

Drug Endangered Children:

A Unique Child Protection Issue

Child Protection Team
November 2006

OBJECTIVES

- Describe the unique child protection issues that arise from drug use
 - methamphetamine
- Discuss the child protection system's role in cases of drug endangered children
 - current capabilities, limitations, improvements
- highlight opportunities for healthcare workers to protect drug endangered children
- Generate debate

Drug use # Child Protection

"Meth poses a unique and significant danger for children and the community, the consequences of which span an entire community's professional resources, from law enforcement to social services and child protection."

- Sandra Althuler

Methamphetamine: a clear and present danger?





What is Meth?

- Meth
- Speed
- Ice
- Crystal
- Crank
- Tweak
- Go
- Tina

- 1 gram: 60-80\$
- 1 gram = 12 lines
 - \rightarrow 5-10\$ per hit





Fists and Toys "Party and Play" The HIV Correlation "A Wake-Up Call" San Francisco STD Explosion

"HIV is no Picnic"

Sexual Sabotage

The suspension of fear enables meth users to initiate sex with ease while also serving as an "equaliser" by allowing users to meet across social spectrums and divides such as age, class, race and socio-economic groups, devoid of the anxiety that usually impedes sexual performance or social interaction between strangers. Inevitably, crystal meth swiftly became the drug most abused by MSM across the US, entrapping the depressive and many with borderline, hitherto manageable self-worth issues into a downward spiral of sexual addiction. Such is the low self-esteem of many driven to crystal by a cruelly judgmental, unaccepting culture that a glass pipe, gas lighter and other meth paraphenalia are often the first things to greet users on entering each others' homes, along with an unwritten rule of the drug's culture that verbal communication and eve contact are avoided, at least until the drug's intoxicating effects kick in.

According to the Centres for Disease Control & Prevention, 15-17% of all MSM used meth in the three months to August 2005, with up to 20% using in the last year.

TRASH" drug into the III TIMATE APHRODISIAC. Suddenly, years of ingrained safe sex messages seemingly NEVER EXISTED. Fists and toys

start

Done













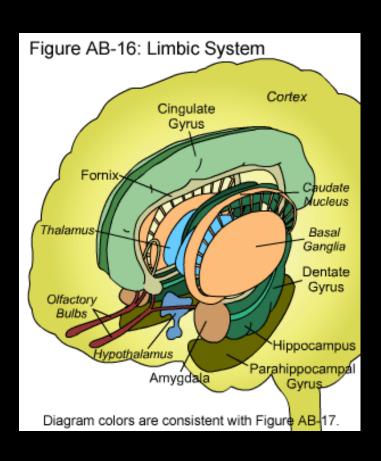






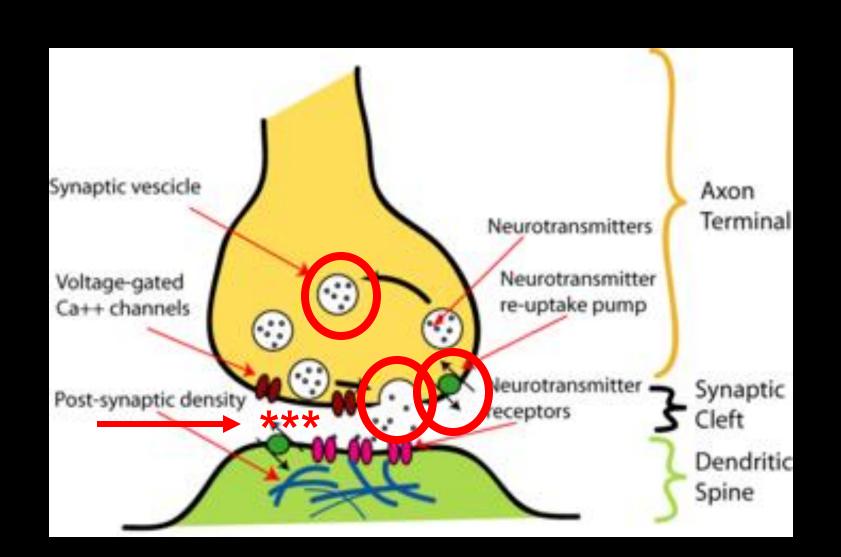


Internet



Dopamine

- Reward
- Pleasurable feelings
- Movement
- Activity reinforcement
- Motivation
- Emotions



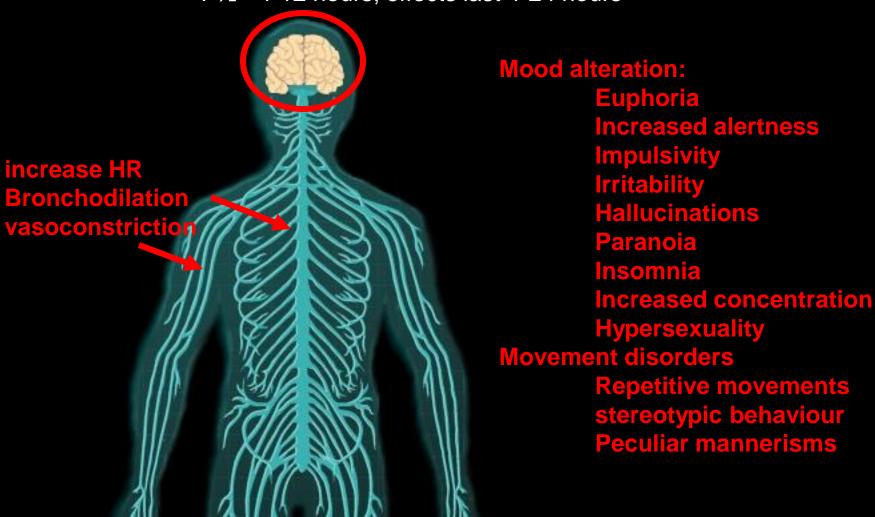
Route of administration

- Oral
- IV (slamming)
- Nasal insufflation (snorting)
- Inhalation (smoking)
 - Faster high than IV use
 - Acute psychosis
 - Violence
 - Severe paranoia
 - hallucinations

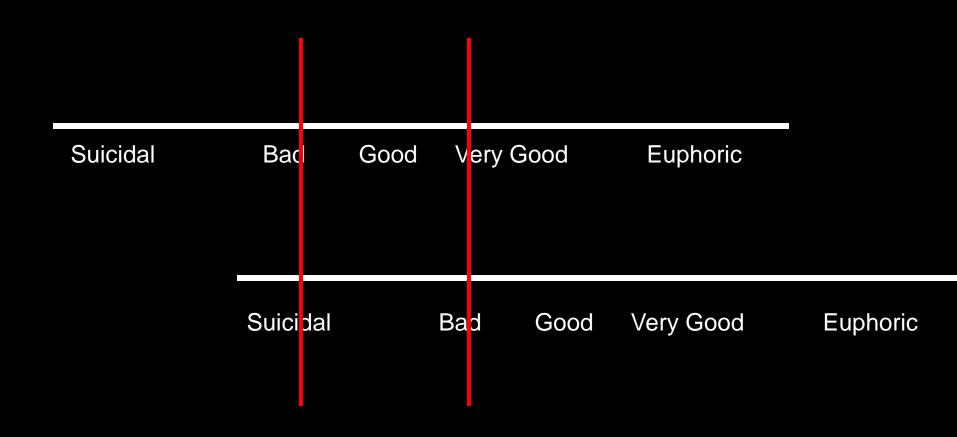
"whiteout"

Effects of Meth: Fight or Flight

T ½= 4-12 hours; effects last 4-24 hours



The Addict's Brain



Toxicity

Acute

Chronic

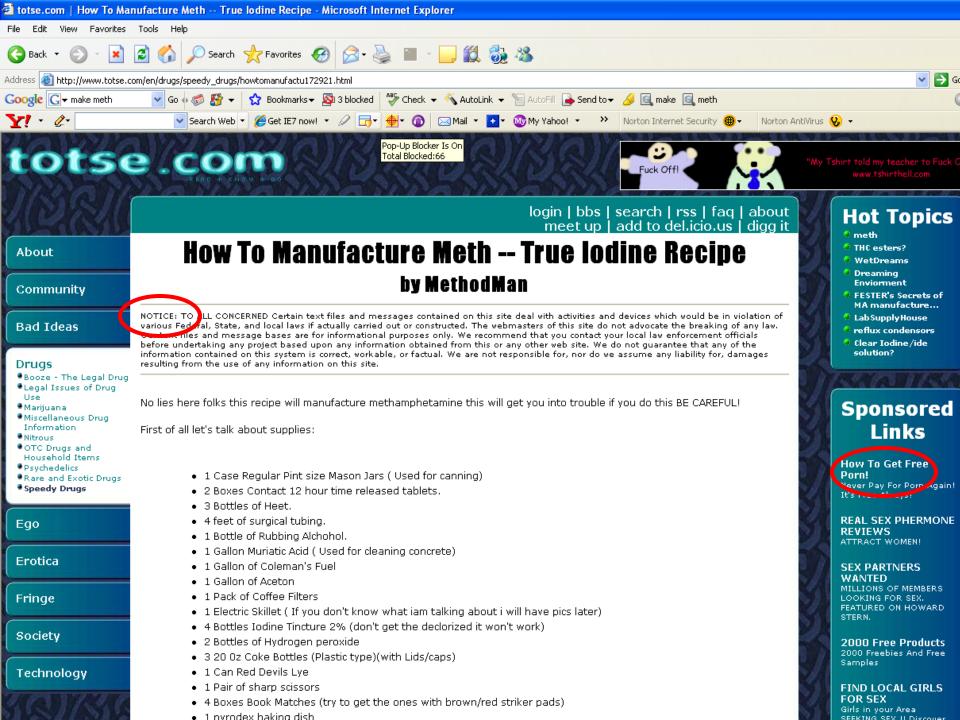
- Vital sign alterations
 - Hypertension
 - hyperthermia
 - tachycardia
- Seizures/phychosis
- Tweaking:
 - Extreme paranoia, hallucinations and violence
- PO: Avidly bound to charcoal

- Skin formication
 - Chronic skin ulcers
- Psychosis
 - Visual / tactile / olfactory
- Compulsive behaviour
- Weight loss
- Dental problems
- Poor hygiene

Maternal-Fetal Effects

- Placental Hemorrhages
- IUGR
- Prematurity
- Decreased Head Circumference
- Increased incidence birth defects / stillbirth
- Altered infant behaviour
 - Very sleepy for 1-2 weeks
 - Abnormal Feeding
 - Then; jittery, hypertonic, irritable

Ephedrine Reduction 101: on the web



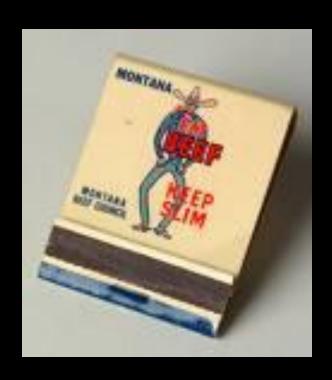
Making meth: go to the web



- Red P method
 - Solvents
 - Red Phosphorus
 - Acid
 - Lye
 - lodine

Red Phosphorus

- Eye, lung irritation
- When combined with lye, generates phosphine gas
 - LETHAL
 - Pulmonary edema
 - Liver failure
 - Kidney failure
 - Seizures
 - Psychosis
 - coma



Solvents

- Pneumonitis,pulmonary edema
- Liver failure, marrow failure



Acids & Lye



Acids

- Spills: burns
- Respiratory irritation, pulmonary edema
- Lye
 - Caustic burns of mouth, eyes, esophagus, skin

lodine



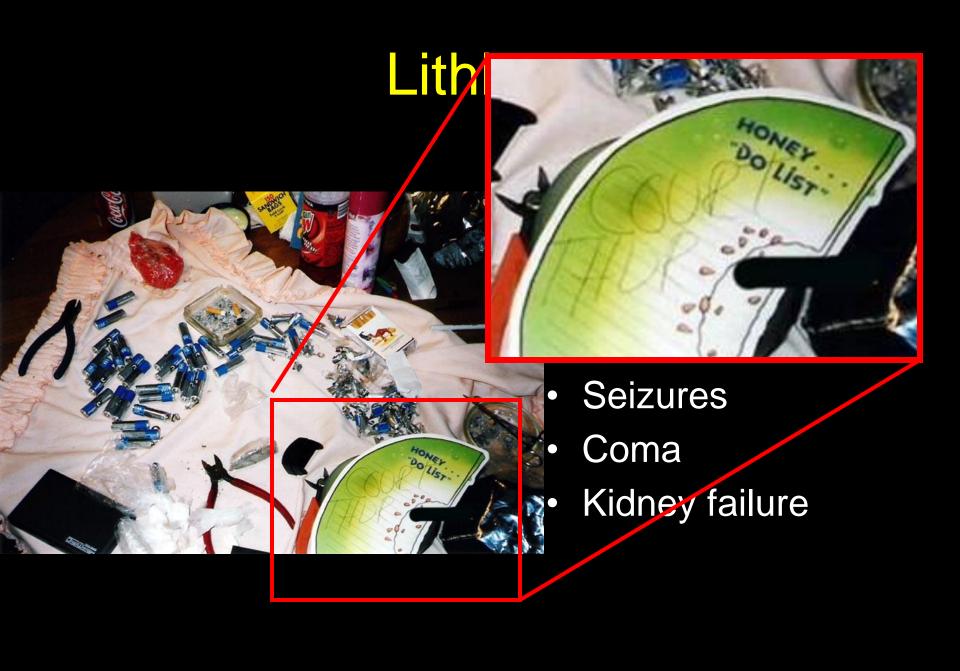
- Burns
 - Skin
 - Eyes
 - Mouth
 - GI/Resp tract
- Thyroid dz
- Diarrhea
- vom

Anhydrous Ammonia





- Improper storage
- Chemical burns
- Eye/Resp irritation
 - Bronchospasm
 - Chest pain
 - Chronic cough
 - Fibrosis
- Frostbite



Functional Correlations:

why Meth is so much more a problem that other drugs





The effects of Meth on Children

- Drug itself
- Products used to cook it
- Physical hazards of living with a meth user
 - Littering
 - Clutter
 - Booby traps
 - No heat/electricity

- Brain Growth and development
 - Vulnerable to damage
- Unusual habits
 - Hand to mouth behaviour
 - Imitation
 - Live on the floor

How toxic are meth labs?

Cooked 2 batches of Meth (red P method)

- Sampled during and 12-24 hours after cook
 - Surface wipes
 - Air samples
 - Carpet samples
- Toxic levels
 - Phosphine gas (lethal levels around stove)
 - Anhydrous ammonia: all meters overloaded
 - 10X immediately dangerous to health levels
 - HCl, iodine, meth
- Everything in house was contaminated
 - Household activities (walking, vacuuming) re-aerosolized compounds

Other Abuse and Neglect issues

- Physical Abuse
- Sexual Abuse
- Neglect
- High risk of "accidental injury"

Sexual Abuse

- Meth increases sexual arousal
- Meth homes are littered with pornography
- Children are unsupervised
- Multiple strangers
 - Buyers
 - Associate cooks
- Children prostituted for drugs, witness sexual acts

Neglect

- Lack of nurturing
 - Days of neglect/fending for themselves
- Failure to thrive
 - Lack of food
- Exposure to toxic chemicals/drugs and unsanitary living conditions
 - Skin infections
 - Asthma
 - Delayed well child care/immunizations
- Booby traps

Risk of physical harm

















Methamphetamine and Violence

- Up to 2/3 meth deaths are due to trauma
 - Acutely: after a large dose
 - After chronic abuse
 - Victim part of the abuser's delusional beliefs
 - Weapons frequently used
 - Multiple (hundreds) wounds
 - Often inflicted days after death

Detecting Meth Labs

- Strong odours
- OTC cold medication
- Solvents
 - Drain cleaners
 - Car batteries
 - Camp fuel
- Tubing, glassware
- Kitty litter
- Stains on floors
- Unsanitary living conditions
- Discoloured hands/face
 - lodine, red phosphorus

Child Protection Considerations

- Drug Use/Production/Distribution does not necessarily result in CP concern
- Observable connection between drugs and legislative CP concerns must be established
 - Physical harm/risk of same (a,b)
 - Sexual abuse/risk of same (c,d)
 - Emotional harm/risk of same (f,g)
 - Medical or other treatment neglect (e,h)
 - Repeated exposure to Domestic violence (i,)
 - Harm caused by neglect (j,ja)
 - Abandonment (k)
 - Unusually violent and destructive child (I,m)

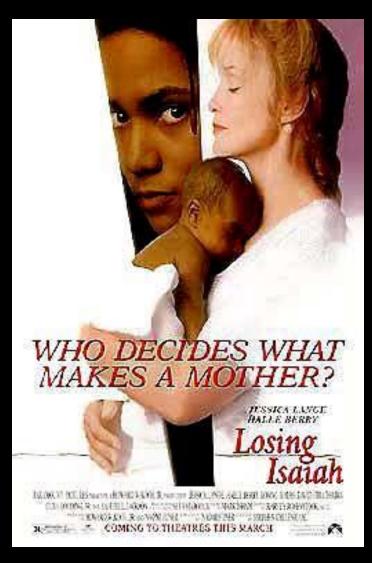
Parenting Capacity Considerations

- Similarly, Drugs don't necessarily inhibit parenting
- Observable connection between drugs and PC deficits must be seen
 - Interruption of parent/child attachment
 - Deficits in concrete skills observed
 - Impulsivity
 - Lack of insight/ability accept responsibility
 - "Activities" distract from the job of parenting
 - Inability to maintain supportive relationships/services
 - Inability to change and grow through intervention

Problems of Current Approach

- Drug-endangered children cannot be served until harm is clearly established or imminent
- Children under 12 actively engaged in the drug trade are untouchable, ideal mules

Sometimes the Consequences are Dramatic



- Drug Impacted Mom
- Gives Birth to drug impacted infant
- In state of drug induced delirium places child in a dumpster

What one client taught me:

"Robert, when I'm high or jonesing, I don't know I have kids."

Contemplating Solutions

- Prenatal child protection intervention is inappropriate in a free society
- Once born, however, a child has the right to immediate protection from harm.
 - c. 1993 a Judge of Family Court ruled: Cocaine metabolites in the blood of a newborn infant is prima facie evidence that the child is in need of protective services*

^{*}Exact citation is not available at this time, however this is a case well known to this presenter.

Drug Endangered Child Laws

- Circumvent the need to rationalize harm
- Definitive: "children exposed to illegal manufacturing of drugs, indoor cannabis grow operations, trafficking and other forms of illegal drug activity <u>are</u> victims of abuse"*

^{*}Drug-endangered Children Act, S.A. 2006, c. D-17 (Alberta)

Child Protection Intervention

- Early work with meth labs
 - Children treated as afterthought
 - 1/3 of labs harbour children
- 1997: New approach
 - National DEC alliance
 - Protocols
 - Education
 - Joint management by Child Welfare and Police

Scene Intervention





Decontamination

- Maximal: undress/wash/ new clothes
- Medium:
 undress and wipe off,
 new clothes
- Low:cover with blanket and transport off site

Medical Management

Examination

- Within 2-4 hours
 - Vitals, lungs, skin
 - Urine tox screen*
 - Blood tests; CBC LFTs RFTs
 - → Concerns over solvent exposure
- Within 72 hours
 - Comprehensive medical
 - Developmental screen
 - Mental health
 - Dental evaluation
 - Furter bloodwork PRN

DEC in the NICU

- Variability in approaches
 - Mother based: neglect
 - Infant based: abuse
 - Urine
 - Hair
 - Meconium

ideas

- Prenatal services for drug impacted moms (offered by health &/or community services)?
- Testing for drug metabolites in newborns (how do we ensure screening is not discriminatory)?
- Raising awareness that "when they're high, they have no kids"
- Child Protection Legislation in Nova Scotia: is it good enough? Do we need a Drug-endangered Children Act?

Afterthoughts

- Efficacy of restricting pseudoephedrinecontaining nasal decongestants
 - lowa 2005: meth lab seizures fell from 119/month to 20/month