



Who are Drug Endangered Children?



Where are our community resources to help Drug Endangered Children?



Why do Drug Endangered Children need comprehensive evaluations?

Resources

Utah for DEC

www.utahdecalliance.org

Children with Special Health Care Needs

health.utah.gov/cshcn/fhcp

Substance Abuse and Mental Health

www.dsamh.utah.gov

Child and Family Services

www.dcfcs.utah.gov

Center for Safe and Healthy Families

(801)662-3600

SLC South Main Clinic

(801)468-3943

(801)468-3690

Children's Justice Centers

www.attygen.state.ut.us/CJCDB/childjuscntrloc.html



www.utahdecalliance.org

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Comprehensive Medical Evaluation of the Drug Endangered Child

Rescue. Defend. Shelter. Support.



Recommendations from the Utah Drug Endangered Child Medical Advisory Team (DECMAT)



WHO IS A DRUG ENDANGERED CHILD?

- Lives in an environment where caregivers are using or selling drugs.
- May be directly exposed to drugs (prenatal or after birth), and to poor parenting resulting in neglect, physical and sexual abuse.

It is important to identify the drug endangered child

Utah Child and Elderly Adult Endangerment Law 76-5-112.5

A person commits endangerment of a child or elderly adult if that person knowingly or intentionally causes or permits a child or elder adult to be exposed to, ingest or inhale, or have contact with a controlled substance, chemical substance, or drug paraphernalia.

Illegal drug activity in the home expose children to specific dangers

- Chemical contamination
May have burns, respiratory distress, liver damage
- Fires and explosions
- Firearms
- Pornography
- Needles
Potential exposure to HIV, Hepatitis B and C
- Abuse and neglect

Potential exposure to STD's



THE MISSION

The Drug Endangered Child Medical Advisory Team (DECMAT) is a multidisciplinary team that serves as a community resource for evidenced-based practice in the care of the drug endangered child.

YOU MAY ENCOUNTER A DRUG ENDANGERED CHILD...

- **In the newborn nursery**
 - Frequent place for identification
 - Different newborn presentations depending on type of drug exposure
 - Requires pediatric provider to know hospital's drug testing policy
 - Requires working with hospital social worker and (in most cases) Division of Child and Family Services
 - May need special medical care if exposed to opiates (heroin, methadone, prescription pain meds) prenatally (see [Pediatrics](#) 1998 101:1079-1088)
- **In an out-patient clinic**
 - Suspicions may be raised because of parental behaviors
 - Child may show signs of neglect or abuse
 - Provider needs to feel comfortable taking a parental drug use history (see back for resources)
 - Provider needs to know local substance abuse treatment resources (see back for resources)
- **In the emergency department**
 - Same considerations as in the out-patient clinic
 - Special considerations if recently removed from a home with a drug lab (see National Level I Guidelines)
 - Assess child for acute toxicity

**UTAH ALLIANCE
FOR DRUG ENDANGERED CHILDREN**

MEDICAL EVALUATION OF THE DRUG ENDANGERED CHILD

The medical evaluation of the Drug Endangered Child should address the potential direct and indirect effects of living in a drug-using environment

Direct Effects

Prenatal drug (both legal and illegal) exposure places the infant at BIOLOGIC risk for future behavioral and developmental problems

Children can actively ingest drugs left within their reach and passively absorb drugs through the lungs (second hand smoke from tobacco, methamphetamine, cocaine) and through the skin.

Indirect Effects

Poor parenting due to parental substance abuse can have long lasting negative consequences on child behavior, development and safety.

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Recommended Medical Evaluation

1. Medical and social history
2. Comprehensive Physical Examination
Drug Endangered children are at higher risk for:
 - Growth: Failure to Thrive
 - General: Dysmorphism consistent with Fetal Alcohol Syndrome, child's affect
 - Skin: Signs of abuse (burns, bruises)
Document all markings
 - HEENT: Vision problems, dental caries
 - Respiratory: Difficulty breathing, excessive cough, shortness of breath
 - GU: signs of sexual abuse
3. Developmental Screening (e.g. Ages and Stages)
If failure, refer for formal testing
4. Mental Health Screening for older children
5. Laboratory: Consider checking HIV and Hepatitis B and C status if maternal history unknown (for infant) or if child is known to have been exposed to open needles or sexual abuse.
6. Refer to Utah Level 2 Best Practices