



Kansas Alliance for Drug Endangered Children Data Report: Measuring the Number of Kansas Children Impacted by Caregiver Substance Abuse

Identifying the risks faced by children who live with caregivers who abuse substances is a straightforward task. Accidental ingestion, abuse, chaotic home life, and lack of basic necessities are among the many hazards threatening the well-being of children living in drug environments. Much less simple to express is the number of Kansas children who are living in these hazardous environments.

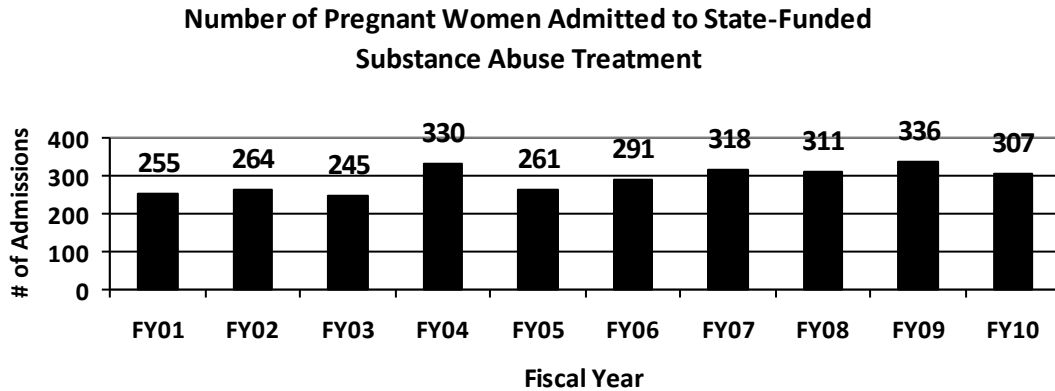
In the absence of a single data source indicating the number of children affected by caregiver substance abuse, the Kansas Alliance for Drug Endangered Children (KADEC) has relied on research-based estimates. One such estimate indicates that approximately 62,680 Kansas children live in an environment where alcohol or other drugs are abused.¹ While this estimate is helpful for understanding the potential scope of the problem, it is insufficient for identifying the specific number of Kansas children affected by caregiver substance abuse. As state agencies and entities such as KADEC seek to address the issue of Drug Endangered Children, precise county and state level data is needed. Without supporting data, it is difficult to demonstrate the critical need for resources, time, and staff to be devoted to addressing the DEC issue.

In Kansas a Drug Endangered Child is defined as one found in an environment where illegal drugs are manufactured, sold, distributed, used or where there is other significant evidence of illegal drugs. An additional population considered to be drug endangered is infants who are prenatally exposed to substances. Drug Endangered Children may pass through many systems including juvenile intake and assessment centers, law enforcement, child protective services, and the judicial system. While no single source for quantifying the number of DEC exists, there are opportunities within each of these systems to identify children endangered by caregiver substance abuse. The purpose of this document is to analyze data from each of these systems, allowing a clearer picture of the number of DEC in Kansas to emerge. As a result, policy makers and practitioners alike will be encouraged to effectively and proportionally respond to the needs of these children.

Substance Exposed Newborns

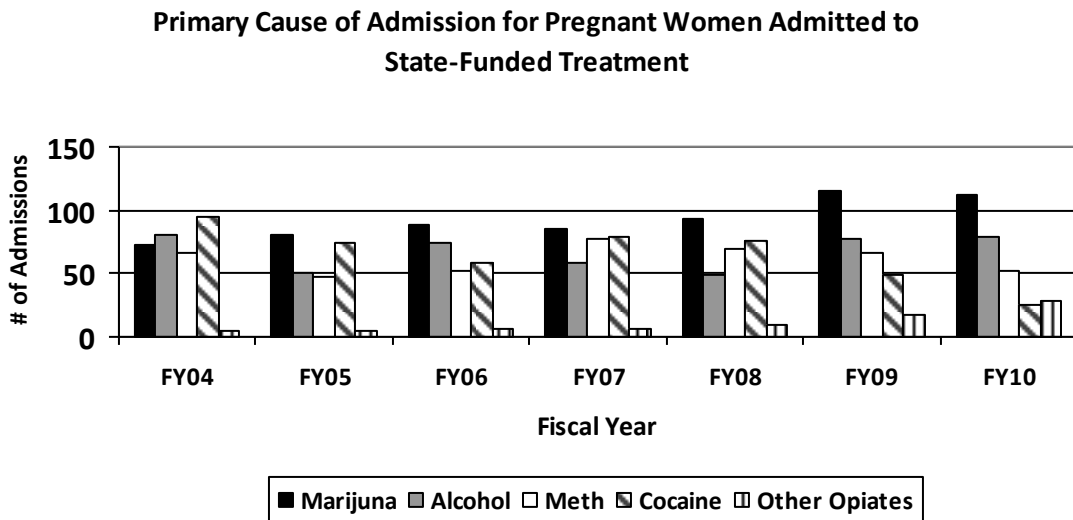
According to a national study, 11% of infants are born prenatally exposed to substances.² If that figure holds true in Kansas, approximately 4,599 infants fall into this category every year.³ The only source currently available to provide a more specific count on the number of substance exposed infants in Kansas is data from Social and Rehabilitation Services (SRS), Disability and Behavioral Health Services regarding the number of pregnant woman who are admitted to state-funded substance abuse treatment. In FY10, 307 pregnant women were admitted to such programs—a 20% increase over FY01 (Figure 1).

Figure 1.



Since FY05 marijuana has been the primary reason cited by pregnant women for seeking admission to treatment (Figure 2). During the last six years, cocaine has fluctuated among the first through fourth most common reason for pregnant women to be admitted to treatment. However, FY07 marked the beginning of an upward trend in opiate use by this population. The “other opiates” category began steadily increasing while cocaine and methamphetamine admissions decreased and in FY10 “other opiates” surpassed cocaine as the fourth most common reason for pregnant women to enter treatment.

Figure 2.



Children with Parents in Treatment

Another group of children impacted by caregiver substance abuse are those who live in homes with caregivers who are admitted to a state-funded substance abuse treatment program. In FY10, more than 11,400 children under the age of 18 lived in homes with caregivers admitted to state-funded treatment. This number has increased 30% since FY01 (Figure 3).⁴ Between the years of FY02 and

FY10 an average of 36% of individuals admitted to treatment lived in homes with children under the age of 18 (Figure 4) ⁵

Figure 3.

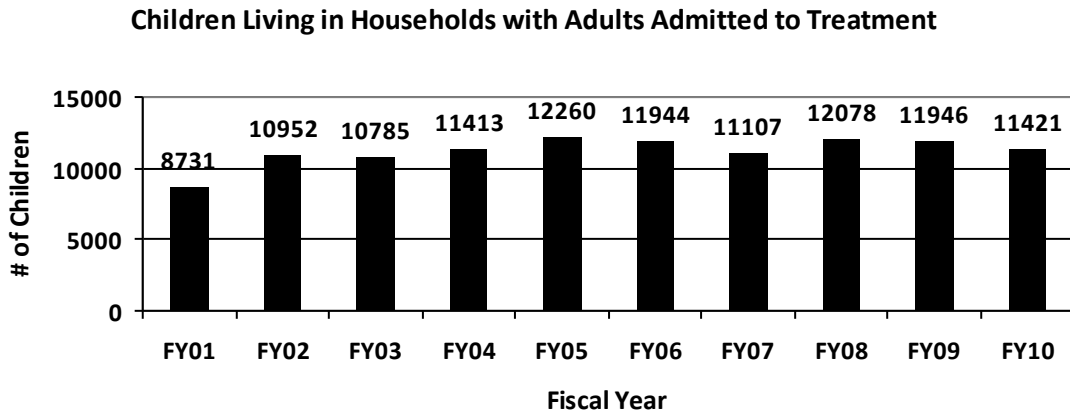
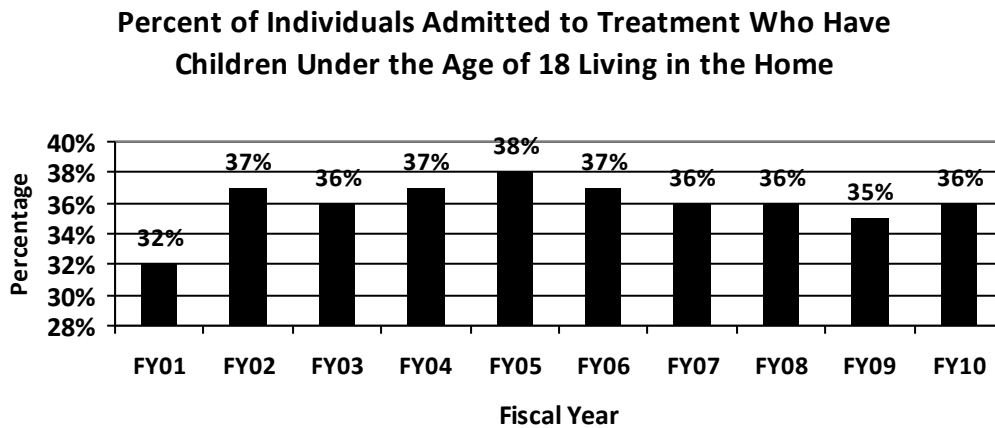


Figure 4.



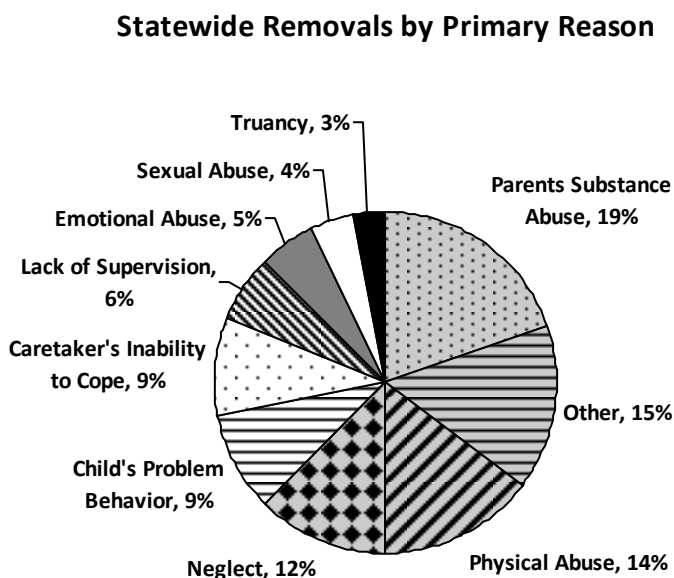
In FY10 the largest percentage of children living in homes with adults who were admitted to treatment were those living with an adult receiving treatment for marijuana. Just over 40%, or 4,649 children, lived in a home with an adult who identified marijuana as their primary reason for admission. These adults had an average of 2.2 children in the home. Slightly more than 4,021 children (35%) lived with an adult seeking treatment primarily for alcohol and 1192 children (10%) lived with an adult who identified methamphetamine as their primary reason for admission.

Children Removed from the Home Due to Parental Substance Abuse

According to data released by SRS Children and Family Services Division, 649 children were placed in out of home placement due to parental substance abuse in FY10. Parental substance abuse is a category that includes the following removal reasons: “drug abuse by parent”, “alcohol abuse by parent” and “methamphetamine abuse by parent.” The percentage of removals in which parental substance abuse was a primary or contributing reason for removal is increasing. Since FY07 the

percentage of removals in which parental substance abuse was a primary or contributing factor has increased 17%. In FY10 parental substance abuse was the leading removal reason for children placed in out of home placement, accounting for 19% of the state’s 3,444 removals (Figure 5).⁶ Parental substance abuse was cited as a primary or contributing reason for removal in 22% of cases and was cited as a removal reason 1,434 times.

Figure 5.



Parental substance abuse is a more common cause for removal in young children. In FY10, 78% percent of children removed from the home due to parental substance abuse were nine years old or younger and 26% were under the age of one. During that time frame, parental substance abuse was the leading cause of removal (34%) for children under the age of one, more than double the second leading cause of removal (“other”). The data does not specify what percentage of these removals were infants removed at birth due to prenatal substance exposure.

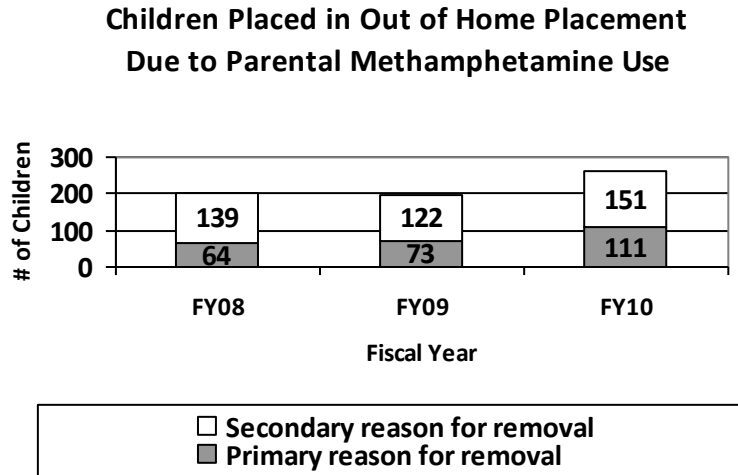
It is important to note the limitations of this data set. The data provided by SRS reflects only children who are removed from the home, and does not include cases where families affected by parental substance abuse are referred to family preservation services. Additionally, the classification of reason for removal is subjective and is based on the SRS social worker’s discretion. The social worker’s training, perceptions and understanding of substance abuse may each impact whether parental substance abuse is cited as a reason for removal.

A Special Consideration: The Number of Children Affected by Methamphetamine

Of the 649 children placed out of the home primarily due to parental substance abuse in FY10, 111 were removed primarily due to parental methamphetamine use, accounting for 17% of the cases.⁷

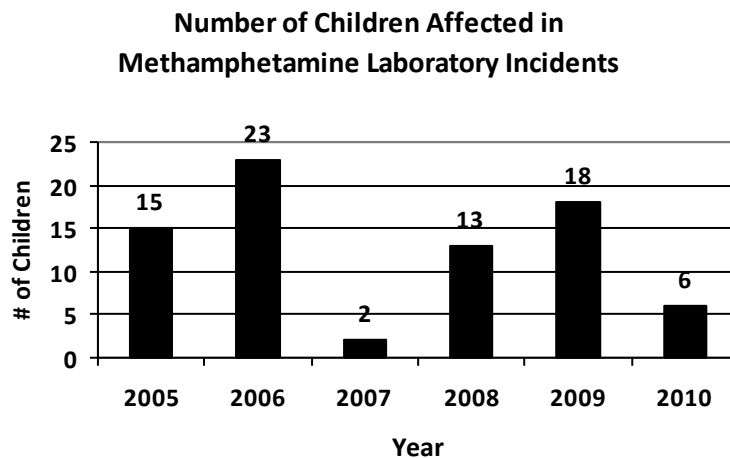
Comparatively, parental alcohol use (the only other substance specifically categorized as a removal reason) accounted for 9% of cases. Parental methamphetamine use was the primary reason for removal in 3.2% of all cases. In FY10, parental methamphetamine use was a primary or contributing factor for removal in 3.9% of all out of home placements—a 29% increase since FY08 (Figure 6).⁸

Figure 6.



An additional data source regarding children impacted by methamphetamine is provided by law enforcement officers who encounter children in methamphetamine manufacturing environments. Methamphetamine manufacturing incidents are reported by law enforcement on a standardized form that is compiled by the El Paso Intelligence Center, a national clearinghouse. This form includes a field to track persons affected in laboratory incidents, including the number of children affected. Since 2005 the number of children reported in methamphetamine laboratories in Kansas has varied considerably, from a high of 23 in 2006 to a low of just two the following year (Figure 7).⁹

Figure 7.



In Summary: Ongoing Data Needs

There are many opportunities to improve the data regarding the number of DEC in Kansas. While a mechanism is in place for law enforcement officers to report children discovered in methamphetamine manufacturing incidents, this mechanism is underutilized. A system that allows law enforcement officers to track children living in drug environments other than methamphetamine labs would provide significant data. An additional unmet data need is a means for measuring the number of substance exposed infants born in Kansas. Patient confidentiality is a significant concern when considering opportunities for hospitals to collect and report the number of infants born substance exposed.

One promising data collection system is under development. In 2012, the Juvenile Justice Authority will introduce a revised software system for use in Juvenile Intake and Assessment Centers (JIAC) throughout the state. The revised system will include mandatory DEC-identification questions that will be asked of law enforcement officers who bring children into custody. The DEC-identification questions will guide the officer to report if illegal substances were available in the child's environment and, if so, whether the presence of those substances was a factor in the decision to place the child in custody. Once the software system is operational, data will be available at both the state and county level and will reflect the approximately 25,000 Kansas children taken into custody every year.

The Kansas Alliance for Drug Endangered Children is committed to pursuing all emerging data sources that can help clarify the level of the DEC problem in Kansas. KADEC will continue to identify data gaps and strive to develop solutions for improvement.

Citations

¹ Offices of Applied Studies, 2003; and 2009 State Population Estimates, U.S. Bureau of the Census

² Freier, M.C.; Griffith, D.R.; and Chasnoff, I.J. In utero drug exposure: Developmental follow-up and maternal-infant interaction. *Seminars in Perinatology* 15(4):310-316, 1991.

³ Freier, M.C.; Griffith, D.R.; and Chasnoff, I.J. In utero drug exposure: Developmental follow-up and maternal-infant interaction. *Seminars in Perinatology* 15(4):310-316, 1991.; and 2008

Kansas Live Birth Data

⁴ Kansas Social and Rehabilitation Services, Disability and Behavioral Health Services Division, 2010

⁵ Kansas Social and Rehabilitation Services, Disability and Behavioral Health Services Division, 2010

⁶ Kansas Social and Rehabilitation Services, Children and Family Services Data Unit, 2010

⁷ Kansas Social and Rehabilitation Services, Children and Family Services Data Unit, 2010

⁸ Kansas Social and Rehabilitation Services, Children and Family Services Data Unit, 2010

⁹ El Paso Intelligence Center, data from 2005 through 2010