




**CORE DRUG ENDANGERED CHILDREN
TRAINING PROGRAM**
A COMMUNITY AWARENESS TRAINING
 Presented by
*Lori Moriarty
Peggy Scheuermann*
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Regional Community Policing Institute
 Division of Criminal Justice

Training Outline


- **History and Evolution of the DEC Movement**
- **Children at Risk**
- **Understanding and Responding to the Long-term Needs of Drug Endangered Children**
- **Collaborative Mindset as the Ideal Solution**
- **National DEC and State DEC Alliances**
- **Empowerment to Engage**

History and Evolution of the DEC Movement

A Look Back

How the Movement Started
The actions of **two women**
launched the DEC movement

A Look Back



- Sue Webber-Brown, Butte County (CA) DA Investigator
- Recognized the connection between child abuse cases and illicit drugs
- Developed a DEC program in Butte County in 1993 with a new approach to rescuing these children that were living in dangerous drug environments
- The approach involved forming DEC teams comprising personnel from the District Attorney's Office, Child Services, and Law Enforcement

Kathey James

A&E Investigative Reports

A Look Back

- Kathey Lynn James:
 - December 26, 1995
 - Riverside, California
 - 3 children died in meth lab explosion
 - Sentenced in January 1997 to 45 years to life in prison – 15 years for each murder count



A Look Back

- The DEC Team Model:
 - Included representatives from:
 - District Attorney's Office
 - Children's Services
 - Law Enforcement
 - Ensured:
 - Full investigation of child endangerment
 - Prosecution of all appropriate charges
 - Immediate intervention
 - Medical assistance
 - Appropriate placement

A Look Forward

Moving From Teams to Social Change



NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN

Rescue. Defend. Shelter. Support.

- National DEC was formed in 2003 by state leaders to help provide leadership and coordination for the growing DEC movement
- National DEC's approach for addressing the needs of children in dangerous drug environments is unique. It promotes social change through proactive collaboration between systems

A Look Forward

Moving From Teams to Social Change



NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN

Rescue. Defend. Shelter. Support.

- Promoting social change through proactive collaboration:
 - The expertise of the National DEC Leaders Network informs practice in the field
 - Through the state DEC alliances, National DEC leverages resources and provides training and technical assistance to professionals in the field

Moving From Teams to Social Change

- Benefits:
 - Does not rely on grant funding for sustainability
 - Does not rely on individual champions for sustainability
 - Builds broad community support
 - Makes DEC everyone's job function
 - Allows for comprehensive intervention to address the long-term needs of children

Children at Risk

**CHILDREN
AT RISK**
www.nationaldec.org

Children at Risk

2.1 million children
in the United States live in homes
where **a parent uses** illicit drugs

SOURCE: Substance Abuse and Mental Health Services Administration,
Office of Applied Studies, National Survey on Drug Use and Health, 2007.

Children at Risk

9.2 million children
in the United States live in homes
where **a parent or other adult uses**
illicit drugs

SOURCE: National Center on Addiction and
Substance Abuse at Columbia University (CASA), 2005

Children at Risk

More than **35 million**
individuals used illicit
drugs or abused prescription
drugs in 2007

SOURCE: Substance Abuse and Mental Health Services Administration,
Office of Applied Studies, National Survey on Drug Use and Health, 2007.

**Defining Drug Endangered
Children (DEC)**

The National Alliance for Drug Endangered Children defines drug endangered children as children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution.

They may also be children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment.

Children at Risk

Children of parents with substance use disorders have a higher likelihood of developing substance use problems themselves

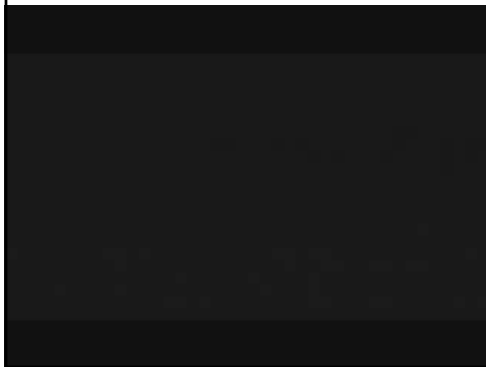
SOURCE: CSAT, 2005; Price & Simmel, 2002; Young, Gardner, & Dennis, 1998; CSAT, 2004

Children at Risk

Child abuse and neglect increase a person's risk of later substance use, and individuals with substance use disorders are more likely to abuse or neglect their children

SOURCE: CSAT, 2005; Price & Simmel, 2002; Young, Gardner, & Dennis, 1998; CSAT, 2004

Children at Risk



Child-Family
Institutions

Children at Risk

- Children whose parents abuse alcohol or drugs are:
 - 3 times more likely to be verbally, physically or sexually abused
 - 4 times more likely than other children to be neglected

SOURCE: A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family, CSAT, SAMHSA

Children at Risk



Children + Drugs = RISK

Understanding Risk



Risk (n.): The chance of something going wrong; the danger that injury, damage or loss will occur.

-Encarta Dictionary of North America

Understanding Risk



- All drug endangered children are **at risk**
- How much risk and risk for what varies

Understanding Risk



- Prenatal Risks
- Postnatal Risks

Prenatal Risks

The effects of prenatal drug exposure:

- Are difficult to isolate, owing to other variables such as poor prenatal care, poor nutrition, prematurity, and adverse postnatal environment
- Depend on the substance being used, frequency of use, duration of use and quantity



Prenatal Risks

- Long-term cognitive and behavioral risk factors for children prenatally exposed to drugs:
 - Low scores in mental development
 - Low scores in psychomotor index



Prenatal Risks

- Issues that may result from prenatal exposure to cocaine:
 - Language difficulties
 - Behavioral concerns
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Oppositional Defiant Disorder
 - Risk of birth defects appear greater with more frequent use



Prenatal Risks

- Issues that may result from prenatal exposure to methamphetamine :
 - 3.5-fold increased risk of an infant being small for gestational age
 - Cognitive deficits
 - Long-term delays in development



Prenatal Risks

- Issues that may result from prenatal exposure to marijuana:
 - Fetal growth retardation
 - Increased risk of miscarriage
 - Prematurity
 - Developmental delay
 - Behavioral and learning disorders



Prenatal Risks

- Infants exposed to drugs in utero are more likely to be reported as abused or neglected (30.2%)

*- Kienberger Jaudes P, Ekwo E.
Association of Drug Abuse and Child Abuse*



Postnatal Risks



- Risk of Physical Abuse
 - Erratic discipline
 - Increased irritability
 - Irrational rage

Postnatal Risks



- Risk of Neglect
 - Lack of supervision
 - Lack of necessities
 - Lack of safe and nurturing environment

Postnatal Risks



- Risk of Exposure to Illegal Activities
 - Property Crimes
 - Drug dealing
 - Drug transporting
 - Kidnapping
 - Home invasions

Postnatal Risks



- Other Risks
 - Exposure to violence
 - Domestic violence
 - Crime-related violence
 - Overlay deaths
 - Exposure and ingestion
 - Sexual abuse
 - Emotional Abuse

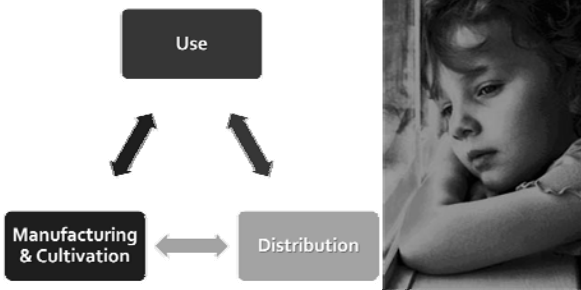
Postnatal Risks



• Other Risks

- Loss
 - Parents
 - Death
 - School
 - Sibling Separation
 - Pets (loss or death)
 - Home
- Multiple foster placements

Evidence of Harm: Illicit Drug Activities



Drug Use



Drug Use

Drug Recognition Experts:

7 Drug Categories

Drug Use

(1) Central Nervous System (CNS) Depressants

Category Includes
Synthetic Drugs

Drug Use

(1) Central Nervous System (CNS) Depressants

- Method(s) of Ingestion and Effects
 - Usually taken orally
 - Onset varies from 1 minute to 1 hour
 - Duration varies from a half hour to a half day

Drug Use

(1) Central Nervous System (CNS) Depressants

- Problems They Cause
 - Impaired performance
 - Impaired thinking
 - Decreased REM sleep
 - Nausea
 - Seizures
 - Inability to take care of children



Drug Use

(2) Central Nervous System (CNS) Stimulants

Category Includes
Cocaine & Meth

The Jenny Rojas Story

Drug Use

(2) Central Nervous System (CNS) Stimulants

- Method(s) of Ingestion
 - Oral ingestion
 - Nasal ingestion
 - Intravenous injection
 - Smoked

Drug Use

(2) Central Nervous System (CNS) Stimulants

- Problems They Cause
 - Depression
 - Anxiety
 - Appearance of mental illness
 - Easily irritated
 - Aggressive
 - Inability to take care of children



Drug Use

(2) Central Nervous System (CNS) Stimulants

- Example:
 - Katherine Nadal
 - Houston, Texas
 - Emasculated 5-week-old son while high on cocaine



DEC CASE EXAMPLE
GARFIELD COUNTY COLORADO

FEATURING: MEGAN ALSTATT
CHILD ABUSE DETECTIVE

Drug Use

(3) Hallucinogens

Category Includes
LSD, Ecstasy,
Psilocybin Mushrooms

Drug Use

(3) Hallucinogens

- Method(s) of Ingestion and Effects
 - Most commonly ingested orally
 - Personal experiences vary more than any other drug class
 - Duration of high can last many hours

Drug Use

(3) Hallucinogens

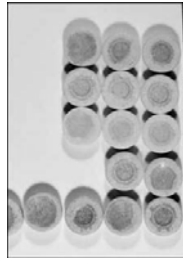
- Problems They Cause
 - Harsh physical side effects
 - Brain damage
 - Bad “trips”
 - Flashbacks
 - Inability to take care of children



Drug Use

(3) Hallucinogens

- Example:
 - Donielle M. Maki
 - West Bend, Wisconsin
 - She passed out on couch
 - 2-year-old daughter was eating LSD candy
 - Police also found marijuana and Vicodin



Drug Use

(4) Dissociative Anesthetics

Category Includes
**PCP and Its
Analog**s

Drug Use

(4) Dissociative Anesthetics

- Method(s) of Ingestion and Effects
 - Can be taken orally, snorted, smoked, or injected
 - Onset of high between 15 to 30 minutes
 - Remains at peak levels for 4 to 6 hours
 - Metabolizes slowly and significant levels can remain in the body for several days

Drug Use

(4) Dissociative Anesthetics

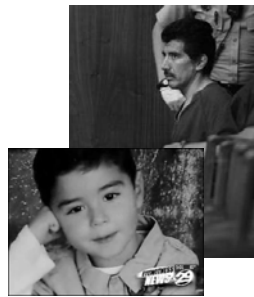
- Problems They Cause
 - Harsh physical side effects
 - Illogical or disorganized thinking
 - Unpredictable and violent behavior
 - Produces a state similar to psychosis
 - Inability to take care of children



Drug Use

(4) Dissociative Anesthetics

- Example:
 - Angelo Mendoza
 - Bakersfield, California
 - Bit 4-year-old son's eye out
 - Attacked his own legs with axe
 - Had been arrested in 2006
 - Possession of PCP
 - Hid drug container in baby wrappings



Drug Use

(5) Narcotic Analgesics

Category Includes
**Opium, Heroin,
Morphine, OxyContin**

Drug Use

(5) Narcotic Analgesics

- Method(s) of Ingestion and Effects
 - Can be swallowed, snorted, smoked, or injected depending on the type of narcotic
 - Two patterns of abuse
 - Street purchases and use
 - “Doctor shopping” – prescription abuse
 - The high from most narcotics lasts from 2 to 6 hours

Drug Use

(5) Narcotic Analgesics

- Problems They Cause
 - Danger of overdose
 - Malnutrition
 - Sleep deprivation
 - Anxiety, anger, tension, hostility
 - Inability to take care of children



Drug Use

(5) Narcotic Analgesics

- Example:
 - Heroin-using couple
 - Warminster, Pennsylvania
 - 14-month-old baby
 - 2nd degree burns from stove
 - Broken hypodermic needle in the baby's buttocks
 - Baby's hair was falling out from malnutrition



Drug Use

(6) Inhalants

Breathable Substances with
Mind-Altering effects

Drug Use

(6) Inhalants

- Method(s) of Ingestion and Effects
 - All substances are inhaled through the nose or mouth
 - Produces a high that lasts 2 to 5 minutes
 - Deeper delirious high comes from continuous use
 - Effects usually fade between 5 to 20 minutes
 - Most commonly a problem with kids themselves using (peak age abuse is 14 to 15 years, with onset occurring in those as young as 6 to 8 years)

Drug Use

(6) Inhalants

• Problems They Cause

- Injuries to the mouth, lungs, or trachea
- Risk of asphyxiation and death
- Serious damage to internal organs
- Inability to take care of children



Drug Use

(7) Cannabis

Scientific Name for
Marijuana

MARIJUANA

FEATURING: ROBIN KAHUS
RECOVERING METH ADDICT
SALT LAKE CITY, UT

Drug Use

(7) Cannabis

- Example:
 - Matthew Allender (Father)
 - Thornton, Colorado
 - 2-year-old has injury on face
 - Father is a daily marijuana user
 - Father angry when the child jumped on dad's guitar



Drug Use

(7) Cannabis

- Example:
 - Marijuana-using dad and friends
 - West Virginia
 - Infant and 2-year-old child in bath
 - Later noticed the water flowing down the hallway into the kitchen
 - 8-month-old was found dead face down under water in full bathtub



True Stories

www.nationaldec.org

Drug Distribution



Drug Distribution

- Example:
 - Sofia Morales & Alberto Solis
 - Dallas, Texas
 - 5-month-old baby found alone in a vehicle under a pile of clothes in a car seat
 - The baby was motionless, covered in blisters, sores and bandages



Drug Distribution

- Example:
 - Cole Puffinburger
 - Las Vegas, Nevada
 - Abducted during a home invasion
 - Cole's grandfather owed significant drug money to Mexican nationals
 - Police believe methamphetamine was involved and characterized the illicit operation as a multimillion-dollar Mexican drug ring

**MISSING CHILD!
COLE PUFFINBURGER**

VICTIM INFORMATION:

- Missing since 2:30 AM, December 19, 2008.
- Unregistered, Non-family abduction.
- Height of approximately 5'4" (5'7" height).
- Black hair.
- Blue eyes (5'7" - 5'8" tall).
- Birthdate: 11/26/94.
- Front teeth missing or chipped.
- Last seen wearing dark blue/gray t-shirt, black shorts, black sneakers, black socks, black gloves.

PERSON OF INTEREST:
JESUS GASTELUM

- Suspect in Cole's kidnapping.
- Being sought by Las Vegas PD.
- Member of drug ring (allegedly \$200,000 Las Vegas or Southern California).
- Age: 40-45.



IF YOU HAVE ANY INFORMATION RELATED TO THIS KIDNAPPING, PLEASE CONTACT:
LAS VEGAS METROPOLITAN POLICE
(702) 828 - 3111
(702) 828 - LOST
(702) 828 - 2907

Manufacturing & Cultivation



Questions to Ponder

- **When do we take action to protect children?**
- **Do we consider illicit drug activity alone justification to intervene?**
- **Do we wait until additional maltreatment circumstances arise?**
- **What if we wait too long?**

Understanding and Responding to the Long-term Needs of Drug Endangered Children

Our **Goal:**
Happy & Safe Children
100%

How do we get to 100%?

- Understand the long-term needs of drug endangered children
- Implement appropriate and effective intervention strategies

Understanding the Long-Term Needs of DEC

- **Children growing up in drug environments:**
 - Are denied the fundamental developmental experiences required to self-regulate, relate, communicate and think
 - Experience neglect, daily chaos, a lack of safety, poor communication, violence, and disorganization

Understanding the Long-Term Needs of DEC

- **Consequently, some children growing up in drug environments may experience:**
 - Emotional problems
 - Behavioral problems
 - Cognitive problems

Understanding the Long-Term Needs of DEC

- **Some Examples of Emotional Problems**
 - Attachment Disorders
 - Post Traumatic Stress Disorder
 - Anxiety
 - Depression
 - Complex Emotions

Understanding the Long-Term Needs of DEC

- **Some Examples of Behavioral Problems**
 - Interpersonal Problems
 - Inappropriate Sexual Behaviors
 - Low Threshold for Stimulation
 - Eating Disorders

Understanding the Long-Term Needs of DEC

- Some Examples of Cognitive Problems
 - Difficulty talking and listening
 - Difficulty paying attention
 - Difficulty remembering
 - Trouble reading, especially learning to move from left to right
 - Often do not learn from mistakes or experiences
 - Trouble picking up on social cues

The Importance of Intervention



The Importance of Intervention

Moving children from

RISK to RESILIENCY

The Importance of Intervention

The earlier the intervention, the more efficient and effective the outcome

BUT ... research and clinical trends *also* support the potential for change throughout life

The Importance of Intervention

In other words...

It is **never too early** to intervene...

AND

It is **never too late** to intervene!

The Importance of Intervention

We ALL have an intervention and prevention role to play

The Importance of Intervention

- DEC efforts are collaborative



INTERVENTION

Collaborative Mindset as the Ideal Solution

Collaborative Mindset



Collaborative Mindset

Traditionally, DEC response models have focused primarily on **crisis intervention**

Collaborative Mindset

True **multidisciplinary collaboration** engages the community and engenders broad social change

Collaborative Mindset



Collaborative Mindset

No single entity can effectively or efficiently address the DEC dilemma on its own, especially over the long term

Collaborative Mindset

Instead, the expertise and resources of **multiple professionals, agencies,** and **communities** combine to **improve interventions** for children and families

Collaborative Mindset

COLLABORATION:

The exchange of information, altering of activities, sharing of resources, and **enhancement of the capacity of another for the mutual benefit of all** and to achieve a common purpose.

Chris Huxham, *Creating Collaborative Advantage*

Collaborative Mindset

- What we know already:

Collaboration is challenging

- What we may not know:

WHY collaboration is challenging

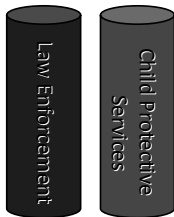
Collaborative Mindset

WHY collaboration is challenging:

- Competing goals
- Relationship issues
- Control issues
- Differing values
- Helplessness
- Un-channeled passion/energy

Collaborative Mindset

- Law Enforcement
 - Evidence collection
 - Arrests
 - Criminal prosecution
- Child Protective Services
 - Child risk assessment
 - Safety plans
 - Reunification or termination





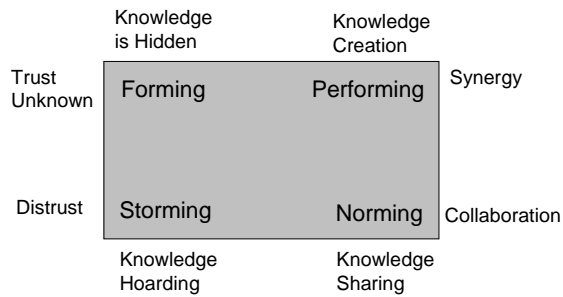
Collaborative Mindset

- The Five Stages of Group Development

- Forming
- Storming
- Norming
- Performing
- Adjourning or Transforming

Developed by Bruce Tuckman (1965)

Collaborative Mindset



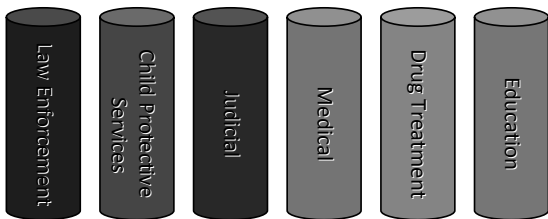
Collaborative Mindset

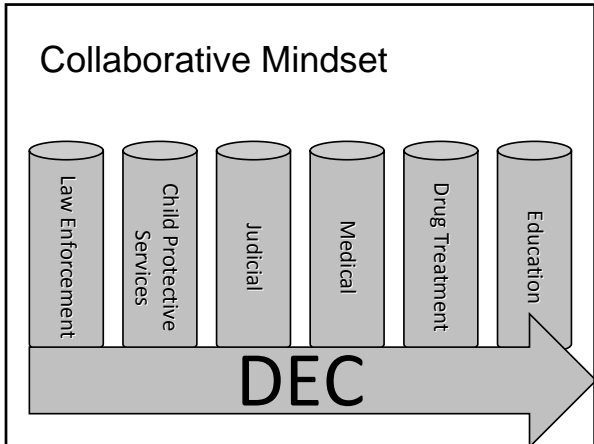
A collaborative strategy requires a deep awareness of what each system has to offer and is willing to share

Collaboration

www.nationaldec.org

Collaborative Mindset





Collaborative Mindset

By collaborating, we increase the likelihood of success for the good of children and families

- ### Collaborative Mindset
- Positive change through collaboration
 - Starts with the individual
 - Impacts the organization
 - Inspires whole communities
 - Results in social change

Collaborative Mindset

- Collaboration in Practice

- Organization
- Communication
- Shared Purpose, Mission, Vision, and Goals
- Trust
- Policy Support
- Leadership Support



Collaborative Mindset

- Benefits:

- Does not rely on grant funding for sustainability
- Does not rely on individual champions for sustainability
- Builds broad community support
- Makes DEC everyone's job function
- Allows for comprehensive intervention to address the long-term needs of children

Collaborative Mindset



National DEC and State DEC Alliances

Introduction

Being part of the DEC movement:

- Makes you part of the larger solution
- Connects you to other professionals working on the same challenges
- Helps you advocate more effectively on behalf of children and families

National DEC

Formed in 2003 by passionate state leaders and incorporated in 2006 as a charitable nonprofit to help make a difference in the lives of drug endangered children



National DEC

- What is National DEC?
 - State Alliances
 - DEC Leader Network
 - Training & Resource Center
 - National Conference

How National DEC Supports You

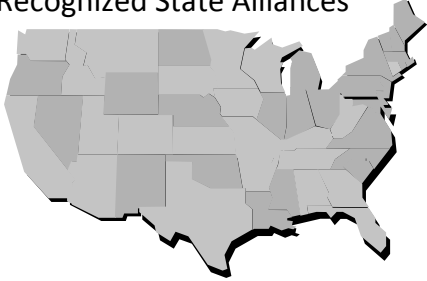
- Access to the National Training & Resource Center
- Technical assistance for capacity-building and developing more responsive state systems
- Development and sharing of best practices to help drug endangered children
- Periodic updates on emerging research issues in the field
- Monthly community-focused and practitioner-based webinars

National DEC + State DEC Alliances = Collaborative Partnership

- Shared vision and mission with National DEC
- Demonstrated willingness to work alongside National DEC and the other state alliances to address the problem
- Participation in working groups and National DEC leadership network

State DEC Alliances

22 Recognized State Alliances



How (insert your state) DEC Alliance Supports You

- **Insert two or three slides about how your state DEC alliance supports local DEC efforts HERE** (highlight the efforts taking place in your state, including pilot projects, best practices, training and technical assistance, etc.)

Empowerment to Engage

Changing the Status Quo

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

—Margaret Mead

Changing the Status Quo

- Candice Lightner, MADD Founder
 - Sept 1980: MADD **incorporates**
 - End of 1980: MADD **grows to 11** chapters
 - 1982: MADD **grows to 100** chapters; **participates in drunk driving commission** at President Reagan's request
 - 1983: **129 new anti-drunk driving laws** passed
 - 1984: Uniform **drinking age raised to 21**; MADD **grows to 330** chapters in **47** states
 - 2000: Congress makes **.08 BAC the national illegal limit** for impaired driving
 - TODAY: **More than 300,000** lives saved and **more than 50,000** victims served



Changing the Status Quo

- John Walsh, Missing Children Advocate
 - 1981: **Adam Walsh Child Resource Center** founded
 - 1982: **Missing Children Act** passed
 - 1984: **Missing Children's Assistance Act** passed
 - 1984: **National Center for Missing and Exploited Children** founded
 - 2006: **Adam Walsh Child Protection and Safety Act** passed
 - TODAY: The **recovery rate** for missing children has gone from **62% to 96%**



Changing the Status Quo

“Only those who dare to fail greatly can ever achieve greatly.”

—Robert F. Kennedy

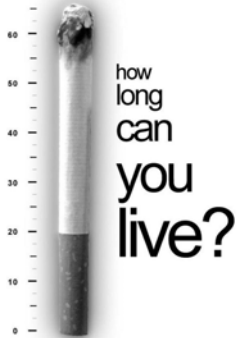
Changing the Status Quo

Changing our **attitudes**
and **beliefs**

Changing the Status Quo



Changing the Status Quo



Changing the Status Quo

- Common elements for change:
 - Recognition of an unacceptable situation
 - Shared vision for a desired outcome
 - Strong leadership
 - Guided activities of many
 - Persistence!



Do we let children accept this reality?



Or do we change the status quo?

We ALL have an **intervention**
and **prevention** role to play

Believe in the future
and **create** the reality

Our Goal:

Happy & Safe Children

100%

HELP AND HOPE

www.nationaldec.org



**NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN**
Rescue. Defend. Shelter. Support.

Thank You
