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OVC Bulletin

JUNE 2003

CHILDREN AT CLANDESTINE METHAMPHETAMINE LABS: HELPING METH'S YOUNGEST VICTIMS

by Karen Swetlow

Until recently, clandestine methamphetamine production was viewed as a victimless crime. Law enforcement and child protective services personnel typically failed to treat as victims the children found living at or visiting illegal methamphetamine laboratory sites. They rarely interviewed these children as potential witnesses, evaluated them for physical or psychological damage, or ensured that they were placed in proper and safe environments.¹ Now, as more and more children are found living at home-based labs, law enforcement, medical, and social services professionals are showing growing awareness of the enormous physical, developmental, emotional, and psychosocial damage these children may incur.²

Children who live at or visit these sites or are present during drug production face acute health and safety risks, including physical, emotional, and sexual abuse and medical neglect. The manufacture of

methamphetamine may involve hazards such as fires and explosions. The age-related behaviors of young children (such as frequent hand-to-mouth contact and physical contact with their environment) increase the likelihood that they will inhale, absorb, or ingest toxic chemicals, drugs, or contaminated food. Their physiological characteristics (such as higher metabolic and respiratory rates and a developing central nervous system) leave them particularly vulnerable to the effects of toxic chemical exposures. Exposure to drugs and alcohol before birth places infants at increased risk for neurological abnormalities and respiratory problems, which may be compounded by ongoing environmental exposures.

Personnel involved in laboratory seizures should include or have ready access to qualified professionals who can respond to the immediate and potential health needs of the children present at these sites. Actions should include taking children into protective custody, arranging for

Message From THE DIRECTOR

Children who live at or visit home-based meth labs face acute health and safety risks, including the hazards of fires, explosions, abuse, and medical neglect. Increasingly, child protection workers find that these children suffer from physical harm, including burns, bruises, untreated skin disorders, bites, and infections. The "meth home" lifestyle is characterized by chaos, emotional and physical deprivation, the presence of firearms, and filthy surroundings. Parents are engaged in criminal behavior and may exhibit paranoia. Young children are particularly vulnerable to the effects of chemical exposure.

Collaboration among federal, state, and local agencies is critical to ensure the adequate care and protection of these children. Law enforcement agencies at the state and federal levels and child protection agencies in every jurisdiction should establish protocols for their collaboration and for documenting conditions of child endangerment when a laboratory is seized. Victim service providers, public health and medical professionals, law enforcement personnel, prosecutors, child protection workers, and judges must understand the special needs of meth's youngest victims.

John W. Gillis
Director

toxicologic urinalysis for methamphetamine and other drugs, conducting comprehensive medical and mental health assessments, and ensuring short- and long-term care and followup with a pediatrician.

Meth Production Site: Not Really a Laboratory

Sites that produce methamphetamine may be called laboratories, but they bear little resemblance to legitimate pharmacologic laboratories.³ The Drug Enforcement Administration (DEA) defines a clandestine laboratory as “an illicit operation consisting of a sufficient combination of apparatus and chemicals that either has been or could be used in the manufacture or synthesis of controlled substances.” In a methamphetamine laboratory, the “cook” often handles ignitable, corrosive, reactive, and toxic chemicals in the presence of an open flame or heat source. (See *What Is Methamphetamine?*) Some of these substances are extremely harmful or lethal when inhaled or touched; others react violently when they are heated, immersed in water, exposed to air, or combined. Although clandestine labs use a number of manufacturing methods, all produce volatile chemicals and toxic vapors that present significant health and safety hazards to the meth cook, children, and others who enter the site, including law enforcement personnel and other members of the response team. People in the surrounding community also may be at risk. The long-term effects of exposure to some of these substances have not been established. However, many of these chemicals are known to damage vital body organs or to cause cancer and other adverse health conditions.

What Is Methamphetamine?

Methamphetamine, or meth, is the fastest growing drug threat and the most prevalent synthetic drug manufactured in the United States. Refined manufacturing has significantly increased meth’s strength. Called crank, speed, go fast, ice, or crystal, methamphetamine can be injected, snorted, smoked, or ingested orally. Meth is usually a white, odorless, bitter-tasting powder that dissolves easily in water. Crystal meth is often clear; it is found in large chunky crystals that are smoked. Methamphetamine users initially experience a short, intense rush that is followed by a sense of euphoria lasting up to 8 hours. Methamphetamine use increases heart rate, blood pressure, body temperature, and rate of breathing. It produces extra energy and stamina, an increased libido, a sense of invulnerability, and a decrease in appetite. Chronic, high-dose methamphetamine abusers may exhibit increased nervousness, paranoia, schizophrenia-like symptoms, irritability, confusion, and insomnia. Violent and erratic behaviors frequently occur in the last phase of meth bingeing. Withdrawal from high doses of meth

invariably produces depression, which varies in severity and duration but may last for months or even years.

This highly addictive, synthetic central nervous system stimulant is produced using chemicals extracted from readily available products. These products include over-the-counter cold medicines and diet pills and household products like lithium camera batteries, matches, tincture of iodine, and hydrogen peroxide. Flammable household products, including charcoal lighter fluid, gasoline, kerosene, paint thinner, rubbing alcohol, and mineral spirits, may be used in the mix. Corrosive products, such as the muriatic acid used in pools and spas, sulfuric acid in battery acid, and sodium hydroxide from lye-based drain cleaners, also may be used in the manufacturing process. In rural areas where anhydrous ammonia is used as a fertilizer, farmers are increasingly finding their ammonia tanks have been tapped by “cooks” using this highly toxic chemical to produce meth.

Illegal meth laboratories can be set up wherever activities may be hidden from view, often in locations that are especially dangerous to children, such as sleeping areas, eating areas where food is also stored and prepared, and garages.⁴ These makeshift labs and their dangerous components (for example, chemical containers and electrical wiring) have been discovered in vehicles of all types, hotel and motel rooms, storage lockers and

units, mobile homes and surrounding areas, apartments, ranches, houses, campgrounds, rural and urban rental properties with absentee landlords, abandoned dumps, restrooms, houseboats, and other locations. Meth can be produced in as few as 6 to 8 hours using apparatus and cookware that can be dismantled rapidly and stored or relocated to avoid detection.

Methamphetamine Trends in the United States

Meth production and trafficking were originally concentrated in the West and Southwest, particularly in California, Arizona, Utah, and Texas. Suppliers were outlaw motorcycle gangs and independent trafficking groups. Although California produces 85 percent of the Nation's methamphetamine, the expansion of Mexico-based meth traffickers and independent U.S.-based laboratories has increased meth availability and abuse in the Pacific Northwest, Midwest, portions of the Southeast (including Georgia, Tennessee, and the surrounding states), and, more recently, the Mid-Atlantic states and New England. Increasingly, local entrepreneurs are producing smaller amounts of meth in less complex laboratories using homemade or Internet recipes of dubious origin.⁵

The El Paso Intelligence Center (EPIC) is a collaborative effort of more than 15 federal and state agencies concerned with tracking drug movement and immigration. EPIC compiled the data shown in

the table below for methamphetamine laboratory-related incidents nationwide from 2000 through 2002.

This table may not show a complete picture of the number of children killed and injured in clandestine methamphetamine laboratories. Newspaper and news reports about meth lab incidents around the country suggest that the numbers are much higher than what has been reported. Moreover, the totals for the years shown represent only the data voluntarily reported to EPIC by DEA and state and local law enforcement personnel as of April 23, 2003.

Dangers to Children Living at Meth Labs

A child living at a clandestine methamphetamine laboratory is exposed to immediate dangers and to the ongoing effects of chemical contamination. In addition, the child may be subjected to fires and explosions, abuse and neglect, a hazardous lifestyle (including the presence of firearms), social problems, and other risks.

Chemical contamination. The chemicals used to cook meth and the toxic compounds and byproducts resulting from its manufacture produce toxic fumes, vapors, and spills. A child living at a meth lab may inhale or swallow toxic substances or inhale the secondhand smoke of adults who are using meth; receive an injection or an accidental skin prick from discarded needles or other drug paraphernalia; absorb methamphetamine and other toxic substances through the skin following contact with contaminated surfaces, clothing, or food; or become ill after directly ingesting chemicals or an intermediate product. Exposure to low levels of some meth ingredients may produce headache, nausea, dizziness, and fatigue; exposure to high levels can produce shortness of breath, coughing, chest pain, dizziness, lack of coordination, eye and tissue irritation, chemical burns (to the skin, eyes, mouth, and nose), and death. Corrosive substances may cause injury through inhalation or contact with the skin. Solvents can irritate the skin, mucous membranes, and respiratory tract and affect the central nervous system. Chronic exposure to the chemicals typically used in meth manufacture may cause cancer; damage the brain, liver, kidney, spleen, and immunologic system; and result in birth

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

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

a. Children included in this group were not necessarily present at the time of seizure.

b. Includes children who were residing at the labs but not necessarily present at the time of seizure and children who were visiting the site; data for 2000 and 2001 may not show all children affected.

c. Includes children who were residing at the labs but not necessarily present at the time of seizure.

Source: El Paso Intelligence Center.

defects.⁶ Normal cleaning will not remove methamphetamine and some of the chemicals used to produce it. They may remain on eating and cooking utensils, floors, countertops, and absorbent materials. Toxic byproducts of meth manufacturing are often improperly disposed outdoors, endangering children and others who live, eat, play, or walk at or near the site.⁷

Fires and explosions. Approximately 15 percent of meth labs are discovered as a result of a fire or explosion. Careless handling and overheating of highly volatile hazardous chemicals and waste and unsafe manufacturing methods cause solvents and other materials to burst into flames or explode. Improperly labeled and incompatible chemicals are often stored together, compounding the likelihood of fire and explosion. Highly combustible materials left on stovetops, near ignition sources, or on surfaces accessible to children can be easily ignited by a single spark or cigarette ember. Hydrogenerators used in illegal drug production “constitute bombs waiting to be ignited by a careless act.”⁸ Safety equipment is typically nonexistent or inadequate to protect a child.

Abuse and neglect. Children living at methamphetamine laboratories are at increased risk for severe neglect and are more likely to be physically and sexually abused by members of their own family and known individuals at the site. Parents and caregivers who are meth dependent typically become careless, irritable, and violent, often losing their capacity to nurture their children. In these situations, the failure of parents to protect their children’s safety and to provide for essential food, dental and medical care (including immunizations, proper hygiene, and grooming), and appropriate sleeping conditions is the norm. Older siblings in these homes often assume the role of caretaker.⁹ Some addicted parents fall into

a deep sleep for days and cannot be awakened, further increasing the likelihood that their children will be exposed to toxic chemicals in their environment and to abusive acts committed by the other drug-using individuals who are present. Children living at meth lab sites may experience the added trauma of witnessing violence, being forced to participate in violence, caring for an incapacitated or injured parent or sibling, or watching the police arrest and remove a parent.¹⁰

Hazardous lifestyle. Hazardous living conditions and filth are common in meth lab homes. Explosives and booby traps (including trip wires, hidden sticks with nails or spikes, and light switches or electrical appliances wired to explosive devices) have been found at some meth lab sites. Loaded guns and other weapons are usually present and often found in easy-to-reach locations. Code violations and substandard housing structures may also endanger children. They may be shocked or electrocuted by exposed wires or as a result of unsafe electrical equipment or practices. Poor ventilation, sometimes the result of windows sealed or covered with aluminum foil to prevent telltale odors from escaping, increases the possibility of combustion and the dangers of inhaling toxic fumes. Meth homes also often lack heating, cooling, legally provided electricity, running water, or refrigeration. Living and play areas may be infested with rodents and insects, including cockroaches, fleas, ticks, and lice. Individuals responding to some lab sites have found hazardous waste products and rotten food on the ground, used needles and condoms strewn about, and dirty clothes, dishes, and garbage piled on floors and countertops. Toilets and bathtubs may be backed up or unusable, sometimes because the cook has dumped corrosive byproducts into the plumbing.¹¹ (See Children Found in Meth Lab Homes.)

The inability of meth-dependent and meth-manufacturing parents to function as competent caregivers increases the likelihood that a child will be accidentally injured or will ingest drugs and poisonous substances. Baby bottles may be stored among toxic chemicals. Hazardous meth components may be stored in 2-liter soft drink bottles, fruit juice bottles, and pitchers in food preparation areas or the refrigerator. Ashtrays and drug paraphernalia (such as razor blades, syringes, and pipes) are often found scattered within a child’s reach, sometimes even in cribs. Infants are found with meth powder on their clothes, bare feet, and toys. The health hazards in meth homes from unhygienic conditions, needle sharing, and unprotected sexual activity may include hepatitis A and C, *E. coli*, syphilis, and HIV.

Social problems. Children developing within the chaos, neglect, and violence of a clandestine methamphetamine laboratory environment experience stress and trauma that significantly affect their overall safety and health, including their behavioral, emotional, and cognitive functioning. They often exhibit low self-esteem, a sense of shame, and poor social skills.¹² Consequences may include emotional and mental health problems, delinquency, teen pregnancy, school absenteeism and failure, isolation, and poor peer relations. Without effective intervention, many will imitate their parents and caretakers when they themselves become adults, engaging in criminal or violent behavior, inappropriate conduct, and alcohol and drug abuse.¹³

Many children who live in drug homes exhibit an attachment disorder, which occurs when parents or caretakers fail to respond to an infant’s basic needs or do so unpredictably. These children typically do not cry or show emotion when separated

Children Found in Meth Lab Homes

The living areas and physical condition of children found in two meth lab homes are described below.

The five children ranged in age from 1 to 7 years old. The one-bedroom home had no electricity or heat other than a gas stove with the oven door opened. Used hypodermic needles and dog feces littered areas of the residence where the children were found playing. Because there were no beds for the children, they slept with blankets underneath a small card table in the front room. The bathroom had sewage backed up in the tub, leaving no place for the children to bathe. A subsequent hospital exam revealed that all the children were infected with hepatitis

C. The youngest was very ill. His liver was enlarged to the size of an adult's. The children had needle marks on their feet, legs, hands, and arms from accidental contact with syringes.

At another lab site, a 2-year-old child was discovered during a lab seizure. Her parents both abused and manufactured methamphetamine. She was found with open, seeping sores around her eyes and on her forehead that resembled a severe burn. The condition was diagnosed as repeated, untreated cockroach bites.

Source: Governor's Office of Criminal Justice Planning, n.d., *Multi-Agency Partnerships: Linking Drugs with Child Endangerment*, Sacramento, CA, p. 9.

from their parents. Symptoms of attachment disorder include the inability to trust, form relationships, and adapt. Attachment disorders place children at greater risk for later criminal behavior and substance abuse. To minimize long-term damage, children from these environments require mental health interventions and stable, nurturing caregivers.

Other risks. Dangerous animals trained to protect illegal meth labs pose added physical hazards, and their feces contribute to the filth in areas where children play, sleep, and eat. Many children who live in meth homes also are exposed to pornographic materials or overt sexual activity. Others may actually be involved in the manufacturing process but receive

no safety gear to protect them from noxious chemical fumes.

Multidisciplinary Teams: Elements of Success

A coordinated multidisciplinary response to children found at clandestine meth lab sites will help ensure that all the needs of each child are met and that evidence is gathered to support the management and prosecution of each case. Personnel who respond to seizures of illegal drug laboratories and conduct investigations may be from any of the law enforcement, social services, prosecution, environmental health, and

medical disciplines. These personnel usually respond according to their own agency's protocols and, in most instances where multidisciplinary teams have not been established, operate independently. When jurisdictions do not coordinate their responses to these complicated scenes, personnel often overlook children's needs or assume another agency will address these needs, fail to remove children from conditions of endangerment, or fail to gather adequate evidence to substantiate appropriate endangerment and other legal charges. Coordinated multidisciplinary investigations enhance information gathering, evidence integrity, interventions, and comprehensive treatment services for children and their families.

The Methamphetamine Interagency Task Force, cochaired by the Attorney General and the Director of the Office of National Drug Control Policy, gives several recommendations to improve interagency cooperation. The task force suggests that jurisdictions

- Increase information sharing and promote multidisciplinary approaches and partnerships among prevention, education, treatment, and law enforcement agencies at the federal, state, and local levels.
- Expand collaborations among social services agencies and public health officials.
- Conduct research on the hazards to which children found in meth labs are exposed.¹⁴

Although coordination among child welfare services, law enforcement, medical services, and other agencies may vary across jurisdictions, interagency protocols developed to support drug-endangered children should generally address

- Staff training, including safety and cross training.
- Roles and responsibilities of intervening agencies.
- Appropriate reporting, cross reporting, and information sharing.
- Confidentiality.
- Safety procedures for children, families, and responding personnel.
- Interviewing procedures.
- Evidence collection and preservation procedures.
- Medical care procedures.
- Community resource development.¹⁵

Team Composition

To adequately meet children’s needs, a multidisciplinary response team should include personnel from the following agencies or disciplines.

Medical and mental health services.

A medical professional who has been trained in diagnosing and treating children exposed to neglect and abuse, possible chemical hazards, and trauma should be a member of the multidisciplinary team. Before any seizure of a meth lab, operational agreements should be established with appropriate medical professionals to ensure that personnel are included who can help identify the children who have been harmed, determine the extent of harm, and provide treatment, support services, and monitoring. Frequently, public health nurses assigned to child protective services agencies will respond to the scene of a meth lab seizure when children are present.

Toxicology testing and a physical examination should occur as soon as possible

after a child is found living at or visiting a methamphetamine production site. A medical protocol should instruct that search warrants served at methamphetamine manufacturing sites require the collection of children’s urine within 12 hours. Medical personnel must document each child’s physical and mental condition, using photographs as appropriate. They also must document any relevant injuries or exposures that occurred before lab seizure and provide diagnosis and treatment for drug exposures resulting from the manufacturing process, ingestion of drugs and hazardous substances, and physical injuries and abuse.¹⁶ Results of these medical evaluations and testimony of the examining physician, toxicologist, or other specialists may be required in child endangerment cases.

To address the complex behavioral and emotional problems experienced by these children, a psychologist, clinical social worker, or other mental health professional should participate on the team. Crisis intervention may be needed when children are removed from their families. Referrals for therapeutic services are often necessary for children coping with the effects of long-term neglect and abuse. The mental health professional should be consulted throughout the prosecution of a case, working closely with child protective services, law enforcement, and prosecutors to consider the emotional state of the child.

Child protective services. Child protective services (CPS) typically operate under local county offices of social services, and, when necessary, intervene on behalf of children at the direction of the juvenile court. When parents who are illegally manufacturing or abusing drugs are suspected of child endangerment, child welfare workers determine the course of the child welfare investigation and share information with law enforce-

ment officers, district attorneys’ offices, and health care and mental health agencies. Investigations by CPS and/or adult protective services (who become involved when vulnerable adults are found at the scene) may involve law enforcement assistance when necessary for the safety of children or other vulnerable family members.

The CPS worker participating on a multidisciplinary response team often coordinates medical examinations, including transportation to and from appointments, and coordinates communication between the criminal and dependency and/or family law courts. CPS workers interview children and parents, take children into emergency custody, assess the need for both short- and long-term protective custody, arrange for timely medical and mental health evaluations and followup care, and gather information for the juvenile court. They coordinate these activities with law enforcement to ensure that child endangerment issues are adequately evaluated. CPS workers also must provide records of any relevant current and past investigations. The responding CPS worker also may be required to testify in child endangerment cases.¹⁷

Law enforcement. Law enforcement organizations that may be involved in both planned and unplanned seizures of illegal methamphetamine laboratories include city police departments, county sheriffs’ departments, state departments of justice or bureaus of narcotics enforcement, and federal law enforcement agencies.¹⁸ Law enforcement personnel at all levels of jurisdiction who find children living at illegal drug manufacturing sites must act to ensure the immediate safety of the children present, ensure that children are placed in a safe environment with a responsible caretaker (not relatives with similar substance abuse problems, which commonly occurs), contact CPS at the

local level, and file child endangerment charges against endangering adults when appropriate. Close coordination and communication with CPS can help the officer carry out these responsibilities.

To minimize trauma to children and ensure consistency between the CPS and criminal investigations, CPS workers and law enforcement officers should jointly interview children found living at clandestine meth lab sites and children known to have been present during meth lab operation. Neighbors and witnesses should also be interviewed. Officers must document any present or potential danger, assess the level of danger and the likelihood of harm, and assess any intentional aspects of endangerment. The clothing and other belongings of children found at meth labs may be saved as evidence and tested for chemical contamination.¹⁹

State statutes vary with regard to the circumstances that warrant endangerment charges. To prove child endangerment, law enforcement officers must use photographs, diagrams, and careful descriptions to document children's physical injuries or access to dangers. Photographs, diagrams, and careful descriptions also are critical in documenting the proximity of the methamphetamine laboratory and its hazards (such as booby traps, weapons, exposed wiring, chemical contaminants, waste products, and other unsafe matter) to the areas where children live, play, and sleep.²⁰ All materials must be filed in a timely manner for both the CPS and criminal proceedings to progress. The testimony of investigating officers and results from the forensic chemists' findings will be required to prove child endangerment. Their descriptions must be specific to codified rules of evidence.

Public safety. Fire department personnel and hazardous materials professionals, including toxics control specialists and

cleanup personnel, also play a key role in documenting conditions of child endangerment, including the potential for fire or explosion, presence of hazardous materials, improper storage of chemicals, and poor ventilation. Their training should address policies, responsibilities, processes, documentation, and procedures related to the examination, transportation, immediate treatment, and referrals of drug-endangered children living at illegal meth labs. A specialist in hazardous materials involved in the investigation should list all the chemicals found at an illegal drug manufacturing site to help medical personnel assess the physical condition of children found there. The reports or testimony of hazardous materials specialists who respond to the site and other experts will be required in court.²¹

Prosecution. Criminal prosecutors are responsible for filing and supporting charges of child endangerment, and the short- and long-term interests of the child must be an important consideration in the criminal drug prosecution. By reviewing all the evidence gathered, charging the drug violations as appropriate, and filing child endangerment charges against the appropriate parties, the prosecutor strengthens the multidisciplinary team's efforts to achieve favorable child protection outcomes. Communication between CPS workers, probation officers, health care personnel, police officers, and attorneys should continue throughout the period of prosecution. Communication between the criminal and dependency and/or family law courts is crucial to avoid creating conflicts or jeopardizing either case outcome. Based on the nature of the crime and the jurisdiction in which it occurred, prosecution may take place in local, state, or federal courts. At the sentencing phase, the court establishes sanctions and activities considered necessary

for rehabilitation. Even if charges of child endangerment are dismissed, the prosecutor can ask that the court consider conditions relating to the child endangerment charge in sentencing.²²

In cases in which one parent or caregiver is not charged with endangerment but lesser charges are levied, the prosecutor can play an important role in safeguarding the child's welfare by influencing the terms of probation. These terms often include drug treatment, parenting classes, and other rehabilitative measures such as parent-child counseling to help the parent change his or her lifestyle and focus on the child's welfare. Compliance with all terms of family reunification care plans or other dependency/family court orders also should be included in probation terms.

Promising Practices in the Field

Some of the states most affected by the growth in illegal methamphetamine manufacturing have successfully implemented coordinated multidisciplinary programs to help children found living at illegal meth labs. The following descriptions of programs in California, Idaho, and Washington include promising practices that can be adapted by other jurisdictions around the country.

California

Drug Endangered Children (DEC) Response Teams are operating in Butte, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Shasta Counties with grant funding from the Governor's Office of Criminal Justice Planning. In addition, DEC teams are operating in approximately 10 other counties and are being developed in 5 counties. Detailed

protocols are in place for each aspect of response. Core team members include law enforcement, CPS, district attorney's office, and medical personnel. Auxiliary team members include mental health, drug treatment, therapeutic, public health, and environmental services professionals. The DEC teams pursue both narcotics cases that involve charges of child endangerment and juvenile dependency cases when children have been present at or exposed to a meth lab site. The DEC program has two overall goals: to break the cycle of child abuse, neglect, and endangerment caused by those who manufacture, use, and sell drugs and to create a collaborative, multi-disciplinary response to help children discovered in illegal methamphetamine labs. California's DEC teams employ a five-step process:

- When a law enforcement member of the team discovers a child where drugs and hazardous or other negative conditions are present, and a parent is arrested, the designated DEC team member pages the CPS worker assigned to the team.
- The CPS worker responds to the scene within 2 hours and assesses the child's physical health, mental health, and well-being. Along with law enforcement officers, the CPS worker then assesses, photographs, and documents the living conditions and the child's condition and interviews the parents and child. In all cases in which drugs or chemicals are accessible to a child, the CPS worker detains the child and determines proper placement according to the local regulations guiding CPS action.
- The CPS worker transports the child to a prearranged medical site for a

complete medical assessment according to an established DEC medical protocol. A medical professional familiar with the DEC protocol determines the child's immediate medical and mental health needs and arranges for a more comprehensive physical and developmental examination within 72 hours.

- The CPS worker manages the case for a minimum of 18 months to ensure that the child receives necessary medical, protective, educational, and therapeutic services and that the child's placement is secure.
- A narcotics deputy district attorney prosecutes cases that involve children who were endangered by exposure to illegal drug manufacturing laboratories or illegal drug use or distribution. Allegations of child abuse and neglect are pursued on a parallel track.

Idaho

Idaho's Department of Health and Welfare, Division of Family and Community Services, issued a policy memorandum that provides guidance for situations involving suspected meth labs and the health and safety of children present when meth labs are seized. Family and community services workers who discover or suspect they have discovered an illegal lab are instructed to leave the site and then coordinate with law enforcement personnel to assess children's health and safety using regional multidisciplinary team protocols. Law enforcement personnel are instructed to protect children's safety and well-being throughout the seizure process and to decontaminate any children determined to be in imminent danger before placing them under the social worker's care. The social worker must follow established safety procedures

while transporting the child to foster care or to an acceptable caregiver and while gathering clothing and other items from the scene. Each child taken into custody is to receive a physical examination within 48 hours. The physician will receive written guidelines for medical evaluation of children and adults exposed to meth manufacturing.

A number of promising practices have been implemented in Idaho. For example, Ada County has established a Drug Endangered Children Program protocol to be used when a child is present inside or on the immediate grounds of a meth lab home. Ada County police who find children at a working meth lab must call hazardous materials, medical, and CPS personnel. All children found living under these conditions are considered to be in imminent danger. The Ada County paramedic assesses all children before they are removed from the scene. Police and paramedic reports are to include detailed descriptions of the child's behavior, body language, and mental and physical state. Photographs must document the child, the laboratory, the lab's proximity to the child's living area, and the child's general living conditions. If the paramedic determines that the child has not had an acute exposure to dangerous chemicals, the child will receive a change of clothing and will be placed with the Department of Health and Welfare to be transported to foster care. If the paramedic determines that a child has had an acute exposure to dangerous chemicals, the child will be decontaminated at the scene and all clothing will be bagged and preserved as evidence. The child will receive medical treatment within the Department of Health and Welfare guidelines, and notice for a shelter care hearing will be served to the parents or guardian. When released from the hospital, the child will be placed in foster care through the

Department of Health and Welfare and the shelter care hearing will be scheduled. Law enforcement personnel are instructed to request the assistance of a victim-witness coordinator and to file paperwork for prosecution based on whether the child shows symptoms of exposure to dangerous chemicals. Detailed instructions are also provided for handling children who are visiting the meth lab home and for children found in a nonworking laboratory.

Washington

Residential meth lab cleanup crews in Washington report that children were, or had been, present at approximately 35 percent of the labs they have investigated. The Department of Social and Health Services is working with the Washington State Patrol, Department of Health, and Department of Community, Trade and Economic Development to develop a model response protocol. Additional training for CPS workers is planned. Efforts are under way to form multiagency response teams on a regional basis. Meth action teams are being formed in many communities. The Governor's Methamphetamine Workgroup has recommended a memorandum of understanding (MOU) that outlines individual agency responsibilities, joint procedures, and an agreement to share information and data. Recommendations for cross-system collaboration include protocols for health departments, police agencies, hospitals and medical providers, substance abuse treatment providers, environmental health agencies, and child welfare agencies.

Pierce and Thurston Counties coordinated their approach for responding to children found in meth labs: the law enforcement agency handles the drug-related criminal issues; the health department handles the site cleanup; the CPS worker transports the children to the hospital or to a medical care provider, where

the children are evaluated and treated; and all personnel provide information to the prosecutor, who files the appropriate charges.

The emphasis in Pierce County is on a continuum of care. Pierce County has established a written MOU for CPS, law enforcement, the prosecuting attorney's office, and a children's hospital and health center. The MOU specifies the services to be provided by each agency. CPS assigns social workers and a CPS supervisor to each case. Social workers receive a pager and are available as needed. Law enforcement personnel provide advance information to CPS when appropriate. Exchange of information proceeds in a timely manner. The prosecuting attorney's office reviews and prosecutes all appropriate cases in which children are exposed to hazardous toxic materials involved in manufacturing methamphetamine. The children's hospital receives and treats children exposed to chemicals in accordance with protocols modeled after California's DEC program, including medical assessment, blood and urine testing, and a respiratory check within 24 hours.

The Pierce County CPS worker responds immediately when law enforcement personnel find children living at meth lab sites. All children found at meth lab sites are decontaminated and taken into protective custody. The CPS worker uses a designated state car stocked with toys, stuffed animals, food, water, formula, and extra clothes and immediately transports the children for a full medical assessment. A local community service group provides a quilt for each child through its Project Linus. Following the medical checkup, the children are placed with appropriate relatives or in foster care. A receiving center/foster home program has been established in the region. All foster parents have received special training and are educated in issues associated with children found in

meth labs. Of the 67 children removed from meth labs in Pierce County in 2001, the majority were not returned home after the initial placement.

Relevant Legislation

States have enacted legislation that addresses issues related to children found at clandestine methamphetamine lab sites. For example, statutes in Washington include RCW 26.44.200, which requires the investigating law enforcement officer to contact the Department of Social and Health Services immediately if a child is found at a meth lab, and RCW 13.34.050, which provides guidelines related to taking an endangered child into custody. Idaho's Child Protective Act requires the prosecuting attorneys of each county to develop interagency multidisciplinary teams to investigate child abuse and neglect referrals within each county. California's Drug Endangered Child Protection Act includes sections on creating a pilot program, coordinating multiagency response teams, preparing an annual report containing data on the number of children found in and removed from clandestine labs, and distributing funds. These funds are provided based in part on the number of prosecutions brought against clandestine labs where children are found, the number of children found at seized or prosecuted clandestine labs, and the demonstrated ability to use multiagency emergency response teams to meet the immediate health and safety needs of children found at clandestine labs and to prosecute the individuals operating those labs. California drug laws also specifically address the possession of precursor chemicals with intent to manufacture methamphetamine and provide for enhanced penalties when these chemicals are found in a structure where a child younger than age 16 is present. The penal code also requires people who are convicted of abusing a child or endangering

ing a child's health while under the influence of drugs to abstain from drug use during probation and to submit to random drug testing.

Conclusion

Children who are living or present at clandestine methamphetamine laboratory sites require immediate attention and care. Interagency protocols should be established in every jurisdiction where clandestine meth labs are found. The teams involved in seizing clandestine methamphetamine laboratories should include, or should have immediate access to, qualified personnel who can respond immediately to the potential health needs of any children who are present or living at the site. Actions should include taking children into protective custody and arranging for child protective services, immediately testing them for methamphetamine exposure, conducting medical and mental health assessments, and ensuring short- and long-term care and followup. A coordinated multidisciplinary team approach is critical to ensure that the needs of meth's youngest victims are met and that adequate information is available to prosecute child endangerment cases successfully.

For More Information

For information on establishing a multidisciplinary meth lab response team, contact

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Information is also available at
<http://www.mfiles.org>.

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Web site: www.ojp.usdoj.gov/ovc

For copies of this bulletin, other OVC publications, or information on additional victim-related resources, please contact

OVC Resource Center

P.O. Box 6000

Rockville, MD 20849-6000

1-800-627-6872 or 301-519-5500

(TTY 1-877-712-9279)

E-mail: askovc@ojp.usdoj.gov

Web site: www.ncjrs.org

Or order OVC publications online at
<http://puborder.ncjrs.org>.

For information on training and technical assistance available from OVC, contact

OVC Training and Technical Assistance Center

10530 Rosehaven Street, Suite 400

Fairfax, VA 22030

1-866-OVC-TTAC (1-800-682-8822)

(TTY 1-866-682-8880)

Fax: 703-279-4673

E-mail: TTAC@ovcttac.org

Web site: [www.ojp.usdoj.gov/ovc/assist/
welcome.html](http://www.ojp.usdoj.gov/ovc/assist/welcome.html)

For information and other relevant Web sites on drug trends and dangers, contact

American Council for Drug Education

www.acde.org

For information on training, technical support, legislative assistance, and expert testimony provided for prosecutors, law enforcement, and emergency services personnel, contact

Clandestine Laboratory Investigators

Association

www.clialabs.com

For information on relevant government publications, groups, programs, and Web sites, contact

National Clearinghouse for Alcohol and Drug Information

www.health.org

For drug facts, program information, and links to relevant articles and Web sites, contact

Office of National Drug Control Policy

Drug Policy Information Clearinghouse
www.whitehousedrugpolicy.gov

For a wealth of meth-related information and links, contact

KCI The Web Site

www.kci.org

Notes

1. Susan Webber-Brown, as quoted in Mills, 1999.
2. Governor's Office of Criminal Justice Planning (OCJP), n.d.
3. Governor's OCJP, n.d.
4. Governor's OCJP, n.d.
5. U.S. Drug Enforcement Administration, 2002.
6. Bureau of Environmental Health and Safety, Division of Health, Idaho Department of Health and Welfare, 1999.
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10. Oishi, West, and Stuntz, 2000.

11. Oishi, West, and Stuntz, 2000; Drug Endangered Children Resource Center, 2000.
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