

CHILDREN EXPOSED TO METHAMPHETAMINE USE AND MANUFACTURE

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Funding Agency: This study is funded by the National Institute on Drug Abuse (R21 DA019566-01) and began on August 1, 2005.

Collaborative Agreement: This study is a collaborative effort between UCLA ISAP and the Drug Endangered Children (DEC) program in Los Angeles, California and the Los Angeles County Department of Children and Family Services (DCFS).

Main Purpose of Study: UCLA ISAP is conducting this two-year pilot study to analyze existing Los Angeles DEC case data to enhance our understanding of the extent, epidemiology, and medical (e.g., respiratory, dental, dermatological, etc.) and developmental (e.g., cautions or delays) problems of drug-exposed children, as well as child-welfare case management services, treatment, and placement for these children. The study will further provide the basis for ongoing and expanded research applications on drug-endangered children state- and nationwide.

Background and Rational: Increased meth use *and* home-based production across the U.S. has resulted in a dramatic escalation in meth lab-related child abuse and neglect. Children living in meth lab settings are at extremely high risk for a wide range of serious negative consequences including homicides, and accidental deaths and burns due to home-based meth lab fires and explosions. The problem affects thousands of children annually. It is estimated that approximately 40% of the home-based labs seized have young children living in or adjacent to the lab, resulting in over 3,300 children affected nationally (EPIC's National Clandestine Laboratory Seizure System, 2003). This study will be the first comprehensive documentation of outcomes on this special population of children since the initiation of the 1997 California Drug Endangered Children (DEC) Project, an innovative program with multidisciplinary collaboration and teamwork at its core developed to protect the children found in these environments.

Study Design: UCLA ISAP anticipates receiving data on approximately 100 closed DEC cases from 2001-2003 from the DCFS. All data will be completely de-identified prior to being extracted and submitted to UCLA and data summaries will be reported in the aggregate.

Study Aims and Research Questions

Aim 1. To document and describe the epidemiology of children removed from home-based MA labs in Los Angeles County.

Research Question 1: *What are the demographic distributions, of Los Angeles DEC cases (i.e., number, age-range, gender, race/ethnicity, socio-economic status, school attendance, and neglect, abuse, accidental or purposeful deaths)?*

Aim 2. To explore the nature and extent of the medical problems associated with children removed from home-based MA labs in Los Angeles County;

Research Question 2: *What do the medical assessments for Los Angeles DEC cases reveal (i.e., malnutrition, respiratory, dermatology or burns, heart rate, and dental results, kidney and liver function, and sexual or physical abuse)?*

Aim 3. To explore the nature and extent of the developmental problems associated with children removed from home-based MA labs in Los Angeles County;

Research Question 3: *What do the developmental assessments for Los Angeles DEC cases reveal (e.g., developmental delays in gross and fine motor skills, social/language skills, and psychosocial development) relative to the age of the child?*

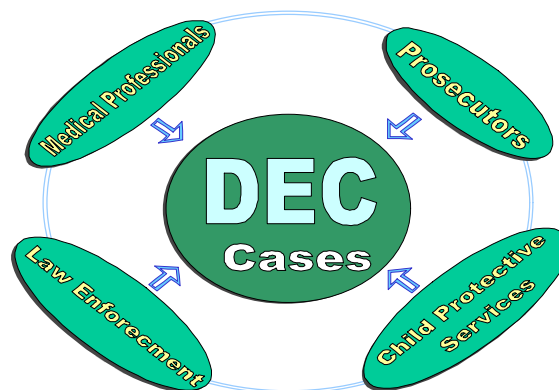
Aim 4. To describe the child welfare placement outcomes of children removed from home-based MA labs in Los Angeles County.

Research Question 4: *What are the most typical case dispositions for DEC cases (e.g., foster care, kinship care, reunification, adoption, group home, etc.)?*

Drug Endangered Children (DEC) Pilot Study

In November 1997 the California Governor's Office of Criminal Justice Planning funded a three-year pilot of the DEC project charged with the development of seven multidisciplinary county-based DEC Response Teams trained to protect the children found living in drug-manufacturing, selling, and abusing homes. The Teams (in Los Angeles, San Diego, San Bernardino, Riverside, Butte, Orange, and Shasta Counties) were composed of narcotics officers, child protective services personnel, medical professionals, and prosecutors. The DEC Teams provided "24/7" on-scene response by both law enforcement and child protective services personnel at meth lab seizures to reduce child trauma and provide timely medical evaluations of children by health personnel, as well as ensuring the commitment by prosecutors to file felony child endangerment charges against defendants.

Figure 1. Multidisciplinary DEC Teams



Nearly 4000 children have been served by the California pilot counties. Yet, long-term placement, medical, and developmental outcomes remain unknown since only minimal or anecdotal data collection and follow-up has occurred. Preliminary data from the California DEC pilot counties indicate that an average of 38% of children removed from home-based meth labs have tested positive for meth and exhibited a higher than expected incidence of respiratory, dermatological, and dental problems (DEC, 2000). Inhalation from second-hand smoke, accidental ingestion, skin absorption through direct contact, and food and beverage contamination are the primary routes of exposure among young children. Preliminary analysis of 95 DEC cases from San Bernardino County found that 43% yielded abnormal initial medical exam results following the lab seizure, and 42% of developmental exams conducted for 50 children revealed at least one developmental delay or two cautions. During a two-year period (1997-1999), 472 children in San Diego County were found in 176 homes during meth lab seizures and were removed by child welfare officials. Over one-third of those children tested positive for illicit drugs and 386 had dependency petitions filed and sustained in juvenile court (Hohman, Oliver, & Wright, in press).

Although funding for the DEC pilot study has ended and no comprehensive outcome evaluation has been conducted, the DEC concept has grown dramatically. DEC Response Teams currently operate in 16 of California's 58 counties, which resulted in the formulation of the California DEC Alliance, an ad-hoc group of California DEC practitioners promoting the expansion of DEC programs. DEC programs also operate formally in 10 states despite the absence of evidence-based research or systematic data collection to support its effectiveness or the nature of its outcomes.

Child Welfare and Legal Climate Changes Effect DEC Outcomes

The child welfare system in the U.S. is in a crisis related to widespread parental substance abuse and the lack of effective family-focused treatment services in the context of tight timelines for judicial decision-making. Modification of prosecutorial practice may have major implications for child welfare practice and child placement outcomes due to the increased likelihood of parental incarceration among DEC cases. In the context of the shortened timeframes for reunification under the federal Adoption and Safe Families Act (ASFA) and the increased number of circumstances under which states can or must file for termination of parental rights, DEC cases are more likely to result in children not being returned to parents. California is among several states that have elected to implement ASFA more rigorously than required by federal law and has chosen to enact termination of parental rights at six months, versus the federal 12-month timeline, in instances in which the child is three years old or younger.

The preliminary information gathered by the DEC Teams throughout California has begun to paint a picture of the problems and needs related to thousands of high-risk families, children, and communities endangered by meth use and manufacture. However, the DEC Teams have been operating predominantly on a local basis, without the benefit of standardized data collection and analyses. The DEC Team members recognize that the lack of statewide systematic data collection and standardized reporting procedures presents an enormous stumbling block to developing effective interventions in this area.

UCLA ISAP proposes to assist the DEC initiative by pulling together information on drug-endangered children from multiple parallel DEC Team efforts across California so that the data can be aggregated and analyzed and statewide evidence-based policy and health implications can be derived. The proposed project will provide unique information about the numbers, medical and developmental needs, and placement status of drug-endangered children from multiple sources, as well as providing the basis for ongoing and expanded research applications on drug-endangered children nationwide. The endangerment of children by methamphetamine and home-based laboratory exposure is a complex issue that requires multiple strategies, expertise, and resources. However, systematic data collection and analyses are also critical to the DEC initiative in order to identify the short- and long-term needs of these children, gaps in services, and permanent placements of the children.

Significance and Policy Implications

There is currently no comprehensive information about the needs of this special population of drug-endangered children and the implications of the ASFA regulations on the management and outcomes of their cases in juvenile dependency court settings. The study would initiate statewide, multidisciplinary, longitudinal data collection and provide the foundation for continued research to expand the expertise and knowledge base needed to protect drug-endangered children and to break the cycle of child abuse and neglect caused by those who manufacture, sell, and use illicit drugs. DEC Team systematic data collection and case disposition follow-up could begin to provide a clearer picture of policies and practices that promote or hinder coordination between child welfare, substance abuse treatment providers, and criminal justice agencies. Findings from such an evaluation could guide policy and provide information for public education, prevention, and treatment services that reach beyond the individual drug-involved offender to his/her children, family, and local community.