

# **Behind the Drug: The Child Victims of Meth Labs**

## **National Center for Prosecution of Child Abuse**

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Suspected meth lab found in bathroom of motel room” “Two meth labs found in county” “The remains of meth lab were found near cornfield” “Fertilizer thieves risk eyes, lungs and lives by illegally tapping into the highly unstable contents of anhydrous ammonia tanks.” “Meth-suing mother sleeps while her 17-month-old son has his genitalia bitten off and eaten by a pit bull” “A drug-dealing mother uses her 1-year-old child as collateral for meth.” These are representative headlines describing what officials are calling an epidemic of illegal methamphetamine manufacturing and use. While these headlines are from a single Nebraska paper, they could be from almost any newspaper in any state. It is important to note, however, that rural areas are seeing unprecedented levels of illicit manufacturing operations. This article describes the unique dangers to children and to those investigating reports of child abuse and neglect, which are presented by meth use and production.

#### **Meth’s Effects on Users**

Methamphetamine (meth), also known as “crank,” “crystal-meth,” “glass,” “ice,” “speed,” “zip” and “quartz”, is an increasingly common addictive and mood altering drug that is smoked, snorted, orally ingested, or injected. Users who snort or orally ingest the drug experience a “high” of euphoric feelings, increased wakefulness and activity, and decreased appetite. This state lasts for several hours. Users who smoke or inject the drug experience an extremely intense, pleasurable “rush” lasting for several minutes that can be followed by a high lasting for several hours. Methamphetamine has a high potential for tolerance: each time the drug is used, more meth is required to achieve the same effect.

Binge abusers maintain the high by smoking or injecting more of the meth with decreasing effectiveness until, eventually, there is no more rush or high. “Tweaking” describes an extremely unpleasant state at the end of a binge. The abuser may take other drugs, often alcohol, to ease these feelings. The “crash” occurs after the abuser stops taking the drug and sleeps, often for several days at a time. The crash becomes more severe as increasing amounts of meth are ingested.

Addicts are chronic meth abusers completely focused on preventing the crash. They continue to seek the pleasurable rush, but with reduced success. Each successive rush becomes less euphoric and takes more meth to accomplish. It is a very short step from binging to high intensity use. Long-term meth abuse results in many damaging effects: violent behavior, anxiety, confusion, paranoia, depression, suicidal thinking and behavior, insomnia, hallucinations, delusions, and rages.

#### **Meth’s Effects on Children**

Use during pregnancy presents stark risks. The effects of methamphetamine on the developing fetus can be severe and life threatening. In addition to direct drug effects, prenatal nutrition and prenatal care may be seriously neglected and the fetus may be exposed to alcohol and other damaging substances. Premature delivery, with all of its complications, is more common with prenatal meth use. After delivery, the infant may show abnormal reflexes and extreme irritability.

Each level of meth use has an impact on the user's ability to care for children. Low-intensity abusers can continue to function, but experience mood swings. When high, abusers feel good, are active and can get a lot accomplished. They are also irritable and impatient, increasing the possibility of abusive behavior. When the effects of the drug wear off, even low-level abusers are likely to feel an increased need to sleep, which can interfere with care giving.

Binging has significant adverse effects on care giving because the binger is preoccupied with the rush and maintaining the high. Irritability increases and the abuser can become argumentative, assaultive and threatening. Children are often left to fend for themselves. Tweaking increases the risk because the abuser hasn't slept in several days and is likely using other drugs or alcohol. The tweaker is often paranoid and can experience delusions and hallucinations. Violent reactions to otherwise innocent stimuli are common.

After a binge, abusers can sleep for days, leaving their children unsupervised. They often miss school and older children are put in the position of caring for younger children.

When crashing, the abuser experiences increasing feelings of depression, lethargy and loss of energy. These symptoms impair the abusers' interest in caring for their children, depriving them of basic physical and emotional needs. Abusers often experience suicidal feelings. This period can last for months during which the probability of reuse is high.

Long-term, chronic meth abuse can lead to psychotic behavior characterized by intense paranoia, delusions, hallucinations and extreme violence. The delusions can involve the children. For example, a parent "overheard" conversations about people plotting to steal his children and feared that the babysitter was poisoning him. He kidnapped the children from their mother. Another abuser believed that the FBI was jolting him by projecting electric charges through the walls of his house.

Chronic abusers also suffer impaired cognitive functioning, are often sexually promiscuous, volatile and impulsive, and frequently are hospitalized. Domestic violence and other criminal behaviors are common. Chronic meth abuse can also increase the likelihood of other psychological disorders, such as psychosis and serious mood disorders. Because chronic abusers are preoccupied with obtaining and using meth, they expose the children to other users. The risk of abuse and neglect is high. Investigators are confronted with volatile and unpredictable caregivers, and can be incorporated into the abusers' paranoid delusions. This increases the risk of violence towards workers and necessitates heightened precautions. When a chronic meth user stops using, eventually hallucinations disappear and paranoia decreases. However, the abuser may continue belief in his delusions and remain paranoid. Given the nature of the addiction, long-term treatment and follow-up will be required. During that time, the safety of the abuser's children must be constantly assessed and protected.

### **Risks Associated with the Manufacture of Meth**

Methamphetamine is manufactured with readily available, but highly dangerous materials and equipment. Many of the raw materials involved in manufacturing methamphetamine are highly volatile, often resulting in explosion and fire. In fact, illicit laboratories are often discovered because they explode. Children also may be injured by direct contact with caustic materials used in the manufacture of meth, including hydrochloric acid and sodium hydroxide, and toxic solvents such as acetone, ether, and methyl alcohol. Anhydrous ammonia, stolen from an agricultural facility, is stored in propane tanks that are damaged by exposure to the ammonia. These tanks, in turn, can leak or explode, exposing children to toxic ammonia and ammonia vapors. Errors and accidents in the process of manufacturing meth generate a wide range of toxic substances. Phosphine gas, for example,

has caused severe lung damage and death among several individuals involved in the manufacture of methamphetamine.

Perhaps as dangerous as the chemicals are the criminals involved in methamphetamine manufacture. Both the supplier and buyer may be meth users whose behavior can be, as noted above, unpredictable and dangerous. Children may be exposed to weapons and other forms of violence directly associated with high-stakes criminal commerce.

Investigators encountering methamphetamine laboratories are exposed to all of these risks, including explosion, fire and exposure to toxic and caustic chemicals and gasses. Awareness of the materials used in the manufacturing process will help workers reduce these risks.

### **Evidence of methamphetamine manufacture**

The starting point for methamphetamine manufacture is often ephedrine or pseudoephedrine, found in over-the-counter cold and flu remedies. Unusual quantities of these preparations and their packaging should raise suspicion. The solvents used in manufacturing meth include acetone, alcohol, toluene, paint thinner, denatured alcohol, engine starter or brake cleaner. These materials are sold in hardware and auto supply stores. Sodium hydroxide is sold as lye and as drain cleaner; hydrochloric acid is sold as muriatic acid. Iodine, table matches, and lithium batteries are also frequently used and readily available. While all of these items may have legitimate purposes, unusual quantities or circumstances should raise suspicion. Some signs are suspicious regardless of quantity: Propane tanks used illegally to store anhydrous ammonia will show a blue corrosion of the brass valves; coffee filters may have tablet residue or red staining rather than coffee grounds.

Meth labs commonly have an unusually sweet or strong odor such as ether, ammonia, or auto parts cleaner. The windows of a building containing a meth lab may be covered, blackened or frosted to prevent anyone seeing inside the structure. Other common attributes of meth labs include sporadic traffic throughout the day and night, and unusual trash containing large amounts of empty anti-freeze containers, camping fuel cans, battery parts, stained coffee filters, drain cleaners, and glassware. Other items commonly found at meth labs include brake fluid, brake cleaner, iodine crystals and starter fluid.

### **Ensuring the safety of investigators, children and the public**

Due to the danger of chemical contamination, fire or explosion, or harm from someone protecting an investment, law enforcement should always be present during an investigation of suspected child abuse or neglect at a meth lab. The team approach may never be more important for safety reasons than during this type of investigation.

An investigator who suspects the presence of a methamphetamine laboratory should take steps to limit personal exposure to chemicals on the skin or in the air. Gasses from a methamphetamine laboratory, including phosphine, can be toxic at concentrations below what can be detected by smell. An investigator who suspects exposure to toxic chemicals should change clothes and shower as soon as possible. Medical care should be sought if symptoms appear, especially any respiratory symptoms.

Children at the scene of a methamphetamine laboratory should be considered potentially exposed and examined by medical personnel as quickly as possible. The child's personal things should be left at the scene to minimize the chance of contaminating other areas or people. If there is obvious contamination of the clothes a child is wearing, they

should be changed and left at the site for evidence. It is imperative to remove children from the scene of a methamphetamine lab as soon as removal can be effected safely.

In addition to the personal dangers already described, there are critical environmental concerns. The chemicals and processes used in this risky industry can also easily contaminate drinking water supplies, soil and air, causing a great danger to nearby residences. Coordination with state or local agencies charged with protection of those resources is necessary.

## **Conclusion**

Investigation of suspected child abuse or neglect is always potentially dangerous. For investigators who unexpectedly find themselves at the scene of a meth lab, the danger is real and immediate. Investigators must know how to protect themselves during the investigation—both from the toxic chemicals and from the toxic adults present at the scene. If children are present, their safety requires the investigator go in harm's way to remove them. The investigator must not leave until certain no children are present or until any children present are safely removed.

The current epidemic of meth abuse and illicit manufacture is creating new and substantial risks to children, law enforcement and child protection investigators, and the community. Investigators must be cognizant of the indications and clues often present where meth is being manufactured, and of the dangers associated with such activities. Training and education are important. Watchfulness and caution are essential.

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