

## MODULE 8

### Special Topic: Considerations for Children & Families Affected by Methamphetamine Use



National Center on  
Substance Abuse  
and Child Welfare



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## Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to enhance child welfare workers knowledge and understanding about substance use and co-occurring disorders among families involved in the child welfare system. The toolkit is designed to provide foundational knowledge and skills to help advance child welfare casework practice.

The toolkit consists of both foundational and special topic modules:

**Module 1:** Understanding the Multiple Needs of Families Involved with the Child Welfare System

**Module 2:** Understanding Substance Use Disorders, Treatment & Recovery

**Module 3:** Understanding Co-Occurring Disorders, Domestic Violence & Trauma

**Module 4:** Engagement & Intervention of Co-Occurring Substance Use, Mental Disorders & Trauma

**Module 5:** Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders

**Module 6:** Understanding the Needs of Children & Adolescents Affected by Parental Substance Use & Co-Occurring Disorders

**Module 7:** A Coordinated Multi-System Approach to Better Serve Children & Families Affected by Substance Use & Co-Occurring Disorders

**Module 8:** Special Topic: Considerations for Children & Families Affected by Methamphetamine Use

**Module 9:** Special Topic: Considerations for Children & Families Affected by Opioid Use

**Module 10:** Special Topic: Care Coordination Considerations for Children & Families Affected by Prenatal Substance Exposure

NCSACW will add special topic modules to the Child Welfare Training Toolkit to stay ahead of emerging trends. These new modules will cover the latest developments and innovations, ensuring that training resources remain relevant and impactful. Regularly check the NCSACW website for the latest modules and enhancements.

In addition, the Child Welfare Training Toolkit is designed to offer states and local jurisdictions flexibility with delivery methods—the modules can be delivered as a series or as standalone in-person or virtual trainings. Note, each module is equivalent to a half day or 3-hour training which should also account for one 15-minute break for learners during instruction.



Each module contains a detailed facilitator's guide outlining identified learning objectives, a presentation slide deck, a comprehensive reference list, and supplemental resources. To better support state and local training capacity, detailed talking points for each slide's content have been included which can be used as a script or a starting point to help acclimate and support facilitator readiness. As with all training curricula, facilitators are also encouraged to infuse their own subject matter expertise, practice-level experience, and knowledge of state or local policy or practice to help reinforce the toolkit's contents and learning objectives.

Lastly and more importantly, the toolkit is designed with careful attention to adult learning theory and principles to maximize child welfare workers learning experience. Each module considers the diverse learning styles and needs including auditory, visual, kinesthetic techniques, as well as individual, small, or large group transfer of learning activities or exercises.

## Intended Audience

The contents of this training toolkit can be applied across the full child welfare services continuum, enriching the practice of alternative (differential) response, investigations, in-home, out-of-home, and ongoing units. State and local jurisdictions may use the toolkit to supplement their current onboarding (pre-service) or ongoing (in-service) workforce learning opportunities. Use of the training toolkit is also highly encouraged for all cross-training needs—promoting collaboration and system-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and all other family-serving entities.

## Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare practice. They should also be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If a facilitator does not hold knowledge in one of these identified areas, then partnering with a respective community agency is recommended to augment co-facilitation and/or subject matter expertise.

## Language & Terminology

Discipline-specific language and terminology are used throughout this training toolkit. A trainer glossary has been incorporated as part of the toolkit to better support knowledge and understanding of the purpose and intended meanings of commonly referenced terms and recommended use of person-first and non-stigmatizing language.



## Materials Needed

### In-Person Training Delivery

- Laptop Computer
- A/V Projector or Smart Board
- External Speakers (if needed)
- Internet or Wi-Fi Access
- Presentation Slide Deck
- Facilitator's Guide
- Flip Chart Paper
- Pens and Markers
- Training Fidgets

### Virtual Training Delivery

- Laptop Computer
- Internet or Wi-Fi Access
- Virtual Meeting Platform (e.g., Zoom)
- Access to Free Online Word Cloud Generator (e.g., Mentimeter)
- Presentation Slide Deck
- Facilitator's Guide

## Frequently Asked Questions

**Question:** Who can deliver the training toolkit modules?

**Answer:** Child welfare professionals, including but not limited to frontline workers, supervisors, managers, and workforce development specialists; as well as opportunities for partnership with substance use disorder treatment professionals such as counselors, therapists, social workers, and peer recovery support specialists.

**Question:** Are there any costs associated with using the training toolkit modules?

**Answer:** No, the training toolkit modules were developed for the public domain and are available for use at no cost.





**Question:** Is there a specific way child welfare agencies should acknowledge or give credit when using the training toolkit modules?

**Answer:** Yes, each training toolkit module includes an acknowledgement slide with detailed talking points recognizing NCSASW and its key federal funders.

**Question:** Can the training toolkit modules be branded with local child welfare agency logos and other identifying information?

**Answer:** Yes, child welfare agencies can add logos and other identifying information to any existing or new slides at their discretion.

**Question:** Can the training toolkit modules be modified or enhanced?

**Answer:** Yes, child welfare agencies are encouraged to adjust based on their local needs. This includes adding, removing, or consolidating slides and adjusting talking points for state or local policies, practice-level experience, community service array, or preferred language and terminology. Please just be sure to honor all original source information in the form of slides, scripts, and full reference citations.

**Question:** If a child welfare agency has questions related to using or implementing the training toolkit modules, who should they contact?

**Answer:** All additional inquiries about the training toolkit modules can be addressed to [NCSACW@cffutures.org](mailto:NCSACW@cffutures.org) or toll free at 1-866-493-2758.

## Supplemental Online Training Resources

### NCSACW Online Tutorial for Child Welfare Professionals

This self-paced course provides tailored information on substance use and co-occurring disorders, focusing on the effects on parents, children, and families. Learners will acquire knowledge and skills to improve access to treatment services and implement effective case planning. The course promotes a family-centered approach that supports recovery, enhances safety, and improves overall family well-being through cross-system collaboration. This course consists of five modules and is eligible for submission to the National Association of Social Workers (NASW) to earn five CE credits.

## Satisfaction Survey

Please take a moment to complete a [brief survey](#) about your experience with the Child Welfare Training Toolkit. The survey should take no more than five minutes to complete. Participation is voluntary, and all responses are anonymous—no identifying information will be linked to your answers. Your feedback is incredibly important and will help us enhance the quality and effectiveness of the Toolkit.





## Module 8 Description & Objectives

The goal of module 8 is to provide in-depth knowledge and understanding about special considerations for children and families affected by methamphetamine use. Child welfare workers will acquire terminology specific to methamphetamine use with knowledge about methods and physical indicators of use including information on long-term physical and psychological effects; understand changes to methamphetamine purity with knowledge of current data trends; discuss types of illegal manufacturing including multiagency efforts to increase public health and safety; recognize potential signs of methamphetamine production exposure with steps to ensure child and worker field safety; identify the short- and long-term effects of parental methamphetamine use on the prenatal, postnatal, childhood, and adolescence periods; and finally, improve their engagement, case planning, and referral practice with increased knowledge of evidence-based and emerging treatment considerations for methamphetamine use disorders.

After completing this training, child welfare workers will:

- Recognize current methamphetamine terminology
- Identify physical indicators of methamphetamine use including long-term physical and psychological effects
- Understand changes to methamphetamine purity with knowledge of current data trends
- Discuss types of illegal manufacturing including multiagency efforts to increase public health and safety
- Recognize potential signs of methamphetamine production exposure with steps to ensure child and worker field safety
- Identify the short- and long-term effects of parental methamphetamine use on the prenatal, postnatal, childhood, and adolescence periods
- Improve their engagement, case planning, and referral practice with increased knowledge of evidence-based and emerging treatment considerations for methamphetamine use disorders



## Presentation Slide Deck & Talking Points

This next section of the facilitator guide provides detailed information about the contents of each slide and is organized uniformly throughout the deck to help with your training preparation. These sections include:

- Facilitator Script: ready to use talking points that can be used in its current form
- or modified based on a facilitator's training capacity and subject matter expertise.
- Facilitative Prompts for Participants: content-specific inquiries developed to engage learners in further discussion and application of knowledge and skills (**bolded for easy reference**).
- Additional Facilitator Notes: contextual information to support the facilitator's knowledge and readiness, or specific mention of supplemental resources available to the learners hyperlinked within the resource section at the end of the presentation slide deck (*italicized for easy reference*).
- Underlined Content: a tool used to draw attention or emphasize specific content within the facilitator script.





## Slide 1

### ***Special Topic: Considerations for Children & Families Affected by Methamphetamine Use***

**Special Topic:  
Considerations for Children & Families  
Affected by Methamphetamine Use**

***Child Welfare Training Toolkit***



National Center on  
Substance Abuse  
and Child Welfare

#### **Facilitator Script:**

Hello and welcome! Thank you for creating time in your schedule for today's training discussion. The next three hours were carefully designed to be a robust learning experience. Your active participation in the various adult learning exercises is encouraged, leading to a more in-depth understanding about special considerations for children and families affected by methamphetamine use.







## Slide 2

### *Acknowledgement*

# Acknowledgement

This content is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



<https://ncsacw.acf.hhs.gov> | [ncsacw@cfutures.org](mailto:ncsacw@cfutures.org)

### Facilitator Script:

Before we begin, I'd like to acknowledge that this training module was developed by the National Center on Substance Abuse and Child Welfare an initiative of the U.S. Department of Health and Human Services and is co-funded by the Children's Bureau, Administration for Children and Families, and the Substance Abuse and Mental Health Services Administration.



## Slide 3

### *Learning Objectives*

<h2>Learning Objectives</h2>	<p>After completing this training, child welfare workers will:</p>
	<ul style="list-style-type: none"><li>• Recognize current methamphetamine terminology</li><li>• Identify physical indicators of methamphetamine use including long-term physical and psychological effects</li><li>• Understand changes to methamphetamine purity with knowledge of current data trends</li><li>• Discuss types of illegal manufacturing including multiagency efforts to increase public health and safety</li><li>• Recognize potential signs of methamphetamine production exposure with steps to ensure child and worker field safety</li><li>• Identify the short- and long-term effects of parental methamphetamine use on the prenatal, postnatal, childhood, and adolescence periods</li><li>• Improve their engagement, case planning, and referral practice with increased knowledge of evidence-based and emerging treatment considerations for methamphetamine use disorders</li></ul>

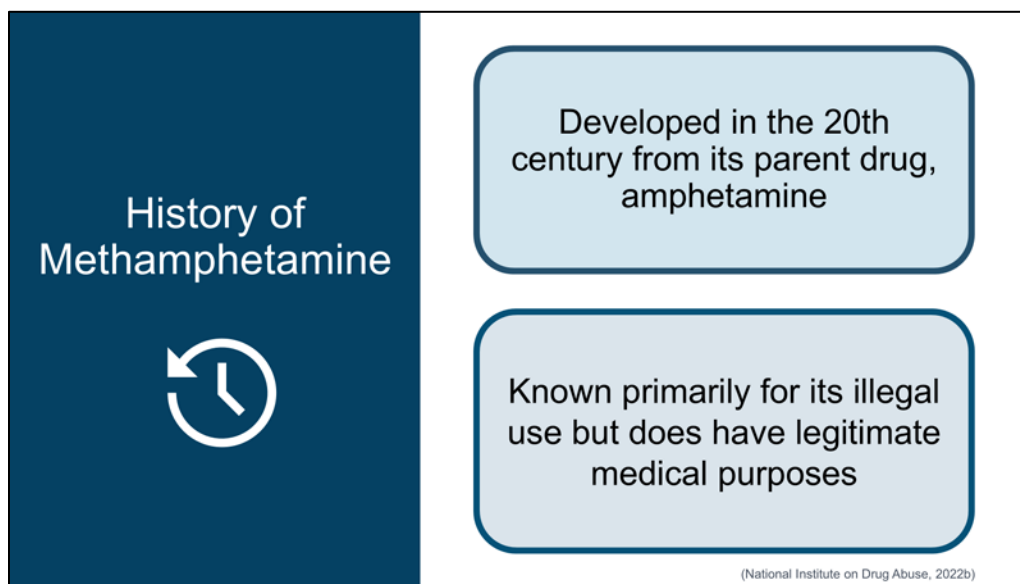
### *Facilitator Script:*

The goal of module 8 is to provide in-depth knowledge and understanding about special considerations for children and families affected by methamphetamine use. Child welfare workers will acquire terminology with knowledge about methods and physical indicators of use including information on long-term physical and psychological effects; understand changes to methamphetamine purity with knowledge of current data trends; discuss types of illegal manufacturing including multiagency efforts to increase public health and safety; recognize potential signs of methamphetamine production exposure with steps to ensure child and worker field safety; identify the short- and long-term effects of parental methamphetamine use on the prenatal, postnatal, childhood, and adolescence periods; and finally, improve their engagement, case planning, and referral practice with increased knowledge of evidence-based and emerging treatment considerations for methamphetamine use disorders.



## Slide 4

### *History of Methamphetamine*



#### Facilitator Script:

Methamphetamine was developed in the 20<sup>th</sup> century from its parent drug, amphetamine. Both function as central nervous system stimulants though methamphetamine is more potent due to greater amounts of the drug entering the brain. While methamphetamine is known primarily for its illegal use, it does have some legitimate medical purposes; it is currently sold under the trade name Desoxyn—a low dose treatment option for narcolepsy, attention deficit disorders, and obesity.

Source: (National Institute on Drug Abuse, 2022b)



## Slide 5

### *Methamphetamine Terminology*

Methamphetamine Terminology					
Speed	Crank	Gak	Ice	Fizz	Chalk
Crystal	Glass	Diamond	Hawaiian Salt	Shaved Ice	Wash
Trash	Dunk	Christina	Scooby Snax	Pookie	Popsicle
Cookies	Yellow Cake	Peanut Butter Crank	No Doze	Soap Dope	Stove Top
Tupperware	Evil Sister	Shiny Girl	Cotton Candy	Witches Teeth	Rocket Fuel

(U.S. Drug Enforcement Administration, 2020; American Addiction Centers, 2023)

#### Facilitator Script:

Methamphetamine, commonly referred to as meth, is also known by a host of other street names, nicknames, or slang references. Let's take a moment to review this diagram...

#### Prompts for Participants:

- **How many of these 'names' could you positively identify in reference to methamphetamine before today's training? With a show of hands—25%? 50%? 75%?**
- **Do any of these 'names' surprise you? Or what stood out?**

There are hundreds of street names, nicknames, or slang references for methamphetamine—these are just 30 of the most commonly used at this point in time. As with all illicit drugs, terminology is always changing or evolving, which serves as a good reminder for us all to stay informed. As without this important context of methamphetamine terminology, we as child welfare workers might fail to assess risk accurately or miss critical signs of parental substance use and potential child abuse or neglect. For example, a child mentioning “Scooby Snax” during a home visit may not raise concern due to an assumption this was in reference to popular Scooby Doo graham crackers and fruit snacks sold in large retail stores.

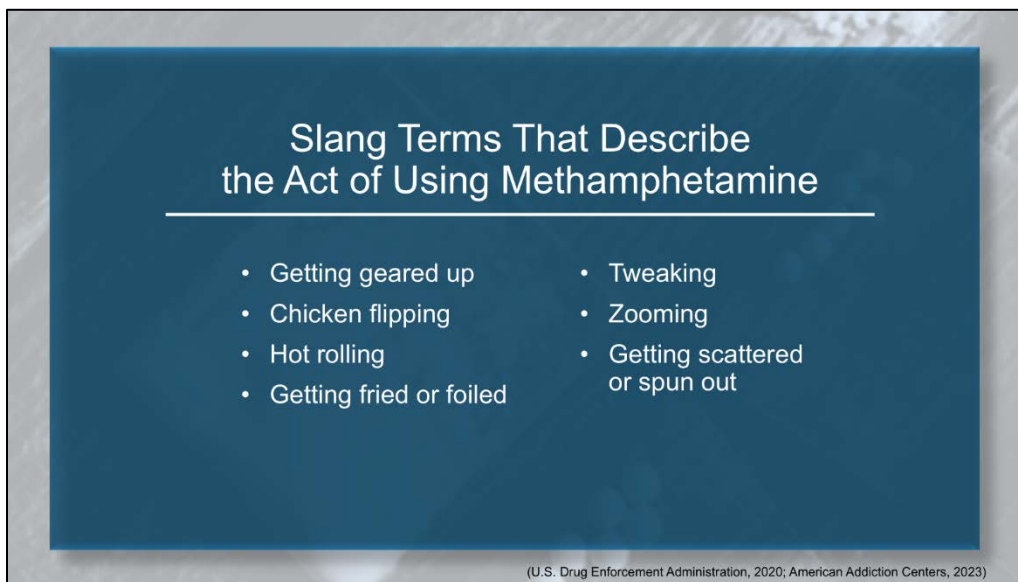
With these subtleties in mind, let's continue with our review of additional methamphetamine slang terminology...

Sources: (U.S. Drug Enforcement Administration, 2020; American Addiction Centers, 2023)



## Slide 6

### *Slang Terms That Describe the Act of Using Methamphetamine*



#### Facilitator Script:

Here we have a list of slang terms used to describe the act of using methamphetamine.

#### Prompts for Participants:

- **Do these slang terms align with the language being used in your community?**
- **Are we missing any other common slang terms from this list?**

*[Possible answer is the term 'run' used to describe a methamphetamine binge]*

\*Is anyone familiar with the slang term 'run,' the term in this context is used to describe a person on a methamphetamine binge.

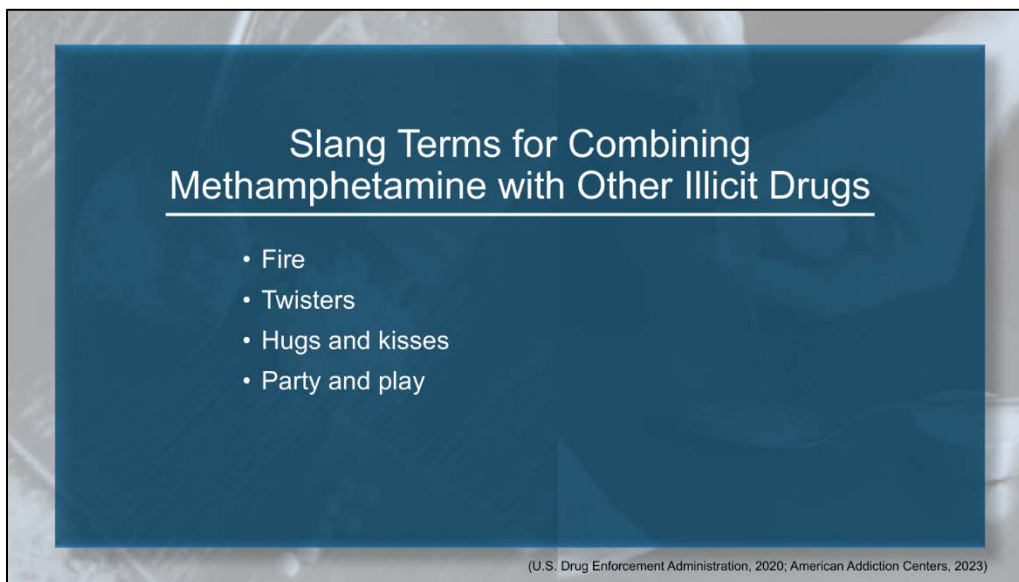
Sources: (U.S. Drug Enforcement Administration, 2020; American Addiction Centers, 2023)





## Slide 7

### *Slang Terms for Combining Methamphetamine with Other Illicit Drugs*



#### Facilitator Script:

Now let's review slang terms for when combining methamphetamine with other illicit drugs.

#### Prompt for Participants:

- **Does anyone in the room know which other illicit drugs are combined with methamphetamine for each of these respective terms?**

#### Answer Key:

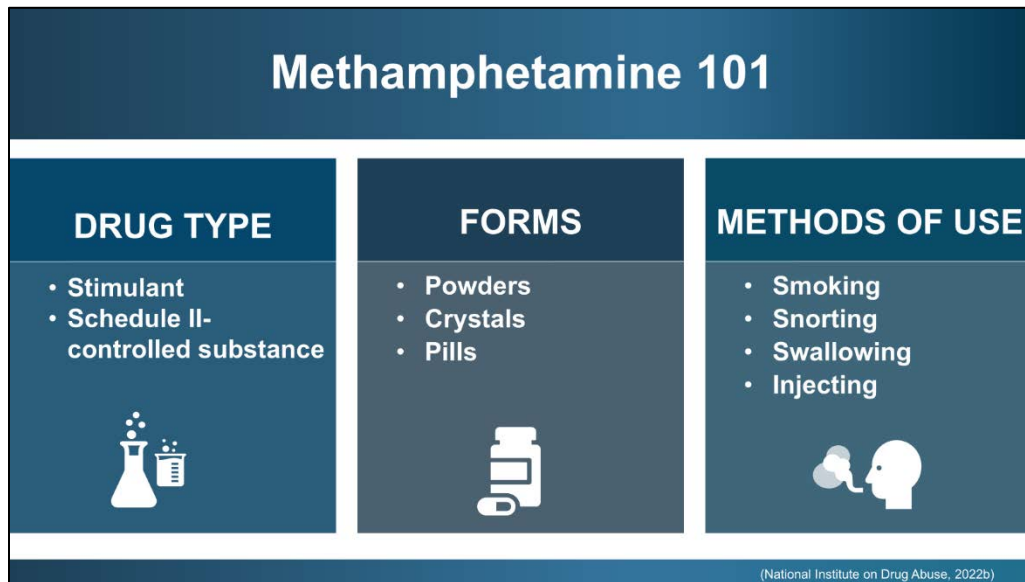
- *Fire - crack and meth*
- *Twisters - ecstasy and meth*
- *Hugs and kisses - cocaine and meth*
- *Party and play - MDMA and meth/Poppers and meth*

Sources: (U.S. Drug Enforcement Administration, 2020; American Addiction Centers, 2023)



## Slide 8

### *Methamphetamine 101*



#### Facilitator Script:


So now that we have some basic terminology down, let's begin to build our foundational understanding of this drug. Methamphetamine is a powerful central nervous system stimulant. It is classified as a schedule II-controlled substance and comes in different forms of use including powders, crystals, or pills. People take methamphetamine by smoking, snorting, swallowing, or injecting the powder when dissolved in water or alcohol.

Source: (National Institute on Drug Abuse, 2022b)



## Slide 9

### *Physical Signs of Methamphetamine Use*

 Physical Signs of Methamphetamine Use				
Euphoria	Hyperactivity	Rapid heartbeat or breathing	Pressured speech	Pacing or repetitive movements
Weight loss	Sweating	Tremor (shaky hands)	Dry mouth	Tooth decay or gum disease
Skin lesions	Sensitivity to light	Depression (from drug wearing off)	Anxiety	Irritability or aggression

#### Facilitator Script:

As mentioned before, methamphetamine is a powerful central nervous system stimulant known to be highly addictive. Individuals who use meth describe being drawn to the drug's euphoric high—described as an intense rush of pleasure, heightened energy, and bolstered self-esteem—that can last up to 8-12 hours. Other reported effects that influence methamphetamine use include appetite suppression, weight loss, sexual arousal, and its relative affordability in comparison to other illicit drugs.

Now, it's important that we also bring awareness to the fact that methamphetamine use is also known to have severe negative effects as the drug begins to wear off which contributes to patterns of repeated doses or a binge. This is where individuals remain high for days at a time before using other drugs or alcohol to help with sleep such as depressants. This cycle of use can often result in a crash—described as multiple days of sleeping and the onset of severe negative effects including depression, anxiety, irritability, and aggression.

#### Prompt for Participants:

- **Knowing this information about patterns of use with methamphetamine—repeated doses or binge for a period of 24 hours followed by a crash and upwards of three days—what would you need to know to inform your assessment of safety, risk, and parental protective capacities?**

*Possible responses may include:*

- *How often are they using meth?*
- *Does their pattern of use include a binge? If so, how many days does it last?*
- *Are their children present when they are using?*

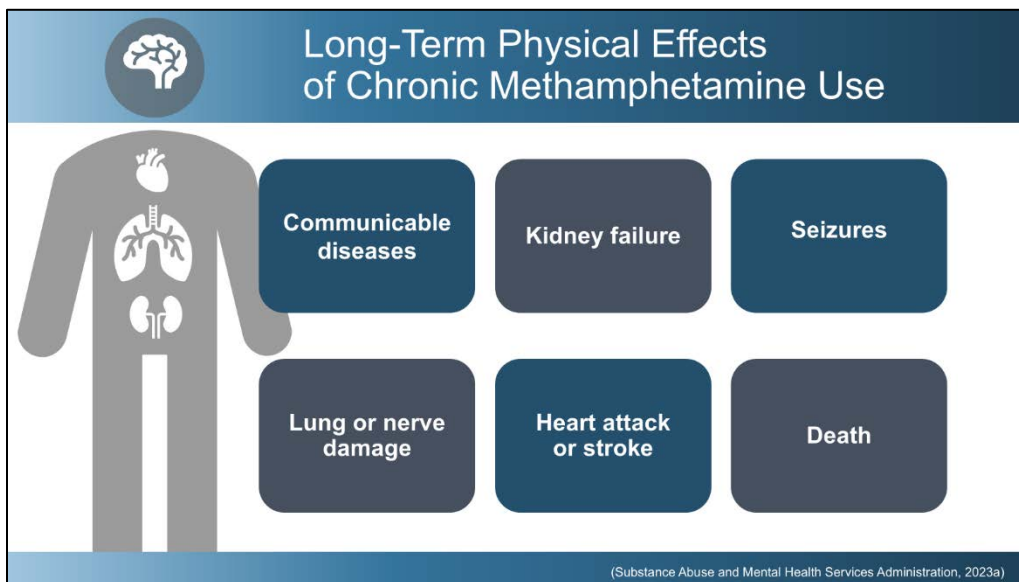


- *Is there another adult or caregiver in the home to supervise and care for their children during their active use?*
- *Are there times when their use interferes with their work and parenting responsibilities?*
- *In what ways has their use affected their children? Other family members? Friendships?*



## Slide 10

### *Long-Term Physical Effects of Chronic Methamphetamine Use*



#### Facilitator Script:

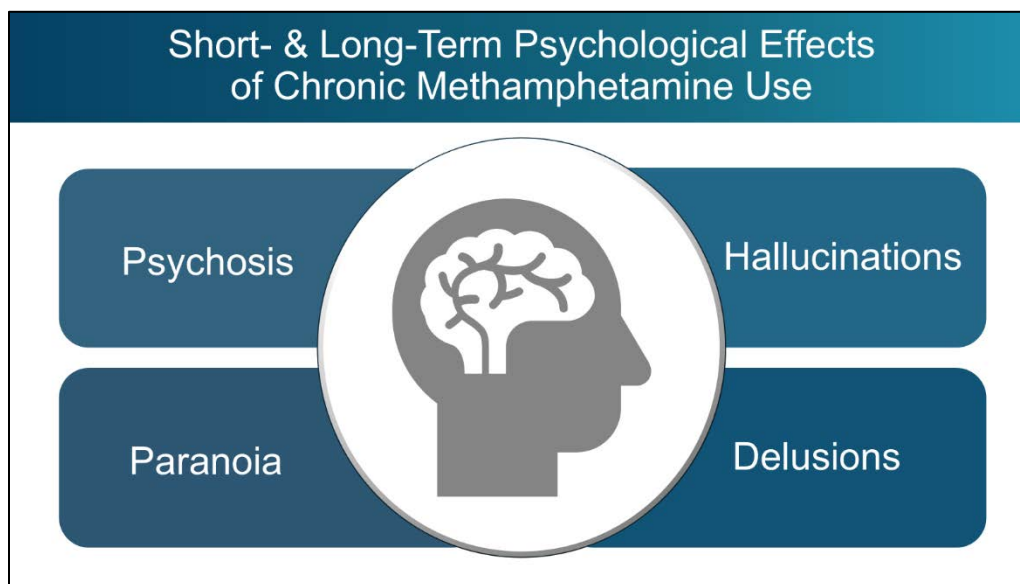
As we just covered, methamphetamine use can cause a variety of physical health effects such as rapid weight loss, skin lesions, tooth decay and gum disease. However, long-term physical effects of chronic methamphetamine use also includes adverse health conditions including a higher propensity for communicable diseases such as hepatitis, HIV, and STIs; along with other serious health implications such as lung and/or nerve damage, kidney failure, heart attack or stroke, seizures, and in some cases death.

Source: (Substance Abuse and Mental Health Services Administration, 2023a)



## Slide 11

### *Short- & Long-Term Psychological Effects of Chronic Methamphetamine Use*



#### Facilitator Script:

Methamphetamine use may also lead to adverse psychological effects including significant anxiety, severe agitation, insomnia, mood disturbances, and violent behavior. For some individuals, this may also include an episode of methamphetamine-induced psychosis, characterized by any combination of paranoid thoughts such as everyone is out to get me, delusions including grandiose beliefs that they hold superpowers, or hallucinations which may involve false perceptions such as bugs crawling on or beneath their skin. The onset of methamphetamine-induced psychosis is heightened both during and in the immediate hours or days following use with level of dependence and/or history of other psychiatric disorders, such as schizophrenia, playing a key factor in both the short- and long-term effects of psychotic symptoms.

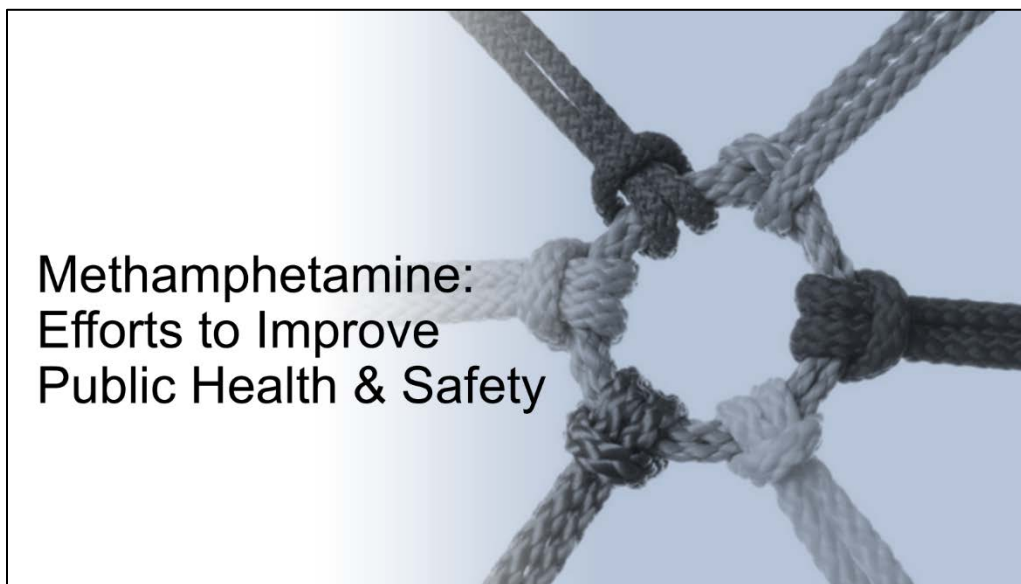
Sources: (Glasner-Edwards & Mooney, 2014; National Center on Substance Abuse and Child Welfare, 2021)





## Slide 12

### *Methamphetamine: Efforts to Improve Public Health & Safety*



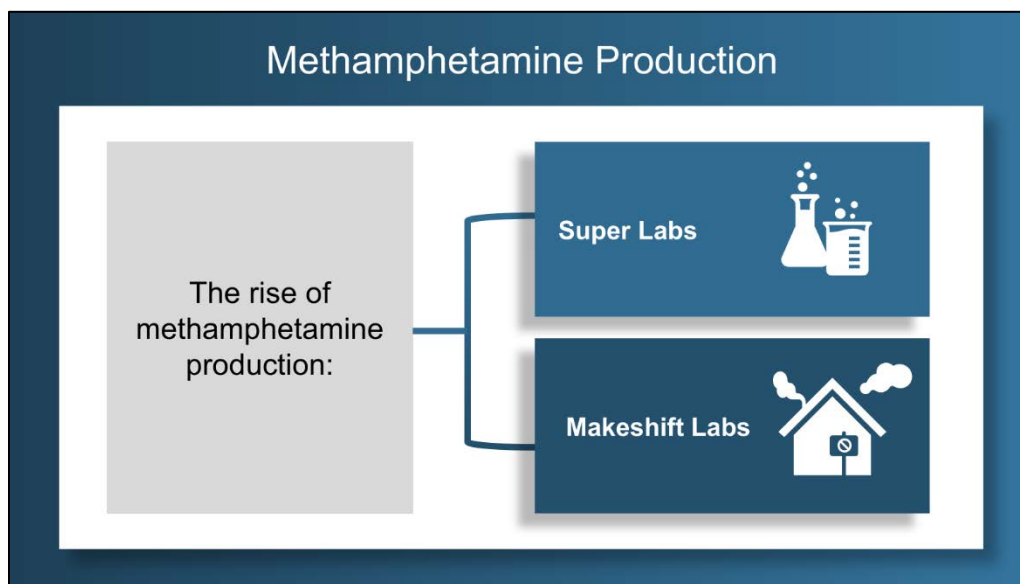
#### Facilitator Script:

Now that we have a better understanding of the physical indicators of methamphetamine use including the physical and psychological effects, let's shift our attention to efforts being made to improve public health and safety.



## Slide 13

### *Methamphetamine Production*



#### Facilitator Script:

Historically, illegal methamphetamine production was almost always manufactured in what is called super labs—an expansive production involving hard to obtain ingredients that produces large quantities of the drug with direct oversight from someone with a chemistry background. These super labs were largely located in Mexico and on the west coast of the United States; however, in the late 1980's a shift toward makeshift lab manufacturing occurred.

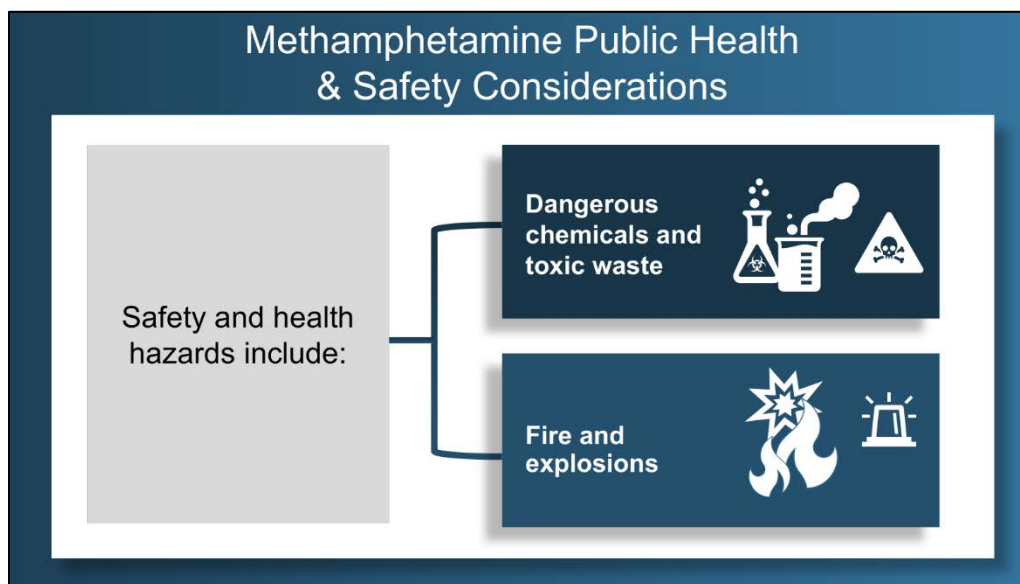
This newer method of production allowed illegal manufacturers to improvise for those hard to obtain ingredients—replacing them with readily accessible items such as cold medicine, drain cleaner, paint thinner, and matches—thereby also eliminating the need for someone with a chemical background to oversee the production. The rise of makeshift labs quickly spread throughout our country allowing for production in smaller batches and within shorter timeframes. This method of production is characteristic of what is found in homes, vacant or abandoned buildings, buses, or vans.

Source: (U.S. Environmental Protection Agency, 2021)



## Slide 14

### *Methamphetamine Public Health & Safety Considerations*



#### Facilitator Script:

Methamphetamine production involves dangerous chemicals such as solvents, metals, salts, strong acids, and bases—all presenting with their own chemical toxicity and routes of exposure including inhalation, ingestion, direct skin contact, or possible injection through a skin puncture. Degree of exposure risks will vary depending on the specific makeshift lab production, type and quantity of chemicals used, and other exposure factors related to the physical property.

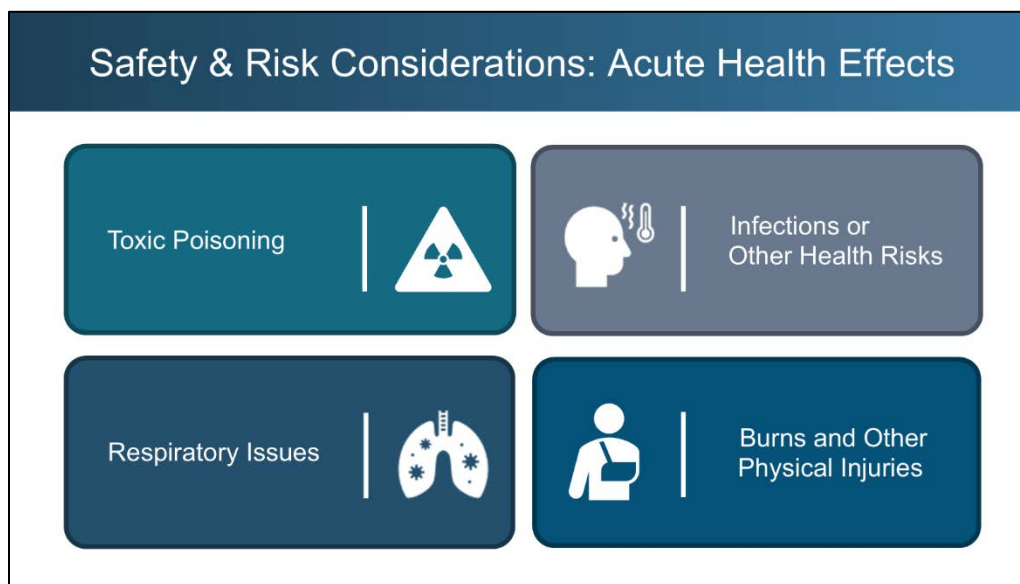
By proxy of these dangerous chemicals, the U.S. Forest Service estimates that one pound of methamphetamine produces six pounds of toxic waste. Common methods for waste disposal include illegal dumping in bodies of water, open fields, and down toilets or drains—all of which pose significant risk to their surrounding environments. In addition, methamphetamine production releases toxic gasses such as hydrochloric acid, hydrogen chloride, and ammonia during the 'cooking' process which can pose serious health issues including the risk of fire or explosions due to a combination of unsafe manufacturing methods and improper handling of the dangerous chemicals and toxic waste.

Source: (USDA Forest Service Law Enforcement and Investigations, n.d.)



## Slide 15

### ***Safety & Risk Considerations: Acute Health Effects***



#### **Facilitator Script:**

Exposure to methamphetamine production also increases the risk of acute health effects especially for children when illegal manufacturing is taking place within the family home.

The most common forms of exposure for children are inhalation and absorption through the skin with the most dangerous form of exposure being ingestion. Children who ingest methamphetamine may exhibit agitation, inconsolability, tachycardia, respiratory problems (such as asthma or pneumonia), nausea, protracted vomiting, hyperthermia, ataxia, roving eye movements, seizures, and headaches—which can result in multi-organ damage and other neurological conditions.


In addition to these risks, children are also susceptible to burns and other physical injuries caused by fires or explosions during and immediately following the ‘cooking’ process.

Source: (National Center on Substance Abuse and Child Welfare, 2021)



## Slide 16

### *Safety Tips for Suspected Methamphetamine Manufacturing*

<p><b>Safety Tips for Suspected Methamphetamine Manufacturing</b></p> 	<p><b>Awareness of warning signs:</b></p> <p><u>Presence of unusual or strong odors</u></p> <p><u>Possession of unusual or hazardous materials</u></p> <p><u>Observation of discarded items or hazardous materials</u></p> <p><small>(U.S. Environmental Protection Agency, 2024)</small></p>
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#### Facilitator Script:

Now that we are aware of the acute health effects, let's spend some time discussing safety tips for suspected methamphetamine manufacturing. Properties or residences containing a makeshift lab will undoubtedly contain telltale signs of illegal manufacturing. For your safety, it is important to learn and recognize these signs including what to do if you observe them. Signs specific to the property itself include:

- Unusual, strong odors (like cat urine, ether, ammonia, acetone, or other chemicals) coming from sheds, outbuildings, other structures, fields, orchards, campsites, and especially vehicles (older cars, vans)
- Possession of unusual materials such as large amounts of over-the-counter allergy, cold, or diet medications (containing ephedrine or pseudoephedrine), or large quantities of solvents such as acetone or Coleman fuel
- Discarded items such as ephedrine bottles, coffee filters with oddly-colored stains, lithium batteries, antifreeze containers, lantern fuel cans, and propane tanks are also possible indicators of illegal manufacturing

Source: (U.S. Environmental Protection Agency, 2024)



## Slide 17

### *Additional Safety Tips for Suspected Methamphetamine Manufacturing*

<p>Additional Safety Tips for Suspected Methamphetamine Manufacturing</p> 	<p><b>Additional warning signs include:</b></p> <ul style="list-style-type: none"><li><u>Covered or blacked out windows</u></li><li><u>Unusual ventilation systems</u></li><li><u>Elaborate security measures</u></li><li><u>Yard with dead vegetation</u></li><li><u>Heavy traffic during late night hours</u></li></ul> <p><small>(U.S. Environmental Protection Agency, 2024)</small></p>
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#### Facilitator Script:

Additional telltale signs from outside of the property or residence may include covered or blacked out windows to prevent anyone from looking inside. You may also notice unusual ventilation systems used to offset the toxic fumes produced by the manufacturing process—this may look like open windows, use of industrial fans, and furnace blowers during the cold winter months. The presence of elaborate security systems—in the form of ‘Keep Out’ or ‘No Trespassing’ signage, guard dogs, video cameras and/or baby monitors—are also commonly used as alert or notification systems to those inside the property or residence. There may also be indicators in the yard itself, caused by dumping of the toxic substances which causes ‘burn pits’ or ‘dead spots’ in the grass or vegetation. Lastly, the coming and going of visitors during late night hours which may indicate supply shipments, pickups, toxic waste removal, or drug use.

Source: (U.S. Environmental Protection Agency, 2024)





## Slide 18

### *Steps to Ensure Child Welfare Worker Field Safety*

<p>Steps to Ensure Child Welfare Worker Field Safety</p> 	<p><b>What to do if you suspect a makeshift lab:</b></p> <ul style="list-style-type: none"><li><u>Remain calm</u></li><li><u>Protect yourself and others</u></li><li><u>Notify law enforcement</u></li><li><u>Follow agency policies and protocols</u></li></ul>
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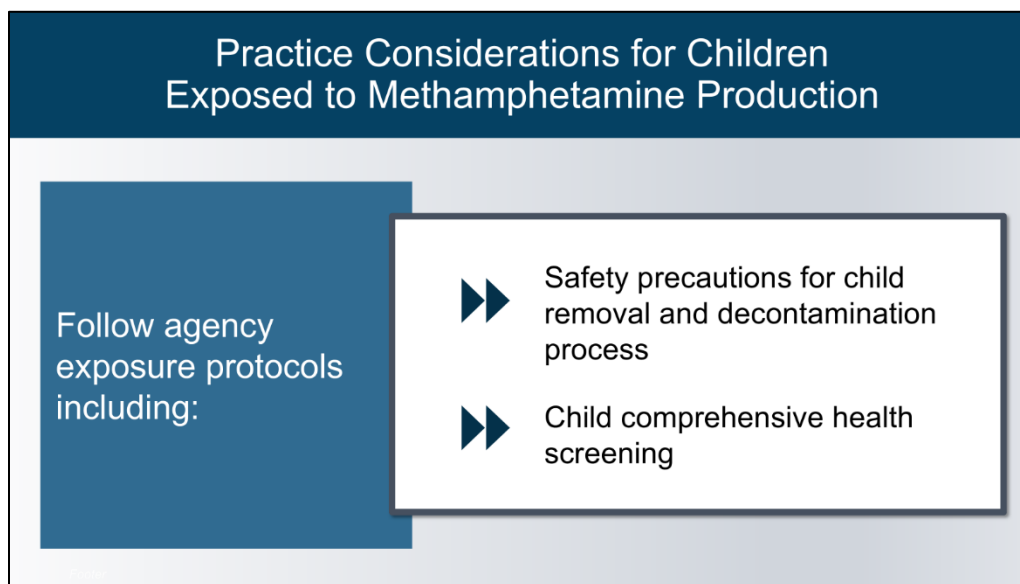
#### Facilitator Script:

If you come into contact with a suspected makeshift lab, the most important thing to remember is to try and remain calm. Start with protecting yourself by not entering the property or residence—or if already inside, maintaining a safe distance from suspected objects or materials and immediately exiting the premises. You may also alert innocent bystanders to keep their distance while you contact your local law enforcement agency and carry out agency-specific policies or protocols regarding suspected methamphetamine exposure.



## Slide 19

### *Practice Considerations for Children Exposed to Methamphetamine Production*



#### Facilitator Script:

Due to the nature of methamphetamine production, there may be some additional practice considerations necessary for when a child is identified in a home where methamphetamine is being manufactured. First, it's important to be familiar with your agency exposure protocols. These will vary based on locality but typically include an immediate call to your supervisor and local law enforcement agency. These protocols also outline steps to carry out to ensure your safety as well as the safety of the child when a removal is necessary.

Decontamination procedures typically involve a coordinated response with law enforcement and other health and safety personnel. It's important to remember that decontamination involves the child, their clothing, and any possessions at time of exposure and removal. The decontamination process may occur on-site or once at the hospital for the child's comprehensive health screening where they will receive a full medical work up to determine level of drug and/or chemical exposure.

#### Prompts for Participants:

- **Has anyone in the room experienced methamphetamine production exposure while out in the field conducting your child and family contacts? If so, do you mind sharing about your experience including any key lessons or takeaways?**



## Slide 20

### *Multi-Agency Efforts to Address Public Health & Safety*



#### Facilitator Script:

A number of efforts over the years have been initiated to try to address the production and supply of methamphetamine in the United States. The most recognizable from this list a result of the Combat Methamphetamine Epidemic Act (or CMEA) involving the sale and purchase of over-the-counter medications containing ephedrine, pseudoephedrine, or phenylpropanolamine—all common ingredients found in cough, cold, and allergy products. Beginning in 2006, CMEA federal regulations required retail business owners to implement locked or behind-the-counter product shelving, enforce daily and monthly consumer purchase limits including ID verification and maintaining sales logbooks, among other workforce training and certification requirements.

#### Prompts for Participants:

- **With a show of hands, how many of us were familiar with the origins of these policies before today's discussion?**
- **And how effective do you think these multi-agency efforts were in curbing rates of illegal production and use of methamphetamine over the last two decades?**

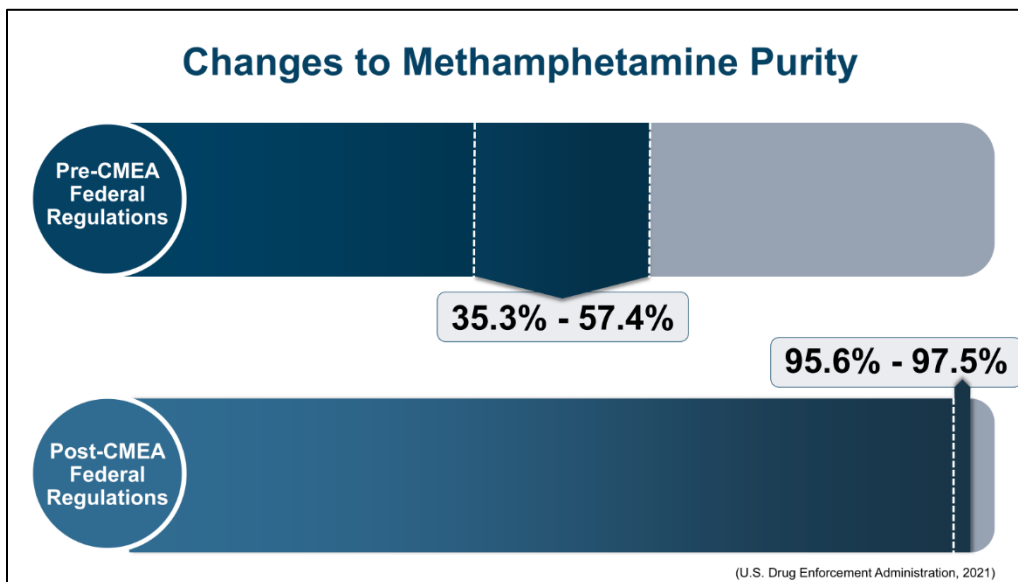
Thank you, everyone. So yes, what we know from the data is that there was an initial decline in methamphetamine use in the years following the increased federal regulations; however, the past decade has also marked an uptick in these figures. Let's now spend some time understanding what specifically has been contributing to these increased data trends...

Sources: (Substance Abuse and Mental Health Services Administration, 2023b; U.S. Drug Enforcement Administration, 2006)



## Slide 21

### *Changes to Methamphetamine Purity*



#### Facilitator Script:

The uptick in methamphetamine trends is very much linked to changes in its purity over the years.

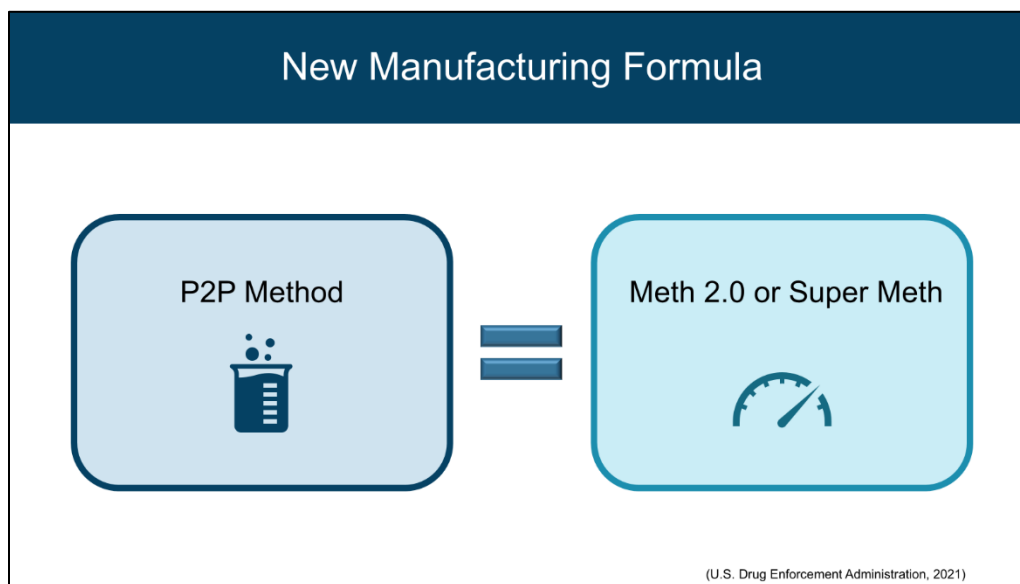
Data from the Drug Enforcement Administration's National Drug Threat Assessment Profiling Program has estimated that purity of methamphetamine prior to CMEA federal regulations trended between 35.3 to 57.4% where it remained steady for nearly a decade before a sudden resurgence beginning in 2014 with purity rates as high as 95.6-97.5%, where it remains today.

Source: (U.S. Drug Enforcement Administration, 2021)



## Slide 22

### *New Manufacturing Formula*



#### Facilitator Script:

This new and highly pure form of methamphetamine is often referred to as Meth 2.0 or Super Meth and is made distinguishable from other less-pure forms by the type of manufacturing formula used for its production—referred to as the P2P method.

The P2P method is known for eliminating the use of pseudoephedrine (due to federal regulations both in the United States and Mexico) and replacing with 1-phenyl-2-propanone—an altered chemical ratio contributing to its extremely high potency and addictive potential.

This change in manufacturing formula has drastically reduced manufacturing costs leading to mass production in super labs resulting in the drug being more readily available and accessible due to its relative affordability compared to other drugs. This new form of manufacturing has also coincided with the uptick of severe psychiatric and physical effects, including cardiotoxicity, overdose, and death.

Source: (U.S. Drug Enforcement Administration, 2021)



## Slide 23

### *What the Data Tells Us About Methamphetamine Use*



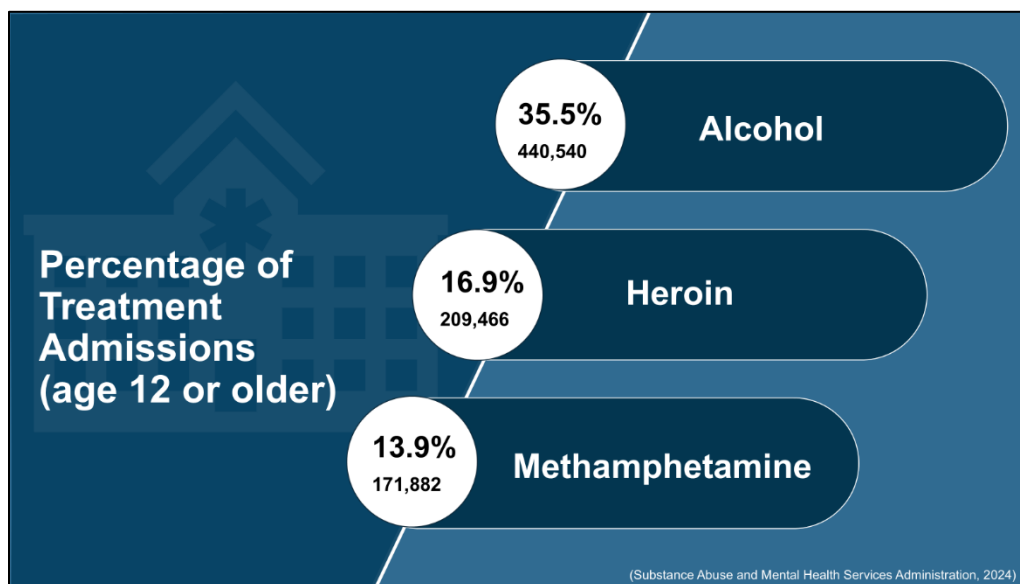
#### Facilitator Script:

These changes to both purity and manufacturing formula are key to understanding current methamphetamine use trends.



## Slide 24

### *Percentage of Treatment Admissions (age 12 or older)*



#### Facilitator Script:

First, let's start off by reviewing some important figures from the federal Treatment Episode Data Set or what is commonly referred to as TEDS data.

TEDS data is a compilation of national- and state-level data for substance use treatment admissions and discharges at facilities licensed or certified by a state substance abuse agency. Data is collected for anyone 12 years or older and the data included is tracked by treatment episode, not per individual.

According to the latest dataset available from 2022, methamphetamine use had the third highest percentage of admissions to substance use treatment services at 13.9% (or 171,882 admissions) behind both alcohol at 35.5% (or 440,540 admissions) and heroin at 16.9% (or 209,466 admissions).

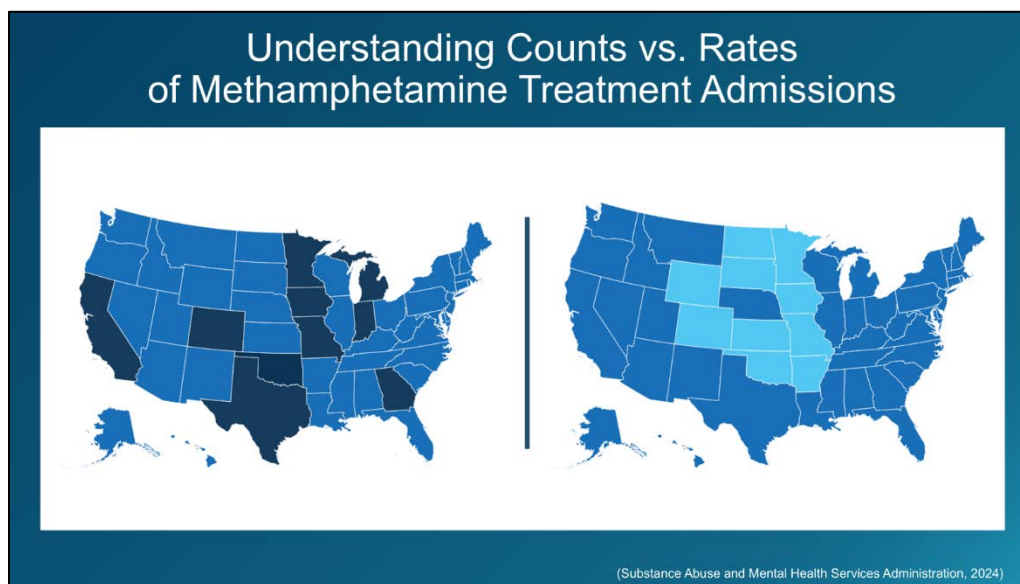
Source: (Substance Abuse and Mental Health Services Administration, 2024)





## Slide 25

### *Understanding Counts vs. Rates of Methamphetamine Treatment Admissions*



#### Facilitator Script:

In the context of substance use treatment, it's also important to understand the difference between counts versus rates of admission. Counts refers to the total number of treatment admissions within a specific time period or population. For example, the heat map on the left identifies the 10 states with the highest counts of treatment admissions for primary methamphetamine use which included California, Minnesota, Colorado, Missouri, Michigan, Iowa, Texas, Georgia, Indiana, and Oklahoma. In total, these 10 states accounted for 62% of methamphetamine treatment admissions in 2022.

In contrast to counts, rates of admission refers to the number of treatment admissions per a defined population size. For example, if we take the same dataset and adjust it for methamphetamine treatment admissions per 100,000 population, we get the heat map on the right which identifies the 10 states with the highest rates of treatment admissions for primary methamphetamine use which included South Dakota, Minnesota, Wyoming, Colorado, Iowa, Missouri, Kansas, Arkansas, Oklahoma, and North Dakota.

So why does understanding this difference matter? Counts are helpful for understanding the overall magnitude of treatment utilization which helps highlight the scale of methamphetamine use; whereas rates are helpful in comparing treatment access and utilization across different groups or regions, regardless of population size.

Source: (Substance Abuse and Mental Health Services Administration, 2024)



## Slide 26

### *Overdose Deaths Involving Psychostimulants (Primarily Methamphetamine)*



#### Facilitator Script:

Now, let's examine some important data on overdose deaths made available by the National Institute on Drug Abuse (or NIDA), which if you are not familiar, is another great resource for data on national substance use trends. NIDA's extensive review of drug overdose data found that deaths involving psychostimulants (primarily methamphetamine) has continued on an upward trend each year since 2014 which, as we now know, coincides with the resurgence of Meth 2.0 or Super Meth. In the last year of available data from 2022, there were a reported 34,022 overdose deaths involving methamphetamine.

#### Prompts for Participants:

- **Anyone surprised by these figures? Are your local communities talking about methamphetamine overdose prevention or have these discussions solely been about the opioid epidemic?**

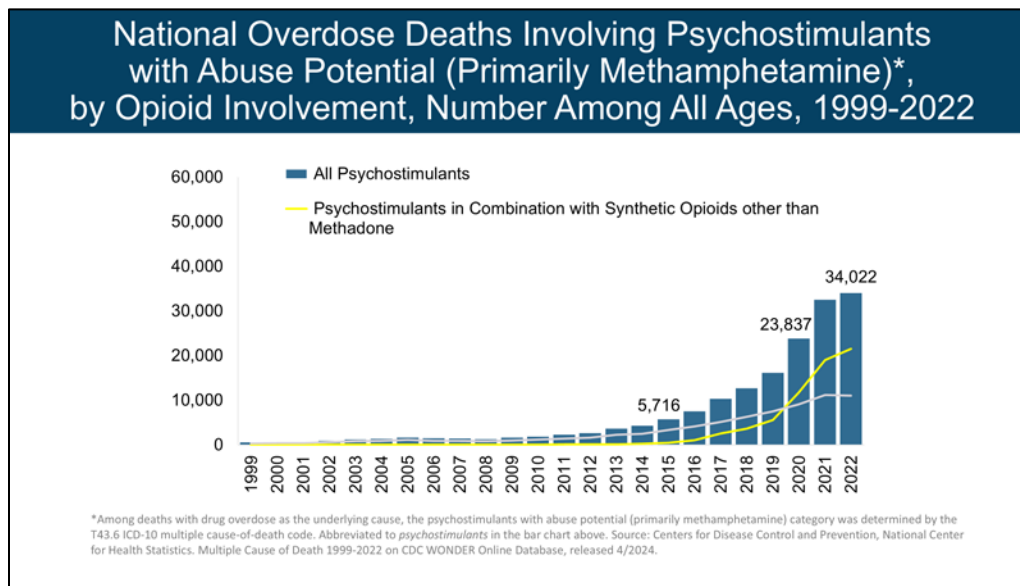
Thank you all for sharing! Let's take a closer review of the overdose data to understand why these conversations about methamphetamine and opioids are equally important.

Sources: (Centers for Disease Control and Prevention, 2024; National Institute on Drug Abuse, 2024)



## Slide 27

### **National Overdose Deaths Involving Psychostimulants with Abuse Potential (Primarily Methamphetamine) \*, by Opioid Involvement, Number Among All Ages, 1999-2022**



#### Facilitator Script:

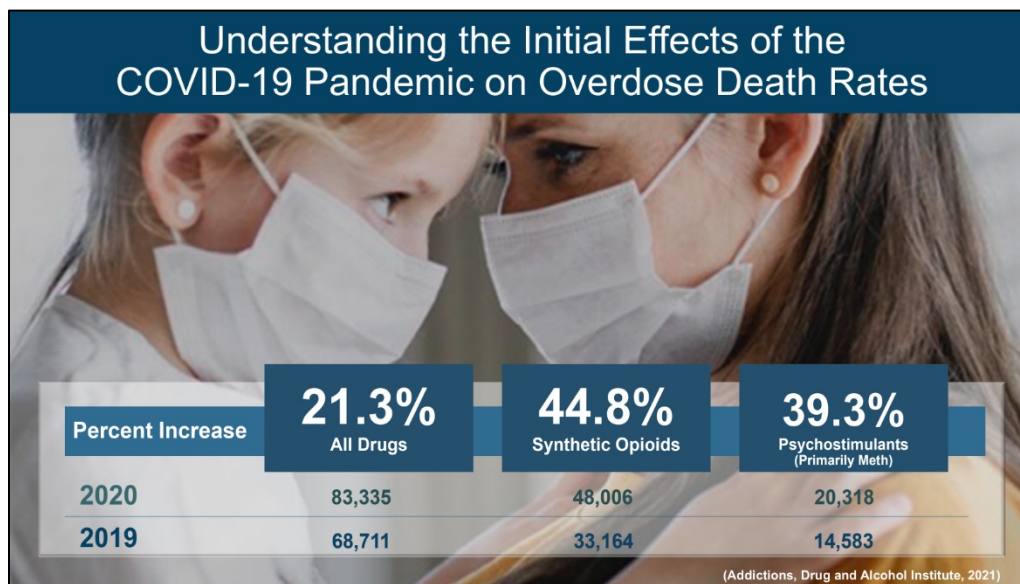
So, this superimposed bar and line graph shows the total number of U.S. overdose deaths involving psychostimulants with abuse potential from 1999-2022. The bars are overlaid by colored lines showing the number of deaths involving psychostimulants in combination with synthetic opioids other than methadone (primarily fentanyl) or without any opioid. As you can see, the total number of deaths involving psychostimulants has increased steadily regardless of opioid involvement with 5,716 deaths recorded in 2015, to 23,837 deaths in 2020, and as of most recently, 34,022 deaths in 2022.

Sources: (Centers for Disease Control and Prevention, 2023; National Institute on Drug Abuse, 2024)



## Slide 28

### *Understanding the Initial Effects of the COVID-19 Pandemic on Overdose Death Rates*



#### Facilitator Script:

Let's now focus in on data adapted from the Northwest & Pacific Southwest ATTCs and the CTN Western States Node webinar titled, Meth 2.0 and Opioid Use Disorder: A Collision of Epidemics. The data referenced comes from NIDA's Drug Overdose Death Rates and centered on understanding the initial impact of the COVID-19 pandemic. For the purposes of this module, the data was consolidated to understand trends specific to synthetic opioids and psychostimulants (primarily methamphetamine) in comparison to all drugs combined.

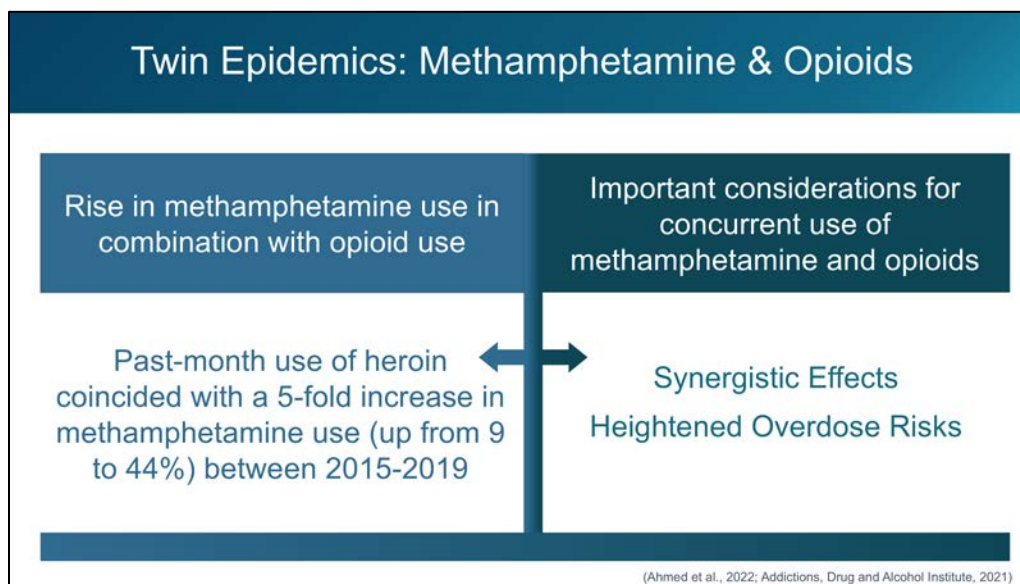
The data recorded spanned 12-month periods ending in June 2019 and June 2020, respectively. The total percentage increase from 2019 to 2020 for all drugs which also included heroin, natural and synthetic opioids, methadone, and cocaine totaled 21.3%. When broken down to just synthetic opioids this percentage increase more than doubled at 44.8% and was just shy of doubling for psychostimulants (primarily methamphetamine) at 39.3%. These data trends speak to the simultaneous rise of methamphetamine use disorders and opioid use disorders in our communities—a reality often referred to as the twin epidemics.

Source: (Addictions, Drug and Alcohol Institute, 2021)



## Slide 29

### *Twin Epidemics: Methamphetamine & Opioids*



#### Facilitator Script:

Data trends increasingly point to a surge in methamphetamine use among individuals affected by moderate to severe opioid use disorders. A review of data from the National Surveys on Drug Use and Health (NSDUH) from 2015-2019 highlighted that past-month use of heroin coincided with a 5-fold increase in methamphetamine use—up from 9 to 44%. Important considerations for the steady rise in concurrent use begins first with understanding the reported synergistic effects:

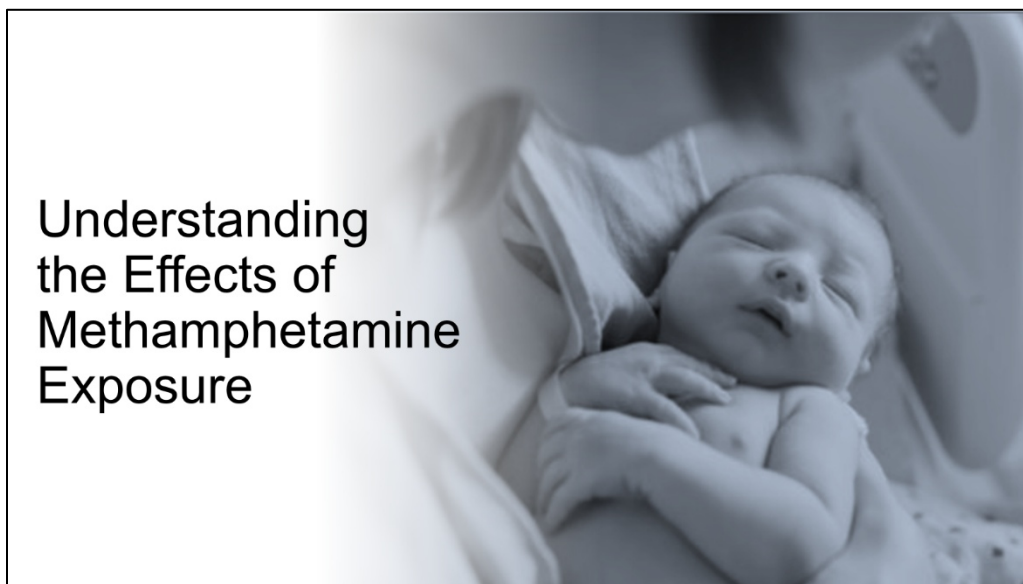
- The combination of a stimulant (in this case methamphetamine) and an opioid produces greater effects than just one drug alone—examples being a greater high or greater rush.
- Use of one drug can offset the negative side effects that the other drug may cause—examples include using methamphetamine to level or ward off opioid-induced sedation or using opioids to take the edge off stimulant-induced anxiety or irritability.
- But as we've seen in the data presented today, both drugs alone present significant overdose risks and when combined those risks only increase. It is reported that the first 90 minutes of co-ingestion presents the most potent effects with the potential for overdose or death due to respiratory depression and cardiac arrest.

Sources: (Ahmed et al., 2022; Addictions, Drug and Alcohol Institute, 2021)



## Slide 30

### *Understanding the Effects of Methamphetamine Exposure*



#### Facilitator Script:

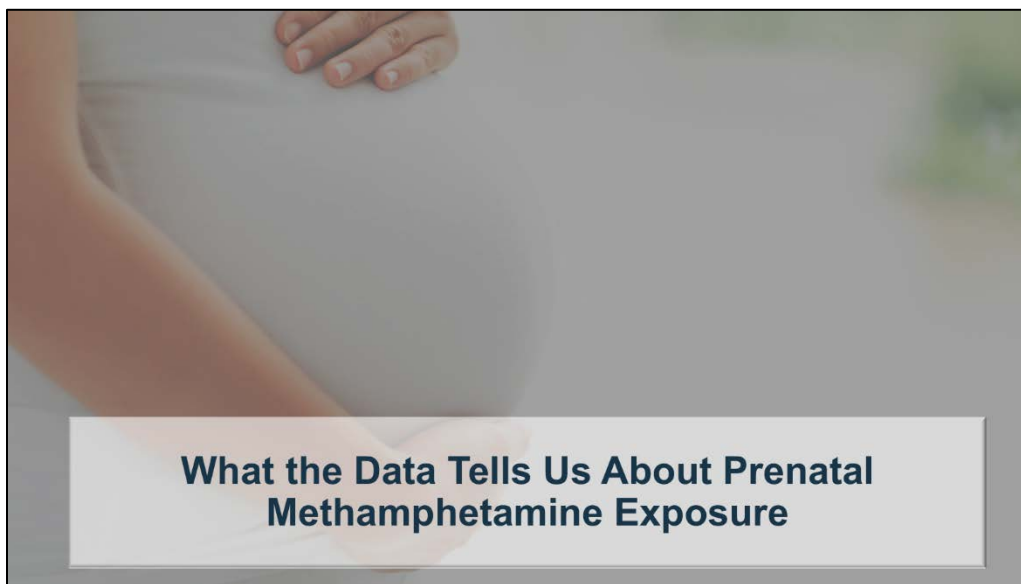
Now that we have a better understanding about current methamphetamine data trends, let's now shift our discussion toward effects of methamphetamine exposure.





## Slide 31

### *What the Data Tells Us About Prenatal Methamphetamine Exposure*



#### Facilitator Script:

Let's first start with what the data tells us about prenatal methamphetamine exposure. A 2019 study that analyzed hospital discharge data from 2004-2015 found that, by 2014-2015, amphetamine use was identified among approximately 1% of births in rural areas of the western United States. This incidence was higher than the opioid-use incidence in most regions. It also found that amphetamine-related deliveries were associated with higher incidence of preeclampsia, preterm delivery, and severe maternal morbidity and mortality (more on this specific topic in module 10). But for now, let's take a closer review at some cumulative TEDS data to help us better understand the significance of this issue facing pregnant and parenting women in our country.

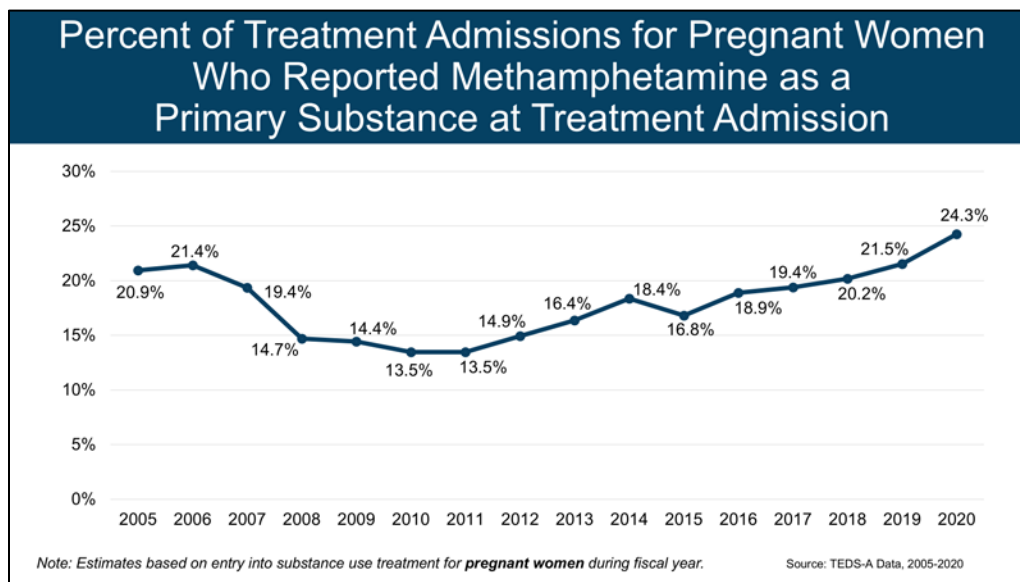
Source: (National Center on Substance Abuse and Child Welfare, 2021)





## Slide 32

### *Percent of Treatment Admissions for Pregnant Women Who Reported Methamphetamine as a Primary Substance at Treatment Admission*



#### Facilitator Script:

Notice the trend line —the decline in the percent of treatment admissions for pregnant women with methamphetamine as their primary substance aligns with the federal CMEA regulations we spoke about earlier in today's presentation. In 2006, these figures were at 21.4% followed by a gradual decline over the next five years leveling off at 13.5% in 2010 and 2011, respectively. But then we notice the gradual up tick begin to take place from 2011 through 2020.

#### Prompt for Participants:

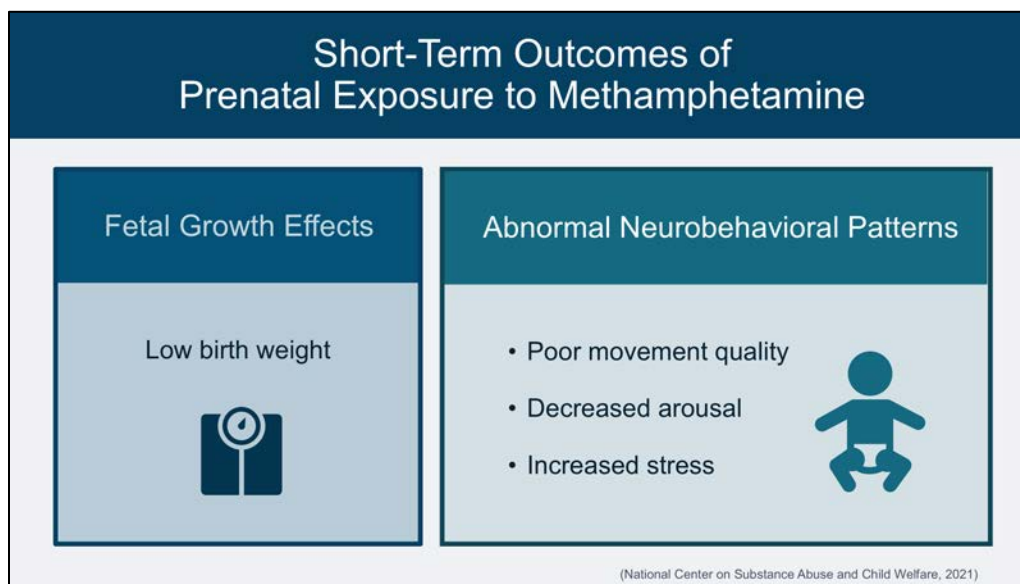
- From what we have learned about today, what situational factors could be contributing to the rise of primary methamphetamine use among pregnant women?

Source: (TEDS-A Data, 2005-2020)



## Slide 33

### *Short-Term Outcomes of Prenatal Exposure to Methamphetamine*



#### Facilitator Script:

Exposure to methamphetamine during pregnancy can be associated with short-term negative effects in infants, including:

Fetal growth effects such as low birth weight (or small for gestational age) and abnormal neurobehavioral patterns such as poor movement quality, decreased arousal, and increased stress—basically infants exposed to methamphetamines were drowsy and difficult to wake but once awake very difficult to soothe with a distinct noisy and unstable cry.

#### Prompt for Participants:

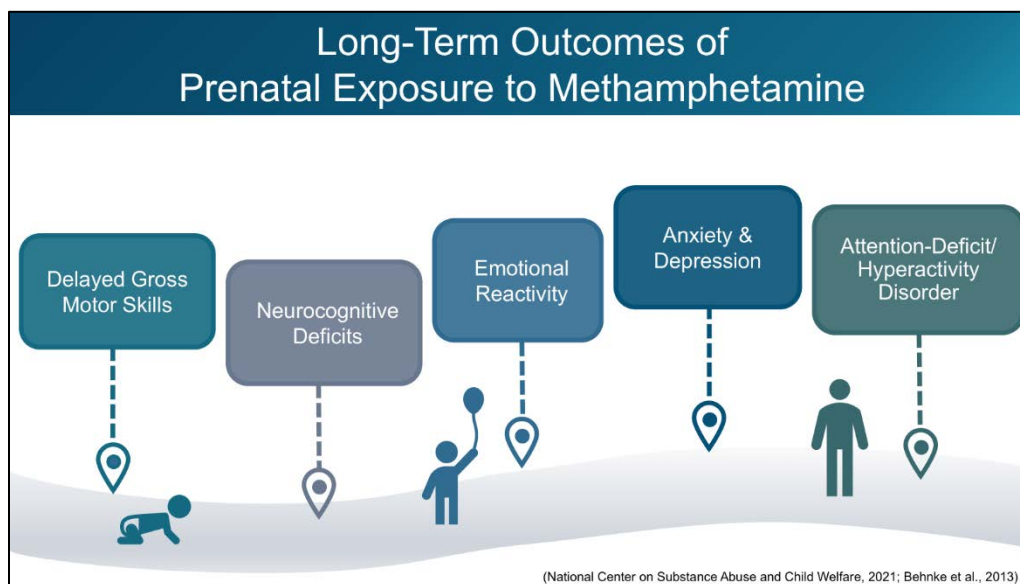
- **Knowing how stressful the postpartum period can be for all parents but especially for those in early recovery from a methamphetamine use disorder, what type of questions would you be asking parents about how their infant interactions and/or responses to their infant's cues?**

Source: (National Center on Substance Abuse and Child Welfare, 2021)



## Slide 34

### *Long-Term Outcomes of Prenatal Exposure to Methamphetamine*



#### Facilitator Script:

The literature on prenatal exposure to methamphetamine is also associated with longer-term effects on some children, including:

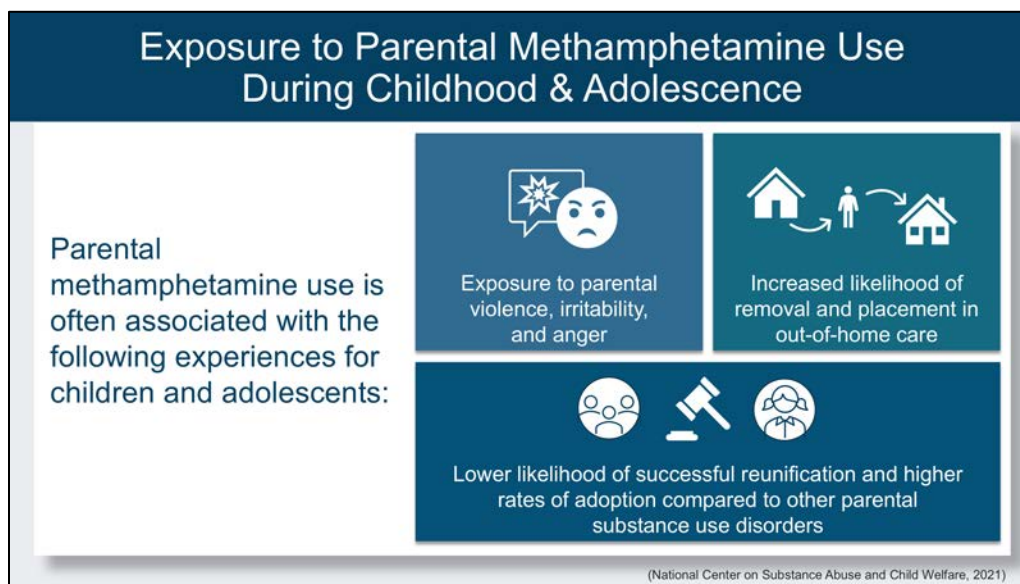
- Delayed gross motor development through age 3;
- Neurocognitive deficits such as impaired visual motor integration, verbal and long-term spatial memory, and lower IQ;
- Emotional reactivity & externalizing behaviors such as poor social interactions with peers including onset of aggression;
- And finally, symptoms of anxiety, depression, or attention-deficit/hyperactivity disorder.

Sources: (National Center on Substance Abuse and Child Welfare, 2021; Behnke et al., 2013)



## Slide 35

### *Exposure to Parental Methamphetamine Use During Childhood & Adolescence*



#### Facilitator Script:

A review of literature on exposure to parental methamphetamine use during childhood and adolescence highlighted an increased exposure to parental violence, irritability, and anger. Children and adolescents affected by parental methamphetamine use also had an increased likelihood of removal and placement in out-of-home care with lower rates of successful reunification and subsequently higher rates of adoption compared to other types of parental substance use disorders.

#### Prompt for Participants:

- From what we know about physiological and psychological effects of methamphetamine use and the permanency timelines that guide our work in child welfare—what could be contributing to the higher rates of removal and lower likelihood of successful reunification compared to other primary substances?

Source: (National Center on Substance Abuse and Child Welfare, 2021)



## Slide 36

### *Strategies to Support Families Affected by Methamphetamine Use Disorder*



#### Facilitator Script:

Now that we've gained a broad understanding of methamphetamine and its potential effects on children and families, let's review some strategies aimed at promoting parental recovery, child well-being, and family stability.



## Slide 37

### *Value of Personal Experience*



#### Facilitator Script:

Integrating the use of peer support services is arguably one of the most effective engagement strategies for treatment of substance use disorders, especially with methamphetamine use.

As we've discussed in previous modules, peers are uniquely positioned to support parents on their path to early recovery and sustained behavioral change through their shared lived experience—a commonality often serving as the catalyst for developing a trusting partnership.

Their addition to child welfare service delivery models also provides a level of subject matter expertise through their understanding of substance use disorders and their complexities, knowledge of treatment provider resources, and recovery-oriented services in their local communities. Integration of peer recovery support in child welfare settings has also been linked to increased access and retention in substance use disorder treatment, reduced rates of return to use, improvements in family reunification rates, and positive enhancements to child welfare agency culture.

Let's now spend some time reviewing how peer recovery support engages families in the change process.

*Facilitator Note: An additional resource is available for more information on this topic: [Peer Recovery Center of Excellence: Peer Recovery Now](#).*

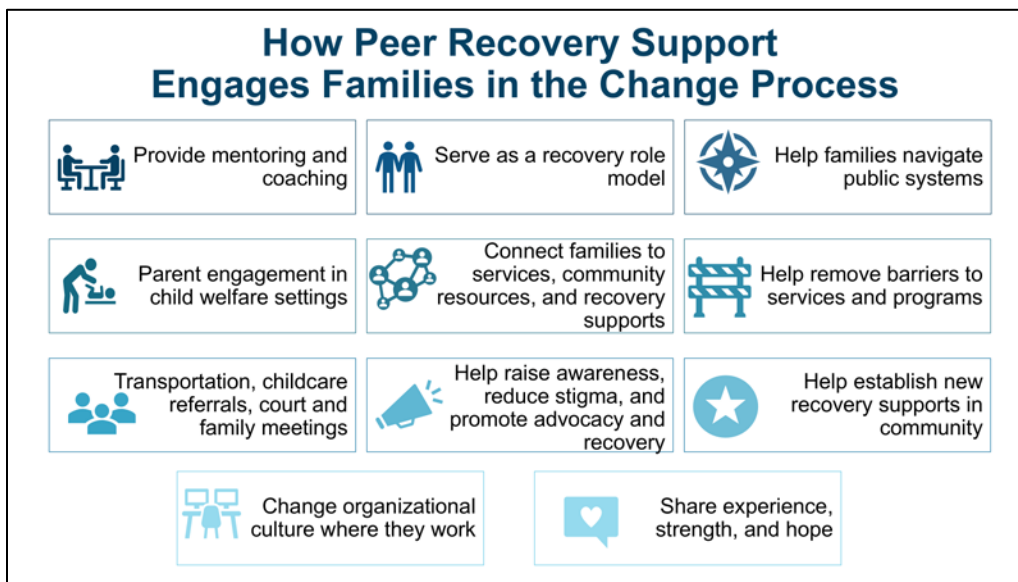
Source: (Substance Abuse and Mental Health Services Administration, 2023b)





## Slide 38

### *How Peer Recovery Support Engages Families in the Change Process*



#### Facilitator Script:

Here we have a more comprehensive summary of how peer recovery support engages families (as well as systems) in the change process. Again, our goal as child welfare workers is for families to succeed. We want to partner with parents in all stages of treatment and service planning to help them navigate how to reach long-term recovery while safely maintaining their children in the home whenever possible—and the use of peer recovery support is integral to this process. Peer recovery support (in all its various forms) offers an enhancement to business as usual in both treatment and child welfare settings, transcending longstanding stigma, and further reinforcing our core value and belief that recovery is possible!


*Facilitator Note: An additional resource is available for more information on this topic: [The Use of Peers and Recovery Specialists in Child Welfare Settings](#).*





## Slide 39

### *Family-Centered Practice Strategies*

<b>Family-Centered Practice Strategies</b> 	<b>Collaborate</b>	Collaborate with the experts on substance use disorders in your community.
	<b>Talk</b>	Talk with the treatment provider to learn what evidence-based treatment and therapeutic approaches are used to treat methamphetamine use disorders.
	<b>Understand</b>	Understand that outpatient treatment can be as effective as inpatient treatment when supportive services and community supports are provided.
	<b>Refer</b>	Refer and link parent and families to tailored services and supports that meet their unique needs.
	<b>Ensure</b>	Ensure that co-occurring disorders, such as depression and anxiety disorders, are addressed in treatment.
	<b>Support</b>	Belief and understanding that recovery from methamphetamine is possible; just may require extra support.
	<b>Convey</b>	Convey empathy and a sense of hope in your interactions with parents.

#### Facilitator Script:

While treatment of methamphetamine use disorders can be complex, parental and familial recovery remains possible! Here we have some important family-centered practice strategies to help enhance our support and services offered to those affected by methamphetamine use disorders:

**Collaborate**—as child welfare workers we have a responsibility to build relationships with substance use disorder experts in our communities to better understand and facilitate referral and linkage to appropriate supports and services for each family member (parents, children, caregivers, etc.).

**Talk**—we should also be talking with substance use disorder treatment professionals to increase our awareness and understanding of evidence-based treatment models or interventions and any new and emerging practice considerations specific to methamphetamine use disorders—what works for one substance may not work for others. Learning what works best for methamphetamine use disorders—what the data and research says will help us tailor interventions and case plan objectives that account for the complexities involved with methamphetamine use and subsequent stressors.

**Understand**—that all treatment level of cares can be effective and/or enhanced to better meet the needs of parents and their family members. For some with a methamphetamine use disorder, outpatient treatment with the right amount of additional supports and services will be sufficient while for others, the structure and intensity of inpatient treatment may be required for a greater likelihood of treatment engagement and retention. Having awareness of residential family-centered treatment programs where families are allowed to remain together during treatment or with frequent quality family time visits when living together is not a safe option have continually shown significant improvements to parental recovery and child welfare outcomes.

**Refer**—use your increased knowledge and community partnerships to refer and link parents and families to tailored services and supports that meet their unique needs—for families affected by



methamphetamine use disorders this may look like peer recovery support services or mutual aid for real-time coaching and support with things well beyond abstinence-oriented programming such as housing and employment resources, healthcare coverage, and improved management of activities of daily living.

Ensure—this also includes ensuring access to concurrent mental health services to manage comorbidity such as depression and anxiety; as well as indicated supports and services for each family member—ensuring children and adolescents are receiving proper screening and assessment for their developmental and social-emotional health needs; making appropriate and timely referrals for all indicated services and following up to ensure access and utilization of said services and supports.

Support—belief and understanding that despite all the challenges and complexities that methamphetamine use disorders present, parents and their families are very much capable of a full recovery—they'll just need a little extra support from us along the way. More on this one in the upcoming slides...

Convey—this last one is a good reminder to ourselves to convey empathy and instill hope in our work with all parents and families on their path toward long-term recovery and family stability!



## Slide 40

### *Important Reminder About Methamphetamine Treatment Retention*



#### Facilitator Script:

Did you know that methamphetamine has the highest treatment dropout rate among all other substances? A meta-analysis of in-person psychosocial substance abuse treatment examined data on the first 90 days of treatment involving 151 studies and over 26k treatment participants—the systematic review concluded that methamphetamine recorded a dropout rate of 53.5% compared to 39.3% for opioids and 34.9% for cannabis.

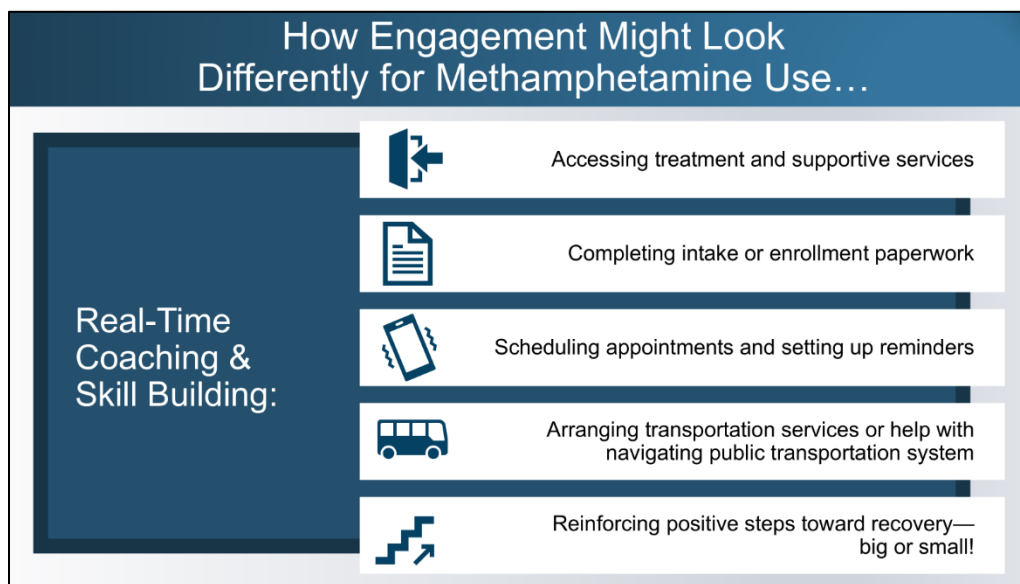
These data points are critical to understanding the unique challenges and complexities facing families affected by methamphetamine use disorders. It is well documented how moderate to severe use of methamphetamine alters brain functioning, including long-term impairments to cognitive and behavioral capacities such as memory, mood, affect, and decision-making. This is in large part why parents and families affected by methamphetamine use disorders require additional time and enhancements to their services and supports to successfully meet their child safety and recovery-oriented case plan goals and objectives.

Source: (Lappan et al., 2020)



## Slide 41

### *How Engagement Might Look Differently for Methamphetamine Use...*



#### Facilitator Script:

So, what exactly do we mean when we say parents and families affected by methamphetamine use disorders may require additional time and enhancements to their services and supports—engagement, engagement, engagement!

By providing real-time coaching and skill building we are helping parents and families navigate complex systems of care; this may look like helping them access treatment and supportive services by being present and making those initial calls together or it may look like role-playing what this process will entail to ensure they are prepared and comfortable with taking the next step on their own.

This may also look like helping parents and families complete their intake or enrollment paperwork either pen to paper or virtually online.

We are also now well aware of the effects methamphetamine has on brain structures and functions related to memory, decision-making, and follow through so help with getting appointments scheduled and getting creative with reminders—alarms, text messages, emails, use of visual aids, etc. will be key to ongoing engagement and retention.

Our help will also center around reducing any barriers or challenges related to getting to or from appointments—this may look like using agency resources to arrange transportation services through peers, techs, or other support staff; this should also include help with navigating the public transportation system when available and can look like assistance with bus or train fares plus knowledge of routes, pick up and drop off locations, timed schedules, etc.

Lastly, reinforcing positive steps toward recovery—big or small—is a proven engagement and retention strategy specific to methamphetamine use disorders—more on this one in the upcoming slides.



## Slide 42

### ***Recovery Is Possible!***



#### **Facilitator Script:**

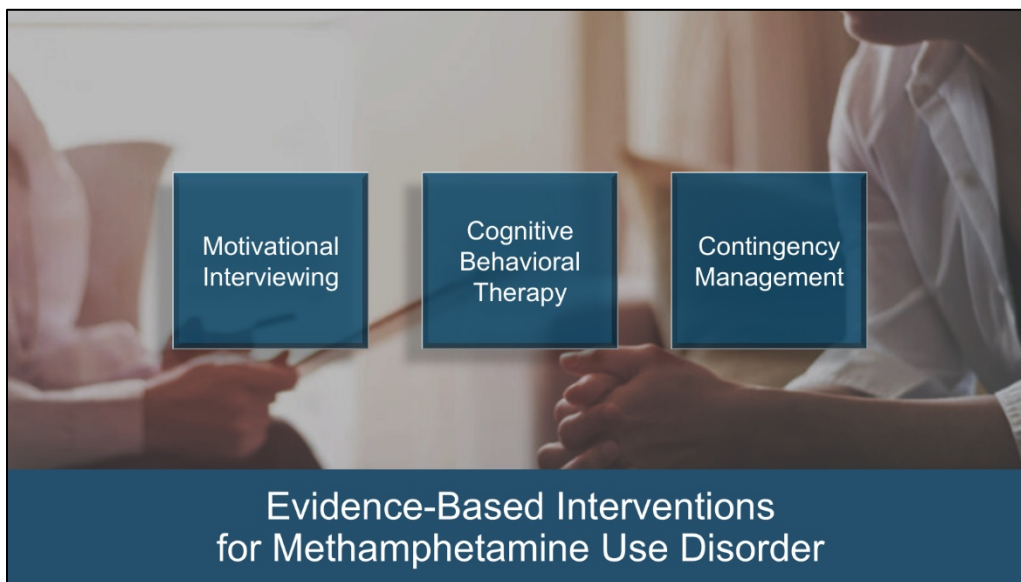
As we've talked about throughout this training module, as well as the others, recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Despite the complexities of its use, recovery from a methamphetamine use disorder is POSSIBLE!

Let's take the last few minutes of our time together today to further amplify this message of hope and sustained well-being for parents and families.



## Slide 43

### *Evidence-Based Interventions for Methamphetamine Use Disorder*



#### Facilitator Script:

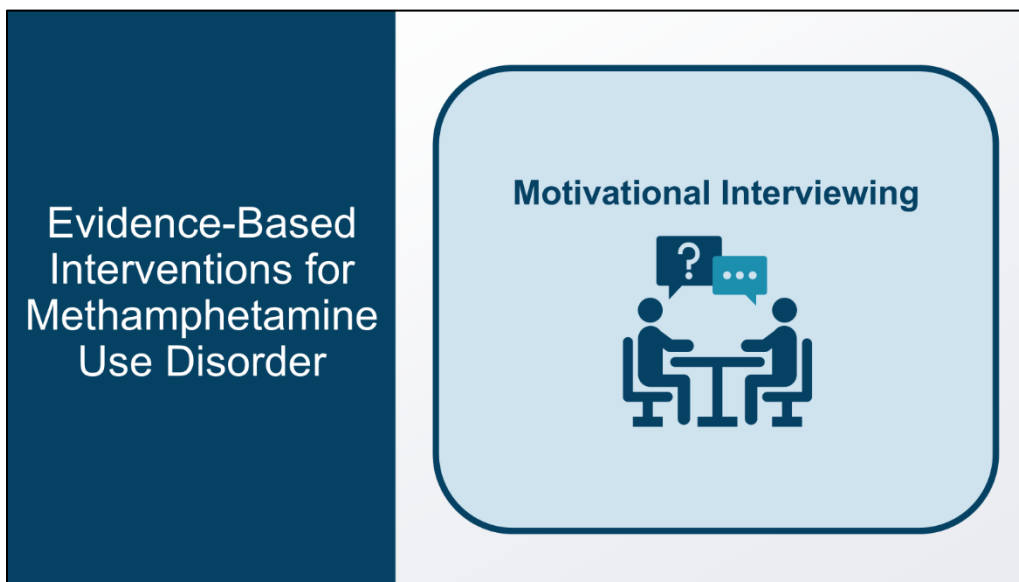
Treatment for substance use disorders requires a combination of therapies and services that adequately address a parent's substance use and co-occurring needs. Treatment and recovery from a methamphetamine use disorder is possible with the right type of evidence-based treatment. Let's revisit several interventions with demonstrated effectiveness for methamphetamines...

Source: (National Center on Substance Abuse and Child Welfare, 2022)



## Slide 44

### *Evidence-Based Interventions for Methamphetamine Use Disorder: Motivational Interviewing*



#### Facilitator Script:

One of the most common and long-standing evidence-based treatment interventions for methamphetamine use disorders is motivational interviewing, or more commonly referred to as MI. The Title IV-E Prevention Services Clearinghouse currently rates MI as well-supported. MI is an effective therapeutic method aimed at promoting an individual's behavioral change. Practitioners use MI strategies to help identify any potential ambivalence toward change while guiding clients through the 5-step readiness for change process. While MI can be used with many different focal populations, it has been tested rigorously within the substance use disorder-affected populations and shown to be highly effective in promoting favorable outcomes.

Source: (National Center on Substance Abuse and Child Welfare, 2022)





## Slide 45

### *Evidence-Based Interventions for Methamphetamine Use Disorder: Cognitive Behavioral Therapy*



#### Facilitator Script:

Cognitive-Behavioral Therapy, commonly known as CBT, is also a widely used evidence-based treatment intervention for methamphetamine use disorders. CBT combines modalities that are grounded in the theory that feelings affect our thoughts, which in turn affect our behaviors—therefore asserting the belief that desired behavioral change can be achieved through reflection on our thoughts and feelings. Specific to methamphetamine use disorders there may be an emphasis on the relationship between our thoughts, feelings, behaviors—including cravings, triggers or activators, and the potential for return to use.

Source: (National Center on Substance Abuse and Child Welfare, 2022)



## Slide 46

### *Evidence-Based Interventions for Methamphetamine Use Disorder: Contingency Management*



#### Facilitator Script:

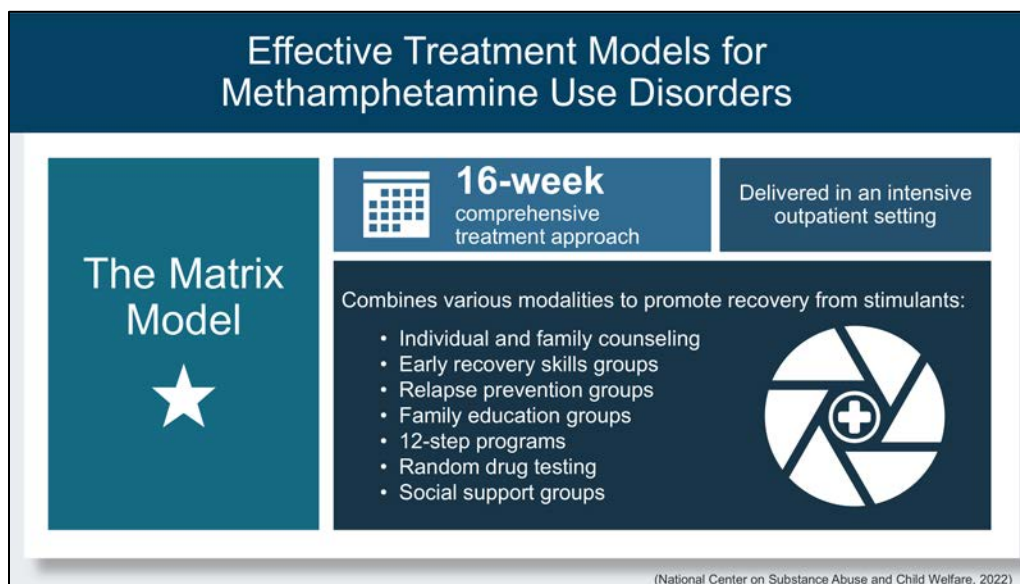
Contingency Management is another widely used and highly effective treatment intervention for methamphetamine use disorders. This intervention strategy is rooted in behavioral theory whereby individuals are rewarded for demonstrated progress or behavioral change. This often looks like providers reinforcing abstinence, as evidenced by negative drug tests, through monetary-based incentives such as vouchers or cash prize drawings that ideally increase with sustained periods of abstinence to continue serving as a motivator for behavioral change. While there is a large body of evidence supporting the use of contingency management with all types of substance use disorders, it is particularly effective in the treatment of methamphetamine.

Source: (National Center on Substance Abuse and Child Welfare, 2022)



## Slide 47

### *Effective Treatment Models for Methamphetamine Use Disorders*



#### Facilitator Script:

A more comprehensive treatment model for methamphetamine use disorders is the Matrix Model—developed in the late 1980's in response to a gap in treatment interventions specific to stimulant use. At the time, our country was seeing a rise in crack cocaine and methamphetamine use though most clinical intervention models were designed and tested with individuals affected by alcohol and opioid abuse. From its initial pilot study to present, a growing body of evidence has demonstrated the model's overall effectiveness in promoting and sustaining recovery from methamphetamine use disorders.

The model's success lends largely to its duration—as most methamphetamine treatment programs are short-term in nature averaging less than 30 days. While participants of the Matrix Model commit to a minimum of 16 weeks of comprehensive treatment planning—for some this may extend up to 6 months—which aligns with what we know about the length of time needed for the brain to recover from a substance use disorder.

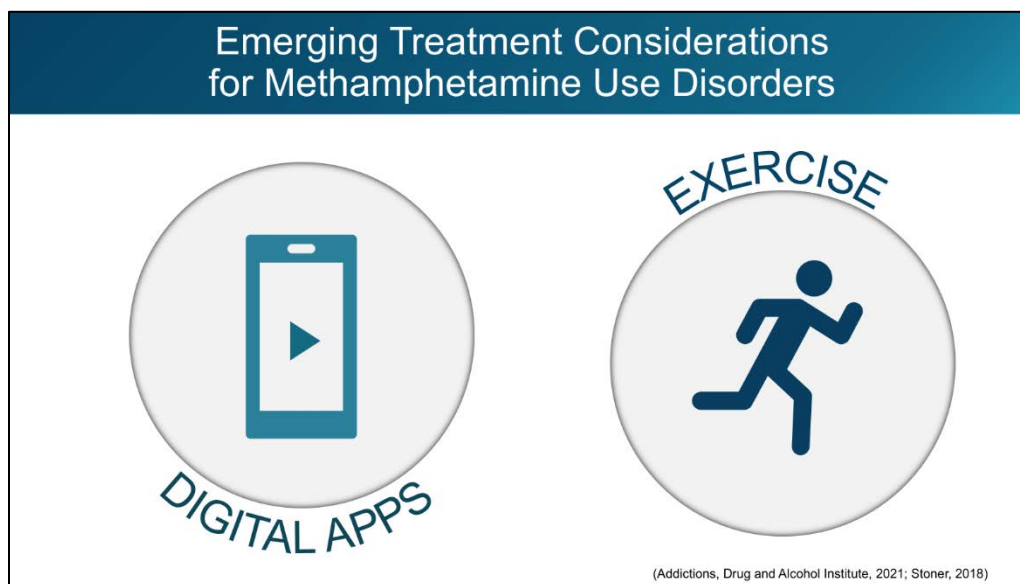
So, while the Matrix Model is considered the 'gold standard' in treatment of methamphetamine use disorders, there are also some emerging treatment considerations that are gaining more attention.

Source: (National Center on Substance Abuse and Child Welfare, 2022)



## Slide 48

### *Emerging Treatment Considerations for Methamphetamine Use Disorders*



#### Facilitator Script:

A new wave of emerging treatment considerations for methamphetamine use disorders includes the likes of digital apps for virtual contingency management. These healthcare technology-based apps are specifically designed to model an integrated approach but from the comfort of your hand-held device—providing consumers access to any combination of remote drug testing, medication adherence, online treatment modules, recovery coaching and/or support services, treatment appointment tracking and reminders, and financial incentives or rewards programs. The most prominent of these digital apps include:

- DynamiCare (offering contingency management for stimulant free saliva tests)
- reSET (offering contingency management for completion of SUD treatment modules)
- WeConnect (offering contingency management for adherence to SUD treatment plans)

There is also an emerging body of literature pointing to the effectiveness of adjunct exercise programs for the treatment of methamphetamine use disorders. This is in large part due to unique position where persons affected by methamphetamine use disorders also tend to be managing co-occurring depression and anxiety which can be heightened by abstinence-based treatment programming—leading to an increase in symptoms such as low energy, poor concentration, greater irritability and mood instability. A scan of current literature points to the positive relationship exercise has on methamphetamine use disorder treatment outcomes which included lower rates of depression and anxiety, lower rates of return to use, and longer periods of sustained recovery when compared to non-exercise methamphetamine use disorder counterparts.



**Prompts for Participants:**

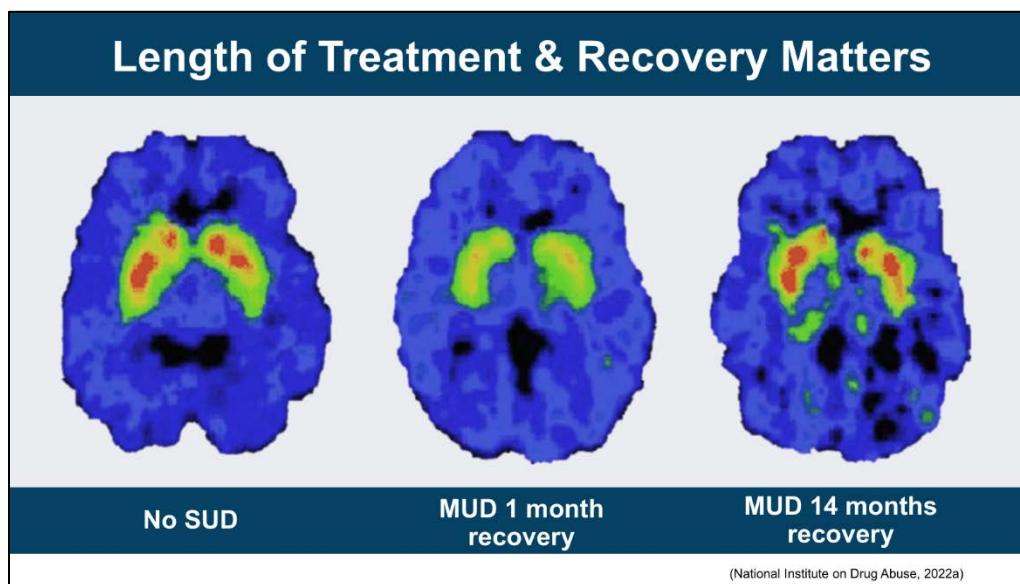
- **Are we seeing either of these two emerging treatment considerations for methamphetamine use disorders in our communities?**
- **What does this currently look like? And are there any early indicators related to treatment engagement, retention, or outcomes?**

Sources: (Addictions, Drug and Alcohol Institute, 2021; Stoner, 2018)



## Slide 49

### *Length of Treatment & Recovery Matters*



#### Facilitator Script:

Remember what we said about requiring more time?! Methamphetamine use disorders are as treatable as other substance use disorders—with active engagement, incentive-based interventions, and treatment timelines that acknowledge the complexities of its use—individuals can move forward on their path to healing, including restoring brain functioning.

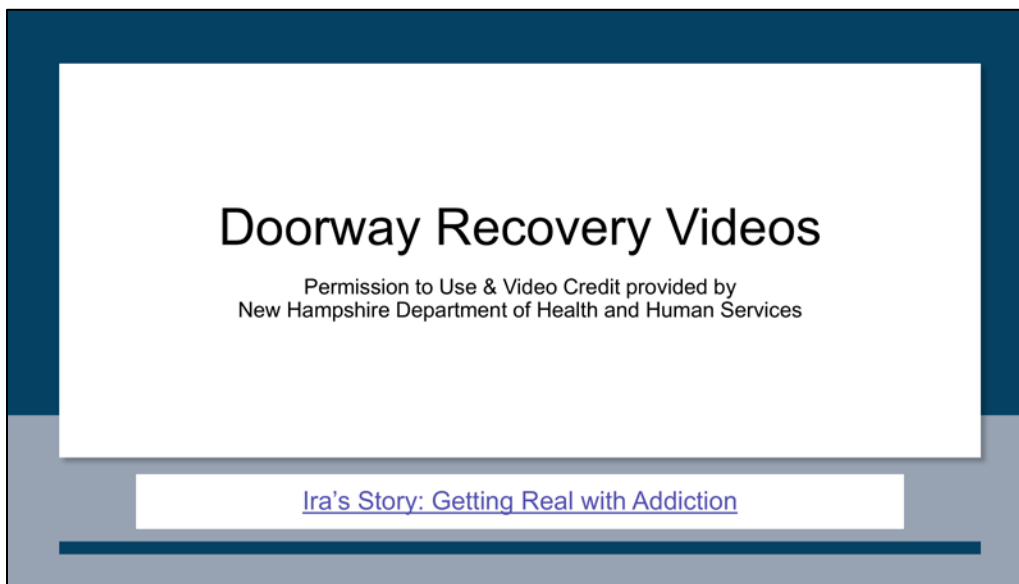
Notice the similarities between the first image on the left and the image on the right—14 months of sustained recovery from methamphetamine appears near baseline with the scan of no substance use history. This image signifies the importance of early identification and quality service provision for enhanced substance use disorder treatment retention—because as you can see, length of treatment and recovery really does matter.

Source: (National Institute on Drug Abuse, 2022a)



## Slide 50

### *Ira's Story: Getting Real with Addiction*



#### Facilitator Script:

Let's now close out today's training session with a real-life reminder that recovery is possible— with Ira's story on getting real with addiction; a video made possible by Doorway Recovery and the New Hampshire Department of Health and Human Services.

#### Prompts for Participants to Close Out Today's Training Discussion:

- **What part of Ira's story resonated with you the most?**
- **While never specifically mentioned, what parts of Ira's story indicate the potential for a methamphetamine use disorder?**

While we don't know the exact details of Ira's substance use and co-occurring disorder history, we do know that his story represented environmental exposure from an early age with attempts to disrupt the cycle of intergenerational use and manufacturing prior to his own challenges with addiction. His road to recovery culminated at age 44 years old when as he described, he was "sick and tired of being sick and tired and had to get real with himself." An important reminder that recovery (at any age or stage in life) is possible!

Video Source: Doorway Recovery Videos and New Hampshire Department of Health and Human Services






## Slide 51


### *Contact the NCSACW TTA Program*


**Contact**  
**Contact the NCSACW  
TTA Program**


Connect with programs that are  
developing tools and implementing  
practices and protocols to support their  
collaborative

Training and technical assistance to  
support collaboration and systems  
change

 **National Center on  
Substance Abuse  
and Child Welfare**

 <https://ncsacw.acf.hhs.gov/>

 [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

 Toll-Free @ 1-866-493-2758

### **Facilitator Script:**

Alright, this wraps up the instructional content for module eight. If you have any follow up questions from today's training, feel free to reach out to the National Center on Substance Abuse and Child Welfare at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org) or toll free at 1-866-493-2758. Thank you all for our rich discussion today and for your continued work on behalf of children, parents, and families affected by methamphetamines. Take care, everyone!



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## Resources

- Department of Justice/Drug Enforcement Administration: [Methamphetamine Drug Fact Sheet](#) (2020)
- National Center on Substance Abuse and Child Welfare: [Children Affected by Methamphetamine Program: Implementation Progress and Performance Measure Report](#) (2016)
- National Center on Substance Abuse and Child Welfare: [How Using Contingency Management Can Support Families Affected by Substance Use Disorders Webinar](#) (2022)
- National Center on Substance Abuse and Child Welfare: [Strategies to Support Parents with Methamphetamine Use Disorder and Their Families](#) (2021)
- National Center on Substance Abuse and Child Welfare: [Supporting Children Affected by Parental Methamphetamine Use](#) (2021)
- National Center on Substance Abuse and Child Welfare: [Working with Adolescents: Practice Tips and Resource Guide](#) (2021)
- National Center on Substance Abuse and Child Welfare: [Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Engagement and Safety Decision-Making in Substance Use Disorder Cases](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Identifying Safety and Protective Capacities for Families with Parental Substance Use Disorders and Child Welfare](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Planning for Safety in Cases When Parental Substance Use Disorder is Present](#) (2023)
- National Center on Substance Abuse and Child Welfare: [The Use of Peers and Recovery Specialists in Child Welfare Settings](#) (2019)
- National Center on Substance Abuse and Child Welfare: [Understanding Engagement of Families Affected by Substance Use Disorders: Child Welfare Practice Tips](#) (updated 2023)
- National Center on Substance Abuse and Child Welfare: [Understanding Screening and Assessment of Substance Use Disorders —Child Welfare Practice Tips](#) (updated 2022)
- National Center on Substance Abuse and Child Welfare: [Understanding Substance Use Disorders —What Child Welfare Staff Need to Know](#) (updated 2022)
- Substance Abuse and Mental Health Services Administration: [Evidence-Based Resource Guide Series: Treatment of Stimulant Disorders](#) (2020)
- Substance Abuse and Mental Health Services Administration: [Tips for Teens: The Truth About Methamphetamine](#) (2018)



- Substance Abuse and Mental Health Services Administration: [\*Treatment Improvement Protocol \(TIP\) 33: Treatment for Stimulant Use Disorders\*](#) (2021)