

The Issue of Drug Endangered Children in Nevada

Nevada is the seventh largest state in the United States, covering 110,540 square miles, 85% of which is considered rural or frontier (less than one person per square mile). 86% of the population lives in either Clark or Washoe County. Nevada remains one of the most sparsely populated states, averaging 24 people per square mile. The rural nature of the state presents challenges to many of its residents: the necessity of traveling long distances to access the few resources that are available, spotty cell phone and internet coverage, and isolated communities. Nevada is both a point of importation and a trans-shipment location for methamphetamine according to the National Drug Intelligence Center Report of 2009. Most methamphetamine is manufactured outside the state, mainly in Mexico and brought to Nevada primarily via ground transportation.

The lack of methamphetamine labs in the State does not decrease the risks and consequences this drug brings to Nevada. The 2010 report by the Substance Abuse Prevention and Treatment Agency (SAPTA), Department of Health and Human Services, Division of Mental Health and Developmental Services (MHDS) found that:

- Nearly 40% of the workforce in Nevada is employed in industries having the highest percentage of drug use nationwide, compared to about 19% for the nation as a whole. It is no wonder that the state ranks high in terms of numbers of people using illicit drugs.
- The percentage of people in treatment for heroin use in Nevada has increased 53% since 2007.
- 59% of pregnant females admitted to SAPTA funded treatment providers identified methamphetamine as their drug of choice. Typical characteristics of female methamphetamine users include unemployment, a live-in partner who abuses substances, a history of physical and sexual abuse, a history of multiple suicide attempts, more frequent use, psychiatric methamphetamine-related symptoms and conditions, as well as habitual smoking of methamphetamine rather than use by injection or snorting. If there are children present, they risk inhaling this smoke.
- Only 1.1% of the people who need treatment for illicit drug or alcohol use actually receive treatment.
- 30% of Nevadans seeking drug treatment were either pregnant or parenting. This number rises to 38% in the rural areas. The average age is 34, falling right in the middle of the child-bearing years.

This drug use by adults has implications for the children of Nevada. With just over one third of those seeking treatment being parents and only 1.1% of those needing treatment actually being served, there is the possibility of an incredible number of children living in a home with a parent who is drug-involved. Some of these children were drug-endangered even before their birth. Consequences involved in methamphetamine use during pregnancy include premature delivery, birth defects, skeletal abnormalities, strokes, brain hemorrhages, or compromised vital organ development (brain, heart, stomach, kidneys). As children, they tend to have learning disabilities, problems of inattention and hyperactivity as well as behavior problems related to anger and impulsivity. (Women and Methamphetamine Use, SAPTA report March 2010).

The National Institute on Alcohol Abuse and Alcoholism reported in 2007 that approximately 92% of adults in the United States who drink excessively report binge drinking in the past thirty days. Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. The 2008 Behavioral Risk Factor Surveillance System survey found that in Nevada, those between the ages of 18 and 34 report almost twice the national percentage for heavy alcohol consumption (21.9% in Nevada versus 12.6% nationally). The Nevada Department of Public Safety Uniform Crime Report found there were 15,690 arrests for driving under the

influence in Nevada in 2009. How many of these impaired drivers had a child as a passenger in their car?

Besides the inherent danger of living in a home with drugs present and within reach of a child, children are endangered simply by being neglected by the drug involved parent. In 2008, the Nevada Department of Health and Human Services, Division of Child and Family Services found that 4,342 children were the victim of child abuse and neglect, of which 53% were under the age of five. The National Alliance for Drug Endangered Children states that child maltreatment is the leading cause of trauma-related death for children under the age of five with an alarming 66% occurring at the hands of parents under the influence of drugs. In 2009, the National Child Abuse and Neglect Data System noted that maltreatment was substantiated for 4,708 children, of which 29 subsequently died in Nevada. Currently, there is no tracking system to report how many of these children died as a result of exposure to drugs, but the numbers are staggering and the chances are great that drugs were involved in many of these cases. Children of substance abusing parents are the most vulnerable and endangered individuals in America and are 2.7 times more likely to be physically abused, 4.2 times more likely to be neglected, and significantly more likely to be abused by others. (No Safe Haven: Children of Substance-Abusing Parents, National Center on Addiction and Substance Abuse at Columbia University, January 1999)

The Statewide D.E.C. Coordinator administered a survey to the Nevada Statewide Coalition Partnership to gauge community readiness to D.E.C. Teams. Ten of fourteen surveys were returned, 100% of them indicating they would like to be involved in this project. Half of respondents have a formal process in which they assist other agencies in the attempt to alleviate the issue of drug endangered children, although there are not many formal teams in place. There is a great desire to develop D.E.C. Teams in all areas of the state, but obstacles such as manpower, resources, distance, as well as budgetary concerns play a role in preventing this.

In order to build a safety net for these children who have been endangered by exposure to drugs, it will be necessary to create multidisciplinary collaboration regionally across the state. The Statewide D.E.C. Coordinator (Allison Smith, dec.nevada@gmail.com, 775-721-0368) will be facilitating this process in the coming months. Many communities have not moved beyond crisis intervention and although this will help in the short-term, a more comprehensive approach will better address this issue over the long term. The parent's addiction must be addressed, along with other issues related to child maltreatment within the family. The expertise and resources of community service providers and various public service agencies can combine to improve interventions for drug endangered children and their family. This collaborative approach requires that each partner have a deep awareness of what each discipline has to offer and is willing to provide. And survey results indicate that the various regions are ready and willing to make this happen.

Respectfully Submitted,
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