The Drug Epidemic Impacts Our Children, Families, and Programs

Before we can get hooked on phonics we need to get unhooked from drugs!

by Jerry Parr

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Since October 1, 2003 I have been traveling across the country working with and visiting early childhood programs of every size, shape, and demographic. I have been in 32 states and two countries, in urban and rural settings. I have observed an alarming common denominator during discussions with staff and community members in almost 100 percent of these programs: the rising impact of the local manufacture, distribution, and use of methamphetamines in rural America and its increasing impact on early childhood.

Almost without fail the discussion leads to anecdotes of homes in served communities blowing up as a result of a meth lab accident; to children missing from the center for weeks while their parents are incarcerated or too incapacitated to get them to the pre-school, or, as likely, too afraid of being discovered by an alert child care staff. I have listened to stories of wrestling matches between caregivers and social service systems as teachers and directors try to argue for continuity of care while court decisions are being made about the fate of innocent children. I have wept alongside a home base teacher as she described her role in the discovery of a meth lab and the resulting destruction of a family that needed her.

Ultimately, the discussions lead to realizations of an untold tale of funds being diverted from children to hazardous material clean-up operations, falling re-sale values in prime neighborhoods after a lab has been discovered, of funds that go to social programs that intervene but do not prevent, to emergency rooms not classrooms, to justice departments not preschool departments.

The discussions lead, inevitably to the dawning realization that rural America has become the latest victim of the drug plague. Tight knit mountain top communities, towns along our remote rivers and in isolated valleys, tribal reservations, small town America with an already anemic budget and too few resources to maintain current services are faced with decisions that were, until recently, associated with large, urban populations. Small town America has to decide between funding children and funding services that track down and prosecute amphetamine manufacturers, dealers, and users; between children's services and medical services; between Haz-Mat and has not. These are not choices they should need to make. These are not choices they are able to make.

Methamphetamine is an extremely dangerous drug with long term and permanent effects. Increasingly, users are not electing the path of abuse; their choice is being made for them . . . by their parents, friends, and relatives . . . these users are our children! Pre-natal use is on the rise due to a misconception that methamphetamine is less harmful to unborn children than crack cocaine, so mothers-to-be are switching their drug of choice while pregnant. Infants and young children are living in rooms where toxic chemicals are being stored and where methamphetamine is being cooked. Children are eating food from refrigerators where methamphetamine ingredients are being cooled. Our babies are crawling on the floors where residue and chemicals are spilled and ignored.

Children living in a meth lab breathe toxic fumes, ingest and absorb toxic substances. Normal cleaning, if such an effort is even made, will not remove methamphetamine or many of the ingredients used to produce it. Almost always, toxic residue is disposed of in the yard where children play. For every one pound of methamphetamine manufactured, six pounds of toxic waste is produced. Children are living in the

stench of cooking chemicals and playing in the waste, as much a discard as the toxins dumped with no regard for consequences. Often when a lab is discovered all the contents of a home will need to be destroyed including children's clothing, toys, and teddy bears. Our babies and young children are coming to our centers as victims of the rural invasion of meth labs, helpless and in desperate need.

In every rural area that I have visited that is discussing the issue of increasing meth lab activity the talks are in the *what do we do stage*; nowhere have I seen a template for a solution. I have seen fear, denial, frustration, and increasing awareness. I have not seen much hope. I have seen moms, dads, educators, and community leaders wondering when "head, fingers, elbows, knees, and toes" changed from a children's game to an inventory, after Main Street America suffered yet another home exploding in the hours before dawn.

In many cases rural America is the location of the manufacturing facility for drugs that will be distributed and used in large urban centers where the use of methamphetamine is on the increase. Rural communities are a relatively safe haven for a manufacturer, due in part to low population densities and isolated home sites, under-staffed and under-funded law enforcement departments, lack of community awareness or disbelief that drug activity is taking place, and a lack of technology for the use of detection by local law enforcement and utility companies. In addition, key ingredients in the manufacture of methamphetamine are often used in agricultural operations and are easy to obtain legally or by stealing from an isolated farm and would not seem unusual or out of place in a rural community.

Rural communities are paying a heavy tariff to provide drug users and dealers with a place to manufacture and distribute amphetamines. Our child care providers are also paying the price. Many of the costs are hidden and take the form of siphoning away child care dollars and putting the money into other agencies. Many of the costs are incalculable because they are social, emotional, and cognitive and almost always long term. Homes where methamphetamine is present whether for use or manufacture have a much higher rate of domestic violence, neglect, abuse, divorce, and use of other narcotics.

Children from these homes come to the center less prepared, with lower literacy rates, difficulty with attachments, lower self esteem, fewer social readiness skills, and increased aggressive behaviors, more health care and dental needs, and less sophisticated cognitive functions. Our teachers, over worked and over-whelmed already, embrace these children and provide them with the love, care, and learning they need. There is always a price to pay.

Early childhood caregivers in centers and family homes are usually not even aware that they are absorbing some of the costs of rural methamphetamine labs. They are paying increased rents as tenants to help landlords defray the cost of insuring buildings that may have been a meth lab or distribution center. Raw and very toxic materials used in the manufacture of methamphetamines remain behind, absorbed in walls, furniture, and floor coverings; left behind to pose a significant health risk to innocent families and businesses that have the misfortune of becoming the next inhabitants.

Centers used as investment properties may lose most or all of their value, if a lab is identified nearby; or their license is at risk if contaminants are discovered in the area. In the worst situation, providers will lose their property when a meth lab blows up next door. Nearly one-fifth of all labs are discovered as a result of a fire or explosion. This poses a significant and serious threat to First Responders who often think they are attempting to control a house fire, when, in fact, they are in attendance at a chemical bomb facility.

Children Involved in Methamphetamine Lab-Related Incidents in the United States

		Number of Children					
Year	Number of Meth Lab-Related Incidents	Present	Residing in Seized Meth Labs	Affected	Exposed to Toxic Chemicals	Taken Into Protective Custody	Injured or Killed
2002	15,353	2,077	2,023	3,167	1,373	1,026	26 injured, 2 killed
2001	13,270	2,191	976	2,191	788	778	14 injured
2000	8,971	1,803	216	1,803	345	353	12 injured, 3 killed

Source: El Paso Intelligence Center.

I recently had an opportunity to listen to a still distraught firefighter tell a chilling story of climbing onto the roof of a burning home in an effort to punch through with his axe. An act which, for him, was just part of a routine day at work became a nightmare when he looked into the attic and saw rows and rows of containers of methamphetamine-producing chemicals about to explode. Fortunately for him and the rest of the crew, there was time to pull back to safety before the entire house exploded. Everyone is not so fortunate; more and more first responders, social workers, and law enforcement personnel are exposed to toxic environments in the course of their routines, with resultant health-related complications.

Costs to identify and decontaminate meth labs; prosecute offenders; house children removed from their parents; replace contaminated toys, clothing, and furniture; and provide medical and therapeutic care are all reducing funds that could potentially find their way to child care providers. The cost to decontaminate a site that has been operating for just a short time, but has been contaminating both the structure and the ecosystem, can easily run into the tens of thousands of dollars. Money no longer available for the care of children who, without an opportunity to receive the foundation of a quality early childhood program, are more likely to continue to need expensive social and welfare services, often as juvenile offenders and teen mothers and fathers. The cycle feeds itself at the expense of our children.

Is there anything that we can do? Yes, a resounding yes! Early childhood programs, already under increasing scrutiny and decreasing budgets, are often the first line of defense against social issues such as the war against rural methamphetamine labs. As the eyes and ears for the community as they go to neighborhoods and homes to enroll and care for children, as the first to identify an at risk child in their classroom, or as advocate for families and programs, child care providers are a key resource in small communities. For example, a program such as Head Start with comprehensive and broad-based mandates is often the most prepared to take a lead role and help shape the solutions to community issues. Staff that are knowledgeable about their neighborhoods, families, and children; parent driven shared decision making; awareness of health issues; systems that are interconnected with other community resources and providers; training opportunities; skilled teachers and providers and a clearly defined mission to serve not just children but families and communities, all work to position Head Start as a leader in social change for rural communities.

Early childhood educators and leaders must insist that our small town decision makers address the horrendous problem of methamphetamine production going on right under their noses. They need to identify the impact that labs are having on children and families. They must continue to collaborate with other community organizations and agencies to pool resources, knowledge, and strength. Early childhood can work with the local police departments, the justice departments, fire departments, HUD, social services, health departments, civic and business leaders and each other to form a coalition for advocacy, awareness, training, and legislative changes.

Most importantly, early childhood staff and the families they serve must monitor legislation that threatens to weaken already diminishing resources and advocate for the continuation of programs that are already working to defend our children.

Rural America has always been a part of our country's greatness. The smell from the window next door should be from an apple pie baking in the oven not a narcotic cooking over an open flame.