

**American Academy of Pediatrics
Council on Community Pediatrics**

**Methamphetamine Use
Indian and Rural Health Special Interest Groups
Listserv Discussion, February, 2005**

Date: 2/8/05

To: Rural Health and Indian SIG Listserv

From: Steve Holve, MD, FAAP, Chairperson, Indian Health SIG Steering Committee

Email: sholve@frontiernet.net

Location: Tuba City, AZ

AAP Affiliation: Indian Health SIG Steering Committee

Comments

Attachments

Attachments were included from Dr Holve -6 pg Meth Summary document and 50 pg Powerpoint slides. The 2 presentations below can serve as a primer about meth and as a starting point for discussion. Thomas Drouhard, MD, a longtime general surgeon, Tuba City, wrote the meth "word" document. The PowerPoint presentation was prepared by Drs. Harrison Alter, ER medicine and Diana Hu working in Tuba City. Providers should feel free to use this information in presentations. There is no copyright issue. The powerpoint may be especially useful for those called upon to speak in communities or at schools.

Meth Issues

Methamphetamine (meth) has become an increasing drug of abuse in many rural areas, including Indian reservations, in past 2yrs. Primary care physicians see patients with meth issues in ER, clinics, delivery, domestic violence episodes and child neglect cases.

Diagnosis and Treatment

Diagnosis of meth abuse with the use of urine toxicology screens is easy; successful treatment appears to be hard. Clinicians need to be aware of this drug and its ramifications

Legal Status of substance:

While possession and use of meth is a federal crime it is currently not an illegal substance on many Indian reservations. The word document by Dr Drouhard was prepared as the educational tool for the Navajo Nation tribal council. In response the Navajo Nation just passed legislation in March that made manufacture, possession and use of meth a crime under the tribal code. We hope other tribal governments will follow suit in this matter.

Questions/Concerns:

How common is meth use in your area?

In your tribal area are there laws that make meth production and use a crime?

Are there penalties for possession?

Should all mothers be screened at delivery for meth use or only if medically indicated?

What is the disposition of an infant born to a mother with known meth use?

Do you think this is or should be different than use of other drugs?

What resources are available for teenagers and adults who are meth users?

What programs have shown success in treating meth addiction?

Do you know of any successful prevention programs?

Date: 2/9/05

To: Rural Health and Indian SIG ListServ

From: Matthew Clark, MD, FAAP

Email: mattc@abq.ihs.gov

Location: Southern Ute Health Center, Durango, CO

AAP Affiliation: Indian Health(IH) SIG

Comments

Meth Issues

Meth use is quite prevalent in the local community. County Social Services has noted an increase in child neglect referrals due to Meth, apparently the flow of meth from Mexico at low price has resulted in a low number of "meth houses" for production locally.

Mother/Infant Issues

One matter that has arisen related to G13 disposition of infants born to mothers with suspected meth use is the fact that testing of the mother must follow a specific "chain of custody" which requires a special lab procedure if the result is to be of benefit to Social Services related to the child. Our hospital has devised a specific procedure for this

Date: 2/18/05

To: Rural Health and Indian SIG ListServ

From: John Ratmeyer, MD, FAAP,

Email: john.ratmeyer@gimc.ihs.gov

Location: Gallup, NM

AAP Affiliation: Indian Health(IH) SIG

Comments

Mother/Infant Issues

What is fairly clear, is that breastfeeding is more than just nutrition, something lost on those who would bar any woman from nursing solely on the basis of a positive urine toxicology screen. Breastfeeding develops a bond between parent and child, which may serve as a motivator for positive change on the part of drug-abusing parents while decreasing the risk of future child maltreatment. That information has to be considered along with concerns about likelihood/degree of drug exposure the newborn has if breastfed. If it's predetermined in whatever system one works that newborns will be separated from their drug-abusing mothers, I would agree not to allow breast-feeding to begin as a practical matter, but many social work agencies are opting to send these infants home with their parents while social work monitors the situation and puts a treatment plan in place. Those treatment plans include frequent visitation by SWEr's, the parent's attendance at 12-step programs, frequent parental urine drug tests, and links with financial resources.

Favorable Outcome

I think it's actually fortunate when discharge disposition is not predictable. That at least suggests that some individualized care planning is possible. I share the concern that it may also mean that there is inconsistency within the designated social service agency; that different workers approach similar situations differently, with little or no supervisory oversight to rectify these inconsistencies.

Questions/Concerns:

Do I correctly understand that isolated poor prenatal care (defined as 4 or fewer visits) prompts urine drug screening of expectant or newly-postpartum mothers in Crow Agency?

Need for Guidelines

Do other people have written protocols/ guidelines for such testing of either mothers or their newborns?

Date: 2/3/05

To: Rural Health and Indian SIG ListServ

From: Judith Thierry, DO, FAAP on Behalf of Suzan Murphy, PIMC Lactation Consultant

Email: jthierry@hqe.ihs.gov

Location: Rockville, MD

AAP Affiliation: IH SIG, IHS/USPHS

Comments

Mother/Infant Issues

Dr. Hale et al have indicated that moms with a +UDS for meth at delivery may still be able to breastfeed safely because the amount of meth that gets into the colostrum is small, and the amount colostrum that the baby receives is also small, making the meth dose negligible. Unfortunately, as the baby grows, the subsequent use and feedings may be a problem. There has been newspaper publicity about meth user's breastfeeding and their babies dying. It is not yet a clearly understood issue

Questions/Concerns:

Meth pops in many conversations. This from Suzan Murphy - - We have a Pharm.D student addressing medications and drug exposure in breastfeeding moms. A format will be available at breastfeeding web site - user friendly info.

Need for Guidelines

The use of methamphetamines has increased in many communities - with not clear guidelines on what/how/if with bf. One of the local big hospital groups now prevents moms from bf if they were UDS + for anything (including marijuana) in the last 3 months of preg or at delivery. We are planning to continue with case-by-case treatment. Info about street drugs - esp. meth, will be helpful and time saving.

Date: 2/3/05

To: Rural Health and Indian SIG ListServ

From: Lori Bryon, MD

Location: Crow Res, Southern Montana, Hardin, MT

Comments

Mother/Infant Issues

Many years ago, we adopted a policy in Crow Agency that all babies with s/s of possible drug exposure would be screened and that INCLUDED poor prenatal care. Jan Bays of Portland's research showed that poor prenatal care (defined as 4 or fewer prenatal visits) was the number one indicator of drug abuse in mothers.

Our regional attorney approved our policy, ie, we do without parental consent, meconium and urine screens on infant and urine on mother. Using that criteria alone, about 50% of our screens are positive.

Date: 4/27/05

To: Sunnah Kim, Division Director, DOCHS, Native American Child Health

From: Steve Holve, MD, Chairperson, Committee on Indian SIG Steering Committee

Location: Tuba City, AZ

Email: skim@aap.org

Other Web site resources about drug screening for pregnant women has come from Neil Murphy the IHS OB/GYN Clinical Consultant:

- See this web based document for many other resources
<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/DgSc41205.doc>
- DRAFT Obstetrics Dept Guideline for Drug Testing
<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/ScrOBdraft.doc>
- University of New Mexico Guidelines for obtaining maternal and neonatal UDM
<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/UNMScr.doc>

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