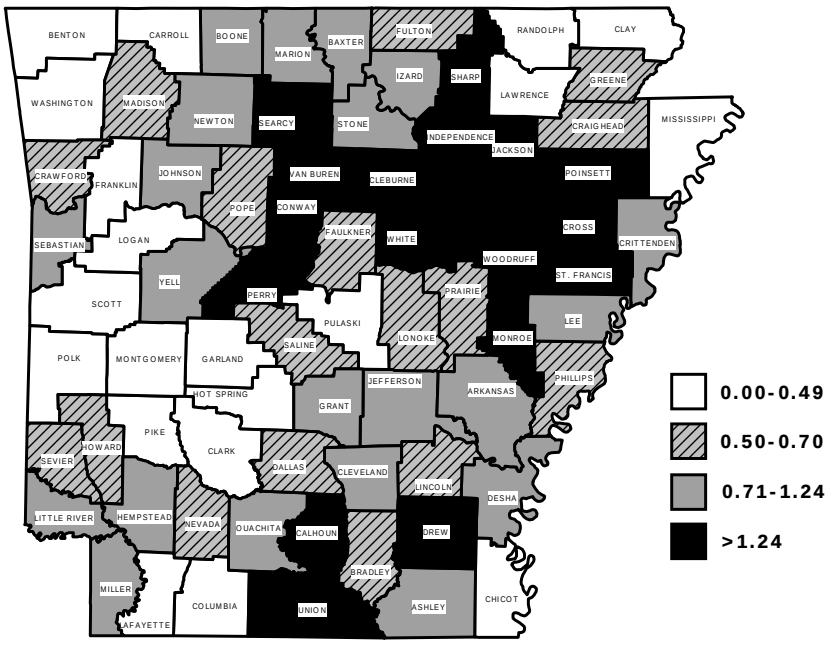
A map showing 2005 admission rates for amphetamine as the primary drug abused by those in treatment, another psycho-stimulant closely associated with meth, indicates yet another collection of rural counties with high admission rates.

The geographic pattern of drug preferences among clients was used in the selection of project focus group interviews conducted with DCFS family service workers and foster parents. The Chicot, Craighead, Pulaski and Washington County sites were chosen to ensure that data collected for this project were geographically representative of both rural and urban areas of the state. Focus group comments in Washington and Craighead Counties confirmed the important impact of methamphetamine on child welfare services. The impact of methamphetamine was less evident in Pulaski County, and in Chicot County cocaine abuse overshadowed both methamphetamine and amphetamine according to participants.

An important finding from focus groups in all of these regions is that access to drug treatment programs for women with children was critical to ensuring child safety, successful case outcomes and restoring family stability.

The criminal justice system is another frequent contact point for parents who abuse methamphetamine and other illicit drugs. As with other state agency data examined for this project, methamphetamine is included with other stimulants in a larger category of drugs. In addition little information is collected to determine if offenders are parents with dependent children. However, the Department of Community Corrections (DCC) collects data on

Amphetamine



Clients in Treatment for Amphetamine Abuse
(rates per 1,000 persons)

active probation or parole clients who tested positive for drugs during May and June of 2003, 2004, and 2005 who also had dependents.[13] It does not determine if they have custody of the child. In this group marijuana is twice as likely to be identified in client drug tests.

The Arkansas Department of Correction (ADOC) data offers some evidence of the role methamphetamine plays in the growing prison population. This data may understate the incidence of methamphetamine involvement because inmates can be convicted or sentenced for a crime that occurred under the influence of drugs, or for the purpose of obtaining drugs, without these facts becoming part of their prison or criminal record. ADOC inmate records identify the conviction that resulted in a sentence to prison, not lesser offenses that may be drug related.[14] However, convictions for distributing or selling

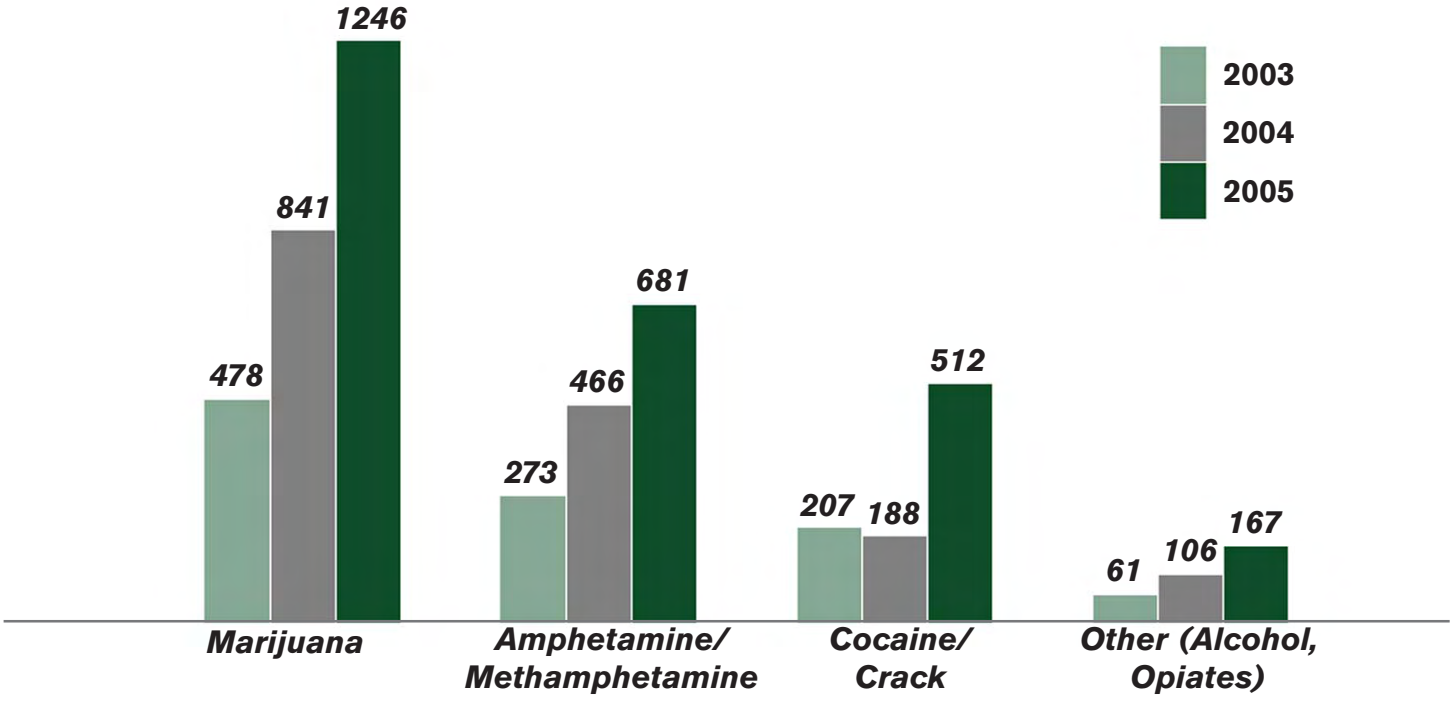
Focus group comments from DCFS Family Service Workers:

"I have one out of my 32 cases where methamphetamine is an issue." *Pulaski County*

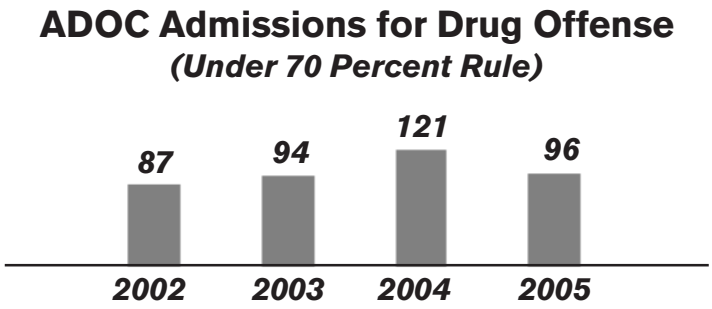
"…more so alcohol, marijuana and cocaine, but we haven't dealt with methamphetamine yet. There is a lot of cocaine use down in this area because it is easy to get." *Chicot County*

"The majority, if not a third of my cases are meth related and there are all kinds of problems when you are dealing with a meth family." *Washington County*

Number of DCC Community Supervision Clients Testing Positive During May-June (with Children in Their Families)



methamphetamine require that inmates serve 70 percent of their sentence. This chart captures the trend in the number of persons sentenced to ADOC subject to the 70 percent rule between 2002 and 2004.

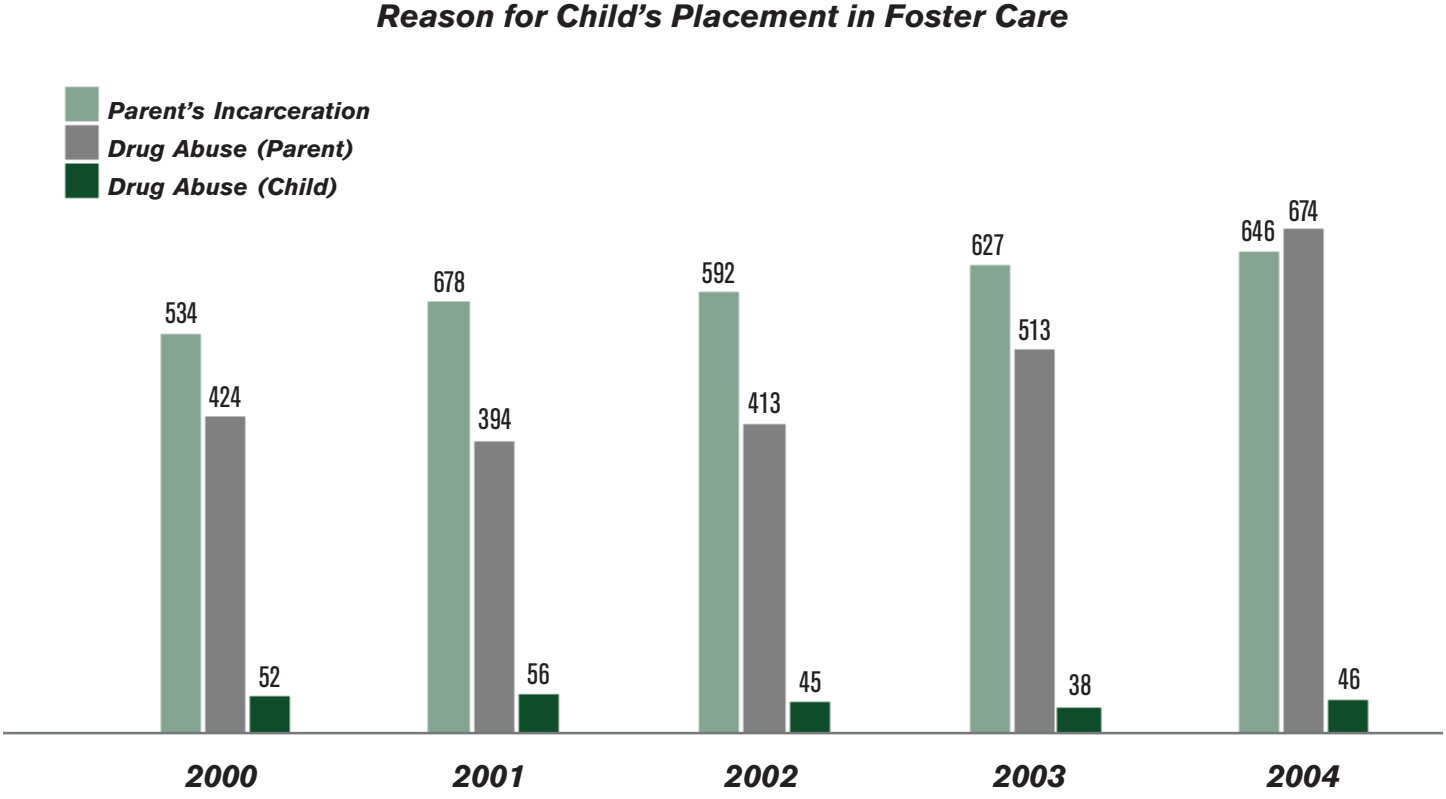


The number of inmates entering Arkansas prisons under the seventy percent rule decreased slightly during 2005. Data from ADOC does not include the number of dependents affected by these admissions.

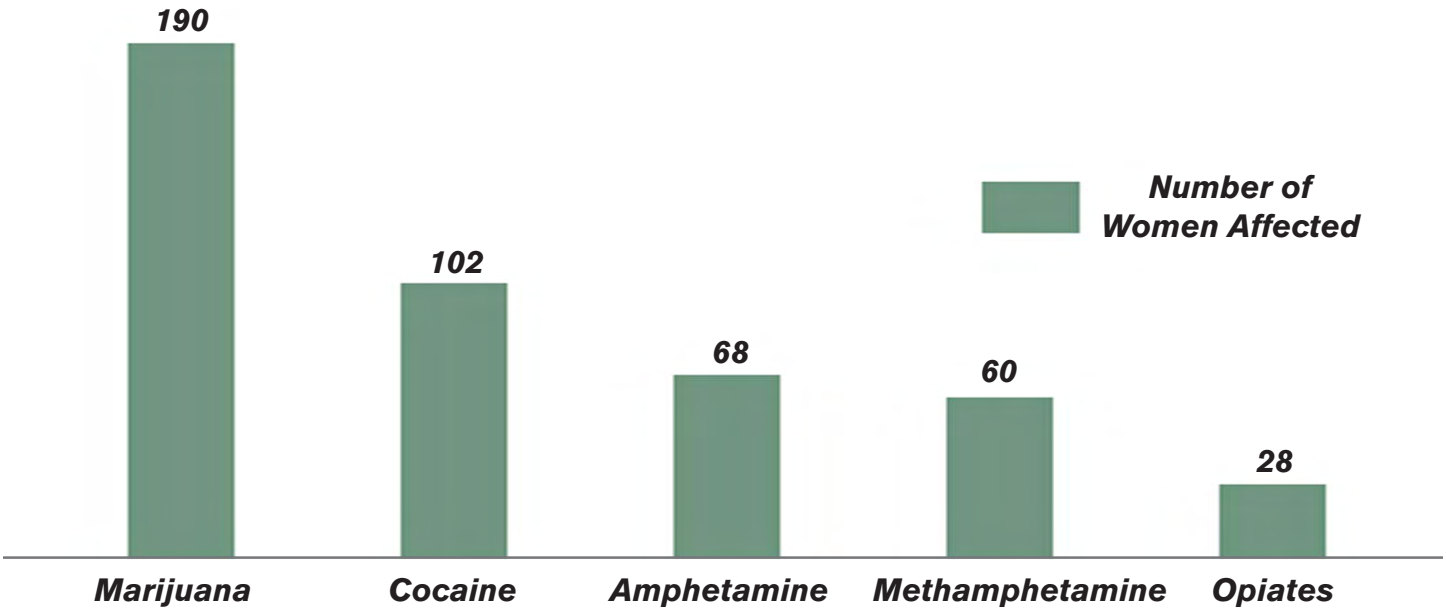
There are recent indications that methamphetamine use may be on the decrease in Arkansas. The number of Arkansas drug lab discoveries reported to the U.S. Drug Enforcement Administration from April 1, 2005 to March 31, 2006, dropped 48 percent from the previous year – 364, compared with 706. This decrease is attributed to the restrictions on products containing chemicals used in manufacturing methamphetamine.[15] Arkansas also had a 37.9 percent decrease in the number of employee drug screens testing positive for amphetamine in the first five months of 2006. Nationally, the decrease in such positive drug tests was 12 percent.[16]

Methamphetamine Impacts on Child Welfare in Arkansas

This data provides a context for how drugs might be affecting families across the state, but there is limited empirical evidence that methamphetamine is having the type of impact on the Arkansas child welfare system documented in other states. Multiple sources confirm that substance abuse is a significant factor contributing to the neglect of children and that it increases out of home placement.



Type of Drug Found in Pregnant Women Identified by Garrett's Law
April 2005 through March 2006

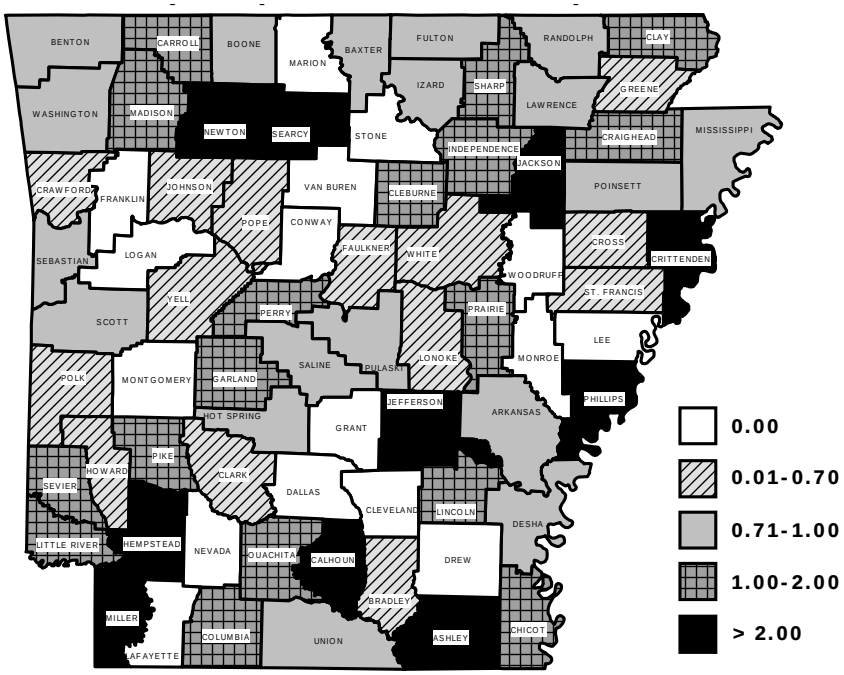


Drug abuse by the parent was a factor for 674 out of 6,502 children (10 percent) placed in foster care during 2004. In 2004 drug abuse surpassed parental incarceration as the more prevalent factor, a trend that developed slowly over the previous four years.[17] This data likely understates the impact of substance abuse on the behaviors of parents that result in neglect, sexual abuse, or the physical abuse of a child.

The most promising and reliable statewide data on child welfare and substance abuse comes from the first year's implementation of Garrett's Law. This law requires that women giving birth to children with illegal substances in their system be subject to an investigation of child maltreatment. This project examined Garrett's Law data for the period of March 1, 2005 through April 30, 2006. Women testing positive for drugs were three times more likely to test positive for marijuana than for methamphetamine. Both cocaine and amphetamines were also more likely than methamphetamine to be identified in the positive drug test.[18]

The map below shows the impact and geographic distribution of Garrett's Law reported births per 100 live births in each county of the state.[19]

Newborns Testing Positive for Illegal Drugs
April 1, 2005 - March 31, 2006
(rate per hundred births)



A recently completed DCFS study on Garrett's Law documented several important findings.[20]

- Garrett's Law incidents were most common with mothers in their 20's
- The vast majority of the victim children were not born prematurely
- "No health problems" were reported in two-thirds of the referrals
- Doctors could not determine if the mother's use of illegal substances directly contributed to the 8 deaths out of 412 affected children
- Fifty-four (54) of the 273 mothers with true findings of maltreatment, almost 20 percent, received some type of drug treatment from state licensed facilities. This included 10 percent of the mothers who received residential treatment with their children and 5 percent who went through treatment without children; others (8 percent) received outpatient treatment from state funded facilities.
- Thirty-three percent of the children involved in these referrals were removed from the home.

This DCFS study was the first to look closely at the drug treatment services provided to mothers and children identified by Garrett's Law. It used a combination of the DCFS Children's Reporting and Information System (CHRIS), a review of individual case records, and the Alcohol/Drug Abuse Management Information System used by the Office of Alcohol and Drug Abuse Prevention. This research design provides an example of the kind of analysis needed to evaluate the impact that substance abuse has on the state child welfare system.

One of the critical facts revealed by the DCFS study was the inability of the CHRIS data system and case file documentation to verify that drug treatment services were being delivered. The lack of alcohol and drug treatment

has been a reoccurring theme throughout the course of this project's inquiry and has been documented in previous surveys conducted by the Arkansas Administrative Office of the Court. Judges, attorneys, and Court Appointed Special Advocate (CASA) volunteers have expressed concern about the availability of drug and alcohol assessments and treatment for parents in dependency-neglect cases.[21]

Judges and attorneys rate the lack of substance abuse assessment and treatment as the most significant factor delaying permanency for children in the state's child welfare system.

"How do you expect parents to rehabilitate when the services are not available?"

Circuit Judge

The Problem

There is no doubt that methamphetamine plays a potentially devastating role in the lives of children and their parents who would abuse this drug. In the absence of empirically valid research on the role of methamphetamine on child welfare, there is a risk that public policy will be driven by anecdotal evidence or reaction to high profile incidents.

This project's efforts to uncover the impact of methamphetamine on Arkansas' child welfare system revealed a variety of shortcomings in the data available for analysis.

- When adults enter the criminal justice system or the mental health system there is little documentation of their status as a parent or caregiver of a child. This prevents an accurate assessment of the impact that public policy has on the lives of children. It also prevents development of an accurate cost/benefit analysis of providing substance abuse treatment.
- In most drug data collected, whether by local, state and national governments, or the private sector, methamphetamine is grouped in a larger category of several drugs. The most common groupings include amphetamines, stimulants, illegal drugs or just drugs as opposed to alcohol. For example, the more common method of combining methamphetamine, amphetamine, and cocaine under a single data element provides an exaggerated view of the impact of methamphetamine. The limited availability of methamphetamine specific data prevents any comprehensive assessment of methamphetamine's impact on the lives of Arkansans.
- Drug offenses are classified under one criminal statute and do not delineate the specific type of drugs.
- Much of the national research conducted on methamphetamine and child welfare provides only a "snapshot" look at a limited time period and has not been repeated to provide a multi-year trend analysis.
- The most frequently cited state and national sources for information on methamphetamine and child welfare were surveys or testimony given by public officials without additional quantitative data to document their conclusions.

One significant finding that emerged from this project was the lack of documentation on the type of intervention and services provided to parents identified as having substance abuse problems, which places them at a very high risk of psychological distress, involvement in the criminal justice system, and child neglect and maltreatment. When there was documentation of access to drug assessment and treatment, as in the recent assessment of the new Garrett's Law, it appeared that few substance abusing women with children (less than 20 percent) were receiving these services. This fact was more disturbing when combined with the fact that the mother's detected substance abuse warranted the removal of their child in one-third of the incidents reviewed for this study.[22] Furthermore, only 10 percent of the mothers identified entered programs with their children, despite the fact that such programs contribute to increasing parental bonding, strengthening the family and ensuring the successful recovery of mothers.

This promising study on Garrett's Law incidents, and its potential for monitoring the impact of various drugs on the child welfare system, has some limitations. It

illustrates that Arkansas DHHS has the capacity to analyze data across various divisions. In this case the Division of Children and Family Services and the Division of Behavioral Health Services used client social security numbers as the common identifier to track whether clients were entering care, thus showing a link between child welfare and substance abuse.

This same process has been used in other states with various levels of success. For example, both California and Oregon initiated this method to determine the link between various types of substance abuse and child welfare. Both found significant numbers of child welfare parents entering their state funded substance abuse treatment programs. However, California passed Proposition 36 requiring all those known to be abusing drugs to enter drug treatment and provided state funds to access those services. At about the same time Oregon had major cutbacks in its support for drug treatment which greatly diminished Oregon's capacity to track parents and children. Given the apparent shortage of treatment made available to those women identified in this Arkansas analysis, and the comments of judges, family service workers and others bemoaning the lack of access to treatment for child welfare parents in Arkansas, the potential for using this tracking method to measure the relationship between substance abuse and child welfare has limitations because so few women are showing up in treatment case files.

The Recommendations

There are inherit problems trying to analyze, share or coordinate data collection on a specific data element such as methamphetamine from national to local level governmental agencies that collect data to satisfy specific legislative mandates, funding requirements or to meet their unique needs for analysis or accountability. There are, however, specific steps that can be taken to better determine the role of methamphetamine abuse in causing children to enter the child welfare system.

- Continue current efforts underway to look at data collection, analysis and agency collaboration between the Department of Health and Human Services and the Administrative Office of the Courts. This has the potential for making improvements in data collection on substance abuse and the child welfare system. Recommended changes should include developing "data" fields within the DHHS CHRIS data system to document: (1) the specific type of substance being abused by parents and children; (2) whether a substance abuse assessment was completed by qualified staff; (3) whether the parent received the recommended services; (4) what type of services the parent received; (5) whether the substance abuse treatment was successful; and (6) whether the children either stayed with or were reunified with their parents. Although some of this information is currently collected in a "narrative" field, this does not lend itself to easy entry, retrieval or analysis.
- Expand the analysis and methods used to evaluate the link between Garrett's Law incidents to all of the child welfare cases in which substance abuse is identified as a factor in out-of-home placements during a specified period of time. This could provide a baseline for linking specific types of drug abuse with impacts on the child welfare system.
- Conduct a case file review in a county or area of the state where there are indications of high rates of methamphetamine abuse to determine how these cases were handled, client access to treatment and successful interventions. The Arkansas Alliance for Drug Endangered Children has already brought together law enforcement, health and child welfare personnel together to collaborate and share information in several counties and could be an important partner in this effort.
- Collect and tabulate data on parents in the child welfare system already receiving court ordered drugs screening tests to determine the frequency of specific drugs used and the number of children impacted by that use.

On a more general note, this project's efforts to examine data across child welfare, criminal justice, mental health, employment and other human service related sectors revealed that much of the data being collected on the activities of adults does not identify their status as parents and the demographic characteristics of their children. This shortcoming extends to a wide array of public policy domains outside those typically considered to have a direct impact on children. Public policies which result in physically removing parents from their role as caregivers, or jeopardize their ability to adequately provide safe shelter, adequate financial support, good nutrition or health care should clearly document the impacts on children. This is particularly true in the criminal justice system where increasing numbers of adults with children are being impacted.

Perspective

As a result of the analysis of available data along with the data gathered and analyzed for this project, two important perspectives have emerged:

- In spite of its devastating and somewhat unique role, methamphetamine abuse impacts the child welfare system in much the same way that substance abuse has shattered families and the lives of children for the decades before methamphetamine dramatically emerged in Arkansas. This perspective does not diminish the poisonous implications of methamphetamine labs or the addictive qualities of this drug. It does motivate us to focus our attention to address broader issues of substance abuse and how treatment of adults can help children to thrive.
- Shortcomings within the service delivery systems responsible for monitoring and supporting families entering the child welfare system because of substance abuse prevent identifying the total impact of methamphetamine abuse. The only way to determine its impact is to document the type of drugs abused by parents, the frequency of drug assessments administered by qualified staff, client access to treatment services most likely to provide successful outcomes, and the long-term results of that treatment. Creating these badly needed services and establishing methods of accountability are the real challenges that must be addressed. That is the important work ahead.

This project will continue to explore ways to reduce the impact of methamphetamine and other forms of substance abuse on the Arkansas child welfare system. Using the information gathered for this report, project staff will monitor and evaluate the state's efforts to address substance abuse within the child welfare system, create public education tools to expand public knowledge and understanding of the problem. It will also identify public policies that promote greater documentation, cooperation between public agencies and the creation of the resources necessary to address the problems of methamphetamine abuse in children and families.

Endnotes

[1] Booth, B. ,Leukefeld, C., Falck, R., Wasng, J., and Carlson, R. *Correlates of Rural Methamphetamine and Cocaine Users: Results From and Multistate Community Study*; Journal of Studies on Alcohol, Vol. 67 No.4 July 2006

[2] Methamphetamine Abuse and Addiction, Research Series Report, National Institute on Drug Abuse; National Institute of Health. www.nida.nih/gov/researchreports/methamph4.html

[3] Nancy K. Young, PhD., Director of Children and Family Futures, Inc., National Center on Substance Abuse and Child Welfare, the Social and Economic Effects of The Methamphetamine Epidemic on America's Child Welfare System, Testimony before the United States Senate Finance Committee, April 25, 2006

[4] James Alan Fox, PhD, David Kass, and William Christeson. Meth Crime Rises as Budget Axe Falls. Fight Crime: Invest in Kids, 2006

[5] "Meth and Child Welfare: Promising Solutions for Children, Their Parents and Grandparents" Generations United. 2006 www.gu.org

[6] C. Gutchewsky, "Methamphetamine and Child Welfare – A Progress Report, August 2006". Iowa Department of Human Services in Council Bluffs, IA

[7] Robert Whelan and Sam Boggess, ECO Northwest, The Multnomah County Meth Tax, April 23, 2005, p.10. Statistic originally cited by Jay M. Wurscher, Alcohol and Drug Services Coordinator with the Oregon Office of Services to Children and Families.

[8] Mike Linn, Drug Abuse Strains Foster Care System, The Montgomery Advertiser, May 13, 2006

[9] National Survey on Drug Use and Health, 2002-2003 Figures. Available through http://nuduhweb.rti.ogr/ or SEDS website http://epidcc.samhsa.gov/default.asp

[10] 2005 Arkansas Prevention Needs Assessment survey. Available at http://tel.occe.ou.edu/arkansas_reports

[11] Know the Facts: Substance Abuse in Arkansas. UAMS College of Medicine, Department of Psychiatry, Division of Health Services Research. Prepared for Arkansas DHHS, Division of Behavioral Health, Office of Alcohol and Drug Abuse Prevention. August 2006

[12]Arkansas Department of Health and Human Services, Office of Alcohol and Drug Abuse Prevention (ADAPT) and the Division of Behavioral Health Services

[13] Arkansas Department of Community Correction, Community Supervision (active parole/probation caseload) Clients Testing Positive May-June 2003, 2004 and 2005

[14] Arkansas Department of Correction, Number of Inmates Admitted to the Arkansas Department of Correction for Seventy Percent Drug Conviction 2002 to 2005 (Serving 70 percent of a sentence is generally applied to drug offences for the Selling, Distribution and Manufacturing of methamphetamine) and Those Admitted for Manufacturing of Methamphetamine Only (non-70 percent) By County

[15] Act 1997 of 2001.

(a)(1) It is unlawful for a person to possess ephedrine, pseudoephedrine, or phenylpropanolamine, or their salts, optical isomers, or salts of optical isomers with intent to manufacture methamphetamine.

(2) Any person who violates a provision of subdivision (a)(1) of this section is guilty of a Class D felony.

[16] Pushing Back Against Meth: A Progress Report on the Fight Against Methamphetamine in the United States. Office of National Drug Control Policy. November 30, 2006. www.WhiteHouseDrugPolicy.gov

[17] Arkansas DHS Statistical Report, Children in Foster Care, Reason for Removal From Home, SFY 2000 - 2004

[18] Source: Arkansas State Police Crimes Against Children Division. Although many mother or infants had more than one drug detected in their tests this represents the number of times a specific drug was included in the test results.

[19] A comparison of live birth data by county for the same time period , provided by Center for Health Statistics, Arkansas Department of Health and Human Services, Arkansas Births to Arkansas Moms between Apr 1, 2005-March 31, 2006 by County of Residence, Provisional Data

[20] An Analysis of Garrett's Law Referrals: June 2005 Through May 2006. Prepared by: Zeller Associates for the Arkansas Department of Human Services, Division of Children and Family Services, September 26, 2006

[21] Arkansas Court Improvement (CIP) Reassessment Report, Arkansas Supreme Court, Ad Hoc Committee on Foster Care and Adoption, and the CIP Reassessment Team. October 2005

[22] Ibid see footnote 19

Acknowledgements

This project could not succeed without the guidance and support of many other individuals and organizations. The Arkansas Alliance for Drug Endangered Children serves as the advisory group for this project. Members of the alliance provided access to data, a diverse perspective on the issues, and immediate feedback as the project unfolded. The Arkansas Department of Human Services Division of Children and Family Services conducted special data inquiries, helped in the recruitment of focus group participants, and made use of initial findings from this project to commission a special study dealing with substance abuse and child welfare clients. The long list of data sources noted in this report are a testament to those who provided time and resources to better understand the impact that methamphetamine is having on the children and families of Arkansas. They are all worthy of appreciation and provide hope that by working together we can minimize the devastating impact of substance abuse in Arkansas.

This research was funded by the Winthrop Rockefeller Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinion of the Winthrop Rockefeller Foundation.

For More Information:
Rich Huddleston, Executive Director
rhuddleston@aradvocates.org
www.aradvocates.org

ARKANSAS ADVOCATES
FOR CHILDREN & FAMILIES

Arkansas Advocates for Children & Families
Union Station, Suite 306
1400 W. Markham
Little Rock, AR 72201
(501) 371-9678