Overview

A total of 3,419 children were endangered by methamphetamine production in 2003. According to law enforcement sources, there were 14,260 methamphetamine lab-related incidents during FY 2003. Children were present at 1,442 (representing 10 percent) of these incidents, and 1,447 children resided in the labs. Further, almost 1,300 children were directly exposed to toxic chemicals, 724 children were taken into protective custody, 44 children were injured, and 3 children died.

Who Are Drug Endangered Children?

Children are considered to be drug endangered if they are under 18 years of age, suffer physical harm or neglect from direct or indirect exposure to illegal drugs or alcohol, or live in a dwelling where illegal drugs are used or manufactured.

Children who reside in or are in close proximity to methamphetamine labs are exposed to many dangers. Fires, explosions, and toxic fumes are commonplace. In fact, chemicals used to produce methamphetamine emit fumes caustic enough to burn lungs, damage the brain, kidneys, or liver, and even kill. It is generally believed that nationwide children’s health and well-being are endangered at approximately one-third of all methamphetamine labs.

State-level statistics show alarming differences in some localities. For instance, in 1999, more than 1,200 children were found in 2,400 clandestine laboratories seized by California law enforcement agencies. In Minnesota, it is estimated that children live in 50 to 60 percent of all methamphetamine labs. Arizona has noted a significant problem in that between 2000 and 2002, more than one third (38 percent) of the children discovered at methamphetamine lab scenes tested positive for the presence of methamphetamine.

Quick Facts

- A total of 3,419 children were endangered by methamphetamine production in 2003.
- Three children died and 44 were injured because of methamphetamine lab operations in 2003.
- 7,050 methamphetamine labs were seized in 2003—9,153 labs were seized in 2002.
- The DEA reported that 700 children present at seized methamphetamine labs in 2001 tested positive for toxic levels of chemicals.
- In one 2002 study, 48 of the 80 children (or 60 percent) removed from methamphetamine labs had methamphetamine in their systems.
- In one Minnesota county, a methamphetamine-addicted baby is born every week.
- Withdrawal symptoms requiring pharmacologic intervention were observed in 4 percent of infants with prenatal exposure to methamphetamine.

Effects on Prenatal Development

Children of methamphetamine-using mothers can be endangered before they are even born. It has been estimated that up to 5 percent of all infants born in Hawaii are exposed to methamphetamine prenatally. Although little is known about the long-term health effects of prenatal methamphetamine exposure, infants born under these circumstances have low birth weight, are irritable, have trouble eating and digesting foods, and are prone to pre-birth strokes and brain hemorrhages.

Methamphetamine-exposed infants are six times more likely to be born with birth defects such as spina bifida.
Drug Endangered Children

intestinal abnormalities, and skeletal abnormalities, such as club foot. This rate of birth defect likelihood is greater than that of cocaine, where infants are only four times as likely to be born with birth defects.

Federal Help

While Federal programs are available to address the problems resulting from methamphetamine production and distribution, no programs directly address the health problems facing drug endangered children. The Office of State and Local Affairs for the Office of National Drug Control Policy recently implemented a national initiative aimed at assisting children who have been put in danger by parents and guardians involved with manufacturing or growing illegal drugs. The initiative brings together law enforcement officers with child welfare workers so that children who are found in drug production environments receive appropriate attention and care.

The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Prevention provide information on the brain’s response to methamphetamine abuse. NIDA is also funding research into the medical consequences of methamphetamine use during pregnancy. SAMHSA’s Center for Substance Abuse Treatment has programs targeting treatment for methamphetamine abuse, but these programs are not oriented toward addressing the health problems confronting drug endangered children.

State Legislative Actions

Thirty-five states and the District of Columbia now have laws with specific language addressing the endangerment of children in or near methamphetamine labs. Examples of state laws include an Arizona state law (A.R.S. 13-3623) passed in 2000 that creates liability when a person places a child in a location where a methamphetamine lab exists and a North Dakota law (H.B. 1351) passed in 2003 that makes it a felony to expose children or vulnerable adults to a controlled substance, precursor, or drug paraphernalia.

A number of states and localities have also developed medical protocols to inform law enforcement officials, social service providers, and medical service providers how to respond to drug endangered children. These protocols are critically important to ensuring that service providers properly respond to this increasingly prevalent problem.

National Alliance for Model State Drug Laws

The National Alliance for Model State Drug Laws (the Alliance) is a resource for governors, state legislators, attorneys general, drug and alcohol professionals, community leaders, the recovering community, and others striving for comprehensive and effective state drug and alcohol laws, policies, and programs. The Alliance provides states access to more than 650 pages of summaries and highlights of current state laws addressing drug endangered children.

Since its inception in 1993, the Alliance has worked with states to address alcohol and other drug problems through laws, policies, and programs, using the model laws created by its predecessor—the President’s Commission on Model State Drug Laws. To further assist states, the Alliance is developing model legislation in the area of drug endangered children. Once available, this model legislation will be a valuable resource for states looking to develop or modify laws in this area.

The Alliance is also developing a model medical protocol for drug endangered children. This topic will be a key area of discussion at the Alliance’s National Methamphetamine Legislative and Policy Conference in late October 2004. A complete set of model medical protocols is expected shortly after the completion of the October Policy Conference.

Policy Issues

Medical Protocols: While some states and localities have adopted medical protocols, most states do not have such protocols. Medical protocols help to protect the health of children exposed to methamphetamine or methamphetamine production. Medical protocols ensure that children receive appropriate treatment for exposure to dangerous, and even life-threatening, chemicals and activities; are vital to ensuring proper documentation for child custody hearings; and, provide critical evidence and support for prosecutors in developing cases against those operating methamphetamine labs.

Medical Research: Several research projects have identified potential links between prenatal or child exposure to methamphetamine production with serious health problems. However, little is known about the long-term health effects for drug endangered children. Policy and program development would be better informed by longitudinal studies of the long-term medical consequences for children exposed to methamphetamine or methamphetamine production.

Awareness and Intervention: Children who are drug endangered often have some contact with medical professionals, social services, or law enforcement. Training must occur to ensure that these professionals understand the problem and the best procedures for helping drug endangered children problem and the best procedures for helping drug endangered children.

This Policy Brief is a publication of the Research and Policy Analysis Group of Carnevale Associates, LLC. Carnevale Associates provides strategic leadership to public and private organizations through its three practice groups: Strategic Planning, Research and Policy Analysis, and Integrated Communications.

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