Indiana Drug Endangered Child (DEC) Protocol Unveiling
## Indiana DEC Advisory Committee

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Background

• In May of 2005, Governor Daniels called the Indiana DEC Advisory Committee together to agree upon and implement a statewide, coordinated response to care for Drug Endangered Children.
Background (continued)

• This multidisciplinary response, or “DEC Protocol,” would ensure that Drug Endangered Children receive protection, advocacy and support through a multidisciplinary approach.
What is a Drug Endangered Child?

• In Indiana, Drug Endangered Children are those children who are found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home ("meth labs") or (b) where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue ("meth homes")
Why the Urgency?

- Clandestine methamphetamine (meth) labs are a growing threat in Indiana. According to the Indiana State Police, law enforcement authorities seized 1,549 meth labs in 2004, up from 1,260 in 2003.
Why the Urgency? (continued)

• The U.S. Drug Enforcement Administration’s El Paso Intelligence Center has year-to-date data that ranks Indiana 2nd in the United States in the number of meth labs seized by law enforcement, up from 4th in the nation in 2004.
How Are Children Affected?

• Chemicals used to manufacture meth, pose serious dangers to children, including toxic poisoning, chemical burns, fires and explosions.
• Chemical exposure can have other health consequences, such as asthma.
• Long-term developmental consequences are likely; more research is needed.
How Are Children Affected? (cont.)

- Children are often victims of physical, sexual and emotional abuse and neglect perpetrated on them by their caretakers and the many others who frequent their drug-laden homes.
- Children may ingest meth -- intentionally or unintentionally -- overdose and death are possible.
Case Story #1: Drug Endangered Children

- “The five children ranged in age from 1 to 7 years old. The one-bedroom home had no electricity or heat other than a gas stove with the oven door opened. Used hypodermic needles and dog feces littered areas of the residence where the children were found playing. Because there were no beds for the children, they slept with blankets underneath a small card table in the front room. The bathroom had sewage backed up in the tub, leaving no place for the children to bathe. A subsequent hospital exam revealed that all the children were infected with hepatitis C. The youngest was very ill. His liver was enlarged to the size of an adult's. The children had needle marks on their feet, legs, hands, and arms from accidental contact with syringes.[1] “

[1] Description of two cases as sited in a NDIC Report, stating the living areas and physical condition of the children found in meth lab homes.
Case Story #2: Drug Endangered Children

• “A 2-year-old child was discovered during a lab seizure. Her parents both abused and manufactured methamphetamine. She was found with open, seeping sores around her eyes and on her forehead…The condition was diagnosed as repeated, untreated cockroach bites. \[1\] “

[1] Description of two cases as sited in a NDIC Report, stating the living areas and physical condition of the children found in meth lab homes.
Why a Coordinated Response?

• Multiple responders often arrive at the scene wanting to help. A coordinated response is imperative:
  – To protect the safety of children and other innocent persons in and around the home
  – To protect the safety of responders
  – To ensure children receive comprehensive, coordinated care, support and advocacy
Why a Coordinated Response? (cont.)

- Those who make meth often use meth, making them prone to violent behavior.
- Labs are often protected by weapons, explosive traps, and surveillance equipment.
- The chemicals used to make meth are highly volatile. Slight shifts in temperature or friction can set off fires and explosions.
Why a Coordinated Response? (cont.)

• When jurisdictions do not coordinate their responses to these complicated scenes:
  – personnel often overlook children’s needs or assume another agency will address these needs;
  – fail to remove children from conditions of endangerment;
  – or fail to gather adequate evidence to substantiate appropriate endangerment and other legal charges.
Development of Indiana’s Protocol

- Advisory committee and multiple work groups
- Input and guidance from Indiana and national experts
- Examined DEC protocols from Arizona, Iowa, Illinois, Washington and California
The Indiana DEC Advisory Committee

Is proud to unveil…
On Behalf of Governor Daniels
And all children in Indiana
Indiana’s DEC Protocols

1. The Indiana DEC Response Protocol
2. The Indiana DEC Comprehensive Care Protocol
For more information

• Visit [www.in.gov/dcs/policies/dec.html](http://www.in.gov/dcs/policies/dec.html)
  – Download copies of both protocols
  – Health care payment codes for DEC
  – Additional resources

• This project part of a larger initiative, Meth-Free-Indiana. For more information, visit: [www.in.gov/cji/methfreeindiana/](http://www.in.gov/cji/methfreeindiana/)
Closing

• You will spend time reviewing and discussing the Indiana DEC Protocols in detail on Thursday afternoon.

• Thank you for taking the time to attend this conference; children’s lives are depending on you.