



Published Friday
January 26, 2007

Parental meth use leaves more kids vulnerable

BY ELIZABETH AHLIN

WORLD-HERALD STAFF WRITER

GLENWOOD, Iowa - Like many new mothers, Christin Raven was inseparable from her son Caleb in the months after his birth. Everywhere she went, he went. Everyone she saw, he saw.



Christin Raven, 22, battled a meth addiction that also affected son Caleb, now 16 months, and led to a brief separation. After treatment, she is building a new life for them in Glenwood, Iowa.

And when she and her boyfriend smoked methamphetamine, Caleb inhaled it as well.

Like many meth users, Raven would binge on the drug before crashing. After days without sleep, she would collapse, exhausted, strapping Caleb in his bouncy chair and leaving the television to baby-sit him for hours on end while she slept.

Raven was coming off a six-day binge in February 2006 when she got into a fight with Caleb's father at their home in Pella, Iowa.

Raven, who graduated from Omaha's Millard South High School, and her boyfriend were arrested on suspicion of domestic assault. Caleb's aunt took custody of the boy. Worried that she might never see her son again, Raven told a police officer she had been using meth.

"I wanted help," she said.

Raven's story is not unusual. Methamphetamine has become a major factor in child welfare cases in Iowa and Nebraska.

In southwest Iowa, meth was involved in almost half of 1,400 active child welfare cases in 2006, according to an Iowa Department of Human Services report released last summer.

Parental meth use also is playing a larger role in cases coming into foster care in Nebraska. At least 35 percent of children younger than 7 who entered foster care in 2006 had been exposed to meth, according to the Nebraska Foster Care Review Board's annual report released this week.

While laws restricting the sale of meth ingredients have reduced the number of homegrown labs in both states, the prevalence of meth use has left children vulnerable to the unstable, abusive environments that result from parents using the highly addictive drug.

Social workers and law officers want more options for intensive treatment to help parents beat their addiction. But treatment is expensive, and for many in Nebraska and Iowa, the money just isn't there.

After Raven was arrested, she and her son were tested for drugs. Their hair follicles showed that Caleb had 4,800 milligrams of meth in his body - almost as much as Raven, who had about 5,800. Raven's social worker told her that with that amount of meth, he would have experienced a high.

Caleb, now 16 months old, seems to be healthy. It is too early to tell if his mother's meth use will have long-term effects. When he was born, he didn't show signs of withdrawal, Raven said, even though she had used meth two days before delivery.

Once such children reach school age, they may develop learning disabilities and show signs of lower intelligence and poor fine motor skills.

RELATED STORY

» [Officials say not enough being spent on treatment](#)

Meth and child welfare

At least 35 percent of children under age 7 who entered Nebraska's foster care system last year had been exposed to methamphetamine, according to the Nebraska Foster Care Review Board.

Nearly half of the 1,400 active child welfare cases in southwest Iowa last summer involved meth, according to a report by the Iowa Department of Human Services.

In the worst cases, children who ingest meth, through breast milk or other sources, may develop blindness, suffer seizures or strokes or die. Raven said she did not breast-feed Caleb while she was using meth. She believes the meth in his body came from secondhand smoke.

After Raven's arrest, a social worker told her that the only way to get her son back was to enter drug treatment voluntarily. After just five days away from her son, Raven and the boy moved into Clearview Recovery Inc. in Prairie City, Iowa.

Raven was lucky. Iowa has only five facilities that allow recovering addicts to live with their children on the premises. Her six-month stay at Clearview, paid by Medicaid, cost about \$12,000 to \$14,000.

For Tammie Amos of Emerson, Iowa, it was a different story. Her two children were taken away from her for four months, and she was eligible only for outpatient treatment. Over the course of 18 months, Amos drove to Red Oak once a week for treatment at Zion Recovery.

Under federal law, social workers must identify permanent foster care homes for any child who has been out of the parents' care for 15 of the previous 22 months.

There is good reason for the law, said Carol Gutchewsky of Council Bluffs, the social worker who prepared the report on meth use in southwest Iowa child welfare cases.

Meth users typically don't make safe choices for their children; fail to properly supervise them; and bring them in contact with dangerous people because of their addiction, Gutchewsky said. Meth users often have a hard time managing their anger, and that can lead to physical abuse.

Recovering from meth addiction can require extensive therapy in a residential setting, followed by community support groups.

"When you think about the time it takes for parents to recover from meth addiction, they may well have needed (all) 22 months and more, and by then it may be too late for a parent to get their child back," said Gutchewsky.

When Raven, 22, found out she was pregnant, she was at the height of her addiction. Weighing only 87 pounds, the 5-foot-5 woman had lost almost 35 pounds on meth. She was a shadow of her high school self - the last time in her life she had been meth-free.

She first tried meth in the summer of 2002. Her addiction was immediate and relentless.

"The first time I hit it, I was done. I was hooked," Raven said.

The early days were all parties and fun, but soon she needed meth just to get out of bed in the morning. Desperate for money to fund her addiction, Raven forged checks. Now she is a convicted felon.

Raven and her boyfriend tried to get clean, and for a few months she was. She had a steady job for the first time. But with money came temptation and, less than halfway through her pregnancy, she was back on meth.

Gutchewsky said meth is an addiction unlike any other.

"People try meth and they think they are going to be trying it one time, and they find themselves on a downward spiral," she said.

Gutchewsky began tracking meth-related cases in 2003, after hearing from social workers that the drug was prevalent in child welfare cases. She asked them to identify cases where the parent or caretaker was known to have used, sold or manufactured meth.

No statewide study has been done. Although her report focused on southwest Iowa, she said, there is no reason to believe that this part of the state has a higher incidence of meth-related child abuse than any other.

The number of such cases in southwest Iowa dropped only slightly in 2006, compared with studies by Gutchewsky in 2003 and 2005. "It is too early to call that a positive trend," she said.

Raven and Caleb left Clearview in August and now live in Glenwood. Raven has a full-time job and has been clean for almost a year. Consequently, so has Caleb.

It's still a struggle. Raven doesn't want to use meth, but in her nightmares she does and loses her son. She wakes up scared.

"It's hard to explain the love between a mother and a child. It's something I didn't have when I was high, because I didn't have any emotions for anything," said Raven.

Now, she says, "I would die for him. He's my life."

Contact the Omaha World-Herald [newsroom](#)

Copyright ©2007 Omaha World-Herald®. All rights reserved. This material may not be published, broadcast, rewritten, displayed or distributed for any purpose without permission from the Omaha World-Herald.

©2007 Omaha World-Herald. All rights reserved.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.