

# Meth Basics & Worker Safety



© 2006 Protective Services Training Institute of Texas

# ABOUT THIS TRAINING

This training module presents essential information for DFPS staff who may encounter methamphetamine users, settings where meth is used or manufactured, and children at risk due to caregiver meth use or meth lab dangers. It focuses on risk assessment and worker safety in these situations.

Upon completing this module you will have an opportunity to print a summary of the content.

# LEARNING OBJECTIVES

After completing this module, learners will be able to:

1. Recognize forms of meth and related paraphernalia
2. Recognize symptoms of a person high on methamphetamine
3. Recognize symptoms of a chronic meth user
4. Recognize signs of a clandestine meth lab
5. Take safety measures when interacting with a meth user
6. Take safety measures in a meth lab situation
7. Identify the risks to a child living in a meth lab or whose caregiver uses meth
8. Refer to an approved protocol for responding to children found in a meth lab environment

# **TABLE OF CONTENTS**

**Unit 1 – Meth the Drug**

**Unit 2 – Working with a Meth User**

**Unit 3 – Clandestine Meth Labs**

**Unit 4 – Worker Safety**

**Unit 5 – Drug Endangered Children**

# Unit 1: Meth the Drug

## *Unit Preview*

- What is methamphetamine?
- What does meth look like?
- How is meth taken?
- What does a meth user experience while using the drug?

# What is methamphetamine?

- Methamphetamine is a powerful, highly addictive stimulant in the amphetamine (“speed”) family of drugs.
- It is classified by the federal government as a Schedule II Controlled Substance, meaning it has a high potential for abuse, it has accepted medical uses, and users may develop severe dependence (addiction).
- It has few legitimate medical uses—for narcolepsy, weight loss, and in some cases, Attention Deficit Hyperactivity Disorder (ADHD). It is available only by prescription, under the brand name Desoxyn. It is not commonly prescribed, and the dosage is much lower than what is taken by meth abusers.
- This training is about meth as an illegal street drug.

# What is methamphetamine? (cont.)

- People use meth...
  - to give them energy — for example, to work a long shift or to party a long time
  - to increase alertness — for example, students studying for finals
  - to lose weight
  - to self-medicate depression
  - to enhance sexual experience
  - for its euphoric qualities — it makes you feel “high”

## What is methamphetamine? *(cont.)*

- Meth is easy to obtain in most parts of Texas and is relatively inexpensive.
- Meth is similar to cocaine in its effects, but meth is cheaper and the high lasts much longer.



# What is methamphetamine? (cont.)

- In street slang, meth goes by many names. Here are some common terms:

■ Speed

■ Crystal

■ Poor Man's Coke

■ Crank

■ Ice

■ Redneck Cocaine

■ Go

■ Glass

■ Chalk

■ Fast

■ Quartz

■ Chris, Christina, Tina

■ Amp

■ Chrome

teener = 1/16 ounce purchase amount

8-ball = 1/8 ounce purchase amount

tweaker = a meth user

# What does meth look like?

- Meth is mainly found in two forms:

- a grainy **powder**; may be white, yellow, pink, red or brown



- **crystal meth**, which looks like small clear or whitish glass shards, called “ice” or “glass.”



- Crystal meth is usually purer (more powerful) and more expensive than powder.

## What does meth look like? (cont.)

- “Homemade” meth may be found in the form of an oily liquid suspension.
  - The liquid will have two or three **layers** of different colors (clear, milky, yellow, red or brown) and thicknesses.
  - This oil must be converted through crystallization to a form that is usable and sellable.



# How is meth taken?

- Meth powder can be pressed into a pill, enclosed in a capsule, or dissolved in a drink and taken **by mouth**.
- Meth powder can be **snorted** up the nose.
- Meth powder or crystals can be diluted in water and **injected**.
- “Smoking” — Meth powder or crystals are heated and the **fumes inhaled**.
  - Meth powder or crystals are placed on a square of aluminum foil, held under the nose, and heated from beneath with a cigarette lighter
  - Meth crystals are placed in a meth pipe and the end of the pipe is heated with a cigarette lighter

## How is meth taken? (cont.)

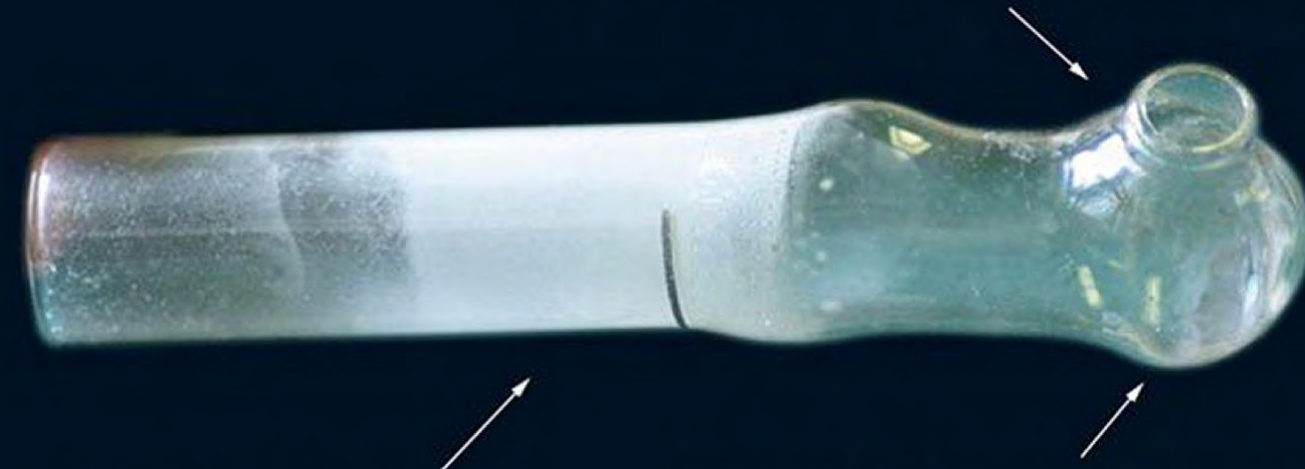
Syringe



Pipes

### Crack/Meth Pipe

crack cocaine or methamphetamine is placed in the pipe



some pipes are designed with a water bowl which cools the vapor prior to being drawn into the lungs

heat is added, usually with a cigarette lighter, causing the crack or meth to vaporize so it can be drawn into the lungs

## How is meth taken? (cont.)

- Inhalation and injection give an intense euphoric rush almost immediately.
- Snorting and oral ingestion lack this intense initial rush. Their “high” may take from 5 to 20 minutes to kick in.
- Typically the high from one dose lasts 4 to 12 hours, but sometimes as long as 24 hours.
- The intensity of the high depends on the purity of the drug. As of March 2006, the purity of meth on the street is very high, at 60-90%.

## How is meth taken? (cont.)

- Common dose amounts range from 100–1,000 milligrams per day, or more for chronic binge users.
- A 100 mg dose typically costs less than \$10. This would be a beginner's dose. The amount is less than a “pinch of salt” in a recipe.
- A 1,000 mg dose may cost \$60 to \$90. This is about 1/5 of a teaspoon, the same as one packet of Sweet 'n Low.

## How is meth taken? (cont.)

- Meth and heroin taken together is called a “speedball.”
- Marijuana, alcohol, and other drugs are commonly used with meth to manage some of meth’s negative effects.
- Pills that are sold illegally as “designer drugs” like Ecstasy sometimes contain a mix of Ecstasy and meth.



# What does a meth user experience while using the drug?

**Desirable sensations** may include

- Euphoria
- Increased energy
- Increased alertness
- Increased activity level
- Decreased appetite
- No desire for sleep
- Heightened sex drive and enhanced sexual pleasure
- Enhanced sense of confidence, attractiveness and sociability
- Lowered inhibitions

# What does a meth user experience... (cont.)

**Other effects** may include

- Impaired judgment
- Paranoia
- Irritability
- Anxiety
- Increased body temperature
- Fast and irregular heart rate
- Faster breathing
- Increased blood pressure
- Visual and auditory hallucinations that are sometimes violent
- Psychosis

## What does a meth user experience... (cont.)

**After a dose wears off**, the user will experience a “**crash.**”

- Feels bad emotionally and physically
- Mood swings
- Depression
- Irritability
- Anxiety
- Heart palpitations
- Restlessness and agitation
- Intense drug craving
- Paranoia and hypervigilance
- Extreme fatigue
- Uncontrollable sleepiness; strong need to sleep for a long time

# What does a meth user experience... (cont.)

**While using meth, the user is at risk for**

- stroke
- heart attack
- seizures
- hyperthermia
- brain damage
- psychosis
- shock
- death from overdose
- illness or death from impurities in the drug
- injury or death from accidents or violence

# **Unit 2: Working with a Meth User**

## ***Unit Preview***

- **How addictive is meth?**
- **What are the long term effects of meth use?**
- **What services does a meth user need?**
- **Am I at risk around a meth user?**
- **How can I recognize someone who is high on meth?**
- **What is “tweaking”?**
- **How can I recognize a chronic meth user?**
- **What should I keep in mind when working with a chronic meth user?**

# How addictive is meth?

- Meth is one of the most addictive drugs available.
- Meth produces a surge of the neurotransmitter **dopamine** in the brain.
- Dopamine is the naturally-occurring substance our brains release in response to a pleasure stimulus, such as rich food or sex.
- The brain maintains a natural baseline level of dopamine that is responsible for our general sense of well-being.

## How addictive is meth? (cont.)

- Why is meth so addictive? Meth floods the brain with as much as 12 times more dopamine than the body ever produces naturally, even during sex. The pleasure and euphoria meth provides is unlike anything the user has ever experienced.
- The high purity of meth available these days means that the average dose is more powerful. As a result, addiction kicks in after fewer episodes of use, and drug craving is more intense and overwhelming.

## How addictive is meth? (cont.)

- Over time a meth user must have a larger/purer dose to achieve the same intensity of effect. This is called drug tolerance.
- One study found that the typical meth user used more than 20 days a month.



## How addictive is meth? (cont.)

- After quitting meth, it may take a user's brain six months to a year (or more) to restore its natural system of dopamine regulation.
- Until the brain heals, the person is likely to experience intense depression, feeling hopeless, apathetic and unmotivated. This makes it especially difficult for users to stick with substance abuse treatment and resist relapse.
- The meth abuse treatment success rate is similar to that of treatment for other serious drugs. About 70% of those who complete treatment are able to sustain recovery.

# What are the long term effects of meth use?

## Physical Health Consequences

- Acne, sores and general poor skin condition
- Teeth grinding
- Poor dental health, decayed teeth, and tooth loss (“meth mouth”)
- Excessive weight loss (wasting)
- Poor nutrition
- Poor hygiene
- Lowered resistance to illness
- Insomnia
- Poor motor coordination
- High blood pressure



# What are the long term effects of meth use? (cont.)

## Physical Health Consequences (cont.)

- Higher risk of stroke and heart attack
- Liver and kidney damage
- Brain damage
- Lung problems (if meth is smoked) including pneumonia
- Muscle tissue breakdown
- Risk of sexually transmitted diseases due to frequent high-risk sexual activity
- For those who inject meth, high risk for blood-borne infections, including hepatitis and HIV/AIDS
- Risk of death due to overdose, accident, violence, or poisonous impurities mixed in with the drug

# What are the long term effects of meth use? (cont.)

## Mental Health Consequences

- Cognitive impairment
- Inability to experience pleasure (called anhedonia)
- Depression — sadness, hopelessness, low motivation, fatigue, social withdrawal, difficulty concentrating, suicidal thoughts
- Some meth users *never* regain the capacity for healthy dopamine regulation that existed prior to using meth. As a result, they are left with chronic depression or dysthymia.
- Anxiety
- Paranoia
- Psychosis, delusions, hallucinations
- Extreme aggression
- Delirium — disorientation, confusion, fear, anxiety
- Higher risk of suicide
- Some cognitive impairment may be permanent.

# What are the long term effects of meth use? (cont.)

## Lifestyle Risks

- Disorganized lifestyle
- Dirty and cluttered living environment
- Job instability and unemployment
- Financial problems
- School problems, dropout, expulsion
- Homelessness or substandard housing
- Frequent relocations due to paranoia or actual risks from police activity or criminal threats
- Relationship problems
- Sexual victimization

# What services does a meth user need?

- Intensive, long-term substance abuse treatment
- Safe housing
- Medical assessment
- Dental assessment
- Mental health assessment
- Assessment of cognitive functioning
- Community-based relapse prevention group (ex. a 12-step group)
- Drug-free social support network — away from drug-using peers and lifestyle/culture that triggers relapse
- Consider referrals for job training, educational opportunities, domestic violence if relevant.

# Am I at risk around a meth user?

- Yes! Due to their unpredictable potential to respond to you with suspicion, paranoia, aggression and violence, you are in **serious danger** in the presence of a meth user.
  - You are in danger when the person is high on meth.
  - You are in danger when the person is crashing (coming down from a meth trip).
  - Even when a chronic meth user is not under the influence of meth, he or she is still dangerous because meth use may have permanently affected him or her.
  - Even if you've worked with the client before, you can't predict what the situation will be the next time you visit. They may have relapsed, they may be off their antipsychotic meds, or they may simply act differently.

## Am I at risk around a meth user? (cont.)

- If an intake report mentions meth use, **arrange for law enforcement to go with you** on at least the first visit.
- If you ***discover*** that someone you are visiting is a meth user, you should **leave and go to a safe place**. Then talk to your supervisor and involve law enforcement. See Unit 4 on worker safety.



## Am I at risk around a meth user? (cont.)

- Illegal drug users are likely to have loaded guns and other weapons (knives, bats, bow & arrow, etc.) close at hand.
- The person may not be able to understand your explanation of why you're there.
- If it's a person you've visited previously, he or she might not remember you or what your role is.
- The person may be suspicious that you are with the police or will turn him in to the police.
- The person may be suspicious that you plan to steal his or her drugs or money.
- There could be a clandestine meth lab on the premises that he or she doesn't want you to find. See Unit 3.
- Other drug users or criminal associates could be present.

# How can I recognize someone who is high on meth?

## Physical Symptoms

- Fast breathing
- Sweating
- Rapid eye movements
- Teeth grinding
- Dry mouth
- Injection marks
- Dilated pupils
- Abdominal cramps
- Burned or cracked lips (from heated meth pipe)
- Twitching

# How can I recognize someone who is high on meth? (cont.)

## Behavioral Symptoms

- Euphoria
- Hyperactivity
- Impaired speech
- Rapid or pressured speech (talkative)
- Paranoia (ex. looking out windows repeatedly)
- Irritability
- Hallucinations or delusions
- Aggressive attitude
- Violent behavior
- Unrealistic sense of confidence and power
- Repetitious behavior (ex. hair pulling, hair brushing)

# How can I recognize someone who is high on meth? (cont.)

## Behavioral Symptoms (cont.)

- Little eye contact
- Impaired physical coordination
- Difficulty concentrating
- Picking at the skin — due to hallucination that “crank bugs” are crawling on or under skin
- Compulsively repeating the same meaningless activity for hours at a time



# What is “tweaking”?

- Meth users who are on a “run” or binge are **especially dangerous** during their “tweaking” phase. They reach this point after several days of continuous re-dosing with diminishing desired effects, until even a large new dose won’t produce a rush or maintain the high.
- At this point they have gone days without sleep, are intensely frustrated, feel bad physically and emotionally, and are very likely to be short-tempered, aggressive, paranoid, and unpredictable.

## What is “tweaking”? (cont.)

- They may use depressants (alcohol, heroin, downers) or marijuana during this phase to ease the unpleasant feelings.
- These substances suppress many of the common behavioral signs that a person is on meth. Depressants also lower inhibitions.
- The eyes may still move rapidly and the movements may be jerky or exaggerated.
- The person may appear nearly normal, but is actually at his or her most irrational, violent and dangerous stage.

# How can I recognize a chronic meth user ?

- Gaunt, emaciated, haggard appearance
- Rashes, acne, sores, scabs, overall poor skin appearance
- Stained, decayed and missing teeth
- Tremors or twitching similar to Parkinson's Disease
- Teeth grinding
- Hypodermic needle marks
- Burned or cracked lips
- Poor hygiene
- Poor motor coordination



## How can I recognize a chronic meth user? (cont.)

- Paranoid thoughts and behavior
- Secretiveness
- Poor judgment
- Cognitive impairments
- Symptoms of depression and anxiety
- Delusions and hallucinations
- Aggression and violent tendencies
- A combination of symptoms/behaviors that looks similar to paranoid schizophrenia



# What should I keep in mind when working with a chronic meth user?

- Chronic meth users may...
  - seem mentally “slow”
  - have impaired memory
  - be unable to focus
  - have difficulty understanding abstract concepts
  - have difficulty shifting their point of view
- Remain aware that the client may act deceptively or manipulatively.
- Observe basic safety precautions and remain alert to risks to your safety.

# What should I keep in mind with a chronic meth user?

## *(cont.)*

- Don't get frustrated if you can't seem to make progress with a client during the first six months or so after they've stopped using. Their brain is still healing, and they may not be capable of planning, focusing, remembering, or following through. They will probably become more lucid and capable as time passes.
- Remind the client who you are and what your role is.
- Each time you meet, review past interactions and agreements.
- Present information in frank, concrete terms rather than as abstract ideas.

## What should I keep in mind with a chronic meth user? (cont.)

- Repeat key ideas and check the person's understanding.
- Write down key information and leave it with the client.
- Involve responsible friends and family members to help the person remember appointments such as court dates and therapy sessions.
- Consider the impact of recent meth use on involved children and vulnerable adults. See Unit 5.
- Build a list of contact information for collaterals who might be able to help you find the person if he relocates.
- Document the client's drug use tendencies, demeanor, and any safety issues that concern you so future workers will have information about potential risks in working with the client.

# Unit 3: Clandestine Meth Labs

## *Unit Preview*

- How is meth made?
- What ingredients are used to make meth?
- What equipment is used to make meth?
- What are “outside” signs of a meth lab?
- What are “inside” signs of a meth lab?
- What are the risks of being in or near a meth lab?

# How is meth made?

- Most illegal meth found in the U.S. is made in fairly sophisticated clandestine (hidden & illegal) chemistry labs in Mexico and California. These “**superlabs**,” run or controlled by drug cartels, purchase ingredients in bulk and produce large quantities of meth. The meth is distributed through cross-border and national networks of smugglers and dealers.
- A significant amount of meth, however, is “homemade,” in what are often called “**home meth labs**.”

## How is meth made? (cont.)

- The term “home meth lab” is misleading because...
  - It’s not always in a home. Labs may be set up in garages, attics, cellars, apartments, motel rooms, outbuildings, travel trailers, sheds, barns, secluded wooded areas, boats, vans, and even in the trunks of cars.
  - It’s not really a lab. The word lab suggests a sophisticated setup and a scientific approach. By contrast, these “labs” are pieced together out of pots and pans and plastic bottles. A meth “cook” is often done on the stovetop.

## How is meth made? (cont.)

- Until about 2005, Texas meth lab activity was clustered in east and north Texas. These days, home meth labs are common throughout the state.
- A batch of meth can be cooked in as little as 6 – 8 hours.
- The typical home meth lab produces only enough meth to supply the cook and his or her housemates, with a little left over for sale to make money for food and rent.
- Recipes can be found on the internet, but typically one cook teaches another cook the specific process. Sometimes the recipe is handed down from generation to generation.

## How is meth made? (cont.)

- Currently there are two common processes or “recipes” used to cook meth:
  - the **anhydrous ammonia** method, more common in rural areas because it uses a common farm chemical and because it produces an extremely strong odor, requiring the use of a remote location
  - the **red phosphorus** method, common everywhere
- Regardless of the method, all the ingredients needed to cook meth are available at your local grocery and hardware stores. You probably have many of the ingredients in your home—although not in the quantities found in a meth lab.



## How is meth made? (cont.)

- Both cooking methods start with the drug **ephedrine** or **pseudoephedrine** as the essential ingredient. Various chemical processes are used to convert them to meth.
  - **Ephedrine** can sometimes be found packaged as a “pick-me-up” potion in truck stops and convenience stores. It may be labeled as “Ma Huang.”
  - **Pseudoephedrine** is a common over-the-counter medicine used to reduce sneezing and runny nose. The most common brand name is Sudafed. About 680 tablets are needed to produce one ounce of meth.

## How is meth made? (cont.)

- Since September 1, 2005, ephedrine and pseudoephedrine products must be kept behind the pharmacy counter in Texas. Customers can buy no more than two packages at a time, and must be at least 16 years old, show a photo I.D., and sign a register.
- As a result, the number of home meth labs and the amount of homemade meth on the street is expected to decline.
- Unfortunately, the drug cartels are making up the difference by distributing meth made in superlabs.

# What ingredients are used to make meth?

Different recipes use different combinations of 10 to 20 ingredients to chemically convert ephedrine or pseudoephedrine into methamphetamine. Combinations of the following products are commonly found in large amounts (more than you would ever need for household use) inside or outside a meth lab.

- hundreds of pseudoephedrine tablets and their empty packaging (bottles or foil bubbles)
- ephedrine powder
- matchbooks and boxes of matches (striker plates)
- lithium strips from lithium batteries, and ripped-open battery casings
- roadside flares
- anhydrous ammonia
- gas line antifreeze (ex. Heet)
- starting fluid/carburetor cleaner (ether)
- ether
- unleaded (white) gas

## What ingredients are used to make meth? (cont.)

- lantern fuel (ex. Coleman)
- lighter fluid
- freon
- lye (ex. Red Devil)
- drain opener
- paint thinner
- salt or rock salt
- acetone
- isopropyl (rubbing) alcohol
- hydrogen peroxide
- phosphorus
- iodine
- sulfuric, muriatic, or hydrochloric acid
- toluene (ex. brake cleaner)
- methyl ethyl ketone (M.E.K.)
- butane

# What ingredients are used to make meth? (cont.)





## What ingredients are used to make meth? (cont.)



[Back](#)

[Table of Contents](#)

[Next](#)

# What equipment is used to make meth?

- metal pots and pans — will be blackened or rusty
- glass dishes with stains
- glass jars
- coffee filters
- funnels
- laboratory glassware
- rubber hose
- plastic tubing
- hose clamps
- kitchen blender or coffee grinder
- hotplate
- turkey baster
- strainers
- propane tank (barbecue grill type)
  - used to store anhydrous ammonia
  - brass fittings on top will have blue or green tarnish
  - may have frost on the outside
- plastic buckets
- plastic bottle or jug with a tube coming out of the side or top
- aluminum foil
- jug of cat litter with tube or hose attached – to absorb toxic fumes
- gas can with hose or tubing
- duct tape
- rubber gloves
- respiratory masks
- blow dryer

# What are “outside” signs of a meth lab?

- Presence of large quantities of any of the ingredients and items just listed
- A strong chemical smell, often described as that of ether, ammonia, fingernail polish, cat urine or rotten eggs. However, any strong chemical odor for which the source is not obvious should be a red flag.
- “Keep Out” signs, guard dogs, surveillance cameras, baby monitors outside
- Covered or blacked-out windows
- Dead vegetation or dead patches in the lawn from dumping of toxic chemicals



## What are “outside” signs of a meth lab? (cont.)

- Open windows on cold days — for ventilation
- Unusual ventilation systems using fans or furnace blowers
- Trash dumps in the yard with empty containers and items described previously



## What are “outside” signs of a meth lab? (cont.)

- If you see significant signs of a meth lab from the outside, **LEAVE IMMEDIATELY.**
- Return to your vehicle and drive to a safe place.
- Call your supervisor to explain the situation.
- Report your suspicions to law enforcement to be investigated. Tell them why you were visiting the location and let them take the lead on any further action.

# What are “inside” signs of a meth lab?

- Presence of large quantities of any of the ingredients and items just listed
- Strong chemical odor
- Improvised laboratory setup with containers connected by hoses
- Laboratory glassware
- Plastic cups and bottles with multi-level oily liquids on counter or in refrigerator
- Heavily stained or rusted pots and pans
- Heavily stained dishes
- Drug paraphernalia

## What are “inside” signs of a meth lab? (cont.)

- Unusual ventilation system using fans or furnace blowers
- Unusual ducts or hoses going into improvised holes in ceiling or wall
- If in a home, the place is often very messy.
- If in a home, the lab setup is commonly in the kitchen, but may be in a bathroom, bedroom, closet, basement, or garage.
- Bathtub and toilet may be heavily stained brown or black, and may be stopped up from being used to dispose of toxic byproducts.

## What are “inside” signs of a meth lab? *(cont.)*

### **Do not sniff liquids!**

Never sniff a cup, bottle, jug or other container as a way of identifying its contents. You could inhale a dangerous whiff of toxic chemicals and end up needing medical treatment.





# Meth Labs



[Back](#)

[Table of Contents](#)

[Next](#)



## Meth Labs



[Back](#)

[Table of Contents](#)

[Next](#)





# Meth Labs



This is a superlab – more sophisticated than a typical home lab

[Back](#)

[Table of Contents](#)

[Next](#)





Anhydrous ammonia  
process meth lab

## Meth Labs



Propane tank used to store  
ammonia – note the blue  
tarnish on the valve fittings

# What are the risks of being in or near a meth lab?

- The fumes and byproducts are **EXTREMELY TOXIC**.
- The fumes are likely to be **FLAMMABLE** and could result in an explosion.
- The fumes can irritate and damage your respiratory passages and eyes.
- Residue from the fumes can stick to your skin, clothing, and shoes.
- Meth residue from the cooking process can stick to your skin, clothing, and shoes.

## What are the risks of being in or near a meth lab? (cont.)

- Deadly **booby traps** may be set on the premises to protect drug stashes or the meth lab itself.
  - bombs triggered by a light switch or opening a door
  - flashlight that explodes when you turn it on
  - container of caustic chemicals set to spill on intruders
- People in the home may threaten, assault, or attempt to kill you because you've identified their meth lab, or simply because they are paranoid and have aggressive, violent tendencies.
- You could be assaulted by visitors who come over to buy or sell drugs.
- What should you do if you're inside a home and discover a meth lab? Those tips are coming up in the next unit.

# Unit 4: Worker Safety

## *Unit Preview*

- Prepare now so you will be ready to handle dangerous situations.
- Before making a home visit...
- Use vehicle precautions.
- Be alert to your surroundings and preserve your escape route.
- If you suspect that you're talking to a meth user, or that you're in a home meth lab...
- How should I decontaminate myself after leaving a suspected meth lab?

# Prepare now so you will be ready to handle dangerous situations.

- **Attend training** on worker safety and de-escalating hostile situations. Review the training materials from time to time.
- Consider taking physical self-defense training.
- **Talk to coworkers** about safety, and learn from their experience.
- Give your supervisor and the lead worker in your unit a description of your vehicle and its license plate number.
- Consider adding a loud safety whistle to your key ring.
- **Never let your guard down.** Always assess situations for safety beforehand and have a plan in mind.

## Prepare now so you will be ready to handle dangerous situations. (cont.)

- Practice statements you can use in threatening situations to make a quick exit.
  - “Mr. Johnson, I didn’t mean to upset you. That’s okay, we don’t need to talk about this right now.”
  - “I’m not here to cause any trouble for you.”
  - “I just realized what time it is. I have an appointment right now.”
  - “I have an emergency, I need to go. I’m sorry for this delay.”
  - “Oh, wait, you’re *Jeremy* Smith? I was looking for a different person.”

# Before making a home visit...

- If intake information mentions a meth user, **do not go without law enforcement.**
- If intake information mentions a meth lab, and there is a DEC (Drug Endangered Children) worker in your area, the case will normally be routed to him or her. If there's no DEC worker and you get the case, contact law enforcement and coordinate any further action with them. **Do not go without law enforcement.**
- Ask law enforcement to go with you if there are any unusual risks.
- If law enforcement is unavailable, consider postponing the visit or asking a coworker to go with you.

## Before making a home visit... (cont.)

- Prior to a home visit, **tell your supervisor or a coworker where you're going**, possible safety risks, and expected time of return.
- Keep your **cell phone** with you, well charged, at all times. Consider whether your cell phone service will work where you're going.
- If you are concerned about safety, just before you leave your vehicle to start the visit, call a coworker, give them your location, and ask them to call you in five minutes. Have code words to signal that you're safe or unsafe.



# Use vehicle precautions.

- Never park in a driveway.
- Never park your vehicle where it could be blocked in by other cars or where your door could become blocked by obstacles.
- If parking in a parking space, consider backing in, to make a potential emergency getaway quicker.
- Leave your purse and case files in the vehicle.

## Use vehicle precautions... (cont.)

- Scan the area for potential safety risks **before** exiting your vehicle.
- As you begin a visit, keep your car keys in your hand until you determine that the situation is calm and safe.
- Decide where to put your keys during a visit so they are easy to get to (in a particular pocket, clipped to your clipboard, in the outside pocket of your briefcase, etc.) and make it a habit.

# **Be alert to your surroundings and preserve your escape route.**

- As you approach a home or apartment, notice activity in the immediate area.
- Glance around the area for signs of drug activity, a meth lab, surveillance cameras, “Keep Out” signs, guard dogs, and booby traps.
- Consider whether it would be safer to talk to the client outside the front door or in the front yard, instead of going into the house yourself.

## Be alert to your surroundings and preserve your escape route. (cont.)

- If you enter a home, quickly observe your surroundings and take note of important details such as the general layout, the presence of drug paraphernalia or weapons, and alternative **escape routes**.
- Ask who else is present in the home and monitor their disposition toward you.
- Try not to let anyone get between you and the door.
- Keep a distance of at least 7 to 10 feet from others.
- Avoid sitting or standing with your back to a stairway or darkened room.
- **Follow your instincts** when you feel unsafe.

# If you suspect that you're talking to a meth user, or that you're in a meth lab...

- Don't delay while you try to "make sure" that your interpretation is correct. **Know what the signs are** and be willing to err on the side of your own personal safety.
- Do not let on that you think someone is using drugs or that you have noticed drug paraphernalia or items indicating a meth lab.
- If you think you are in a meth lab, don't touch anything in the house. Don't turn on light or electric switches.
- Stay calm. Maintain a professional, positive, nonthreatening demeanor. If the person sees you change your demeanor suddenly, he or she may realize what you're thinking and react with aggression.

## If you suspect that you're talking to a meth user, or that you're in a home meth lab... (cont.)

- Do not make any quick or unexpected movements. The user may interpret these as threatening or as an attempt to draw a weapon. Keep your hands in front of you.
- Do not threaten to contact the police.
- **Your safe exit is your primary concern.** Do not try to safeguard children or others in the situation. You can take action on their behalf as soon as you reach safety.
- As soon as possible, **make an excuse to leave the home.** Speak slowly and continuously as you back out through the doorway, maintaining eye contact.
- Get to your vehicle as quickly as you can without raising suspicion, then immediately **drive to a safe area.**

## If you suspect that you're talking to a meth user, or that you're in a home meth lab... (cont.)

- Inform your supervisor of the situation and make an assessment of risks to involved children. If your region or county has a designated DEC worker, contact him or her. See Unit 5.
- **Report the situation to law enforcement.** Provide all the information you have, and follow their instructions. Share your assessment of risks to children.
- Write notes about everything that happened as soon as you get a chance.
- Do not re-enter the home or re-contact the client until you are certain that the situation is safe.

# How should I decontaminate myself after leaving a suspected meth lab?

- If you suspect that you've been inside a meth lab, **monitor yourself** for eye irritation, burning in your lungs or nasal passages, difficulty breathing, headache, nausea, skin irritation, or wooziness that could result from exposure to toxic fumes or chemical residue.
- If these symptoms or any other unusual reactions occur, **get medical help immediately.**
- Do not drive if you feel impaired.



# How should I decontaminate myself after leaving a suspected meth lab? (cont.)

**If you do not experience symptoms, there is probably nothing to be concerned about, but follow these recommendations:**

- If you have time when leaving the meth lab site, cover your car seat with an old bedsheet or beach towel before getting in to prevent spreading contamination from your clothes to the car.
- Once you are in a safe place, as soon as possible, clean your exposed skin with soap and warm water.
- Go home to shower, wash your hair, and change clothes.
- If you cannot get to a shower, change clothes if you have an extra set of clothing with you.

## How should I decontaminate myself after leaving a suspected meth lab? (cont.)

- Take off your shoes and socks before entering your home and leave them by the door. Wash shoes or wipe them with a wet cloth and soap, including the soles.
- Put your contaminated clothes in a plastic bag until they can be washed. Wash the clothes (and the sheet or towel from your car seat) twice, separately from other laundry. Then run your washing machine once more, empty, with bleach added to the water.
- Plan ahead: Carry a set of casual clothing and shoes in your vehicle, as well as antibacterial soap, washcloths, plastic bags (keep out of children's reach), and a bedsheet or beach towel.

# Unit 5: Drug Endangered Children

## *Unit Preview*

- What is the Drug Endangered Children initiative?
- What are the prenatal and neonatal risks in women who use meth?
- What are the risks to a child whose parent or caregiver uses meth?
- What are the risks to a child living in a meth lab?
- Why are children at more risk than adults in a meth lab?
- What should I do if called by law enforcement to the scene of a meth lab to safeguard children?
- What if the caregiver wants to voluntarily place the child with someone?

# What is the Drug Endangered Children initiative?

Based on a national model, the [Texas Alliance for Drug Endangered Children](#) (TADEC) is a collaborative effort to address the urgency and complexity of responding to children found in meth labs.

- Goals
  - Educate professionals and communities about the challenges
  - Facilitate the formation of interagency DEC teams in each Texas county with representation from CPS, law enforcement, prosecutors, medical personnel, psychotherapy staff, educators, and other child advocates
  - Establish interagency response protocols to clarify responsibilities, reduce overlap, and serve as a safety net for the children

## What is the DEC initiative? (cont.)

- In 2005, the Texas Legislature directed all law enforcement agencies in the state to immediately advise CPS about children found in a meth lab environment.
- On March 1, 2006, representatives from DFPS, the Texas Department of Public Safety, the Texas Municipal Police Association, and the Shaken Baby Alliance signed a Memorandum of Understanding to formally establish their commitment to cooperation and collaboration in these cases.
- In addition to the risks faced by children in meth labs, TADEC recognizes the concerns facing all children exposed to drug activity or whose caregivers abuse drugs or alcohol. Children from any substance-abusing home are at increased risk for severe child abuse and neglect, medical complications, and short and long term mental health issues.

## What is the DEC initiative? (cont.)

- Statewide model protocols have been finalized for CPS, law enforcement, medical personnel, prosecutors, and psychosocial services. These state-level protocols can be adapted for each locality.
- During FY 2006, TADEC has been presenting one-day multi-disciplinary conferences in each region to educate professionals and organize city/county DEC response teams. Much of the information in this training module is based on information provided by TADEC. Visit the TADEC website for information about upcoming training opportunities. It's at [www.texasdec.org](http://www.texasdec.org).

## What is the DEC initiative? (cont.)

- Your city or county may already have a local DEC team. If you haven't heard about it, your supervisor may know whether the team is starting up or already operating.
- If your local DEC team is operating, your area or region may have a **designated DEC worker**. If this is the case, you will not normally be called on to respond to a known meth lab situation. The designated DEC worker has experience with the issues involved, is familiar with the various protocols, and knows who to coordinate with in law enforcement and other involved agencies.
- You may be called on if the designated DEC worker is unavailable or if your area does not have one.

# What are the prenatal and neonatal risks in women who use meth?

- Prenatal and neonatal risks are not well documented at this time.
- Although it is clear that meth should not be used during pregnancy, we should avoid drawing dramatic conclusions from sparse or anecdotal evidence.



# What are the prenatal and neonatal risks? (cont.)

Here is what we know:

- Women who use meth are at increased risk for unplanned pregnancies because the meth-enhanced sex drive leads to more frequent unprotected intercourse.
- Women who use meth are less likely to seek prenatal care.
- Women who use meth are likely to be in poor overall health and have poor nutrition.
- Women who use meth are likely to use other drugs, including alcohol and cigarettes, during pregnancy, which can increase the risk of birth defects and persistent health problems in children.
- Meth use during pregnancy increases the risk of miscarriage.

## What are the prenatal and neonatal risks? (cont.)

- There is conflicting evidence on whether meth use during pregnancy directly increases the risk of birth defects. However, it does increase the risk of premature delivery and underweight infants. Infants born prematurely are at risk for lifelong breathing, hearing, vision, and learning problems.
- Infants whose mothers used meth later in the pregnancy may exhibit withdrawal symptoms during the first several weeks after birth, including jitteriness, abnormal eating and sleeping, tremors, and too much or too little muscle tone. Tremors and abnormal muscle tone may persist for several months. They may be highly irritable or “colicky.”

## What are the prenatal and neonatal risks? (cont.)

- Infants exposed to meth in utero are at higher risk for Sudden Infant Death Syndrome.
- Meth is secreted in breast milk. We do not yet know whether this has damaging effects on the infant.
- Meth users are more likely to inadvertently suffocate their infants by positional overlay (rolling over on the baby) either due to inattention while high, or during deep “sleep binges” that are part of the crash.
- There is little evidence that meth use during pregnancy results in behavioral or intellectual abnormalities as children get older.

Source: Adapted from “Dextroamphetamine/Methamphetamine and Pregnancy” (September 2005) by the Organization of Teratology Information Services [OTIS].

# What are the risks to a child whose parent or caregiver uses meth?

- Children in the care of meth users (who are not in recovery) are at an **unacceptably high risk for abuse or neglect**.
- In most cases, a voluntary temporary placement or an emergency removal is necessary.

# What are the risks to a child whose caregiver uses meth? (cont.)

## Consider the following risk factor indicators for a child whose caregiver uses meth.

This list is not exhaustive. Document all risk indicators as called for on the Risk Assessment.

### Child Vulnerability

- Infants may exhibit irritability and problems eating and sleeping due to prenatal meth exposure.
- Child may have social, behavior, attachment, mental health, or physical health problems due to inadequate parenting.

# What are the risks to a child whose caregiver uses meth? (cont.)

## Caregiver Capability

- While using meth, caregiver is prone to serious physical and mental impairment, paranoia, aggression, violence, sexual abuse, delusions, hallucinations, and psychosis.
- Child may be inadequately supervised while the user is high, crashing, sleeping off the trip, or absent while buying more drugs.
- Prolonged meth use may lead to cognitive impairment – confused thinking, memory problems, poor impulse control, impaired judgment.
- Prolonged meth use may lead to mental illness, including depression, anxiety, paranoia, and psychotic symptoms.
- A meth-using caregiver's irritability, fatigue, depression, anxiety, or paranoia may cause him or her to over-react to normal child behavior.
- A caregiver may bring the child along in vehicle while driving is impaired.

# What are the risks to a child whose caregiver uses meth? (cont.)

## Quality of Care

### Emotional Care

- A meth-using caregiver will often place a higher priority on the drug than the child.
- Child may lack nurturing, emotional stimulation, and other conditions conducive to development and attachment.
- Child may develop “parentified” role and confusion about his or her own role in the caregiver’s drug use.
- Child may experience trauma of seeing caregiver and other users affected by meth use – being high (unresponsive to child) and having hallucinations, delusions, psychosis, and paranoia.

# What are the risks to a child whose caregiver uses meth? (cont.)

## Quality of Care (cont.)

### Physical Care

- Child may be left in the care of others who use drugs or engage in criminal activity.
- Inadequate attention to child's hygiene
- Inadequate nutrition
- Inadequate medical care



# What are the risks to a child whose caregiver uses meth? (cont.)

## Maltreatment Pattern

### Physical Abuse Risk

- Child may have been exposed to drugs prenatally.
- Child may have been physically abused by the caregivers while they were on drugs, while crashing, or due to long-term drug effects.

# What are the risks to a child whose caregiver uses meth? (cont.)

## Maltreatment Pattern (cont.)

### Sexual Abuse Risk

Note: Under the influence of meth some users feel driven to repeatedly have sex with anyone they can find. Children are at a **high risk** for sexual abuse.

- Exposure to pornography, often present in large quantities and accessible to children
- Exposure to caregivers' sexual acts while using meth
- Sexual abuse by caregivers while using meth
- Sexual abuse by visitors while caregiver is impaired or asleep
- Exploitation or prostitution of child to get money for drugs

# What are the risks to a child whose caregiver uses meth? (cont.)

## Home Environment

- Unhygienic and hazardous living environment
- Chaotic home environment
- Stress due to lifestyle – frequent moves/evictions, poverty, unemployment, family and relationship problems, law enforcement involvement
- Traumatic exposure to drug deals, fraud, and other criminal activities
- Possible traumatic exposure to domestic violence, fights, and other violent behavior
- Younger children may be at risk of burns, food poisoning, cuts, etc. because child must prepare own food.
- Child may have access to drugs and dangerous paraphernalia – users may hide these in child's room or in child seats, bedding, toyboxes, etc.
- Child may inhale secondhand meth vapors if meth is smoked.
- Child may have access to weapons.

# What are the risks to a child whose caregiver uses meth? (cont.)

## Social Environment

- Child may be exposed to adult role models involved in criminal behavior and subculture.
- Child may be isolated from non-drug-using family members and friends.
- Child's friendships with other children may be prohibited or limited by caregiver.
- The child may be initiated into drug use, meth manufacturing or drug trafficking.

# What are the risks to a child whose caregiver uses meth? (cont.)

## Response to Intervention

- The behavior of illegal drug users is commonly evasive, deceptive and manipulative.
- A drug using caregiver will often deny risks experienced by the child.
- The risk conditions are unlikely to improve until the caregiver is willing to enter drug treatment and break off contact with other drug users.
- A meth user may make serious threats against the worker.

If you become aware of an older adult or vulnerable adult who lives with a meth user or in a meth lab household, report the situation to APS.

# What are the risks to a child in a meth lab?

In addition to the risks listed for a child whose caregiver uses meth, meth lab risks to a child include:

- Access to toxic and caustic chemicals and substances
- Inhalation of meth fumes and toxic by-product gases during cooking process
- Contact with meth and toxic chemical residue that settles throughout the premises, including on food and on the floor and carpet
- Fires and explosions
- Burns and chemical burns



## What are the risks to a child in a meth lab? (cont.)

- Food may be prepared in the same area (stove or microwave) and with the same containers and utensils used in the meth cook.
- Booby traps
- Dangerous guard dogs
- Exposed wiring
- Smoke detectors may be disabled or absent.
- If home environment is unhygienic, potential for diarrheal illnesses, skin infections, scabies, lice, or even rat bites

## What are the risks to a child in a meth lab? (cont.)

- A report of a child living on the premises of a meth lab is a Priority 1 report and must be investigated by CPS within 24 hours.
- 2005 Texas legislation authorizes CPS staff to take emergency custody (without a court order) of a minor whose caregiver cooked meth with the child present, or if the child is found on the premises of a meth lab.



# Why are children at more risk than adults in a meth lab?

- Children are smaller than adults. Smaller amounts of dangerous chemicals have larger effects on their bodies.
- Children breathe faster and have faster heart rates than adults, so toxic fumes get into their bodies more quickly.
- Children's organs and systems are still developing and are more vulnerable to damage.
- Children are lower to the ground than adults. They are more vulnerable to the lab's harmful residue because they play on the floor. Infants may be lying or crawling on a carpet that has absorbed years of chemical residue and meth spills. They want to explore everything they can reach, including potentially dangerous items stored on the floor or in low cabinets.

# Why are children at more risk than adults in a meth lab?

## *(cont.)*

- Very young children explore with their mouths, by tasting and with frequent hand-to-mouth movements. This makes it more likely that they will ingest chemical residue.
- Children are curious about plastic bottles, cups, and jars. Meth oil is often stored in plastic soft drink bottles (or even baby bottles) and may look similar to cola, apple juice, milk, or water. Children may drink extremely toxic, caustic chemicals or spill them on themselves causing serious chemical burns.
- Children may eat pseudoephedrine pills because they look like candy, or taste the meth powder, which looks like sugar or cinnamon.

# What should I do if called by law enforcement to the scene of a meth lab to safeguard children?

- Gather as much background information about the case as you can before going to the scene, including CPS and law enforcement record checks.
- When you arrive, immediately make contact with the DEC law enforcement officer or the lead law enforcement officer at the site.
  - Ask about the current situation and cooperate with law enforcement requests.
  - Ask what areas are safe and whether you need to take special precautions.

## What if I'm called to the scene of a meth lab? (cont.)

**DO NOT** enter the meth lab home or building for any reason.

It is an extremely hazardous, toxic environment.

## What if I'm called to the scene of a meth lab? (cont.)

- It is your responsibility to implement the DEC CPS Protocol. Click below to open the statewide model protocol in a new browser window.

Note: If there is a local CPS DEC protocol that differs from the statewide model, follow the local protocol. Ask your supervisor whether a local protocol exists.

[Texas DEC Statewide Model CPS Protocol](#)

## What if I'm called to the scene of a meth lab? (cont.)

- Arrange for the DEC medical protocol to be followed.

[Texas DEC Statewide Model Medical Protocol](#)

- If interested, view summaries of the law enforcement, prosecutor, and psychosocial protocols here (optional):

[Other Texas DEC Protocols](#)

## What if I'm called to the scene of a meth lab? (cont.)

- If there has been a raid by law enforcement, realize that a child may be very traumatized by the experience of officers suddenly storming the home, shouting and pointing weapons, threatening and detaining parents/caregivers, and forcing everyone to exit the home. Usually officers will be wearing gas masks and chemical protection suits that look very frightening to children.



## What if I'm called to the scene of a meth lab? (cont.)

- You've probably been taught that when you remove a child from his or her home, you should take at least one of the child's toys or stuffed animals along to comfort the child. In the case of a meth lab environment, DO NOT TAKE ANY OBJECTS from the home. Everything there, including clothing, is contaminated.



## What if I'm called to the scene of a meth lab? (cont.)

- As noted in the DEC CPS protocol, unless the child needs emergency medical care, the CPS worker should arrange for decontamination of the child right away. At the site, have the child change into fresh clothes or wrap him or her in a blanket before transporting. Law enforcement may need the contaminated clothes as evidence in prosecuting the child endangerment case.
- Take the child to a safe place to take a warm bath or shower with soap, and shampoo the hair. Provide clean clothing for the child to change into after the bath or shower.

# What if I'm called to the scene of a meth lab? (cont.)

## Ideas for a DEC Response Kit

*Your CPS Rainbow Room, Community Partners, or child welfare board may be able to provide these items.*

- change of clothing for several ages (oversized t-shirts can cover young children)
- diapers and baby wipes
- hygiene products (toothpaste, toothbrush, soap, shampoo, etc.)
- antibacterial soap
- latex gloves
- washcloths and towels
- blanket or sheet to wrap the child in
- packaged snacks
- toys or stuffed animals

# What if the caregiver wants to voluntarily place the child with someone?

- Keep in mind that meth use and manufacturing is sometimes a “family affair” — make certain that the temporary caregivers can and will protect the child.
- In one case, a child was temporarily placed with a grandparent, who returned the child to the meth-using parent, who then relocated and could no longer be found by CPS.
- If a parent wants to voluntarily place a child with someone outside the original home, complete a CPS check in IMPACT and a criminal history check on all the adults living in the home.

## What if the caregiver wants to voluntarily place the child with someone? (cont.)

- Try to determine what the temporary caregiver knew about the drug use/manufacturing in the original home and determine if it is an appropriate voluntary placement.
- Make a home visit if possible.
- You are responsible for ensuring that the placement is an effective safety plan. For more details, review CPS Policy 2283.1, Voluntary Placements Initiated by a Family.
- If the child was in a meth lab environment, inform the temporary caregivers about symptoms to watch for and recommended actions, and clarify responsibilities between CPS and the caregivers for implementing the DEC medical protocol.

# Conclusion

You've learned the fundamental information you need to respond to cases with meth involvement. Next we have several optional resources to recommend to you. Then you will have a chance to print or save the content of the module.

A button with a left-pointing arrow and the text "Back".

Back

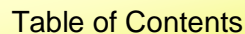
A button with a dotted border and the text "Table of Contents".

Table of Contents

A button with a right-pointing arrow and the text "Next".

Next

# Recommended Resources

## Online Videos

### Drug Endangered Children Video

Arizona Drug Endangered Children Program

<http://www.azag.gov/DEC/DECVideo.html>

If you have 15 more minutes, we recommend watching this online video produced by the Arizona Attorney General's office. It provides an excellent review of the material you've just studied, including many eye opening photos and an explanation of how Drug Endangered Children collaborations work. Although the video is specific to Arizona efforts, it illustrates very well the efforts underway in Texas.

# Recommended Resources (cont.)

## Online Videos

### Testify

This five-minute video shows scenes from home meth lab raids where children were present. The footage is set to music by Melissa Etheridge.

*(The video will open in a new window and may take a few seconds to load.)*

# Recommended Resources (cont.)

**Videotape** (not available for online viewing)

## Reunited

<http://www.accbo.com/asfvideo>

Use the web site above to purchase a 22-minute video that can be used with parents who have had children removed due to meth issues. To read an article about the video, visit

[http://www.oregon.gov/DHS/news/staff/2006/2006\\_0103.pdf](http://www.oregon.gov/DHS/news/staff/2006/2006_0103.pdf).



# Recommended Resources (cont.)

## Online Teleconference

### **Infants Exposed Prenatally to Methamphetamines: Developmental Effects and Effective Interventions**

[http://aia.berkeley.edu/training/teleconference/teleconference\\_series.html](http://aia.berkeley.edu/training/teleconference/teleconference_series.html)

In a 90-minute teleconference sponsored by the Child Abuse Program at Blank Children's Hospital in Des Moines, Iowa, Dr. Rizwan Shah shares her research findings on children exposed prenatally to methamphetamines, and discusses treatment plans. The site also includes downloads of her handouts.

# Recommended Resources (cont.)

## Websites

### Impact of Methamphetamines on the Child Welfare System

National Clearinghouse on Child Abuse and Neglect Information (NCCAN)

<http://www.childwelfare.gov/responding/meth.cfm>

A great place to continue exploring the topic. Links to web resources organized under the headings Statistics and the Scope of the Problem, Responding to and Treating Methamphetamine Use, and Additional Information on Methamphetamines and Child Welfare.

# Recommended Resources (cont.)

## Websites

### Frontline: “The Meth Epidemic”

<http://www.pbs.org/wgbh/pages/frontline/meth/>

Bookmark this website if you'd like to watch a 60-minute program from PBS about how methamphetamine use has spread across the U.S. in the past two decades devastating lives, families and communities. You can also watch shorter video clips and read a variety of in-depth material about the affects of meth on the user, clandestine meth labs, and promising treatment approaches.

# Would you like to keep a summary of this training?

Click the button below to open a summary of the information in this module in pdf format. To print the document on your usual printer, click on the printer button on the left side of the menu near the top of the Adobe Acrobat window. To save a copy on your computer, click on “Save a Copy” in the same menu.

[Print and/or Save a Summary](#)

A red button with a white left-pointing arrow and the word "Back" in black text.

Back

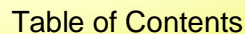
A yellow button with a red dotted border and the text "Table of Contents" in black.

Table of Contents

A red button with a white right-pointing arrow and the word "Next" in black text.

Next

# Module Credits

This training module was created by the [Protective Services Training Institute of Texas](#), a consortium of the schools of social work at University of Houston, The University of Texas at Arlington, and The University of Texas at Austin.

**Jim Schwab**, Ph.D., Principal Investigator

**Marcia R. Sanderson**, LCSW, Director

Funding provided by [Texas Department of Family and Protective Services](#).

**Jane Norwood**, Ph.D., Director of DFPS Center for Policy and Innovation, DFPS-PSTI Liaison

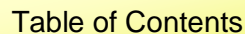
This module is dedicated to **Jenny Gomez**, M.S., LPC, RPT of the Betty Ford Center (Irving, Texas) Children and Family Program. She was the catalyst for the [Texas Alliance for Drug Endangered Children](#) and her efforts have contributed greatly to this training opportunity for DFPS staff.

PSTI is grateful to **Shannon Burch**, **Kim Gibbons**, **Vicky Hina**, **Jane Maxwell**, **Sally Melant**, **Mark Schexnider**, and **Miriam Ybarra-Rodriguez** for their assistance.

Written by **Jason McCrory**, MSSW, PSTI Project Coordinator

Designed and programmed by **Jill Burkart**, MLIS, PSTI Distance Learning Specialist

Please contact [Jason McCrory](#), (512) 471-5743, with questions or comments.

A red button with a white left-pointing arrow and the word "Back" in black text.A yellow button with a red dotted border and the text "Table of Contents" in black.A red button with a white right-pointing arrow and the word "Next" in black text.

# Sources of Content

## Unit 1 — Meth the Drug

KCI: The Anti-Meth Site. Retrieved 2/28/06 (various subpages) from <http://www.kci.org/>

Maxwell, J. C. (n.d.). Implications of research for treatment: Methamphetamine. Austin, TX: Gulf Coast Addiction Technology Transfer Center. Available at <http://www.utexas.edu/research/cswr/gcattc/Methamphetamine.pdf>

National Highway Traffic Safety Administration. (n.d.). Drugs and human performance fact sheet: Methamphetamine (and amphetamine). Retrieved 3/13/06 from <http://www.nhtsa.dot.gov/People/injury/research/job185drugs/methamphetamine.htm>

Office of National Drug Control Policy. (November 2003). Drug Policy Information Clearinghouse fact sheet: Methamphetamine. Rockville, MD: Author. Retrieved from <http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/>. *(This resource has been removed from the hosting web site. For similar information see <http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html>)*

Texas Alliance for Drug Endangered Children. Regional Conference, March 1, 2006, Creedmoor, TX. The Alliance's website is <http://www.texasdec.org/>

Webber, R. (n.d.). Working with methamphetamine abusers: Personal safety recommendations and procedures [monograph]. Bloomington, IL: Chestnut Health Systems Lighthouse Institute. Available at <http://www.drugfreeinfo.org/PDFs/strengthensupervision.PDF>

WGBH Television. (2006). Frontline: The meth epidemic [website for this episode on PBS]. Retrieved 2/28/06 from <http://www.pbs.org/wgbh/pages/frontline/meth/>  
Sections "How Meth Destroys the Body" and "FAQs."

# Sources of Content (cont.)

## Unit 2 — Working with a Meth User

eMedicine. (2005). Toxicity, methamphetamine [web article]. Retrieved 3/13/06 from <http://www.emedicine.com/emerg/topic859.htm>

Narconon International, (n.d.). Methamphetamine information – Methamphetamine addiction [webpage]. Retrieved 3/28/06 from [http://www.narconon.org/druginfo/methamphetamine\\_addiction.html](http://www.narconon.org/druginfo/methamphetamine_addiction.html)

Texas Alliance for Drug Endangered Children.

Webber.

## Unit 3 — Clandestine Meth Labs

Palmer, R. B, & Wells, K. (n.d.). Clandestine methamphetamine labs frequently asked questions: FAQ #1 – General clandestine lab information. Available at <http://www.colodec.org/decpapers/Documents/Meth%20Labs%20FAQ%201.pdf>

Texas Alliance for Drug Endangered Children.

Webber.

## How addictive is meth? (cont.)

- In addition to near-daily use, some users go on a binge or “run,” repeatedly dosing themselves to maintain the high for several days at a time.
- Meth use eventually damages the brain’s ability to maintain the natural baseline level of dopamine. This breakdown in the natural dopamine function causes the meth user to feel depressed and unwell. As a result, they begin to rely on meth just to feel “normal” again.



# Sources of Content (cont.)

## Unit 4 — Worker Safety

Crowell, D. J., & Webber, J. R. (2001). Signs of client methamphetamine use and caseworker safety procedures. Normal, IL: Illinois State University School of Social Work, Project Strengthening Supervision.

Texas Alliance for Drug Endangered Children.

Webber.

## Unit 5 — Drug Endangered Children

Organization of Teratology Information Services. (September 2005). Dextroamphetamine/methamphetamine and pregnancy. Retrieved 3/20/06 from <http://otispregnancy.org/pdf/methamphetamines.pdf>

Palmer, R. B, & Wells, K. (n.d.). Clandestine methamphetamine labs frequently asked questions: FAQ #3 – How to care for children removed from a drug endangered environment. Available at <http://www.colodec.org/decpapers/Documents/Meth%20Labs%20FAQ%203.pdf>

Texas Alliance for Drug Endangered Children.

Wells, K. (n.d.). Methamphetamine and pregnancy. Retrieved 3/20/06 from <http://www.mappsd.org/DEC%20Meth%20Preg.htm>