
VIII. Fact Sheet: Children

Adult use of methamphetamine or involvement in its manufacture and distribution creates multiple risks to the health and well-being of the users' own children and other children in their care:

- Maternal use of methamphetamine during pregnancy may result in birth abnormalities and certain kinds of learning disabilities.
- Methamphetamine users are more likely to neglect or abuse children in their care compared to other adults.
- Children living in or spending time in places where methamphetamine is being made are exposed to toxic chemical contamination as well as the possibility of fire and explosions.
- As with children of alcoholics, children of methamphetamine abusers and addicts are also at increased risk for developing serious problems in their own lives, including substance abuse problems.

Additional Facts

- Current knowledge regarding the potential effects of maternal methamphetamine use during pregnancy is limited. But the few human studies that do exist show increased rates of premature delivery, placental abruption (early separation of a normal placenta from the wall of the uterus), retarded fetal growth, and cardiac and brain abnormalities.¹
- Research into the effects of prenatal exposure to methamphetamine in humans is only beginning. Despite widespread media reports warning that even a single dose of methamphetamine during pregnancy could result in birth defects, there is no

¹ Volkow, Nora, M.D., Director, NIDA. April 21, 2005. Testimony Before the Subcommittee on Labor, Health, and Human Services; Education; and Related Agencies. Committee on Appropriations, U.S. Senate. www.hhs.gov/asl/testify/t050425b.html

scientific evidence of such extreme risk in human subjects.² However, no safe level of methamphetamine consumption has been established for pregnant women. Therefore, women who are pregnant or planning to become pregnant should avoid alcohol, tobacco, and other drugs for their own health and the health of their fetus.

- Chemicals used to cook meth as well as toxic compounds and byproducts from its manufacture produce toxic fumes, vapors, and spills. A child at a meth lab may inhale or swallow toxic substances; inhale the secondhand smoke of adults who use meth; receive an injection or skin prick from discarded needles or other drug paraphernalia; absorb methamphetamine and other toxic substances through the skin after contact with contaminated surfaces, clothing, or food; or become ill after directly ingesting chemicals or an intermediate product.³
- A child's 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.⁴
- Chronic exposure to the chemicals used in meth manufacture may cause cancer; damage the brain, liver, kidney, spleen, and immunologic system; and result in birth defects. Normal cleaning will not remove methamphetamine and some chemicals used to make it. They may remain on eating/cooking utensils, floors, countertops, and absorbent materials. Toxic byproducts of meth manufacturing are often improperly disposed of outdoors, endangering children and others who live, eat, play, or even just walk at or near the site.⁵ There are also serious legal and economic implications for the owners/landlords of contaminated meth lab sites.⁶
- The U.S. Department of Justice estimates that approximately 15 percent of meth labs are discovered as a result of a fire or explosion.⁷ However, a source

² Lester, Barry, Ph.D. August 17, 2005. One Hit of Meth Enough to Cause "News Defects." Join Together. www.jointogether.org/news/yourturn/commentary/2005/one-hit-of-meth-enough-to.html

³ U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Bulletin NCJ 197590. www.ojp.usdoj.gov/ovc/publications/bulletins/children/

⁴ Ibid.

⁵ Ibid.

⁶ Office of National Drug Control Policy. October 2004. National Synthetic Drugs Action Plan: The Federal Government Response to the Production, Trafficking, and Abuse of Synthetic Drugs and Diverted Pharmaceutical Products. www.whitehousedrugpolicy.gov/publications/national_synth_drugs/

⁷ U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Bulletin NCJ 197590. www.ojp.usdoj.gov/ovc/publications/bulletins/children/

referenced in the Centers for Disease Control and Prevention's (CDC's) *Morbidity and Mortality Weekly Report*, dated April 15, 2005, puts the percentage of meth labs found because of a fire or explosion at 20 to 30 percent.⁸

- Children living at methamphetamine labs or with meth-using adults are at increased risk for severe neglect. Also, they are more likely to be physically and sexually abused by family members and known family associates.⁹
- Children at meth lab sites or whose parents/guardians use meth may witness violence, be forced to participate in violence, find themselves taking care of an incapacitated or injured parent or sibling, or see the police arrest and remove a parent.¹⁰
- The Drug Enforcement Administration's El Paso Intelligence Center reported 14,260 methamphetamine lab incidents in 2003, with at least 1 child present at 1,442 of these lab incidents. Nearly 1,300 incidents involved a child being exposed to toxic chemicals. Of children present at these sites, 724 were taken into protective custody, 44 were injured, and 3 were killed.¹¹
- In a case-by-case analysis of 1,048 child deaths in Arizona reported in 2004, alcohol and drug abuse was identified as a preventable cause in 10 percent (102) of these deaths. Of these 102 cases, 21 child deaths involved methamphetamine, and meth was identified as a preventable factor in one 1 out of 5 maltreatment deaths of children.¹²
- In 2002, the National Clandestine Laboratory Database reported 8,911 clandestine laboratory seizures. More than 90 percent of these were methamphetamine production sites, and more than 2,078 incidents involved children.¹³

⁸ Centers for Disease Control and Prevention. April 15, 2005. Acute Public Health Consequences of Methamphetamine Laboratories—16 States, January 2000–January 2004. *Morbidity and Mortality Weekly Report*. 54(14):356-359. <http://ncadi.samhsa.gov/govpubs/mmwr/vol54/mm5414a3.aspx>

⁹ U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Bulletin NCJ 197590. www.ojp.usdoj.gov/ovc/publications/bulletins/children/

¹⁰ Ibid.

¹¹ Office of National Drug Control Policy. February 6, 2004. Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist State and Local Efforts? www.whitehousedrugpolicy.gov/news/testimony04/020604/meth.html

¹² Arizona Department of Health Services. November 2005. Arizona Child Fatality Review Program. Twelfth Annual Report. www.azdhs.gov/phs/owch/pdf/cfr2005.pdf

¹³ North Metro Task Force. Drug Endangered Children. National Jewish Research Center Methamphetamine Research Report—Synopsis. www.nmtf.us/geteducated/drugendgrchildren.htm#

- Based on responses from law enforcement and county child welfare agencies in 303 counties in 13 States, a July 2005 report by the National Association of Counties found that:¹⁴

“Forty percent of all the child welfare officials in the survey report increased out-of-home placements because of meth in the last year.

“During the past 5 years, 71 percent of the responding counties in California reported an increase in out-of-home placements because of meth, and 70 percent of Colorado counties reported an increase.

“More than 69 percent of counties in Minnesota reported a growth in out-of-home placements because of meth during the last year, as did 54 percent of the responding counties in North Dakota.”

- A report published in 2004 by the Council of State Governments suggests that methamphetamine abuse may partly account for the higher rates of substance abuse among rural youth compared to their urban peers.¹⁵
- The Drug Enforcement Administration estimates that 12- to 14-year-olds living in smaller towns are 104 percent more likely to use meth than those in this age group who live in larger cities.¹⁶
- Children who have lived in the kind of drug environment typical of methamphetamine-using adults can suffer stress and trauma and may develop emotional, behavioral, and cognitive problems. They may suffer from low self-esteem, have difficulty relating well to other children or to adults, and have problems trusting others or forming healthy relationships. Children removed from such environments may suffer from post-traumatic stress disorder for up to a year.¹⁷

¹⁴ National Association of Counties. July 5, 2005. The Meth Epidemic in America: Two Surveys of U.S. Counties: The Criminal Effect of Meth on Communities/The Impact of Meth on Children. www.nationaldec.org/research%20and%20articles/research/NACO%20Report.pdf

¹⁵ Council of State Governments. March 2004. Drug Abuse in America—Rural Meth. www.csg.org/NR/rdonlyres/e7ikxr65zumtwpirtbdyxgcaru5wy7uru2yzfyomiezficwvhl3s6dxt7dz2bzsip4cpgefqa65jvpokvb6ajxb/drug+abuse+in+america-rural+meth.pdf

¹⁶ Drug Enforcement Administration. Fact Sheet: Fast Facts About Meth. www.dea.gov/pubs/pressrel/methfact03.html

¹⁷ Peed, C.R., Director, Office of Community-Oriented Policing Services, U.S. Department of Justice. November 2004. Children in Meth Labs: Risky Business. *Community Links*. www.nationaldec.org/research%20and%20articles/articles/Meth%20and%20ChildrenByCOPSDirector.pdf