

Meth A Growing Epidemic in our Neighborhood

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Sen. Vinehout met with county officials and staff who shared stories about the growing problems of meth use and addiction in western Wisconsin. Counties face a financial burden caring for those addicted and their children and she asks her colleagues to include meth as they consider bills on opioid abuse.

ALMA, WI - “We are up to our gills in meth,” the county worker told me. “Four years ago one quarter of our child-protection cases were related to meth. Now, 92% of these cases are related to meth.”

“Our system just isn’t equipped to deal with the meth problem,” said another social worker.

Recently, more than 400 county supervisors and Health and Human Services staff came to the Capitol. I had visitors from every county in our Senate District. These officials brought me one clear message: Help us deal with the meth problem.

The statistics the county employees shared were staggering. Trempealeau County experienced more than a four-fold increase in child-protection cases in less than two years. Most of these children were living with a meth-addicted parent.

Dunn County officials told me about the increase in people entering treatment. Last September, 35% of those entering treatment were meth addicts and this number steadily grew. By February, 60% of those entering treatment were addicted to meth.

The county staff shared many stories about the impact of meth addiction on children. These children are exposed to the drug because addicts smoke the substance. The drug pollutes the air and surfaces of the home. All workers test children of meth addicts for exposure to meth

“We tested a four-year-old and a one-year-old,” said a social worker. “The two children tested higher than the average meth users.”

The social workers said they are struggling to fill the needs of so many youngsters ravaged by the addiction of their parents. Counties assess the child’s needs but as the county staff explained, it is difficult to tease out what is happening with a child.

Is a child suffering withdrawal symptoms because of second-hand drug exposure or suffering developmentally because of poor nutrition. Has the child experienced emotional or physical trauma? Certainly, the vast majority of children of meth-addicted parents suffer neglect.

A social worker told me that she visited a mom in jail who decided to voluntarily give up her child. The sorrowful mom told the social worker she wished she never did meth, because “it makes you forget you ever had children.”

Helping the large number of suffering children has stretched county budgets thin. The cases are hard. Social workers are difficult to find and often not trained to assist children from drug-troubled homes. Staff turnover is high.

For the addicts themselves, treatment programs are limited. Insurance only pays for a few days of inpatient treatment. To be effective, a meth addict must stay inpatient for at least a month. In my own research, I learned the brain takes at least a year to recover from some damage done by meth. Relapses are common, as is depression and other forms of mental illness.

A few months ago, I first began hearing about meth from law enforcement. Sheriffs told me the combination of mental illness and meth resulted in violence. Community and officer safety was

at risk. Treatment options were very limited. Often officers must drive four to six hours one-way to deliver the addict to treatment at one of two state-operated mental health institutions.

Local sheriffs explained how their entire annual budget for transporting the arrested mentally ill person was gone in the first few months of this year because of so many new cases of mental illness and meth-induced violence.

“Opioid users go to the emergency room,” a human services manager told me. “Meth addicts go to jail.”

Lawmakers recently paid much attention to problems associated with heroin and opioid-related drugs. However, the epidemic in western Wisconsin is meth.

Counties need resources to help children who need safe homes. Our region needs treatment and emergency crisis centers. Long-term inpatient treatment is expensive but can be effective. Further, we must help those suffering from mental illness and keep them from turning to addiction instead of mental health treatment.

Lawmakers will soon take up a series of bills to combat heroin. I ask my colleagues to expand their awareness and consider the impacts of meth: on our children, our county budgets, the safety of our communities and the lives of the addicts.

In the spirit of rebirth, Easter and spring, I ask families affected by mental illness or drug addiction to get help. It is not easy. But there is hope.

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