Clandestine Methamphetamine Labs Frequently Asked Questions
#3 – How to Care for Children Removed from a Drug Endangered Environment

How should a child removed from a drug endangered environment be cared for?
All children removed from drug endangered environments need predictability, structure, and nurturance. Regardless
of age, many children may have mental health, medical and developmental concerns which need to be addressed.
Often children in drug endangered environments are witnesses to violence and may even be victims of neglect and
abuse. Therefore, they need an environment that ensures as much stability, consistency and safety as possible.
Children removed from an environment where illegal substances are used or manufactured may have some special
needs.

What physical signs and symptoms would a child likely display after being exposed to the environment
containing a clandestine laboratory?
These children are usually asymptomatic. Children removed from homes where illegal drugs are being manufactured
should be evaluated medically before being placed in care. If this has not occurred, they need to undergo an initial
medical evaluation, followed by a complete physical (if not done at the time of the initial evaluation) within 24 to 72
hours of placement. Most of the children removed from these homes have normal initial medical evaluations.
However, because of the potential chemical exposure the child may have had in the home from which they were
removed, the caretaker should pay special attention to any respiratory symptoms (difficulty breathing, excessive
cough, shortness of breath) as well as changes in mental status (confusion, excessive sleepiness, excessive
hyperactivity). Although unlikely related to the drug, if present these symptoms should be evaluated urgently by a
medical provider. If the onset of symptoms occurs greater than 24 hours after the exposure, it is unlikely to be related
to the clandestine laboratory. However, the child still should still be medically evaluated.

Should I have concerns about a child that was removed from a drug endangered home that did not contain a
clandestine lab?
These children should be cared for in the same manner as any child that is removed from their biologic home for any
reason. All of these children need complete medical evaluations as required by the Department of Social Services. If
the child exhibits any abnormal signs or symptoms prior to or following that evaluation, they need to be reevaluated
by a medical provider. Again, homes in which there is drug or alcohol use are often lacking the consistency which
children need to thrive. Therefore, providing these children with an environment where there is predictability,
structure, and nurturance is critical for optimal development.

What should I do with the clothing of children removed from drug endangered environments?
All children that have been removed from homes containing clandestine labs should be decontaminated and dressed
in clean clothing prior to placement. Therefore, their clothing is safe. If they have not been decontaminated, all
clothing should be removed and washed separately from other clothing. The child should shower with soap and
warm running water as soon as possible, not placed in a bath. Also, they should not come into your care with any
personal items from their homes (e.g. toys, blankets, etc.) other than those provided by responders on scene or by
medical professionals at evaluation. There may be an exception depending on local clean up requirements, for
certain personal items. If allowed by the local jurisdiction, clothing, blankets and other washable items, such as
backpacks, may be laundered separately and safely returned to the child. All clothing and personal items, including
toys, contained in a home in which there was a clandestine lab are to be considered contaminated. There may be an
exception for certain personal items (such as eyeglasses, but not contact lenses!) that may have been cleaned by the
professionals on scene. These exceptions would need to be approved by the HAZMAT commander at the scene.
Also, be aware that there have been many cases in which the child’s caregiver has placed drugs and possibly
needles/syringes in the child’s toys, diaper bag, or other personal belongings in an effort to hide them. If you find
anything suspicious, do not touch the item and call your local law enforcement agency or caseworker immediately.

Under what conditions are children addicted to methamphetamine? What are the symptoms? Will a child
experience withdrawal?
Children cannot become addicted from passive exposure. Addiction refers to a complex set of behaviors around
physiological and psychological dependence. Active use with dependency can occur in children even at a very young
age in drug using households. However, a positive drug screen does not equate with addiction, which is very hard to
define in this setting. Symptoms of drug exposure may be rapid heart rate, high blood pressure, high body
temperature, and agitation. All of these symptoms should have been assessed for during the initial medical evaluation
and may be related to a serious medical condition unrelated to drug exposure. If the child was not evaluated medically before placement and is displaying these symptoms, they should be medically evaluated as soon as possible. There have been no adequately documented cases of true withdrawal in children environmentally exposed to drugs, unless the child actually ingested the drug, was clinically ill, and was evaluated at a medical facility. However, in cases of heavy use, methamphetamine is known to deplete dopamine levels in the brain, ultimately causing the user to become very sleepy and lethargic. If the child displays these symptoms, they should also be evaluated medically. It is possible that mood swings and unusual behavior may be related to the child’s previous living conditions or underlying psychological or psychiatric illness and not drug exposure. Finally, there have been reports of caregivers giving children other drugs or medications such as sedatives or antihistamines in an effort to get them to sleep. Therefore, any child that begins to behave unusually or have unexplained symptoms should be evaluated medically. The physical manifestations of withdrawal in an infant are similar to those in an adult.

Symptoms of addiction and withdrawal are variable, non-specific and may be related to the trauma experienced by the child with the exception of drug seeking behavior. Behavioral concerns should be evaluated by a qualified mental health or substance abuse treatment provider. Unexplained physical signs or symptoms must be evaluated by a medical provider.

**What behaviors would one expect to see in a child removed from a methamphetamine lab?**

The behaviors displayed by these children vary greatly. Some behaviors that might be been seen are similar to those seen by children with a trauma history and include: Post-traumatic stress disorder, aggression, attachment difficulties, sensory disorders and sexualized behaviors.

**What symptoms would one expect to see in an infant that was exposed to methamphetamine before birth?**

Symptoms from a prenatal exposure depends upon the underlying medical factors, the combination of the drugs used, as well as the timing, frequency and quantity of drug use during pregnancy. If infants are affected, the effects are subtle and may include lethargy, feeding difficulties, poor state regulation, low threshold for stimulation, and irritability. These infants may also be small for gestational age.

**How would one care for an infant that is exposed to methamphetamine before birth?**

Caring for prenatal meth exposed infants is similar to normal newborn care. However, those infants experiencing signs or symptoms suggestive of prenatal methamphetamine exposure should be cared for in a calming environment. Level of stimulation should be appropriate to the infant’s tolerance. Medication is not necessary unless there is evidence of neonatal abstinence syndrome to narcotics.

**Does a child from a clandestine lab pose a toxic risk to me, my children or to other members of my family?**

Absolutely not. Once the child removed from the lab has been decontaminated, he or she poses no toxic risk to other persons whatsoever.