



DRUG ENDANGERED CHILDREN MEDICAL EFFECTS

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What Is A Drug Endangered Child?

- Children who are exposed to toxic chemicals in houses with drug labs.
- Children who ingest drugs or inhale toxic smoke of illegal drugs at home.
- Newborns exposed to illegal drugs in utero.



What Is A Drug Endangered Child?

- Children under 18 years of age.
- Children who suffer physical harm or neglect due to care taker's drug abuse habit.
- Children at risk of harm In homes where illegal drugs are used or manufactured.



Adult Effects

- Short term:
 - Increased energy, sexual arousal, euphoria
 - Decreased appetite
 - Increased heart rate, abnormal rhythm, high blood pressure, heart attack
 - Extremely high temperature
 - Dizziness, seizures, stroke

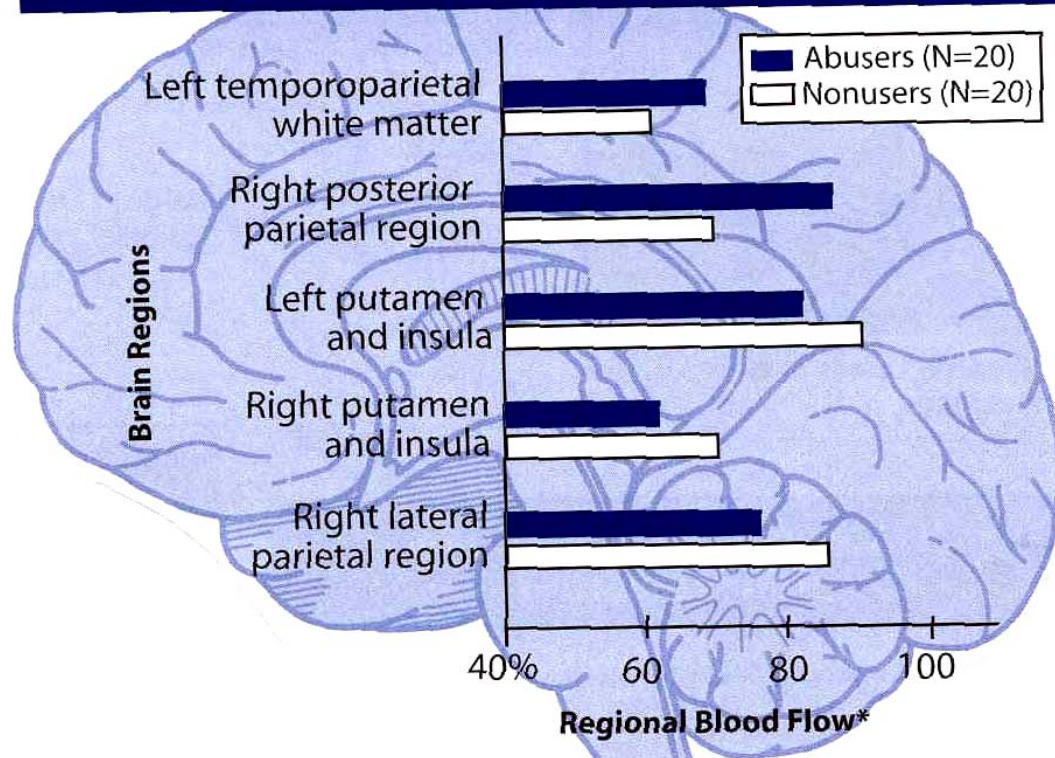


Adult Effects

- Long term:
 - Increased drug tolerance, powerful addiction
 - Tremors, uncontrolled movements
 - Paranoia, hallucinations
 - Weight loss, dental decay, insomnia alternating with periods of deep depression and sleep
 - Permanent brain changes
 - Brain scans show up to 80% reduction in Dopamine metabolism (Seiden 1975 and Woolverton 1989, Melega 1996 and 1997.)



Brain Blood Flow Differs Between Meth Abusers And Nonusers, Suggests Damage



*Blood flow rates in specific brain regions are reported as percentages of the mean blood flow rate throughout the brain.





Meth Lab Human Toxicity I

- Manufacturing of one pound of Meth can produce 5 to 6 pounds of toxic waste such as:
 - Meth powder and solution
 - Flammable solvents
 - Phosphorus
 - Lye
 - Acid
 - Iodine



Meth Lab Human Toxicity II

- Phosphors - inhalation of phosphine gas is lethal
- Lye or acid - chemical burns
- Iodine - eye, nose, skin irritation or burns, abdominal pain and thyroid disease
- Ammonia and ether - respiratory toxins



Meth Lab Human Toxicity III

- Case report of 3 fatalities from phosphine gas in meth lab (Willer, 1999).
- Fatal ingestion of meth in home lab by 14 year-old in Iowa
- Survey of narcotic officers complaining of headache, respiratory and skin irritation before use of protective gear initiated.



Hazmat Gear For Protection



Children and Meth Toxicity I

- Case Report by Kolecki, 1998
 - Eighteen children under 7 years of age accidentally ingested methamphetamine (left by parents).
 - Symptoms - increased heart rate, agitation, irritability and vomiting, muscle breakdown, fever, ataxia, seizures



Children and Meth Toxicity II

- Case Report by Gospe, 1995
 - Eleven month old boy with irritability and blindness and urine drug screen positive for meth. Symptoms resolved after twelve hours.
- 2002 Case by R. Shah, Iowa
 - Eighteen month old with agitation, abnormal movement of one arm and elevated blood pressure. Urine positive for meth. Symptoms cleared after eight hours, but behavior problems noted for three months.



Home Meth Labs and Risk of Abuse and Neglect of Children

- Increasing number of children are exposed to home meth labs with potential for serious and life threatening toxicity
- Care giver's substance abuse increases rates of childhood injury and death.



DEC Victims of Abuse/Neglect

- Child neglect in substance abusing families can cause medical, nutritional, developmental and behavioral problems with long term sequela.
- Children in substance abusing homes are often primary care providers for younger siblings. Such a parentalised child suffers from adjustment problems and high risk behaviors such as drug abuse, teen pregnancy and truancy.
- Lack of nurturing and emotional stimulation results in development of attachment disorder and depression.
- Lack of boundaries puts children at risk of sexual abuse.



DEC - Medical Protocol

- I. Health Screening and Detoxification at the Scene
 - Decontamination if needed - wash down, change clothes at the scene
 - Assessment for signs of toxicity, physical injury and burns
 - EMS to provide emergency treatment and transfer to designated emergency room



DEC MEDICAL PROTOCOL

- II. Initial Assessment Required for all Children in Meth Lab Homes:
 - Usually done in emergency room setting
 - Obtain complete history
 - Perform complete medical examination
 - Record vital signs, neurological status, signs of toxicity
 - Check for physical abuse, neglect
 - Do urine drug screen and other tests as indicated by exam
 - Arrange for follow-up care



DEC MEDICAL PROTOCOL

- III. Follow-up Assessment within 30 days.
 - Assessment provided at designated center by professionals trained in assessing DEC patients.
 - Complete physical exam
 - Nutritional assessment
 - Developmental screen
 - Mental health exam
 - Referral to collaborating agencies for ongoing follow-up.

