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Drug Endangered Children in Canada

A Report to the Drug Abuse Committee,
Canadian Association of Chiefs of Police

SUSAN REID, PHD.

STUDENTS COMMISSION OF CANADA-CENTRES OF EXCELLENCE FOR YOUTH ENGAGEMENT

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Executive Summary

This report is intended to inform the Canadian Association of Chiefs of Police on the issue of Drug Endangered Children (DEC) and potential strategies to address DEC in Canada (including studying the potential for federal legislation). As defined by the RCMP (2011), “a child is considered “drug endangered” if they are – or are likely to be – harmed by an adult’s drug activity” (p. 6).

Dr. Susan Reid, Centre of Research on Youth At Risk collaborated with the Students Commission, Centre of Excellence for Youth Engagement and a team of researchers and youth engagement staff to investigate this issue from a variety of knowledge sources:

- A literature review of the research related to DEC in the child welfare field and in the police literature;
- A Children’s Rights Impact Assessment was undertaken to assess the Alberta DEC Act;
- Approximately 50 youth stakeholders from across the country participated in reviewing the themes from the literature and contributed their experience and expertise to better understand the implications for youth and provide recommendations; and
- Interviews with 26 professional stakeholders from child welfare and policing agencies in 6 provinces and 2 territories providing knowledge of current practice and policy.

Literature review

The literature review identified several key themes to inform a strategy regarding DEC:

- Methamphetamine use, production and distribution have increasing and broad social, psychological, physical and emotional negative impacts for children and families;
- Intergenerational drug abuse is a common outcome;
- Despite being more likely to be involved with child protective services after a DEC incident, there are instances of police involvement and knowledge of criminal production of illicit substances without the involvement of children’s protective services;
- The goals of policing and child welfare agencies do not align and common “cross-training sessions” may be needed to develop common goals and messages;
- The literature points to the need for a multidisciplinary, cross-sector DEC Unit or task force and collaborative intersectoral protocols.

Children’s Rights Impact Assessment (CRIA)

The Children’s Rights Impact Assessment of the Alberta DEC Act revealed many unanswered questions suggesting that the legislation may violate the rights of the child as outlined in the UN Convention on the Rights of the Child. For example, children and youth in drug endangered environments may be unfairly targeted based on class (e.g. low income), race and ethnicity (e.g. First Nations youth and new immigrants); there are no provisions in the legislation to consider the child’s view; and the imposition of increased punitive measures may add undue hardship to a family in crisis that is already experiencing poverty.

Youth focus groups

Young people involved in the focus groups contributed several important themes and recommendations that further shape prevention and intervention priorities to address issues related to DEC:

- Youth experience chaos, neglect and a lack of positive role models in drug endangered environments and want a sense of belonging and structure in their lives;
- Youth recommend that intervention needs to be compassionate so that children and youth are not further traumatized;
- Youth recommended that children and their peers need more awareness that living in a drug endangered environment is not the norm;
- Youth recommended early public education about issues related to DEC;
- Youth recommended opportunities for a sense of belonging and connection in care settings.

The young people that contributed and informed this report also indicated that they wanted to be a part of this ongoing deliberation, where their voices are needed and where they can improve the lives of children and young people.

Stakeholder interviews

Stakeholders from policing and child welfare agencies reaffirmed and expanded on several themes from the literature and from the youth focus groups:

- Collaboration and partnership between various agencies, professionals and community members are essential to prevent, intervene and support drug endangered children and their families;
- A range of interventions is required to account for the disparity of risk of different drug endangered situations and the needs of different families;
- Alternatives to increased punitive measures, such as drug treatment, family group conferences, etc. may be better suited to support drug endangered children and their families;
- Existing provincial child protection legislation enables the removal of children from drug endangered environments
- Youth are integral stakeholders and should be involved in ongoing DEC deliberations (e.g. DEC committee).

Recommendations

- 1) Create and support enhanced DEC Community Education and Response teams in more jurisdictions
- 2) Focus on public education and awareness
- 3) Evaluate and develop brief assessment tools
- 4) Develop a continuum of police-judicial responses that focus on individualized needs assessment through a collaborative community response.

DRUG ENDANGERED CHILDREN IN CANADA

A Report to the Drug Abuse Committee,
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Overview of the Process

In the spring of 2011, Dr. Susan Reid, Director of the Centre for Research on Youth at Risk at St. Thomas University was approached by Chief Barry MacKnight to discuss the possibility of completing a literature review for the Drug Abuse Committee of the Canadian Association of Chiefs of Police on the issue of Drug Endangered Children. The Drug Abuse Committee had been considering this matter and according to the 2009-2010 Annual Report of the committee this priority area included an action item to “advocate for federally legislated additional penalty when endangering children in the commission of the substantive offence” (MacKnight & Bucher, August 2010). Chief MacKnight indicated that in order to fully consider the impact of such a proposal, it was necessary to study the issue and deliberate on what the literature and common practice had to offer.

As the Centre for Research on Youth at Risk is the Eastern hub of the Students Commission of Canada, Centre of Excellence for Youth Engagement, the proposal submitted provided an opportunity to utilize the broad national network of young people to interview stakeholders, conduct focus groups and consider the views of those practitioners in the field to better understand the themes that were presented in the literature. Johanne Saraceno, a doctoral candidate at the School of Child and Youth Care at the University of Victoria completed a review of the literature in the child welfare field. Sarah Gilliss, a graduate student in Sociology at the University of New Brunswick and an instructor in the Police Foundations program at the New Brunswick Community College completed a review of the police literature. When these reviews were completed the main themes emanating from the literature were compiled and discussed with a team of young people from the Students Commission to plan a strategy to consider how these themes resonated with those young people who may have grown up in homes that were drug endangered. Further, the Students Commission team (herein referred to as the SC DEC team), developed a facilitators guide for the implementation of a series of focus groups with young people on these issues (see Appendix I). The SC DEC team also generated a list of possible stakeholder interviews to contact after the focus groups had been completed. The idea was to assemble the information that had been collected from the youth focus groups in light of the literature reviews and then seek out key experts from child welfare and policing agencies to interview and expand on the information that had been gathered.

After this information had been collected and compiled, the main themes that emerged under each of the questions were coded and re-distributed to the SC DEC team and some focus group participants for their feedback on key priority areas.

During the period of the contract, the RCMP hosted a conference in London Ontario on Drug Endangered Children and Dr. Reid attended to further understand the present trends and the already existing protocols developed throughout North America. In September, Dr. Reid presented a workshop on Children's Rights Impact Assessments to a conference of Child and Youth Advocates from across Canada. The advocates considered the Alberta DEC legislation as part of the workshop.

Prior to writing this final report, Dr. Reid had an opportunity to present preliminary findings and recommendations to the Drug Abuse Committee on December 1, 2011 in Fredericton. Following the presentation (see Appendix VII) the committee members provided feedback and were encouraged to give additional feedback by email. The feedback from the members has been useful in fine tuning the recommendations presented. Further, the opportunity to screen the drug abuse documentary created by *Youth Matters* (Eastern hub of the Students Commission of Canada) provided an opportunity for committee members to experience an example of a youth-led, youth-produced initiative that may be replicated in further work to develop materials and educational tools on Drug Endangered Children.

This final report has been written with the assistance of many people who have conducted research, interviews, and focus groups, as well as the many individuals who have given their expert opinions and voices on this important issue (see List of Contributors on pages 1-2). In the final analysis, there was an emerging consensus that the issue of children being exposed to drug endangered environments is a multi-layered problem that requires a continuum of response based on myriad individual factors. There was agreement on the need to provide additional training and education on the factors that impact on children who are exposed to drugs in their homes whether it be through observing parental or family members using, experiencing the sale and distribution of drugs from their home, living in a home where drugs are produced through grow operations or to the most dangerous environment where drugs are being manufactured through a methamphetamine lab. Such training and education need not be limited to police and child welfare professionals, as there is evidence of the need for a general public education plan to provide information to community members about the drug endangered child.

Origins of the Drug Endangered Children Initiative

Special considerations for the safety of children living in homes where illicit substances are manufactured began in 1995 in California after the tragic death of three young children living in a home where there was small scale methamphetamine production (Hohman, Oliver, & Wright, 2004). Hopper (2007) references this same incident: “Three young children died in a meth lab explosion inside their house and this case increased attention for the needs of children living in drug homes” (p. 1449).

The initial focus of the Drug Endangered Children effort centered around four primary concepts: a state grant-funded multi-disciplinary team; removing and “rescuing” children from the immediate scene; enhanced and accelerated strategies to prosecute the drug misusers and only activating cases involving clandestine methamphetamine laboratories (Erb, 2006, p. 1)

Half of the states in the U.S. have now adopted special legislation in an attempt to address the safety of children exposed to illicit drug activity (Conyers, 2007; Hopper, 2007; Nelson, Kort, & Marjean, 2010). The drug endangerment statutes in most states are specific to dangers related to methamphetamine (Nelson, Kort, & Marjean).

Throughout Canada there has been recognition of a growing problem of children being exposed to drugs in their homes. This problem has been identified by law enforcement and child protection services as “one of the most tragic and distressing realities” (Witt, RCMP Gazette, 2009) facing Canadian society. Professionals in the medical community have long been aware of the devastating effects of children being present in homes where drugs are produced, used or distributed and have documented this problem; however there has not yet been a mechanism put in place which effectively combats the issue (Nelson, Prince & Searcy, 2010). This awareness on the part of the medical community highlights the need for a wrap-around approach where no governmental agency, stakeholder or professional works within a silo. There needs to be a unified approach to helping Drug Endangered Children (DEC). Some argue that a strategy related to drug endangered children was slow in coming because there was apprehension within the legal community to recognize the correlation between drug abuse and child abuse (Hopper, 2006).

The RCMP Drugs and Organized Crime Awareness Service (DOCAS) introduced the Drug Endangered Children (DEC) Initiative from the United States to Canada in 2003. The DEC response is designed to intervene on behalf of children who have been exposed to home-based drug activities. The goal is to establish a model of collaborative intervention protecting young people who have been exposed to the production, consumption or trafficking of drugs. According to the Drug Endangered Children Resource Centre in the United States, exposure to these types of drug activities is often associated with family violence, emotional abuse, neglect,

criminal behavior, dysfunctional care-giving, dangerous home environments and toxic chemicals (Drug Endangered Children Resource Centre, 2000).

In Canada, the need to recognize drug endangered children has become paramount because of a marked increase in drug abuse and drug related offences during the past decade. The production of cannabis has grown significantly in the past thirty years and police speculate that this increase is in part a result of “marijuana grow-ups, outdoor or indoor facilities where marijuana plants are illegally cultivated” (Statistics Canada, 2009). In 2007, it was reported that 60% of these illegal grow-ops occurred within a residence. The largest increase in drug-related offences appears in the “other” category which includes methamphetamine (crystal meth), ecstasy, and chemical precursors such as ephedrine and pseudoephedrine which are commonly used in the production of crystal meth. In 2007, it was reported that drug-related offences tied to these types of drugs had increased by 168% in the past ten years (Statistics Canada, 2009). While statistics do not currently report the frequency of children present in residences involved in the production and distribution of illegal drugs, it is evident that drug use and production is increasing in Canada, and children are suffering as a result.

Nelson, Kort, and Marjean (2010) state that most policy regarding DEC has been informed by reports from the medical community; they identify the “need to supplement this with information from government agencies and those charged with protecting DEC” (p. 83). Most of the literature emphasizes the importance of collaborative, cross-sectoral protocols to facilitate information sharing and a coherent systemic response (Erb, 2006; Federal Interagency Task Force on DEC; Hohman, Oliver, & Wright, 2007).

According to the RCMP Resource Guide for Drug Endangered Children (RCMP, 2011):

A Canadian approach enables such co-ordinated efforts by building strong response teams, capable of removing children from immediate danger, providing them with urgent and ongoing medical care, and facilitating positive, professional attention. By providing such rescue possibilities, DEC interventions give children the opportunity to break the destructive cycle of intergenerational drug and drug related abuse (page 7).

The Canadian DEC Initiative includes four basic aims: awareness, team-building, training and advocacy. According to the RCMP, awareness of the plight of drug endangered children is necessary for the community to be more informed about the issue and this directly impacts on advocacy efforts to lobby for Canadian legislation that redefines drug endangered children as victims of abuse (p.7). Team building among current and potential DEC responders is necessary, as is ongoing training to ensure that team members are current and up to date on the most effective tools and knowledge to intervene effectively.

Considerations Regarding Legislative Amendments (DECA)

In Canada, Alberta is the only province to have a Drug Endangered Children Act (2006) which according to some sources enables police to charge the parents of children found living in grow ops or other drug environments such as meth labs, with endangering the lives of their children (Alberta to rescue children, 2005; Williamson, 2006). According to the RCMP (2011, p71), in Alberta, police can charge family members up to \$25,000 (or 24 months in jail) for placing their children in harm's way. Other strategies include the ability to disconnect electricity without giving notice if there is suspicion that marijuana grow operations are a safety concern. Further, the DEC legislation in Alberta provides for the seizure and holding of children for up to two days away from their high risk parents.

In 2007, following a grow-op bust where children were present in British Columbia, the possibility of adopting similar legislation was discussed. The Minister of Children and Family Development in BC at the time stated that child protection workers knew how to do their jobs and did not require special legislation (Hunter, 2007). In 2010, a private member's bill passed second reading in Ontario to amend the provincial child welfare legislation to include a provision that expanded the definition of child abuse to include drug endangered children.

The Alberta legislation is interesting in that it provides a guiding *Preamble* to the legislation on the nature and purpose of the Act, in the same manner that the *Youth Criminal Justice Act* provided one to guide those responsible for its implementation. In the preamble, the issue of "safety, security and well-being of children" is seen as a "paramount concern." It is from this vantage point that the comments regarding the feasibility of creating legislative amendments in each of the provinces throughout Canada will be examined.

The *Preamble* also provides guidance about the nature of what is of most concern: "protecting children from the dangers of exposure to illegal manufacturing of drugs, indoor cannabis grow operations, trafficking and other forms of illegal drug activity." The literature regarding the "dangers of exposure" will help to shed light on what is known about exposure to the manufacturing of drugs and indoor cannabis grow operations. However, literature regarding the "effects of trafficking and other forms of illegal drug activity" has been difficult to uncover and has generally been discussed in the context of police reports, as opposed to empirical literature.

The *Preamble* also provides an explanation that suggests that drug endangered children are "victims of abuse," which has set the stage for the analysis of the child welfare and child protection literature. As each province sets their own child welfare statute related to issues of abuse and neglect, it might be argued that there already exists a provincial opportunity to respond to drug endangered children through currently existing statutes.

Definition of Drug Endangered Child

Section 2 of the *Drug Endangered Children Act (2006)* defines a child as drug endangered when:

- a) The guardian exposes the child or allows the child to be exposed to, or to ingest, inhale or have any contact with, a chemical or other substance that the guardian uses to illegally manufacture a drug;

This suggests that not only would a child be considered endangered when they were exposed to the final product being manufactured as an illegal substance, but also any chemicals or substances used to create the drug and this is not limited to inhalation and ingestion, but includes “any contact with.” The broad definition of this first provision refers to what is known as “precursor and essential chemicals” which include substances which can be produced or procured without any licenses, permits or legal obligations and are readily available through hardware stores and chemical companies.

- b) the guardian illegally manufactures a drug in the presence of the child, or causes or allows the child to enter or remain in any place or premises where a drug is illegally manufactured or stored;

This provision expands the definition from having a child within sight and sound of the actual manufacturing process to include the potentially hazardous environment that may be created in a meth lab or marijuana grow op.

- c) the guardian possesses a chemical or other substance with which the guardian intends to illegally manufacture a drug in a place or premises where a child resides;

As outlined under (a) above, the provision in part (c) explains the nature of chemicals and substances used to manufacture drugs and would allow for the simple possession of such noxious substances to be seen as evidence of an illegal manufacturing site. This provision has been promoted in some of the U.S. jurisdictions.

- d) the guardian exposes the child or allows the child to be exposed to an indoor cannabis grow operation, or to the process of extracting oil or resins from cannabis plants;

While parts (a) through (c) above address issues particularly salient with respect to methamphetamine labs, part (d) adds the possibility of marijuana grow ops as an unsafe environment for children under the age of 18 years.

- e) The guardian involves the child in or exposes the child to trafficking;

Part e) addresses additional concerns beyond exposing children to the dangers inherent in meth labs and grow operations to include activities that involve the sale of drugs.

- f) The child has been or is being, or there is a substantial risk that the child will be, physically injured, emotionally injured or sexually abused because the guardian is exposing the child to other forms of illegal drug activity.

This all-encompassing provision appears to link illegal drug activity back to the *Preamble* which outlines that drug endangered children are victims of abuse.

Bill 84, introduced as a Private Member's Bill by Garfield Dunlop in November, 2010 in the Ontario legislature mirrors the definition in s.2 of the Alberta legislation. This Bill amended the Ontario *Child and Family Services Act (CFSA)* by identifying drug endangered children through a new category of children in need of protection and classifying the act of drug endangerment as child abuse. As the CFSA already includes provisions that make the offence of child abuse an offence punishable by a sentence of up to two years, a fine of up to \$2,000 or both, it was felt that there was no need to create a stand-alone legislative enactment outlining additional penalties as was the case in the Alberta DEC legislation. The Bill passed second reading unanimously by all three parties and moved to the Standing Committee of Justice Policy prior to third reading in the spring of 2011.

There are many definitions of drug endangered children appearing in both the academic and grey literature. Christina Witt, of the Calgary Police Service, defines drug endangered children as those "exposed to the hazards associated with illegal drug activity" (Witt, 2008). Similarly, Nelson, Prince and Searcy (2010, p.81) define drug endangered children as "children exposed by their parents or caregivers to controlled and chemical substances." Hopper (2006) includes most of the provisions in the Alberta legislation, namely: the manufacture of a controlled substance in the presence of a child or on the premise occupied by a child; allowing a child to be present where the chemicals or equipment for the manufacture of controlled substances are used or stored; selling, distributing, or giving drugs or alcohol to a child; the exposure to the criminal sale or distribution of drugs and drug-related activity. Fourteen states have specific legislation that addresses the manufacturing and possession of methamphetamine in the presence of a child (U.S. Department of Health, 2009). In examining state legislation throughout the USA, Hopper (2006) has found that there are additional provisions in some states that include mere "exposure of the child to drug paraphernalia." Some U.S. states are careful to articulate the behavior of the caregiver beyond a broad definition of potential abuse to include: "the use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child." Nelson et al., (2010, p.112) have indicated that due to the variation between the state legislation across the United States in terms of "criminalizing drug endangerment," it is nearly impossible to accurately count the number of drug endangered children in the United States. Hopper (2007) reflects the general view shared across definitions of DEC. "A drug endangered child is a subset of children who experience physical, sexual,

emotional abuse, and neglect as a result of adult drug activity as defined by the use, production, or sale of methamphetamine or illicit substances” (Hopper, 2007, p. 1451).

The Present Analysis

For the purposes of the present examination, we utilized the definition adopted by the RCMP in their Drug Endangered Children Resource Guide (2011, p. 6):

A child is considered “drug endangered” if they are — or are likely to be — harmed by an adult’s drug activity. They are deemed especially endangered if they are growing up in a home where drugs are being produced or sold, whether through an indoor marijuana grow operation or a synthetic drug lab.

According to the 2009/2010 Annual Report of the Drug Abuse Committee of the Canadian Association of Chiefs of Police, one of the priority areas for the committee was with respect to Drug Endangered Children. Specifically, the committee identified as priority to “advocate for federally legislated additional penalty when endangering children in the commission of the substantive offence” (MacKnight & Bucher, August 2010).

Exploring the issue of Drug Endangered Children included an analysis of the existing empirical and grey literature, an examination of the legislation in Alberta (Statutes of Alberta, 2006, Chapter D-17) and a series of in-person and telephone interviews conducted with officers responsible for the implementation of this legislation. The interviews with Child Protection workers, Child and Youth Advocates and police personnel helped to clarify the roles of the various professionals responsible for intervening in the lives of families who may be experiencing crisis. The interviews also explored whether or not the existing provincial legislation was sufficient to respond to the issue. Further, an analysis of the legislation using a Child Rights Impact Assessment was conducted to consider the implications of adopting such legislation throughout Canada in light of the UN Convention on the Rights of the Child.

Child Rights Impact Assessment on Alberta DEC legislation

The purpose of a child rights impact assessment is to consider policy, legislation and proposed programs through the lens of children's rights as outlined in the UN Convention on the Rights of the Child to which Canada is a signatory. The UN Committee on the Rights of the Child recommends that all governments conduct *ex-ante* "Child Rights Impact Assessments" as a systematic, transparent and effective method of ensuring that governments take children into account in developing policy, legislation and other administrative decisions, giving effect to consideration of their best interests pursuant to article 3. A Child Rights Impact Assessment (CRIA) is a systematic process or methodology in the policy-making process for ensuring that children's best interests and impacts upon them from changes in policy, legislation, regulations, budgets, or administrative procedures are considered. CRIA examines potential impacts (positive or negative, intended or not, direct or indirect, short or long-term) on children of a decision or action. The decisions made by governments can impact heavily on children in ways that are not always obvious. Yet, it is rare for official decision-making processes to incorporate robust, evidence-informed consideration of how children's rights and well-being might be affected. The costs to children of poor decisions can be devastating; the costs to society of poor outcomes for children are high. Nonetheless, children's interests remain largely invisible – and are rarely a priority - in decision-making processes. There is still much work to be done to embed the rights of every child, without discrimination, in the routine work and consideration of governments.

In order to consider the impact of the Drug Endangered Children legislation in Alberta and the possible impact of having additional provincial legislation throughout Canada, an initial screening of a Child Rights Impact Assessment was completed by Michelle Harmon, of the NB Human Rights Commission. In analysing the legislation, Michelle selected specific sections of the legislation and raised some queries about the procedures that would be followed and where the responsibility lay for determining the responses to these queries.

(2) For the purposes of this Act, a child is a drug-endangered child if

Article 2 (a) the guardian exposes the child or allows the child to be exposed to, or to ingest, inhale or have any contact with, a chemical or other substance that the guardian uses to illegally manufacture a drug;

- Does this include cancer treatments? Or treatments for terminal illnesses? I have heard of patients growing their own medical cannabis. Would that be considered exposing a child?

Article 2(f) the child has been or is being, or there is a substantial risk that the child will be, physically injured, emotionally injured or sexually abused because the guardian is exposing the child to other forms of illegal drug activity.

- Who determines what a substantial risk is? Are there certain criteria that are listed to determine whether there is a substantial risk? Is there any right to appeal?

Further, s.3(1) (2) states that a notice of apprehension must be given to the guardian of the child “forthwith” and this may be “by any method and may be oral or in writing”

- Can a child be taken from a parent without their knowledge? And might only a written notice be given? Will parents who are unable to read or speak English be informed appropriately?

In addition, a workshop was completed with a group of Child and Youth Advocates on this topic during September, 2011 and their input was incorporated into the screening form and comments that follow:

Child Rights Impact Assessment (CRIA) Initial Screening

What is being proposed? (Name/description of the policy, legislation, program...) Drug Endangered Child Act (2006)	Policy	<input type="checkbox"/>
	Legislation	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Existing	<input type="checkbox"/>
	New	<input type="checkbox"/>
What is the aim, objective or purpose of the proposal? (How does it relate to other initiatives? Does it seek to fulfill national targets?...) To protect children living in drug endangered environments by providing additional penalties to parents who expose their children to drug activity and the ability to seize and hold such children for up to two days and upon conviction to place high risk parents in jail for up to 24 months .		
Who initiated the proposal? (E.g., provincial department, Parliament...)	Who will implement the proposal? (E.g., provinces/territories, local authorities, health/school boards...)	
DEC advocates (include politicians, police, DEC first responders)	provinces	

Which articles of the Convention on the Rights of the Child are relevant?¹

Article 2: Non-discrimination

Applies to all children... whatever they think or say, whatever type of family they come from. No child should be treated unfairly on any basis.

Article 3: Best Interest of the Child

When adults make decisions, they should think about how their decisions will affect children. The best interests of children must be the primary concern in making decisions that may affect them.

Article 4: Protection Rights

Governments have a responsibility to take all available measure to make sure children`s rights are respected, protected and fulfilled. They must help families protect children`s rights and create an environment where they can grow and reach their potential.

Article 5: Parental Guidance

Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. The CRC does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.

Article 6: Survival and Development

Governments should ensure that children survive and develop healthily

Article 8: Preservation of Identity

Children have the right to an identity. Government should respect children`s right to a name, a nationality and family ties.

Article 9: Separation from Parents

Children have the right to live with their parent(s) unless it can be shown that it would be harmful

Article 12: Respect for the Views of the Child

When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. The CRC encourages adults to listen to the opinions of children and involve them in decision making (based on their age and stage of maturity). Art. 12 does not interfere with parents` right and responsibility to express their views on matters affecting their children.

¹ Regard should always be given to the four general principles of the Convention: articles 2, 3, 6 and 12.

Article 13: Freedom of Expression

Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the responsibility to also respect the rights, freedoms and reputations of others.

Article 14: Freedom of thought, conscience and religion

Children have the right to think and believe what they want, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters, and the CRC respects the rights and duties of parents in providing moral guidance to their children.

Article 15: Freedom of association

Children have the right to meet together and to join groups and organizations. In exercising their rights, children have the responsibility to respect the rights, freedoms and reputations of others.

Article 16: Right to Privacy

The law should protect children from attacks against their way of life, their good name, their families and their homes

Article 18: Parental Responsibilities; state assistance

Both parents share responsibility for bringing up their children and should always consider what is best for each child. The CRC places a responsibility on governments to provide support services to parents.

Article 19: Protection from all forms of violence

Children have right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them

Article 20: Children deprived of family environment

Children have right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language

Article 24: Health and Health care

Children have right to good quality health care, safe drinking water, nutritious food, a clean and safe environment and information to help them stay healthy

Article 25: Review of treatment in care

Children have right to have living arrangements looked at regularly to see if they are the most appropriate and ``in their best interest``

Article 26: Social security

Children have the right to help from the government if they are poor or in need, either through guardians or directly

Article 27: Adequate standard of living

Children have a right to a standard of living to meet their physical and mental needs. Government should help families who cannot afford to provide this, with regard to food, clothing, housing in particular.

Article 33: Drug Abuse

Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade

Does the proposal contravene the Convention or any other laws? (Such as the Canadian Charter of Rights and Freedoms, other international human rights treaties and standards ratified/adopted by Canada...)

Possibly articles 3,12,16

Which groups of children are affected by the proposal? (Directly and indirectly)

Children who have parents or family members who are drug traffickers, manufacturers, users
Indirectly, children from low income families
Indirectly and directly, aboriginal children, immigrant children

Positive impact (Note the groups affected)

Children who are in dangerous situations will be removed for at least two days from the possible dangers (art 33,19)

Children who are not receiving proper care and are being abused may have opportunity for a better life in a kinship placement, or foster care (art 18, 19, 27)

Negative impact (Note the groups affected and inconsistencies or gaps in the proposal)

Parents will receive additional expense of fine thereby depriving children further (art.5,9, 27,26)

Over-representation of aboriginal, new immigrants, low income parents (art.2,5,8)

Family reunification after 24 months may not have had any special services to assist parents, only jail term. (art.18,20)

<p>Has there been any consultation in the development of the proposal? (Note the groups consulted/affected)</p> <p>yes</p>	<p>Children <input type="checkbox"/></p> <p>Stakeholders <input type="checkbox"/></p>	
<p>What conclusions have been reached? (Is the proposal the best way of achieving its aims, taking into account children's rights? Please note any gaps in information.)</p> <p>There are a number of places where the young people who are in these situations may be unfairly targeted (ie. low income, First Nations, new immigrants)</p> <p>There are no provisions in the legislation to consider the child's view</p> <p>The imposition of jail time and a fine may add undue hardship to a family in crisis that is already experiencing poverty. It also imposes other financial hardship on family for the cost of legal fees, lost wages</p>		
<p>What recommendations should be made and who should be informed of them? (E.g., should relevant groups be consulted?)</p> <p>The provisions within already existing child welfare legislation as a child in need of protection may address the concerns about drug endangerment without adding an additional punitive layer for the parent and a better opportunity for treatment and family reunification.</p>		
<p>Preliminary Screening by: Michelle Harmon, NB Human Rights Commission Susan Reid, St. Thomas University</p>	<p>Date: November 17, 2011</p>	

In the interpretation of the initial screening of the DEC legislation using a Children's Rights Impact Assessment (CRIA), a number of questions arise. Some of these questions were posed by Child and Youth Advocates during a workshop presented jointly by Dr. Susan Reid and Mr. Marvin Bernstein from Unicef. Using the DEC legislation as the framework to train advocates on the utility of the CRIA, we had the opportunity to hear additional thoughts about the use of this legislation from the point of view of child and youth advocates. As a result of this discussion, it raised awareness of the lack of understanding of the complexity of the issues surrounding families who may be exposing their children to danger and the Child and Youth Advocate from Newfoundland indicated that she would be opening a systemic file on this matter to more carefully explore and update her office on the processes utilized in her province.

Some of the questions that were raised :

- What are the repercussions for children whose parents have been charged but not convicted?
- Does a child have the right to decide whether they want or do not want to be exposed to drugs? Who decides/what criteria determine whether a child is endangered by exposure to drugs?
- How would it be determined how a child has been, is being or there is a substantial risk of the child being physically injured, emotionally injured or sexually abused because the guardian is exposing the child to drugs and not another factor?
- What about the financial repercussions for the families if charged but not convicted? What about lost wages? What about the families having to pay for a lawyer if legal aid cannot defend them? Will compensation be given?
- If not explicitly written in the Act, who will make sure that the child's opinion and feelings will be taken into consideration?
- Could this act be targeting aboriginals/aboriginal children who may have different cultural values and ceremonial procedures?
- How many children have been affected by this Act? What were the repercussions? Were police targeting low income neighborhoods?
- What does exposure entail? Could exposure mean living beside a drug dealer?

Drug Endangered Children: Major themes in the literature

Overview

This literature review encompasses a range of material pertaining to drug endangered children (DEC) and child protection; this includes scholarly articles, police and community agency reports, DEC protocols, newspaper articles and a few internet resources. The major themes that emerged from this selection of literature include: the history of the drug endangered children's movement, the wide ranging social impact of this issue, the importance of recognizing the toxic and volatile substances to which DEC are exposed, the potential harm and risks to healthy development for DEC, concerns in regard to parenting and DEC, the consequences for children from interventions by police and protection services, marijuana grow-ops, legislation in Canada, and ultimately, as strongly emphasized in much of the literature, the need for collaborative community protocols to support multi-disciplinary interventions with families of drug endangered children.

Increased Social Impact Related to Methamphetamine Use

Almost all of the literature describes to some extent the growing and broad social impact of methamphetamine use, the direct effects of methamphetamine use, and the risks associated with clandestine methamphetamine laboratories, in particular for children (Alberta Children's Services, 2006; Altshuler, 2005; Bellemare, 2008; Burch, 2009; DEC Taskforce, 2003; Denehy, 2006; Ells, Sturgis, & Wright, 2002; Erb, 2006; Federal Interagency Task Force on DEC, 2011; First Nations Centre, 2006; Grant, 2006; Haight et al., 2005; Harris, 2004; Hohman, Oliver, & Wright, 2004; Hopper, 2007; Iowa Alliance for Drug Endangered Children, 2007; Kommer, 2007; Manning, 1999; Messina, Marinelli-Casey, West, & Rawson, 2011; Nelson, Kort, & Marjean, 2010; Sprang, Staton-Tindell, & Clark, 2008; U.S. Department of Justice, 2003; Watanabe-Galloway et al., 2009).

As stated by Altshuler (2005), "meth poses unique and significant dangers for children and the community, the consequences of which span an entire community's professional resources, from law enforcement to social services and child protection" (p. 174).

The impact of methamphetamine use goes beyond the direct effects of the substance to negatively impact family and community (Altshuler, 2005; Denehy, 2006; First Nations Centre, 2006). As Denehy (2006) discusses, methamphetamine addiction can lead to "an increase in crime, especially robbery and identity theft [as] meth users often experience a rapid mental and physical downward spiral that leads to loss of jobs and the inability to care for themselves or their families" (p. 64).

Furthermore, the increased potential for violent behaviour is often associated with the use of crystal meth (Swetlow, 2003; Watanabe-Galloway et al., 2009). As Kommer (2007) details:

The effect of meth is externalized in the form of dangerously aggressive behavior. Chronic use can lead to psychotic behavior, including paranoia and hallucinations, as well as out-of-control rages accompanied by aggressive and violent behavior. The psychotic symptoms of meth use can last for months even after use has ceased (p. 1470).

A substantial increase in placements with child protective services has occurred as a result of the increase in methamphetamine consumption and production (Kommer, 2007). “Meth [is a] social problem with a profound effect on the child welfare system... approximately one in four children in foster care in North Dakota come from a family that is using, selling, or manufacturing meth” (p. 1463). Furthermore, families are more likely to be involved with child protective services after a drug endangerment incident (Nelson, Kort, & Marjean, 2010).

Exposure to Toxic and Dangerous Materials

Most of the literature identified that many dangerous chemicals are used in methamphetamine manufacturing. These include acids, solvents such as camping fuel or anhydrous ammonia, methanol or acetone. “Ingredients can include elements such as: engine starter, lithium battery strips, anhydrammonia. Meth cannot be made without ephedrine or pseudoephedrine – found in many cough syrups” (First Nations Centre, 2006, p. 6). Children who live in methamphetamine laboratories can be poisoned as a result of exposure to the lethal chemicals used to manufacture methamphetamine and their toxic by-products. In addition, because of the volatility of the compounds used to manufacture methamphetamine in a clandestine manner, it is not uncommon for methamphetamine laboratories to explode, injuring or killing resident children (Bellemare, 2008; Hopper, 2007; U.S. Department of Justice, 2003).

Some risks for children associated with exposure to methamphetamine manufacturing are chemical burns, respiratory difficulties, and danger of explosions. “The most significant health risk related to the production of methamphetamine is acute injury secondary to massive chemical exposure via inhalation and contact to the skin and eyes” (Grant, 2006, p. 171). According to Nelson, Kort, and Marjean (2010), approximately ten percent of children removed from methamphetamine environments have ear, eye, nose and throat ailments.

As identified by Messina, Marinelli-Casey, West, & Rawson (2011):

Consequences of exposure to the toxic precursor chemicals can include poisoning, burns, and lung irritation; damage to the liver, kidneys, heart, brain, and immune system; cancers such as lymphoma and leukemia; bone marrow suppression resulting in anemia and increased risk of infections (p. 4).

Burnham (2008) describes a range of physical symptoms one might use to identify drug endangered children. These include: “rashes on arms, legs, and face; burn marks; the smell of

cat urine, rotten eggs, skunk, sweet chemical smell; abdominal pain, vomiting, and or/diarrhea; respiratory difficulty – bronchitis and coughing; irritation of eyes and nose; decreased appetite” (p. 4).

Martyny (2006) outlines procedures for the decontamination of children associated with methamphetamine laboratories in relation to their level of risk – evidence of significant chemical exposure, asymptomatic, present during cooking, at school or daycare at time of investigation. The emphasis is on decontaminating the children in the interest of public health; however, immediate medical attention is recommended over decontamination if symptoms of chemical exposure are evident. Decontamination involves removing contaminated clothing and having children take a warm, soapy shower. Martyny (2006, p.3) reports that decontamination should be “non-threatening” and “preferred if done without trauma to the child” but does not provide information about specific protocols on how this might be achieved.

Risks to the Development and Well-being of Children Associated with Meth Use

Many articles identified the specific risks to physical, emotional, and psychological well-being for children associated with methamphetamine use, manufacture, and distribution (Altshuler, 2005; Bellemare, 2008; Denehy, 2006; Haight et al., 2005; Hohman, Oliver, & Wright, 2004; Kommer, 2007; Messina, Marinelli-Casey, West, & Rawson, 2011; Sprang, Staton-Tindall, & Clark, 2008; Watanabe-Galloway et al., 2009). The literature suggests that the number of children exposed to abuse through the illicit manufacture of methamphetamine is growing (Hohman, Oliver, & Wright, 2004; Iowa Alliance for DEC, 2007; Manning, 1999; Messina, Marinelli-Casey, West, & Rawson, 2011).

Risks to the overall normative development and well-being of children exposed to methamphetamine use by parents or caregivers include higher rates of exposure to trauma: “drug endangered children having higher rates of exposure to interpersonal violence, child endangerment, and chemical exposure than their counterparts” (Sprang, Staton-Tindall, & Clark, 2008, p. 337).

According to the literature, children exposed to methamphetamine use and production are at high risk for neglect, physical, and sexual abuse. “Children in drug abusing homes are often victims of child abuse and neglect” (Altshuler, 2005, p. 174). The effects of methamphetamine use, which include phases of bingeing, tweaking, and crashing, make it difficult for the parent to attend to the child (Altshuler, 2005; Bellemare, 2008; Burch, 2009; Denehy, 2006). Methamphetamine use can lead to aggressive or violent behaviour, paranoia, and hallucinations that put the child at risk for physical abuse, as well as highly sexualized behaviour that puts children at risk for sexual abuse (Bellemare, 2008; Ells, Sturgis, & Wright, 2002; Haight et al., 2005; Kommer, 2007; Swetlow, 2003). Furthermore, “recent evidence identifies a strong

link between domestic violence and methamphetamine use specifically” (Messina, Marinelli-Casey, West, & Rawson, 2011, p. 4).

Methamphetamine-addicted caregivers who are on a run or tweaking may neglect to feed their children or may fail to provide for their developmental, medical or emotional needs. [Also] the hypersexuality and drug-seeking behaviours of adult methamphetamine users may lead to sexual abuse of children, who may be prostituted for money or drugs or used as sexual objects by users on a run (Bellemare, 2008, p. 164).

According to the Iowa Alliance for Drug Endangered Children (2007):

children living in homes where parents are struggling with drug addiction suffer profound neglect and physical abuse and are removed from their homes at startling rates. These children live in chaotic environments, go without proper medical care and completely lack parental supervision. They also struggle with behavioral issues and are unprepared for the structured environment and expectations that schools offer (p. 4).

Burch (2009) includes an adapted diagram from the Drug Endangered Child Training Network (DECTN) depicting the meth cycle and its “associated risks for children” (p. 24). According to DECTN (as cited in Burch, 2009), the phases of the cycle include bingeing (one to fourteen days) which is associated with neglect, physical and sexual abuse, and strangers in the home; tweaking (one to five days) which is associated with physical and sexual abuse and domestic violence; and crashing (one to four days) which is associated with neglect.

Parenting and Meth Drug Abuse

Hopper (2007) states that the DEC movement is not about separating parents and children and demonizing drug using parents. However, the majority of literature and community protocols place a focus on rescuing the child, criminalizing or taking a punitive stance towards the parents, and a sense that recovery from meth addiction is unlikely (Ells, Sturgis, & Wright, 2002; Kommer, 2007). Altshuler (2005) reports that “the only time parents were discussed was in context of ensuring successful prosecution and expediently terminating their rights. [This] punitive approach is reflected in the emerging DEC literature” (p. 186).

Overall, there is a view that the activities and effects of substance use, in particular those relating to crystal methamphetamine, render individuals unable to provide care for themselves and others (Bellemare, 2008; Burch, 2009; Kommer, 2007; Messina, Marinelli-Casey, West, & Rawson, 2011; Sprang, Staton-Tindall, & Clark, 2008). This is illustrated by the following quote from a meth addicted parent, “When I’m high or jonesing, I don’t know I have kids” (Bellemare & Wright, 2007, p. 39).

There were a couple of exceptions to the above perspective in the literature. Bellemare (2008) discusses the importance of recognizing the tension between protecting children and considering the capacity of the parent, as not all drug exposed children experience abuse or harm. The following from Hopper (2007) illustrates this tension: “most meth addicts will express love for their children, few will disagree that while they were using, there was no higher priority than seeking, manufacturing, or using that drug” (p. 1447).

Consequences of intervention in meth homes for children who live there

The intervention of authorities can have a traumatic impact on drug endangered children. From the arrival to remove the parents, which often involves violence, to the police wearing full HASMAT protective gear, to the medical examinations to which children are immediately subjected for their own health and safety, the experience of their home being ‘busted’ can have a negative psychological and emotional impact on children living in homes where illicit drugs are manufactured (Haight et al., 2005).

Because of extra concerns in regard to contamination and evidence collection, special procedures including a medical examination must be followed when a child has been removed from a meth lab environment (Burch, 2009, Harris, 2004; Hohman, Oliver, & Wright, 2004; Iowa Alliance for Drug Endangered Children, 2007). While a number of articles and community protocols outlined the critical importance of immediate medical examinations for children exposed to methamphetamine laboratories and detailed descriptions of what these medical examinations should entail (including the collection of police evidence), none addressed the socio-emotional or psychological needs of the children or contained any recommendations in regard to how law enforcement or emergency professionals should interact with children to lessen the invasiveness of the process, provide reassurance, or minimize the potential of further trauma for the child through the experiences of the arrest, investigation, and subsequent separation from parents.

Messina, Marinelli-Casey, West, and Rawson (2011) discuss the tensions that have emerged in regard to DEC and what is really in the best interest of the child:

While it is obvious that removing a child from a dangerous home environment is the right course of action, what is in the best interest of the child after removal is often less obvious. Critics argue that termination of parental rights does not necessarily lead to adoption of children in foster care (Webster, Barth, & Needell, 2000) and that parental incarceration can negatively affect emotional, behavioral, and psychological development (Erickson, 2000; Johnson & Waldfogel, 2002) (p. 6).

The experience of foster care after a methamphetamine bust can also have a negative psychological impact on children. Haight et al. (2005) identify some common experiences of children separated from methamphetamine-addicted parents. These include:

psychological pain and trauma, for example, staring into space, disturbed sleep, nightmares, flat affect, intense worry about parents, fear of police, fear about what will happen to them (where they will live, who will take care of them), fear of adults, grief, and hopelessness. Children also may experience intense shame, especially in small towns where they feel that everyone knows and gossips about the parents they love (Haight et al., p. 961).

Haight et al. (2005) is the only article that discussed recommendations for the practical, interpersonal aspect of interventions with drug endangered children. Haight et al. emphasize that it is important to consider a child's cultural context and class in regard to how and how much information to share with them about the situation. Haight et al. also highlight the "importance of the child having an adult to talk with about what has happened who will emphasize that it is not the child's fault, and that the parents are not demons" (p. 962).

Marijuana Grow Operations

According to data collected by the RCMP, law enforcement throughout 2009 seized a total of 34,391 kilograms of marijuana and 1,845,734 marijuana plants. The year to year variation indicated that these numbers remained relatively stable, but it has been reported elsewhere that cannabis cultivation has more than doubled over the past decade. The report goes on to indicate that cultivation of marijuana in Canada happens in both indoor and outdoor grow operations, but increasingly there are more indoor sites. Due to the higher degree of control over the growing environment and the use of advanced growing techniques and equipment, there is a resultant higher yield of the crop, higher tetrahydrocannabinol₁₂ (THC) levels, and increased privacy to avoid law enforcement detection (RCMP, 2010). Cultivation and production of marijuana continued to be predominant in BC, ON and PQ. Indoor grow operations in rural and urban settings were consistent from 2008 throughout the prairie provinces, however, outdoor grow operations continued to be more prevalent in the Maritime region. The report goes on to suggest the utilization of provisions within the Marijuana Medical Access Regulations (MMAR) which began in 2001 to avoid detection by law enforcement for some organized crime groups. As of November 2009, nearly 5,000 Canadians have been issued authorizations to possess dried marijuana under this program. In 2009, the RCMP Coordinated Marijuana Enforcement Teams seized over five tonnes and approximately 140,000 plants in 247 indoor and outdoor grow operations across Canada (RCMP, 2010, p. 19).

In 2004, Ontario passed legislation aimed at increasing the penalties associated with marijuana grow operations. The then Minister of Community Safety and Correctional Services, suggested that ``Indoor marijuana grow ops in Ontario are a billion-dollar-a-year business, one that fuels the trafficking of guns and hard drugs while threatening the health and safety of our communities`` (RCMP,2011, p.13).

In a report prepared by the Ottawa Police Service (Biddiscombe & Pinault, 2005), impacts of marijuana grow ops include: risk of fire due to excessive requirements of electricity, explosions, and possible electrocution. Exposure to toxic gases, chemicals, bacteria, mould and mildew which creates an environment which is likely to produce bacterial spores that can be inhaled, ingested or absorbed through the skin leading to potentially harmful respiratory diseases. With respect to drug endangered children, they report:

Innocent children are found amongst these grow operations. They become exposed to all of these impacts. The persons tending them may bring the children along with them to avert suspicion or for other reasons. They may expose the children to this environment for hours each day or they may in fact live in the premises with them (p. 4).

Wrap Around Services

Throughout the literature there was a strong emphasis placed on collaborative, inter-sectoral protocols to allow professionals from all different aspects of the social system to better share information and have more cohesive strategies to intervene with drug endangered children (Conyers, 2007; DEC Task Force, 2003; Erb, 2006; Federal Interagency Task Force, 2011; Harris, 2004; Manning, 1999). This would help address previous gaps, for example between the police and child protection services (Altshuler, 2005). Nelson et al. (2009) in a study of arrest and prosecution outcomes in drug-endangered children cases found that there was nothing to suggest that child protection workers and police officers have the ability to openly communicate with each other in such cases.

Community-based collaborative networks demonstrate increased interagency communication, coordination of services, and individual agency knowledge of external resources ... Pooling resources and information via interagency collaboration also supports the joint development of novel programs ... is crucial in creating novel approaches to meeting the variety of challenges posed by the needs of drug-endangered children (Altshuler, 2005, p. 175).

Most research in this area suggests that there should be no silos when working with these vulnerable children, but instead there should be agency accountability with interagency

communication (Nelson et al, 2010). The crown prosecutor, law enforcement officers, child protection workers, medical personnel, social development workers, child psychologists, and even educators should work together in order to meet every need of a drug endangered child (Sedlack et al, 2006; Smith, 2008; Alvarez, Donohue, Kenny, Cavanaugh & Romero, 2004; Alvarex, Kenny, Donohue & Carpin, 2003; Altshuler, 2005; Messina, Marinella-Casey, West & Rawson, 2007; Center for Improvement of Child and Family Services, 2009; Swetlow, 2003; Hohman, Oliver & Wright, 2004; Aldred, 2007; Harris, 2004; Manning, 1999).

One of the largest barriers identified in reporting practices of Drug Endangered children is that not all professionals that come in contact with these children are aware of the signs of neglect and maltreatment (Stein, 1984). There is no specific disregard to their need, simply a lack of awareness. Also, some professionals, such as educators, state that they are unaware of the reporting process and because of that are less likely to report a problem (Alvarez et al., 2004). Another barrier that has been identified when agencies work independently is that each agency may be approaching the issue in alignment with their mandate. For example, law enforcement may be searching for evidence and child protection services attempting to remove a child. So what can occur is that two helping agencies can enter into a “turf war” which may “run the risk of distracting professionals from the issue at hand which may be treatment, profess of the adult, or safety of children” (Hopper, 2006, p. 1456).

These findings highlight the importance of a multi-disciplinary, multi-pronged approach where all parties involved approach the issue of Drug Endangered Children from the same standpoint and receive the same training so that the best interests of the child are paramount. As argued by Smith (2008) “we must confront the fact that this larger system is not playing the roles that it could” (p. 107).

Consistently, throughout the literature, those involved in supporting Drug Endangered Children, whether from a law enforcement, paediatric, or social work perspective see community protocols as a way to increase awareness and to ensure a multi-system network of information exchange and responses in order to ensure that children are safe (Nelson, Kort, & Marjean, 2010). Erb (2006) strongly emphasizes the need for collaboration through multi-sectoral teams and proposes that prescriptive community protocols are not effective for responding to the complex and diverse scenarios various professionals or systems encounter in intervening with drug endangered children.

Drug Endangered Children Task Forces

Examining all literature that is available on Drug Endangered Children presents one consistent finding: in order to effectively deal with situations involving DEC children, there must be a special task force appointed for intervention. In Alberta and Ontario, across the United States, and even in England and parts of Europe, Drug Endangered Children Task Forces with specific

protocols have been found to be effective in combating this problem (Aldred, 2007; ISPCAN, 2006; Witt, 2008; Idaho State Police, 2004; Iowa Governor's Office of Drug Control Policy; National Drug Intelligence Center, 2002; Manning, 2009; Connect the Dotted Coalition, 2008; US Department of the Interior, 2006; Federal Interagency Task Force on Drug Endangered Children, 2011).

The makeup of each team and the specific protocol that is used for each team may not be identical, but there appears to be a consistent ideological approach when entering drug endangerment situations. A pilot project for addressing the traumatic nature of intervention in child abuse cases in Portland identified a list of tips for law enforcement personnel such as planning investigations, assessments and possible removals ahead of time when possible to reduce the element of surprise and engaging the parent in helping the child when possible (Center for Improvement of Child and Family Services, 2009) in order to minimize the harm experienced by the child upon intervention.

In 1997, in California there was also a DEC pilot project spanning seven counties consisting of narcotics officers, child protective services, medical professionals and prosecutors with a specific mandate to find children in homes where methamphetamine was being produced. In a three year span this special DEC task force served nearly 4,000 children and their findings led to changes in California legislation to include specific statutes regarding methamphetamine drug endangerment (Messina et al., 2007).

In Spokane, Washington a DEC pilot team was assembled which offered "a beginning model of collaborative community building in which multiple systems, disciplines, and stakeholders mobilized together to address the needs of drug-endangered children" (Altshuler, 2005, pp. 184-185). It was discovered that by having interagency communication, the needs of drug endangered children were being addressed for the first time in that county (ex. cases being referred to the proper agencies, etc).

Harris (2004) discusses the success of Oklahoma's response to the problem of drug endangerment. Oklahoma has mandated that every county have a team prepared to deal with children living in drug endangerment which consist of representatives from social, medical, law enforcement and criminal justice agencies. The results have been very promising about the effectiveness of these teams:

[Based on what] Oklahoma authorities have seen thus far, an effective comprehensive response to the needs of children endangered by the epidemic of methamphetamine use and production, as well as all substance abuse, must include prevention, intervention, enforcement, interdiction, and treatment. Multidisciplinary collaboration is key to ensuring that this comprehensive range of responsibilities is activated (Harris, 2004, p. 10).

The Arizona DEC Task Force (2003) community protocol and the Promising Practices Tool kit released by the Federal Interagency Task Force on DEC (2011) are both excellent resources available online to communities looking to develop inter-sectoral collaboration in regard to responding to drug-endangered children. There are also additional tools that are provided through the RCMP resource guides and training materials.

Risk Assessment Tools

One of the tools that has been shown to be helpful in identifying key components for a DEC response team is Calgary Police Service's *Drug Endangered Children Risk Assessment (DECRA)*. This risk assessment tool "provides a set of standardized, systematic guidelines for law enforcement and social services personnel to document the threats a child is being exposed to by their guardian and to estimate their level of vulnerability" (Witt, 2008, p. 9). Using a three tiered threat assessment scale, stakeholders involved can assess if a child needs to be immediately removed from the care of their guardian and placed in care, removed for a short period of time and returned after intervention, or remain in the custody of their guardian but with monitoring. The level of risk is determined by rating risk factors (such as psychological and physical exposures). This methods appears to be effective because it provides interventionists with an empirical tool to measure risk levels, thereby decreasing any law enforcement or social service discretion which has been identified as an issue in the relevant literature (Alvarez et al., 2004; Sedlack et al., 2006; Nelson et al., 2010).

In an interview with the author of the DECRA, Detective Christina Witt spoke about the reasons for developing the tool (Witt, 2011) indicating that when she was an undercover drug officer she was often in residences where she would be able to see within plain view the presence of drugs within reach of young children. As an undercover officer, she spent considerable time working with uniformed officers who were called in to investigate the substantive drug offense.

Best Practices in Substance Abuse Prevention with Families, Communities and Youth

Rhodes, Bernays, and Houmoller (2010) explored how parents who were addicted to heroin or crack cocaine attempt to mitigate harm to their children by using what the authors call "damage limitation" strategies. Their study builds on previous studies that have attempted to deconstruct the stereotype of drug-addicted mothers as "amoral, heartless, drug fiends" to illustrate that mothers using hard drugs often adopt strategies to minimize their children's awareness of their drug use and to protect their integrity as mothers (see Hardesty & Black, 1999 and Kearney et al., 1994 as cited in Rhodes, Bernays, & Houmoller, 2010).

Rhodes, Bernays, and Houmoller (2010) describe "three main forms of damage limitation strategy can be identified in accounts: the maintenance of "normalcy" in family life; the prevention of disruption and "chaos" to family life through controlling drug use; and the

creation of a safety-net of support should disruption occur” (p. 1492). Furthermore, they recommend a harm reduction approach, early intervention, and intervention and treatment models that target the family unit as opposed to the individual which have demonstrated more success.

The Federal Interagency Task Force on DEC (2011) recommends that parents and guardians are assessed and encouraged to pursue treatment and that alternative sentencing should be available for parents willing to pursue voluntary treatment.

Haight (2011) has recommended the use of evidence informed mental health intervention for drug endangered children and their families which can be implemented in both rural and urban settings. Named “Life Story Intervention” (LSI), Haight (2011) describes this clinical approach as one which builds on the DEC response team to implement an intervention with a transdisciplinary team including a child clinical psychologist, counselor, psychiatrist, developmental psychologist, child welfare professional and social worker. The process of narrative therapy over a period of approximately seven months takes place in the child’s community. One of the most promising aspects of the therapy is the interplay between the treatment approach and the opportunity for education. In the context of children’s own stories, clinicians educate and correct misinformation about substance misuse, a necessary component of any intervention for children affected by parent substance misuse.

Summary of Key Themes in the Literature

As was indicated in the overview, following the completion of the literature reviews by Johanne Saraceno and Sarah Gilliss, the main themes that emerged were shared with the SC DEC team for consideration in the development of a facilitator guide to conduct focus groups with young people who may have experienced growing up in a drug endangered environment.

The following key themes emerged:

- Although marijuana grow-ops are sometimes included in the definition of Drug Endangered Children, risks and concerns for children living in homes with marijuana grow-ops was discussed in only a few sources, as compared with methamphetamine use and manufacture. There is a body of literature that suggests that in terms of medical assessment and developmental trajectories, children exposed to cannabis do not have as high a risk of long term problems as children exposed to harsher chemicals and drugs such as methamphetamines
- Almost all of the literature describes the growing and broad social impact of methamphetamine use, the direct and indirect effects of methamphetamine use and the risks associated with clandestine methamphetamine laboratories

- Haight et al., 2005 identify some common experiences of children separated from methamphetamine-addicted parents. These include “psychological pain and trauma, for example, staring into space, disturbed sleep, nightmares, flat affect, intense worry about parents, fear of police, fear about what will happen to them (where they will live, who will take care of them), fear of adults, grief, and hopelessness. Children may also experience intense shame, especially in small towns where they feel that everyone knows and gossips about the parents they love.”
- According to a number of sources, intergenerational drug abuse is a common outcome. DEC children are two to four times more likely than their peers to repeat the cycle of addiction they witnessed in their parents, meaning increased risks of substance abuse and related problems in adolescence and adulthood.
- Many articles identified specific risks to physical, emotional and psychological well-being of children exposed to methamphetamine use, manufacture and distribution. Such risks included negative trends in normative child development and a child’s general well-being as well as higher rates of exposure to trauma, high risk for neglect, physical and sexual abuse in those homes where caretakers were actively struggling with a methamphetamine addiction and/or living in a clandestine lab. By lowering inhibitions, increasing aggression and intensifying sexual drive, stimulants like meth and cocaine can trigger violent behavior. As a result, DEC children are more likely to be physically and sexually abused by family members and by others in their surroundings.
- Consistently, the literature reported that children from drug endangered environments experience a number of behavioral issues, including attachment and adjustment disorders, hypervigilance, depression (hopelessness and suicide) anxiety (insomnia and nightmares) eating disorders, poor concentration, interpersonal problems and ongoing feelings of guilt, fear and shame.
- While there are numerous pieces of legislation for drug endangered children throughout the United States, in Canada, only Alberta has passed DEC legislation while Ontario has a bill before the legislature. British Columbia has stated that such legislation is not necessary with the Minister at the time claiming that protection workers know how to do their jobs and do not require special legislation.
- Most of the literature indicated that families were more likely to be involved with child protective services after a drug endangerment incident. However, some suggested that there were gaps in the system due to a lack of sharing protocols and that for some children whose families are on file for criminal production of illicit substances, children’s protective services was not involved.

- Some of the police literature suggested that there can be “turf wars” between agencies, because each agency approaches the problem with different goals (i.e. police are looking for evidence, social workers are attempting to remove the children with the least amount of trauma) - these agencies must align their goals. It was consistently reported that in order to battle the communication problems between the police and child welfare agencies, there must be “Cross training sessions” so that all agencies receive the same message and approach DEC with the same goals.
- In the police literature there is often mention of the need for a specific measure to be created so that there is no officer discretion when arriving in a home with a potential DEC (for example, an officer should not have to decide if drug paraphernalia qualifies moving forward - using a DEC tool will take away that discretion).
- ALL research recognizes that there needs to be a Drug Endangered Children Unit or Task Force. This should be a team made up of multidisciplinary professionals including: the crown prosecutor, law enforcement, medical personnel, child protective services, social development, child psychologists, etc.
- Some of the police literature indicates a hesitancy to automatically assume a relationship between drug abuse and child abuse. In the literature this is called the “single pronged approach” where if a parent is found to use/make/sell drugs in the presence of a child, traditionally they were just charged with the drug violations and there was no connection made to the effects on the children.
- Only one article discussed recommendations for the practical, interpersonal aspect of interventions with drug endangered children. Haight et al. (2005) emphasize that it is important to consider a child’s cultural context and class when considering how much information and in what way the information should be delivered. They go on to recommend that a child needs to have an adult to talk with about the situation who will reinforce that it is not the child’s fault and that the parents are not “demons”.
- Throughout the literature there was a strong emphasis placed on collaborative, inter-sectoral protocols to allow professionals from all different aspects of the social system to better share information and have more cohesive strategies to intervene with drug endangered children. Consistently, throughout the literature, those involved in supporting drug endangered children, whether from a law enforcement, pediatric or social work perspective see community protocols as a way to increase awareness and to ensure a multi-system network of information exchange and response in order to ensure that children are safe.

Youth Focus Groups

The SC DEC team considered the summary points raised in the review of the literature and through a series of conference calls drafted a facilitator guide and a set of questions to pose to young people from across Canada invited to participate in this project (Appendix I). It was important to outline to the potential youth recruits why they were being asked for their views and the following provides an overview of the explanation given in the recruitment letter (Appendix II):

The project is being done by the Students Commission with other young people across Canada and the final report is being prepared for the Canadian Association of Chiefs of Police. We have been looking at what the research literature says about the problems facing young people who may live in homes where drugs are a major influence. Such homes include where parents and others are heavy users to homes that manufacture and sell drugs. The police have been looking at ways to help young people who are living in these homes. Social workers and child protection workers are also looking at ways to help young people who are directly affected by this issue. The Students Commission believes that young people have an important role to play in helping to shape policy and practice around these issues and we are asking you to come and share your point of view. We are particularly interested in young people who may have had some experience with either the youth in care system or the youth justice system. In addition, we are looking for young people who may have had some experience with the issues of children who are living in drug endangered homes.

In the preparation of the focus group questions, the SC DEC team recognized the need to ensure that young people understood the terms that were being used and precisely what they were being asked to do. Below are the questions that were asked in each of the focus groups:

- 1) What do you think of when you hear the term "drug endangered children"?
 - a. What words come to mind?
 - b. What are some drugs that adults use that could put children in danger?
 - c. What are some of the dangers that children could face if they're around adults using these drugs?
 - d. Who is negatively affected by drug endangered environments?

Under this, discuss such things as what is meant by a drug endangered environment- Who is considered a victim? Who is the offender?

2) **What are some of the problems or issues that children and youth may face if they are living or have lived in a drug endangered environment?**

This would get at some of the health risks, the ongoing issues of abuse and neglect as part of the response; would also allow the youth to express what their own lived experience has been.

3) **Some people have suggested the DEC is a crime, while others have suggested that it is a form of child abuse. What is your opinion?**

Here there is room for the youth to suggest that DEC is something else; a combination of things for example

4) **What has been your experience with systems** (child welfare, youth justice, criminal justice, family court, education, health, other social service agencies, addictions etc) and professionals who work in these systems (social workers, child protection workers, police, teachers, doctors, nurses, therapists, psychologists, addictions counselors) **as it relates to the issue of drug endangered children**

5) **What kinds of solutions would you suggest for addressing the problems and issues that have been discussed about drug endangered children?**

- a) Who are the people who respond to situations where children are endangered by drugs?
- b) What do you think the goal of these people should be?
- c) What actions do you think these people should take to achieve these goals?

6) **If you could give any advice to the police, social workers, health professionals, court workers, counselors, what would it be?**

Five focus groups were held with a total of over fifty young people across Canada. Moving from West to East, a group through the Western hub of the Students Commission at Youth Launch in Saskatchewan was held. In the Central hub of the Students Commission, a focus group was held with participants of the Toronto PEACE group. In New Brunswick, there were two focus groups (one for males and one for females) at the and one in the New Brunswick Youth Centre. This mix of volunteer participants from community and programs including young people in custody and drug treatment provided a diverse mix of experiences and voices.

Analysis of Youth Focus Group Themes

Defining a drug endangered child

As indicated in the literature review, there were a number of variations regarding the definition of a drug endangered child. When youth were asked in their focus groups how they understood the term “drug endangered child” the most predominant theme was one that focused on living in an unhealthy environment. In the female focus group at Portage, one participant described it as *“growing up with parents who use and there are drugs all around.”* This is in keeping with the definition presented by Nelson, Prince and Searcy (2010, p.81) who define drug endangered children as “children exposed by their parents or caregivers to controlled and chemical substances.” While she did not speak about “dangers” of living in such conditions, the general sense from the comments raised by the majority of youth focus group participants was that there was something in the environment that made it unhealthy for them and the primary reason was the drugs. As stated by a member of the Saskatoon focus group, *“Kids that are exposed to drugs at a young age. If it’s normal, they’re prone to do drugs because it’s their natural environment.”* Other themes that emerged included a home that was described as contributing to abuse and neglect due to the use of drugs by family members. In the Toronto Peace Group one participant described a drug endangered home as one where *“parents are using money for drugs and not for other things.”* A third theme that emanated from the youth focus groups spoke to the issue not only of a drug endangered home, but a broader issue of growing up in communities which might be seen as contributing to the problem. One male resident from Portage remarked *“People living in a bad neighbourhood, junkies coming in and out of the house, drug infested shack.”* From the Toronto Peace Group, a participant suggested that drug endangered children have influences beyond the home: *“It’s not just the parents; even growing up in a home environment that isn’t drug endangered doesn’t mean you won’t be drug endangered. There are other drug environments.”* The young people were able to expand on the definition adopted for this review by adding components of the home environment as well as the broader community. In considering the recommendations from the literature about developing a broad community response team to respond to the issues facing drug endangered children it may be necessary to consider other elements within the community from a community development perspective and not simply rely on the social service agencies and the helping professionals to be part of the team. The broader community approach may encompass more stakeholders than would be considered within the confines of a family unit.

Youth-Reported Problems Growing Up in Drug Endangered Environment

Following from the definitions discussed by the Saskatoon group about a “normalized environment”, a major theme that emerged in the discussion across focus groups about problems growing up in such environments was the potential for intergenerational drug abuse. The negative role models that parents provide to their children were brought up consistently. A Portage girl reported that she had seen her mom doing it while she was a kid and so when she had a child of her own, she also got high while she was caring for her daughter: *“I always saw my Mom doing it and I thought if she can do it, why can’t I?”* Similarly, a male resident from Portage recounted his experience of his mother: *“My mother was doing cocaine when she was pregnant with my little sister. When she was born, she would cry and cry and the doctor would give her [the baby] a little drugs to calm her down.”* In this situation, the young man saw the effects of the drugs on his sister but it didn’t stop him from actively participating in his own addiction in later years. One female resident at Portage spoke about the physical effects that had impacted on her as the daughter of a cocaine addict: *“I was conceived on cocaine and I think it has affected my brain. It burns your neurons. My mentality is not the same as others. I have more difficulty understanding things. A part of my brain is very small and I can’t remember things. Someone will tell me something and a second later I forget.”* This was the only example that was provided about the physical effects of parental drug use.

The Saskatchewan group recognized the negative effects of modeling behavior by parents. The discussion around drugs and controlled substances went on to discuss the dangers of second hand smoke on children. The young people were appalled by parents who were holding their babies while having a cigarette in their hand. The lack of appropriate role models was best exemplified in the comment from one participant *“They’re not teaching their children right from wrong. It’s their job.”*

In Toronto a young person shared a story about a girl who was bullied because her mom was “white, a stripper and a crackhead.” Eventually, the girl started doing crack and is presently serving time in prison. A similar trajectory was experienced by a Portage male who spoke about watching his father: *“I remember when I was five or six, my dad shooting up before I would go to school. When I started using myself, my family thought it was okay. My dad showed me how to set up a grow op. My older brother taught me how to sell crack.”* Another youth explained the impact of a family of users: *“When my friends were growing up, they were always worried about getting caught by their parents or siblings. But I didn’t have to worry because it was not uncommon for there to be drug use in my household, which made it easy for me to get drugs whenever I needed. I could even ask my parents for drugs if I needed them. When you have a family who uses you skip that step of hiding your drug use which is an accelerant in becoming an addict.”* Another male resident from Portage who was actively trying to overcome his addiction spoke about his childhood: *“My dad was doing acid as I was growing up. He recently*

called me and told me stories about his past drug use while I was young and it triggered flashbacks of those times. I remember him pacing back and forth in our house and I realize now that he was tripping on acid. He isn't there for me and never tries to contact me here. He was supposed to be there to be my father, but he wasn't."

As was outlined in the review of the literature, children growing up in drug endangered homes have chaotic lives and experience profound neglect and abuse. This was also raised by the focus group participants. A youth from the New Brunswick Youth Centre responded to the question about problems facing youth in such environments with *"Abuse, a lot of abuse. No money. I grew up wearing size 12 shoes even though I only had size 4 feet. I can't remember having a t-shirt that didn't look like a dress. I never really ate. In my house we had cereal but we never had any milk. I'd just put water in it. You grow up with a hard look on your face instead of a happy face like most kids have."* Similarly a male resident from Portage recalled: *"I got raised in a drug home, where I was neglected by my parents. When I was five I was fending for myself, cooking food for myself while my mother was off finding her next fix or passed out somewhere."*

Two of the female residents from Portage shared that they had used in front of their own children: *"I'd drop my son off at my Mom's and go to school After school I would get high and pick him up. I would still be high, but I wouldn't get any higher when I had him with me."* Another youth spoke about her infant daughter: *"I would put her in a corner away from me and leave her alone while I got high. I neglected her and I would just let her cry if I was busy getting high. She doesn't deserve to be seeing this and she shouldn't have seen me getting high."*

Crime or Child Abuse

When asked about whether subjecting a child to a drug endangered environment by a parent is a crime or child abuse, there were mixed reactions from the various focus group members. One youth from the New Brunswick Youth Centre said: *"I think parents should be charged because kids aren't supposed to know things like that. It corrupts you for the rest of your life. I think they should be charged."* Conversely, a girl resident from Portage said: *"It wouldn't help to be charged. Kids should be taken away. I have been charged all kinds of times and had liquor fines and it doesn't stop me from drinking or getting high."* Another secure custody resident said that additional time wouldn't impact on a parent who was already serving time for a drug related offence: *"They are already serving time so they don't really care about an extra year or two. The serving time is not comparable to the guilt the person will feel when they realize that they change their child's life. You know you have emotionally abused your child and that will always be on your conscience. When you go to jail, you lose your life, but that's just jail time. Knowing that you messed up your child's life will eat away at you for the rest of your life."*

Experiences with Child and Youth Systems

The youth were asked to comment on their own experiences within child welfare, youth justice, health, social service systems with a particular focus on the issue of drug endangered children.

Young people expressed concern about being moved around in the foster care system. One youth reported that he had 14 different foster families, *“I just went from one hard place to another hard place.”* Another youth from the New Brunswick Youth Centre remarked that he felt that foster care is good because *“then kids don’t have to see bad stuff, but they are bad because you’ll never have the love you’d have from your own parents.”* A youth from Saskatchewan reported that it was not “normal” to live in foster care because the foster parent can’t make a decision about you without checking with the social worker: *“Kids end up feeling alienated from their friends. They can’t properly make friends because they have to hide the fact that they’re in foster care.”*

One youth from New Brunswick expressed concern with the education system: *“I needed teachers to spend extra time with me. I was in special ed and I was pushed through school. A bunch of people tell me I’m smart but there was some stuff I just couldn’t do. School became less and less of a priority so by grade four I stopped going.”*

Two youth from the New Brunswick Youth Centre commented on secure custody in the youth justice system: *“I think it is harder to live on the outs than it is to live inside. Inside you don’t have to worry about where you are going to sleep and you don’t have to worry about what you are going to eat. I have food, I can go to the gym, I have friends, clothes and I don’t have to worry about how long I’m going to be on the run and I don’t have to worry about money. So sometimes it is just easier to take the guilty sentence.”* Another youth spoke about his need for structure: *“I really need to have structure and when I’m in jail there is structure. I don’t do very well when I don’t have things planned out for me.”* In reflecting on the literature which speaks about youth leading chaotic lives while residing in a drug endangered home, the idea of having structure while incarcerated might be the first time for some young people to experience this.

In general, the young people expressed issues that showed a number of problems related to attachment and a lack of consistent adult relationships while experiencing systems of care. As the research literature points out, children from drug endangered environments are more likely to have a host of attachment disorders and the lack of consistent adult support while being cared for in the child welfare system may further exacerbate this issue.

Solutions offered by Youth Focus Groups

One of the participants from the Toronto group said that having social workers in schools is a good idea because *“Kids need to feel safe and feel comfortable in order to talk to someone. A lot of counselling in schools seems fake—we need people who understand where they are coming from.”*

A lot of the young people who had experienced growing up in a drug endangered home indicated that they didn't really know what a “normal” family was until they went to their friends' houses. *“Kids need to learn that these homes are not safe. I would tell kids to try and get out of their house. I don't know how they're going to get out, but they need to.”*

Youth from Saskatchewan felt it was really important to minimize trauma and ask children what they want. When a child is removed from a drug home, it is important to approach the situation as if it was your own child, they argued, *“These young people are people- not property of their parents or the state - treat them like people - don't carry them out at arm's length.”*

Further education and prevention was a key solution for most of the young people. They suggested more training for professionals as well as drug prevention in the classrooms and communities *“to educate kids on the issues surrounding addictions.”*

Having more resources in the form of outreach programs was seen as a positive solution. The youth from Saskatchewan wanted to have an opportunity to hang out with other young people who were also in foster care so that they weren't embarrassed about being in care with other people and could find a set of friends that understood about their social worker. A youth from Portage suggested the need for more places to ask people about drugs and the problems they may have in their drug family. He went on to suggest the need for more money and resources for drug counselling and drug prevention programs starting at a younger age.

Summary of Youth Focus Group Comments

As discussed in the literature, young people who have grown up in drug endangered environments lead chaotic lives and have experienced many forms of loss, a lack of structure in their day to day worlds, a series of broken promises, neglect and poor role models. The young people we spoke with crave structure and a sense of belonging. They were clear about the need to be compassionate when dealing with children in these environments and searched for solutions to recommend how to make young people more aware that drug homes are not normal. Recommendations around public education, beginning at an early stage in school around problems related to drugs and addiction were promoted. The opportunity to have a sense of belonging and connection was echoed from youth who had experienced care settings to those young people resident in drug treatment and custody. While recognizing that alternate family arrangements are probably a good idea for young people who are living in drug endangered environments, it was clear that the desire to have contact with a loving biological

parent was a recurring theme. The young people were clear about intergenerational drug abuse and the inappropriate role models that their parents had provided. Even in those cases where the young people had experienced first hand the issues of living in a drug endangered environment, some of them had grown up to have their own children subjected to the same chaotic environment prior to seeking out drug treatment or landing in jail. These young people were grateful to be asked to participate in this study with one youth from the New Brunswick Centre indicating that he had never been asked his opinion before. A sense of belonging somewhere and that their voice matters when considering what to do to make the lives of children and young people better was extremely important to these youth.

Stakeholder Interviews

Twenty six interviews were conducted with key experts and stakeholders responsible for police, social service and community agency work with young people who may have experienced drug endangered environments. Six police interviews were conducted with police in Alberta where there is DEC legislation to ascertain the feasibility of such legislation in other provinces and to determine the utility of additional legislation as a way to deal with the problems facing children in drug endangered environments. A variety of professionals working in child welfare, probation, youth justice, family court, child and youth advocate offices were interviewed from six provinces and two territories. In both the police interviews and the interviews with professionals there was consistency in the need for a multi-level approach that assists children and families through education, prevention and intervention so that young people can grow into healthy adults. A senior administrator for the Department of Social Development in New Brunswick remarked that the way to effectively address drug endangered children is through education and prevention: *“It is a multi-level problem. It’s far greater than young people seeing their homes as a ‘normal’ place to do drugs... There is a need for the community to become aware of the problem of DEC and the number of children who are exposed.”* (Geraldine Poirier Baiani). Police officers also recommended community collaboration, *“That old saying: you need a village to raise a child.. we all have a responsibility, we all have an obligation to report to child protection or police, to make sure that the young person will be safe.”*

Introducing the interview to the various experts was done by way of a letter and a list of key questions that would be posed to the individual (see Appendix III and IV). The youth facilitators also prepared a two page summary sheet (see Appendix V) of themes and issues that had been raised by young people during the focus groups so that the adult professionals would have an opportunity to reflect on and consider the views of the youth in their deliberations. After the interviews were completed, the notes were typed and sent back to the stakeholder for their approval prior to analysing the data for key themes.

As was done with the notes from the focus group meetings with youth, all of the interviews were transcribed and coded looking for key themes and ideas being presented consistently across the twenty five interviews. The overall trends across the interviews as a whole will be discussed with variation between police and professionals highlighted as the discussion unfolds.

Previous Experience with a Drug Endangered Child

All of the individuals that we interviewed had previous experience with children who came from drug endangered environments. Some of the interviewees reported specific protocols that they follow when called to a drug endangered environments such as the SCAN team in the Yukon or the CARRT team in Alberta. These collaborative teams have been recommended in the literature as being a best practice when dealing with drug endangered children. Some interviewees spoke about the success of police-social work partners in drug endangered situations. The Calgary and Edmonton Police Services both spoke about the success of these teams when working with suspected child abuse, and in particular, child sexual abuse. The continuation of such teams to support officers in the field when they encounter a drug endangered child is seen by them as a way to strengthen the supports for the young person upon the initial entry into a meth lab or grow op and in those cases where drug related offences are predominant.

While those who work in the youth justice field are aware of the issues that face families where drugs are involved, “there is no specific policy on drug endangered youth in the area of youth justice” so that any suspicions in this regard are forwarded to the police and child welfare professionals. As was evidenced in the focus group at the New Brunswick Youth Centre, the problems of growing up around drugs was a key determinant for many of these youth following an intergenerational path to addiction. One of the social workers that was interviewed reiterated the normalization of a drug lifestyle that the young people spoke about in the focus groups: *“When I’m working with a youth , if they’re coming into care for the first or second time, it is quite shocking to them to see what a “normal” family is... some of these kids don’t have those kinds of positive influences outside the home.. the people and homes they’re drawn to hang out with may have similar situations.”*

Social workers recalled situations where there were cases of abuse and neglect revolving around the use of drugs by a parent or caretaker. One social worker talked about the range of cases and the need to provide individual assessment for a family. In some cases, she suggested, a harm reduction approach can be preferable to help maintain the family unit and provide some assistance to the mother: *“What are the risks to the child? What can be put in place immediately? We try to work with her with her goals; harm reduction and safety for the child; try to make it as strength based as possible.”*

Another social worker talked about the need to work with families and to find safe adults to step in, with a preference for a kinship or extended family placement: *“We check out the homes of potential caregivers, and often these interventions happen with the police so they can check these people right on the spot. We are certainly mindful that other members of the family could be involved.”* As was pointed out in the literature review, and evidenced in the focus group sessions with young people, when caretakers are high they are not focused on their parenting. One police officer recounted a case of an undercover agent who had only been talking to someone over the phone for a week and the parents were willing to leave their kids with him: *“Parents think it’s safer to leave their kids with a stranger rather than have them around people getting high.”*

Using DEC legislation vs. Child Welfare Legislation

In the interviews with police and professionals from Alberta who are the only province with specific provincial legislation to deal with drug endangered children, there was an opportunity to discuss the implementation issues and compare the use of DEC legislation and provincial child welfare acts.

Sgt. Cameron Hawrish of the Edmonton Police Service said that they hardly ever use the DEC legislation. *“If you apprehend under DEC, it is only valid for 48 hours and if the child is not returned in that time, the child is deemed to have been apprehended under s.19 of the CYFEA (sic. Provincial child welfare statute).”* He went on to suggest that DECA is specific to drug endangered children while the child welfare statute addresses *“any and all risk for kids.”* The provincial child welfare legislation, he argues, has *“adequate provisions to come up with a safety plan or apprehend.”*

Detective Christina Witt, of the Calgary Police said that social services and police have different mandates when it comes to intervening in the lives of drug endangered children. She indicated that police must collect evidence for a criminal charge to stick and they are also required to follow strict protocol regarding s.8 rights to privacy and unreasonable searches as protected under the Canadian Charter of Rights and Freedoms. Child protection workers, by contrast, have more power to apprehend and intervene in the lives of children and youth based on suspicion of child abuse or neglect. Further, the police do not have a mandate for long term follow up after a charge has been laid, dismissed or cleared. Social services will be able to provide longer term support to a family. She believes that the development of the DECA was not well conceived and is rarely used. She went on to suggest that DEC should be recognized as abuse. If it is necessary to have this in the Criminal Code, then it should be a grouping of offences under a heading such as ‘domestic related abuse’. Presently, the only provision in the Criminal Code is for regular assault and this does not encompass other family related matters such as elder abuse or drug endangered children. She did point out that the Criminal Code

does provide for punitive sanctions to perpetrators of endangering a child through drugs at s.718 as a mitigating or aggravating factor at time of sentencing.

Sgt. Donna Hanson of the RCMP in Edmonton indicated that she felt that the DEC legislation was designed to fill in the gaps between child welfare and criminal legislation so that kids wouldn't fall through the cracks. She went on to suggest that subjecting a child to a drug endangered environment was child abuse and whether or not the behavior *"fit within the definition of a crime within a home depends on the case."* Further, she added, *"there are a range of situations from parents smoking up on weekends to meth labs or grow ops to crack houses"* and the DEC legislation was put in place to supplement the child welfare and criminal code provisions to deal with more difficult cases.

Detective Dan Link, Calgary Police Services, said that from his own police experience there is a need for DEC legislation. He has charged many individuals with failing to provide the necessities of life to no avail, because he felt that the *"culture was not available to have it go forward."* If, as has been suggested by the Crown Prosecutor, Joe Mercier, there was a stand-alone DEC charge, there would be less likelihood that it would be plea bargained away as is currently the case for those charged with failing to provide the necessities of life. Sgt. Ian Sanderson with the RCMP in Alberta and an avid supporter of the DECA Response teams, said that *"It doesn't matter about the legislation. You need to have a clear definition that defines DEC as abusive behavior or that it is harmful to children. Once it is deemed child abuse we are mandated to respond. It doesn't matter if you are a police officer, teacher, nurse... it is a legal requirement and you have an obligation to respond."*

Detective Theresa Swindells of the Calgary Police Service remarked that some of the wording in the Alberta DECA is problematic. For example under s.7(a) the word "willfully" appears and she indicates that it is very difficult to prove that a parent willfully put his/her child in danger. Sgt. Hawrish of Edmonton Police also raised the issue of wording in the DECA: *"I haven't even heard of a conviction and I believe that it can be attributed to the wording of the acts. It is easy for parents to say they didn't know they were putting their children at risk then the willful piece is out the door..."* Tia Normore, a social worker who was on the conference call with Sgt. Hawrish followed up on this comment by saying that *"Parents may say that they didn't know having a meth lab was a risk, but we can still pursue an apprehension... It's a bit different than police side of things in the sense that we don't have to prove intent. We're still going to do our thing and ensure the kids are safe, and the child welfare legislation allows us to do so."*

Detective Theresa Swindells also spoke about the possible outcome of a DECA charge for the family and children who will be further victimized. A likely scenario would be that the perpetrator would be charged both criminally for drug related offences and for the DEC offence. Child protection would likely be involved in providing support to the family and, in

particular, the child to work on issues related to family reunification. There is a strong possibility that the family has been reunited prior to the perpetrator being sentenced for the DEC offence and this may upset the progress that has been made in family counselling and unification by child protection. If the perpetrator is removed to jail due to a DEC conviction, this adds additional trauma to the family unit and further enhances the likelihood of attachment problems for the child so affected.

Steve Hall who has worked with drug dependent teens and is a safety consultant for Toronto Housing suggested that the *“criminal system should respond to people who are dangerous to society. Putting your child at risk due to your lifestyle, that’s not a crime; it’s a poor choice and poor modeling, a sad by-product. Let’s not criminalize that by-product based on the actions of the parents. There should be a consequence, but a comprehensive, supportive consequence, not a punitive one.”*

Sgt. Ian Sanderson remarked that *“most parents don’t want to harm their children. If they realize they are, chances are they will be motivated to make changes in their drug use to make it better for their children. Or we can put other things in place to make sure that the child’s developmental needs are met. This isn’t all about arresting people and throwing them in jail. Perhaps police don’t even need to be involved in this. Police would be involved in manufacturing and drug investigation parts, but the child welfare investigators would be responsible for the child abuse aspect.”*

One officer indicated that in some places throughout Canada it is not possible to share information between the police and social workers because there is no computer data base system in place that social workers can use, *“they keep the information in their files or in their heads. If that specific social worker isn’t there or leaves, the information may not be communicated to others.”* The ability to share information and work together was seen as a beneficial solution: *“nothing can be swept under the rug, and everyone is held accountable.”*

Collaborative Solutions Building Capacity in Communities

Based on the feedback from those individuals who were working most closely with the DEC legislation in Alberta it became clear that the most beneficial aspect of a DEC solution was not necessarily in the legislation but through the collaborative efforts of the police and social workers. The teams of professionals working together were raised by all of the interviewees with many of the individuals speaking about the value of positive youth development, community collaboration, asset development for communities and a multi-layered wrap around service delivery system. These responses were in keeping with the literature reviewed and the already existing training materials produced by the RCMP and the DEC Alliance in the United States. Sgt. Hanson remarked: *“the individual communities hold the greatest responsibility. The communities who are doing the best job in this are those with so many partnerships who come*

together with a common goal and then there are off shoots to that. It needs to be a grass roots movement.”

When asked about prevention in the future, Sgt. Ian Sanderson reported: *“it is cyclical behaviour. I’ve seen cases where there are three generations of families smoking crack with a fourth in a bassinette on the floor breathing in the crack smoke. But we need to ask these people, did you know this is harming your children? How can we help these kids? Can we get you into treatment? Can we find another caregiver? Get the children tested? Develop positive social relationships? Can we find some support for them [the children] so they want to stay in school.”* In his comments elaborating on the value of having as many agencies as the community determines limited only by *“the imagination of the people involved,”* he suggested that this would be *“a more efficient use of their time (police and social workers), getting to the people they should be getting to, getting to cases that require their attention, the ability to have many more people involved.”* Further, he felt that such an approach would lead to a *“much better product or case management plan focused on the client rather than the agency”* which would ultimately *“break down the silos and allow the focus to be child- centred.”*

A probation officer suggested that the community as a whole has a role in protecting these children: *“From the neighbour who is aware of what is going on and needs to report it, to extended family and support in stepping in and providing care to the child or providing support to the family in their goals of getting clean. They can play a role in the plan with social workers in providing assistance to the family and ensure some safety plans are in place, particularly after hours and on weekends.”*

The idea of collaboration of professionals was echoed by the Child and Youth Advocate in Newfoundland who said, *“Children need consistency and positive relationships so they can grow into healthy adults but too many of them are subjected to unsafe environments. The most important resource we can provide is collaboration and communication”.*

Education and Training

There was a general agreement among those interviewed that education about the issues facing children in drug endangered environments was a primary action that should be taken at the prevention stage. As one social worker commented, *“We have many options for children as social workers in terms of referral to outside sources for tutoring, counseling and programs. But, there is generally a great need for work to be done at the prevention stage. There is some awareness, but we need a great deal more education and prevention.”*

Sgt. Anderson of the RCMP said that we need to *“educate kids to get out of these homes- making it okay to come forward and say I’ve got an issue. The Kids Help phone would be a great resource.”*

Sgt. Hawrish of Edmonton Police said that parents in these situations also need education, *“it may be falling on deaf ears but they need to at least have the opportunity to learn about the risks. We have to bombard them with education.”*

Education within the school system was raised by a number of social workers *“in the education/school systems, it should be something we’re talking about all the time: explaining and teaching kids more than what’s being done right now.”* The police in Saskatchewan remarked on the program offered by the Vancouver Police to offer training and education to young people who may have an influence in their communities. *“The Saskatoon Blades have a program where they go to Vancouver to witness the drug use there and then come back and do presentations in elementary schools.”* The CACP had an opportunity to view a video documentary (My Eyes Don’t Lie) produced by the Eastern Hub of the Students Commission-Youth Matters which was filmed with the Vancouver police and plans are underway to show this film in classrooms with police assistance as a form of prevention.

Carol Chafe, Child and Youth Advocate for Newfoundland said *“Children also need to know they have the right to live in a safe environment. This can be achieved through many different avenues such as teaching in school, counselling a family or media discussions. That being said, there must be a delicate balance of how you show children what they have a right to but not shock or scare those children in “normal” environments.”*

Other interviewees spoke about the need for a general public education campaign, *“there’s not a good national awareness, it’s not just the drug, it’s all that goes with that. Did you know what kinds of risk you’re placing your child in? Would you do that knowingly?”*

The police spoke about having tools such as the DEC risk assessment tool to assist them in their work, *“A check off list that if there is 5/10 of these things you need to forward it to social services.”* However, some officers felt that there was insufficient training provided to new officers and they *“rely on the senior guys to make calls.”* The police we interviewed said that there is a need for formalized training in this area.

Outreach

A number of social workers and professionals recommended more outreach and to be specifically trained for work in the area of drug endangered children: *“It can be very dangerous and sensitive situation, and get out of control very quickly. It should be someone who has specific contact with the community or the family and children/youth.”*

Another suggestion raised by a number of professionals was the need for *“confidential safe houses, places of safety for youth to go to when the home environment is feeling unsafe.”* This *“safe place to go”* was underscored as being as important as identifying a *“positive support network to turn to as needed.”* Another social worker said *“They [children] have no control over*

the situation they're in. It's up to us as a society have people in the community supporting them and supporting the parents.. We need to ask the parents what they need and give them what works."

Police Suggested Actions for Prevention

As indicated earlier, the interviews were analysed as a broad group and then more specifically looking at the police recommendations compared to the other professionals. The items that were found to be most salient for police resonated with the other professionals as being the key strategies for action. These strategies were presented to the Drug Abuse Committee of the CACP by Dr. Reid in December, 2011.

1) Education

"If all children were provided with this type of education they would realize that if they see their parents doing drugs, or they see that stuff lying around, it isn't normal and it is not safe for them."

2) Community Outreach and Programs

"Keeping kids busy. If youth are occupied and engaged, they will be less inclined to be bored and experiment with drugs or alcohol."

3) Positive Relationships

"Enhance relationships with children services and work together to create capacities in the communities."

Summary of interviews

The interviews provided a general sense that the problems facing drug endangered children are complex and multi-dimensional and the response to this problem is going to require a range of interventions with varying degrees of professional treatment dependent upon the level of risk to the family unit, the child and the broader community. *"Drug use is a crime, but there is a social context which underlies alcohol or drug use that gets overlooked. If we looked at the broader piece of families, it's that context that gets missed. The approach of "let's get tough on crime" doesn't get to root causes of what's occurring."*

There was a consensus on the value of collaboration and partnership between the various agencies, professionals and community members to help prevent, intervene and assist in working with these families. However, there were also fair warnings from some who indicated that there is not necessarily a correlation in all cases between grow ops and poverty. In BC, a number of the grow ops were being run by immigrant families who were recruited and offered a house. This made "economic sense" and other than the risks of the grow op, there were no

additional child welfare concerns, *“With the majority of families we see, they don’t use - this is economics, so once the physical risks are addressed, they [children] are attached, have food, go to private schools... there is neglect with no correlation of poverty.”*

In an attempt to address the disparity between dangerous meth labs and occasional weekend drug use, most of the interviewees felt there should be a range of interventions. *“It would be nice if the police had a range of options, not just charging. Just having the external force is helpful in terms of motivation - you get caught - and have alternatives. We have courts-alternatives for addictions - justice. It’s a specialized court, not a traditional response, the piece that gets added in is the treatment response, it has a broader context of the addiction, but there’s a different response.”* Another interviewee said that while he believed that individuals should be charged, we should look for alternatives : *“let’s look at a wellness court type of judicial response. The issues would be around treatment facilities for the whole family, volunteer or mandatory participation in treatment, perhaps even supports for moving to a healthier environment or neighbourhood, dependent on the situation.”*

The collaborative model discussed in the literature and supported by the interviewees we spoke with may also be able to draw on tenets of theoretical justice models, culturally sensitive approaches and community driven responses. The use of family group conferences for child protection has shown remarkable success in New Brunswick and perhaps this could be utilized as an alternative to the traditional court process.

Finally, in the creation of a collaborative model, it is important to consider the views and voices of young people. *“When we’re creating a DEC committee, looking at forming a group... we need to look at what the kids think, and hopefully have youth involved and have their voice.... That’s what we need youth leading youth for those things.”*

Recommendations

1) Create and support enhanced DEC Community Education and Response teams in more jurisdictions.

The RCMP Resource Guide on Drug Endangered Children provides excellent material for communities to be apprised of the various elements of the creation and implementation of a DEC response team and this should continue to be supported across Canada.

In the creation of such teams, it is important to clarify the roles and responsibilities of the team members during the formal training period. In this way collaborative efforts will ensure that the legal requirements necessary for gathering evidence is protected while the needs of the children and family are also a primary response. Equally important is the need to ensure that there are long term follow-up professionals involved in the case. This research has shown that there are often issues facing the family related to housing and employment concerns that may not be able to be addressed in the short term and having such professionals involved in the process may help to promote the long term health of the family.

By extending the mandate of the DEC teams beyond the legal response to drug endangered children to include education, awareness and training, it will facilitate the opportunity for professionals to prevent and support families in communities across Canada.

Teams that maintain a focus on the best interest of the child and respond with a multifaceted approach will reduce the risk of children falling through the cracks and support their communities to be strong and self-sufficient.

2) Focus on Public Education and Awareness

Based on the academic literature, the focus groups with youth and the interviews with stakeholders, an overwhelming theme that emerged was the need for information on the issue of drug endangered children. Many young people indicated that they did not know what a “normal” family was like as they had grown up around drug using caretakers. This was validated with our interviews with professionals who indicated that many young people do not have role models to show them alternatives to living a drug lifestyle. Police officers indicated that a lack of understanding on the part of the general public made it difficult to mobilize community members to assist with a DEC response.

One suggestion made by Det. Christina Witt was the launch of a public education campaign to raise awareness of drug endangered environments. The creation and development of posters and materials that would provide children, families and community members information as well as a contact number to call if they were experiencing problems with drug endangered

homes. The community at large should have a general understanding of the risks facing drug endangered children and should know who to notify when they suspect a child is at risk in or exposed to an environment where drugs are used, trafficked, or manufactured.

Creating awareness includes training professionals within the community who may encounter drug endangered children and training organizations that provide support services to families struggling with substance abuse. The professionals that we interviewed indicated that they did not have formal training in the area and the police, in particular, felt it was important to have training.

Education in the school system and the broader community was also recommended through our research process. Building on the strengths of youth-led processes where young people work in partnership with adult allies in the schools and communities to assist in the delivery of messages about drugs and drug endangerment is a preferred strategy. There are a number of tools and strategies that have been developed such as the Drug Prevention Strategy for Canada's Youth through the Canadian Centre on Substance Abuse. The creation and development of modules with young people on the issues of drug endangerment will be a valuable addition to this strategy.

The DEC team can be responsible for ensuring that there is broad community education as well as formal training for professionals in this area.

3) Evaluate and Develop Brief Assessment Tools

The DECRA tool developed by Christina Witt of Calgary Police Services provides a comprehensive assessment of a drug endangered environment. Some officers have indicated that this may be too involved for the front line officer to be able to make a decision on referral to an outside agency. This tool should be reserved for those more serious interventions which require a criminal justice response (see continuum below).

Training on the DECRA will assist officers and professionals on the DEC teams to be aware of the risks of the most serious situation. However, additional brief assessment tools should be created for use in more routine situations.

Similarly the use of the Structured Decision Making Risk Assessment tools common in the child welfare field are excellent tools for gaining a clearer picture of the risks and strengths within the family unit. As such, it is recommended that all professionals in the DEC team receive training on the Risk assessment tool. However, additional tools should be developed to assist the team members in referring families and children to child protection for more indepth assessment. That is to say, like the DECRA training for all DEC team members, it is recommended that all team members be familiar with the Risk Assessment tools utilized by the

child protection team members. This provides ongoing staff development and training to assist in collaborative team work and decision making.

4) Develop a continuum of police-judicial responses that focus on individualized needs assessment through a collaborative community response.

Through the analysis of the DEC legislation in Alberta using a Children's Rights Impact Assessment and based on interviews with police and professionals who have been working with this legislation, the creation and development of additional provincial statutes for drug endangered children is not warranted at this time.

The direct and indirect effects of the legislation on children and families provide evidence of a number of violations of the rights of children under the UN Convention on the Rights of the Child.

Further, those individuals who have been working with the legislation indicate that it has not been used as much as they would have anticipated and with appropriate police-child protection teams in place, there is sufficient opportunity to handle the cases of drug endangered children using the child welfare provisions in the provincial acts.

The professionals that we spoke to about the need for additional legislation indicated a hesitancy to create blanket policies because it would limit the opportunity for the multi-disciplinary DEC teams to create individualized solutions. Further, many individuals pointed out that drug endangered homes can range from a casual weekend marijuana consumption by parents and caretakers, medical marijuana to those homes where there is use and the trafficking of substances. At a higher level, the safety hazards and chemical exposure that is spoken about in the literature related to methamphetamine labs and marijuana grow ops requires a different response and even at this level, there are individualized responses necessary.

As was pointed out in the literature and in the interviews, a number of the cases that come to the attention of the police are known substance abusers. Punishing families does not alter the systemic issues and root causes of those struggling with addictions, nor does it address issues of poverty, unemployment and community disengagement. Looking for alternatives to a punitive criminal justice response is preferred saving the most serious interventions for the most dangerous environments (i.e. Meth labs).

There has been success in the creation and development of alternatives to the criminal justice response through alternative measures and diversion strategies, restorative justice practices that build on cultural strengths and sensitivities and the opportunity to utilize alternative court processes such as drug courts, mental health courts and domestic violence courts. Alternative responses should be the preferred option in dealing with drug endangered environments.

Suspended sentences are a moderate criminal justice response which allows for the individual to seek drug treatment. This is a variation on the use of a drug court or other specialized court service and should be considered in those communities where there are no specialized courts. Utilizing a suspended sentence or a conditional sentence depending on the nature of the offence will provide the offender an opportunity to seek treatment which will benefit the family and the individual before the court. Research clearly shows that most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.

In order to facilitate an appropriate treatment option for individuals, it is recommended that the court utilize a voir dire to allow for the family to conduct a family group conference with the assistance of the DEC team prior to making a decision about sentencing.

Further, the child welfare response utilizing family group conferences has shown success in mobilizing family and community to assist in family reunification and the opportunity for ongoing support from other agencies. The DEC team lends itself well to the design of multi-disciplinary teams of individuals that could easily mobilize to create a family group conference response.

In considering these recommendations, the Drug Abuse Committee of the Canadian Association of Chiefs of Police indicated in their feedback following the presentation of the recommendations by Dr. Reid that a continuum of responses may be the most helpful response.

Below is a potential schematic diagram depicting the early stages of such a graduated response:

Graduated Response to Dealing with Drug Endangered Children

Danger Level	Low		Moderate		High
Drug Activity	Medical marijuana	Daily use but no impact on child rearing	Addiction impacting on family	Trafficking from home	Dangerous situations of safety from grow ops and meth labs
	Occasional use by family members	Manufacture of few plants	Manufacture of few plants	Children impacted by daily use and neglect	Severe neglect of children
Response by DEC Team	Awareness and education of risks to children				
	Referral of family and children to community agencies				
	DEC Risk Assessment and Child Welfare Assessment				
	Warnings, referral to treatment and support services Use of alternative measures /diversion			Criminal justice response; specialized courts- drug treatment	
				Child welfare response with family group conference	
				Community Wrap Around Services Including culturally sensitive responses, supportive housing initiatives, harm reduction strategies	
	Low	Moderate		High	

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Appendices

Appendix I: Facilitator guide for youth focus groups

For Youth Facilitators:

Overview of the Project:

The Canadian Association of Chiefs of Police have contracted the Students Commission to get advice from young people on what people like the police, social workers, and health professionals should do to help “Drug Endangered Children”. So this discussion group is one of four discussions happening across Canada where we’re getting input from young people, and we’ll be using what we find out in these discussions to write a report for the Association. But before we get started, there’s a few things we need to let you know.

Informed Consent:

- Your voice and input on this matter is very important and that what you have to say will be listened to carefully so that we can capture as much of your comments as possible (note about how we’ll make these notes transparent, e.g. projected on the wall, quote cards, etc.)
- If there is any point during the discussion that you feel uncomfortable or want to leave, that is perfectly acceptable. If you do the leave the room, one of the facilitators will come to check in with you and ask if there’s anything you need. Remember, this is all done on a voluntary basis and it is important for you to know that you have a choice as to whether or not you participate.
- The information that is shared today may be of a personal nature and may be difficult to talk about. If you share with us that you are being harmed or that you plan to harm someone or to harm yourself, we have a responsibility to report it for your safety or for others safety. But that’s the only time we’d break the confidentiality of this room. What you say will be included in the report, but your name won’t be attached to it.
- If you’re interested, we’d like give you credit for your contributions at the front of the report. If you don’t want your real name to go in the report, you can use a code name. Or you can decide not to have your name included at all.
(Facilitator Note: Pass a sheet around asking people who want their name or code name included in the report to write down the name they want used. People might want to wait until the group is over to make the decision about whether they want to be included in the contributors list)

So to get started...

- 5) **What do you think of when you hear the term "drug endangered children"?**
- a. **What words or images come to mind?**
 - b. **What are some drugs that adults use that could put children in danger?**
 - c. **What are some of the dangers that children could face if they're around adults using these drugs?**

Definition

A child is considered "drug endangered" if they are- or are likely to be- harmed by an adult's drug activity. They are deemed especially endangered if they are growing up in a home where drugs are being produced or sold, whether through an indoor marijuana grow operation or a synthetic drug lab.

Facilitator's Note: Loaded guns, knives, booby traps, dangerous guard animals, unannounced visits by drug users- these are part of family life for many DEC children.

When police, social workers, health professionals, court workers, etc are dealing with situations like this, they have to decide what to do to help the children involved. What they decide to do is guided by laws and policies that tell them how they should respond to different situations.

"A policy is a **decision that lasts or endures over time** and **provides a guide** for other decisions, actions and behaviours in order **to achieve an objective.**" Policies can be created by the government or other systems like school boards, workplaces, or organizations like the Canadian Association of Chiefs of Police.

Example 1: To achieve the objective of creating a safe, respectful, or appropriate environment in schools, a school board might decide that schools should have dress codes to help the students and staff decide what to wear to school and to help school staff know how to respond to students who don't follow the dress code.

Example 2: The objective of school a school is to educate people, so they might make an attendance policy that says students can't miss too much school.

Example 3: The objective of the child protection system it to make sure youth in care are safe. So they might have a policy that says foster parents can't give permission for them to sleep over at a friend's house, and the social worker has to give permission.

There's always a reason for why systems like the school system and the child protection system have policies, but their policies don't always work for the young people whose lives are affected by them. That's why we want your input to help us figure out what kind of policies should be made to help adults respond to situations where children are endangered by adults who use, make, or sell drugs.

Here's how your ideas will be used to help create policies:

Step 1 – You share your ideas and we write them down.

Step 2 – What you share here will help us figure out what questions to ask other stakeholders/practitioners.

Step 3 – We take your responses, the responses of the stakeholders, and what we learn from the literature review and turn it into policy recommendations.

Step 4 – We give you a chance to review the recommendations that we make up so you can clarify, agree, disagree, make sure the wording is right, add anything.

Step 5 – We write a report with all the recommendations and send it to the Association of Chiefs of Police. We're also hoping that one of the youth facilitators will be invited to present to the Association.

Step 6 – The Substance Abuse Committee of the Chiefs of Police will look at our recommendations and talk about it at a meeting and use our recommendations to make their recommendations to the people who make decisions about legislation and policies.

Canadian Association of Chiefs of Police works with the government to make laws and policies that will help promote “the protection and security of the people of Canada.” Chiefs of Police have the ability to influence the way that police do their job, and collaborate with other people who work with youth, like social workers. So the advice you give us will go to them and they'll use it to help decide what laws and policies they should/should not make to help police and social workers and all the people who work with “Drug Endangered Children” decide what to do to respond to situations like this.

Some of the key questions to be addressed:

1) What are some of the problems or issues that children and youth may face if they are living or have lived in a drug endangered environment?

This would get at some of the health risks, the ongoing issues of abuse and neglect as part of the response. Would also allow the youth to express what their own lived experience has been

Facilitator Notes:

From birth drug endangered children often experience a series of losses- from the loss of security and trust in their parents to the loss of normal interactions with their community. As a result of their chaotic and hazardous home environments, they never know what to expect or on whom they can depend

The children may experience overwhelming concern about their parents drug activity, often feeling responsible for their parents substance problem and worrying that they might get hurt or die

They may feel embarrassed by their parents' behavior and come to equate drugs with feeling unloved

They may feel unsettled when their parents are not using drugs, having grown accustomed to their parents' drug induced conduct and fearing their irritable behavior as they withdraw.

A host of behavioral issues, including attachment and adjustment disorders, hypervigilance, depression (hopelessness and suicide) anxiety (insomnia and nightmares) eating disorders, poor concentration, interpersonal problems and ongoing feelings of guilt, fear and shame.

These environments increase the chance of psychosocial problems such as truancy delinquency, early pregnancy, expulsion and incarceration.

2) Show the short video: <http://www.youtube.com/watch?v=Tj8rOn1Lsoc>

3) Some people have suggested the DEC is a crime, while others have suggested that it is a form of child abuse. What is your opinion?

Here there is room for the youth to suggest that DEC is something else; a combination of things for example

Facilitator Notes:

Parents are unable to protect their children from accidents, injuries or the hazards of drug environments. They cannot provide necessities like food, physical and hygienic care, appropriate sleeping conditions, and medical and dental care.

By lowering inhibitions, increasing aggression and intensifying sexual drive, stimulants like meth and cocaine can trigger violent behavior. As a result, DEC children are more likely to be physically and sexually abused by family members and by others in their surroundings.

Beyond violence, children are often exposed to inappropriate materials such as pornography and violent imagery.

4) What has been your experience with systems (child welfare, youth justice, criminal justice, family court, education, health, other social service agencies, addictions etc) and professionals who work in these systems (social workers, child protection workers, police, teachers, doctors, nurses, therapists, psychologists, addictions counselors) as it relates to the issue of drug endangered children

Facilitator Notes:

They may grow up in foster care, suffer from emotional and behavioural disorders, drop out of school and be involved in the criminal justice system.

Girls tend to experience high rates of violence and sexual exploitation whereas boys tend to engage in physical and sexual violence both as victims and offenders

DEC children are two to four times more likely than their peers to repeat the cycle of addiction they witnessed in their parents, meaning increased risks of substance abuse and related problems in adolescence and adulthood.

5) 360 Activity – Pictures

Warn the group that some of the pictures may be difficult to look at, and remind them it's ok for them to leave the room if they want to.

Show a picture and ask the group:

a) Who are the people you imagine would be living in this situation?

b) How old are they?

c) Who might be involved in responding to a situation at this house?

d) What would all these different people say, think, do?

Depending on the group and being sensitive that this may be similar to one of their experiences, it may be useful to ask the group to act out the scenarios and/or do a tableau together where they take on each of the characters. Ask each person to share the inner monologue of the character they are playing (i.e. what that character is thinking, what their character's motivation is, what their character is feeling, etc.)

6) What kinds of solutions would you suggest for addressing the problems and issues that have been discussed about drug endangered children?

a) Who are the people who respond to situations where children are endangered by drugs?

b) What do you think the goal of these people should be?

c) What actions do you think these people should take to achieve these goals?

7) If you could give any advice to the police, social workers, health professionals, court workers, counselors, etc, what would it be?

8) Questions that young people have about this topic, systems, etc.

9) Head Heart Feet Spirit Sheets

10) Closing circle

11) Let group know that facilitators will hang back if anyone wants to talk...

Appendix II: Youth focus group recruitment letter



The Students Commission

*Centre of Excellence for
Youth Engagement*

Dear Potential Youth Focus Group Participant,

This letter is to invite you to participate in a focus group on the topic of “drug endangered children” that we believe you would have an important view point to share.

The project is being done by the Students Commission with other young people across Canada and the final report is being prepared for the Canadian Association of Chiefs of Police. We have been looking at what the research literature says about the problems facing young people who may live in homes where drugs are a major influence. Such homes include where parents and others are heavy users to homes that manufacture and sell drugs. The police have been looking at ways to help young people who are living in these homes. Social workers and child protection workers are also looking at ways to help young people who are directly affected by this issue.

The Students Commission believes that young people have an important role to play in helping to shape policy and practice around these issues and we are asking you to come and share your point of view. We are particularly interested in young people who may have had some experience with either the youth in care system or the youth justice system. In addition, we are looking for young people who may have had some experience with the issues of children who are living in drug endangered homes.

The focus group will be a group meeting with about eight or ten other young people and will be led by a youth facilitator. You will not be asked to disclose any information that you are not comfortable with and we will go over the issues of respect and confidentiality when you come to the event. We will not ask you to provide your name or contact information for the report, but we would like you to be acknowledged in the final report so if you can think of another name that you might like to have included in the report, you can do some thinking about that before you come.

The focus group will take about an hour to an hour and a half and we will provide you with money for transportation to and from the event. We will also provide you with some snacks! It will take place on _____ At _____ from _____. If you would like to invite a friend to come with you, that would be great and he/she would be more than welcome to participate.

If you have any questions, you can call _____

Thanks so much for taking the time to share your views on this important topic,

Sincerely,

Susan Reid, PhD

Director, Centre for Research on Youth at Risk

Eastern Hub- Students Commission of Canada

Appendix III: Stakeholder interview recruitment letter

July 4, 2011

Dear Potential Interviewee,

We are writing to invite you to participate in an interview because you are a key stakeholder in the area of drug endangered children and their environments. This is part of a project that the Students Commission has been contracted to do by the Canadian Association of Chiefs of Police. Your involvement in this project will help us understand the academic literature and the policy documents that we have uncovered and how they relate to how you implement policies in your province and/or agency.

We are contacting people like you in each province and territory so that we have a good overview of the national implementation of policy as it relates to children who may be living in drug endangered environments. We are using the following as our definition for the project: *A child is considered “drug endangered” if they are- or are likely to be- harmed by an adult’s drug activity. They are deemed especially endangered if they are growing up in a home where drugs are being produced or sold, whether through an indoor marijuana grow operation or a synthetic drug lab.*

We have attached an overview of the project and how we are going about completing this contract. Further, we have included the questions that we will be asking you in our interview. It is our hope that you may have additional information that may be of use to us in our quest to uncover provincial policies and if you are able to share that with us, we would be most appreciative. We will follow up with you about such documentation when we conduct our interviews. Please read over the attached materials and provide us with a convenient time that you would be able to have an interview. The interview will take approximately thirty to sixty minutes.

If you have any questions about this project, please do not hesitate to contact Nish Khanna at nish@tgmag.ca or by phone at (250) 412-4131.

Dr. Susan Reid is overseeing the project from New Brunswick and she can be reached at St. Thomas University at (506) 452-0456.

Sincerely,

Appendix IV: Stakeholder interview questions

- 1) How have you previously intervened with a drug endangered child?
 - *What is the protocol for you to follow in these situations?*
 - *How do you feel this protocol is working?*
 - *Are there things that you wish you had been able to do that you couldn't with the existing protocol?*
- 2) If you encounter children in drug endangered environments, what tools do you have to assist them? What tools would you like to have?
- 3) What positive actions could be taken to help the children who live or who have lived in these environments feel safe?
 - *What are some resources that could be made available to help?*
(Prevention, engagement, positive friendship building. Why don't children know that this is not what a positive environment looks like? Why aren't they informed?)
- 4) What actions would you suggest to prevent DEC in the future? Some young people have reported that they felt that it was normal to be in a drug home. What you would recommend to prevent intergenerational drug use?
- 5) Is subjecting a child to a Drug Endangered environment a crime, child abuse or something else?
 - *From personal experience as a professional*
 - *What are current policies or legislation that address this in your province?*
 - *Do you think this works?*
- 6) Should individuals be charged for DEC? What are some issues that could be faced with this suggestion? (plea bargains, doesn't stop them, puts the family in more of a financial crisis etc.)
- 7) In your opinion, who needs to collaborate to protect and support the children who live in these environments?
 - Who holds the greatest responsibility?
 - What else might need to be put in place to sustain positive family relationships?
 - What kinds of supports could be put into the neighbourhood and community to ensure that children from drug endangered environments have alternative options?
(education, drug treatment, medical, judicial, child protective services, law enforcement)

Appendix V: Youth discussion group quotes shared with stakeholder interviewees

Discussion Group Quotes

Quotes from New Brunswick

Definition of Drug Endangered Children

- *People living in a bad neighbourhood, junkies coming in and out of the house, drug infested shack; if a parent is pregnant for a son and is using crack, the kid becomes addicted. I have a son who is seven months old and using drugs round kid is not good. I think if you are using drugs around kids that puts them in danger. You think they don't know what it is when they are like two years old, but you get used to it and it becomes normalized for them.*

Drug Using Peers

- *It's really hard to find a positive friend. With users you don't have to develop a relationship, you just get high together and you have that in common. With people who don't use you have to prove that you are good at something, with people who use all you have to do is a line and then you are set. Users don't talk about things, they just look at stuff and because you are so f**ed up you just say oh wow, funny. you don't have to converse*

Being Charged for DEC

- *It wouldn't help to be charged. Kids should be taken away. I have been charged all kinds of times and had liquor fines and it doesn't stop me from drinking or getting high*

Normalization of their lifestyle

- *Everybody thinks that their family is normal and they don't know that they are living in a family that is not good for them. I thought that it was okay to neglect kids. That is all I knew. It is not okay*
- *When my friends were growing up, they were always worried about getting caught by their parents or siblings. But I didn't have to worry because it was not uncommon for there to be drug use in my household, which made it easy for me to get drugs whenever I needed. I could ask my parents for drugs if I needed them. When you have a family who uses you skip that step of hiding your drug use which is an accelerant in becoming an addict.*

Family Issues

- *My dad is a piece of sh** but he tries you know?*
- *My mom was a prostitute. I saw a lot of guys come in and out but she really tried to keep it from me.*

Systems

- *I don't think it should be an extra criminal offense. It just adds to the list of existing offenses. Child services should take the child away. When I got put into foster care I went from learning how to operate a grow op to a family that tried to teach me morals.*

Solutions

- *I would tell kids to try and get out of their house. I don't know how they're going to get out, but they need to. My mother got me away from my dad and I am grateful for that because if it wasn't for her I'd still be with my dad and who knows where I would have ended up. I certainly wouldn't be here.*

Quotes from Toronto:

What are some drugs that adults use that could put children in danger?

- "Smoking cigarettes in the home is a drug endangered environment for children because of the effects of second hand smoke"

What are some of the problems or issues that children and youth may face if they are living or have lived in a drug endangered environment?

- "What is dangerous about drugs is the loss of control – when there's no control, there's danger to you and the people around you."
- "Part of the problem is that children are uninformed and uneducated about drugs – they don't know what they really are."

What kinds of solutions would you suggest for addressing the problems and issues that have been discussed about drug endangered children? If you could give any advice to the police, social workers, health professionals, court workers, counselors, etc, what would it be

- "Counseling for parents; mentorship programs by people who've had the same issues and recovered from them, come out the other side"

Quotes for Saskatchewan:

What are some of the dangers that children could face?

- "I had a lot of issues when I was in foster care. A lot of stuff that just doesn't make sense. How do you expect a kid to grow up "normal" if they can't have normal experiences. In a normal house hold you might have a Friday and someone asks you to come over that night and you can't cuz you have to ask your social worker first and you can't get a hold of them till Monday.If you don't trust the foster parents to make that decision, why should they be in that home at all?And then the kids end up feeling alienated from their friends. They can't properly make friends b/c they have to hide the fact that they're in foster care."

What are some of the problems or issues that children and youth may face if they are living or have lived in a drug endangered environment?

- “There’s lots of young parents who might just be confused. They have a kids help phone but not a parents help phone”
- “I know my mom was abused by my grandparents, and I was abused by her. Now I’m looking at it knowing I need to break the cycle.”

What about children actually living in those situation (DEE) at that moment:

- “It’s all based on discipline – it’s not about building relationships – it’s about telling them what they’re doing wrong and punishing them. Positive reinforcement should be used more.”
- “For the youth, if we could have some sort of long term care giver to stay involved with these children....instead of short term...so they can have one on one relationships...it’s more empowering. Match youth with somebody with similar personalities; the difficulty with that is finding people who are willing and having the resources for it.”
- My one friend said she was sent to counseling and she made her counselor cry cuz she asked her “Have you ever experienced anything I’ve experienced?” “No” “So how are you going to help me?” “I went to a really good school...”

Appendix VI: Sharing the Results with the Youth Participants in NB



**Celebration of Youth Contributions to the
Drug Endangered Children Project**

“Drug Endangered Children”

Words That Came to Mind

This “wordle” is a depiction of all of the words that were raised by New Brunswick youth when asked what comes to mind when they thought about the word “drug endangered children”



Quotes from the Discussion Groups Across Canada

New Brunswick Youth Centre - Miramichi, New Brunswick



- My mom sold dope my whole life and I just got in the same game as her. That's how we survived and how she supported our family. That was her means of survival.
- We had no money. I was always living off my brother's stuff. I was wearing size 12 shoes when I had size 4 feet. I was better to live off my brother than to have nothing but I would end up wearing shirts that looked like dresses on me. I got abused by other kids. We only had the basic necessities. You just make do with what you have. I grew up with a hard look on my face instead of a happy face like most kids have.
- I think that parents should be charged because kids aren't supposed to know things like that. It corrupts you for the rest of your life.
- I needed my social worker to be a positive person or an idol for me. I wish they would of taken me out to do things instead of blaming everything on my parents. I looked up to drug dealers and I needed a role model.
- I see kids come here (to jail) that have good homes and good families. It makes me mad. All of my brothers have been in the system. I never had too many people pushing me to do the right thing. This path was laid out for me.
- My best memories are going to other people's houses. You know, quality time, enjoying how they lived and having a good time. One of my favourite things was when my friend's dad was building a tree fort.

What would have improved your life?

- Not being involved with the system, a car, good family values
- A positive role model.
- Better clothes
- A Mom who was not broken up
- Free food



(This is a scanned copy of what one youth provided on paper to us)



Saskatoon, Saskatchewan Discussion Group

- "I had a lot of issues when I was in foster care. A lot of stuff that just doesn't make sense. How do you expect a kid to grow up "normal" if they can't have normal experiences? In a normal house hold you might have a Friday and someone asks you to come over that night and you can't cuz you have to ask your social worker first and you can't get a hold of them till Monday."
- "I know my mom was abused by my grandparents, and I was abused by her. Now I'm looking at it knowing I need to break the cycle."

- “My one friend said she was sent to counseling and she made her counselor cry because she asked her “Have you ever experienced anything I’ve experienced?” “No” “So how are you going to help me?”
- “I was lucky. In the system, I had 2 sets of foster parents. I know people who had 20 different foster homes.
- “With some parents, you can see the attempt to be on the good side...they do have a love for their child but there’s something there that’s not allowing them to move forward”



Portage – Cassidy Lake, Sussex, New Brunswick

Discussion Group with the Girls

- Growing up in households with drugs all around. Children see their parents using drugs all the time and are exposed to drugs. When they see their parents using they will likely use the same remedy to cope when they are in a situation that makes them feel anxious.
- I always saw my Mom doing it and I thought if she can do it, why can't I?
- When parents are around their children abuse can happen. When my Mom would drink she would abuse me because she had no one else to take her anger out on.
- It's really hard to find a positive friend. With users you don't have to develop a relationship, you just get high together and you have that in common. With people who don't use you have to prove that you are good at something, with people who use all you have to do is a line and then you are set. Users don't talk about things, they just look at stuff and because you are so f**ed up you just say oh wow, funny. you don't have to converse

- I met my best friend in jail. She is the only one who doesn't use and the only one who encouraged me to go to Portage. She's my best friend because she is the only one who didn't give up on me. All my family and friends gave up on me. But even after I am with her I still get high. But the difference is that she waits for me to come back and texts me to talk about it and make sure I am okay. She should have given up on me by now.
- In a way it is a crime, in a way no. I don't think it will help. I think the parents should have to learn about how they are hurting their kids.
- It wouldn't help to be charged. Kids should be taken away. I have been charged all kinds of times and had liquor fines and it doesn't stop me from drinking or getting high

Discussion Group with the Boys

- People living in a bad neighbourhood, junkies coming in and out of the house, drug infested shack; if a parent is pregnant for a son and is using crack, the kid becomes addicted. I have a son who is seven months old and using drugs round kid is not good. I think if you are using drugs around kids that puts them in danger. You think they don't know what it is when they are like two years old, but you get used to it and it becomes normalized for them.
- I remember when I was five or six my dad shooting up before I would go to I learned how to cook crack with my Dad when I was 12. If you grow up in a normal family, you wouldn't know how to do this. I don't know too many people who know how to cook crack, especially not someone who is that age.
- When my friends were growing up, they were always worried about getting caught by their parents or siblings. When you have a family who uses you skip that step of hiding your drug use, which is an accelerant in becoming an addict.
- My dad was doing acid as I was growing up. I started doing drugs on my own at the age of 12. He recently called me and told me stories about his past drug use while I was young. I didn't understand what was going on when those things were happening. I remember him pacing back and forth in our house and I realize now that he was tripping on acid. What he told me triggered flashbacks of those times. My dad doesn't use acid now, but he is an alcoholic. He's traded one addiction for another. He isn't there for me and never tries to contact me here. He was supposed to be there to be my father but he wasn't.
- It is both a crime and abuse. Any drug is illegal and if you use around a child, that's child abuse. It is teaching a child that using drugs is okay.

- I don't think it should be an extra criminal offense. It just adds to the list of existing offenses. Child services should take the child away. When I got put into foster care I went from learning how to operate a grow op to a family that tried to teach me morals.
- When we do school engagements, I tell them about how when I was there age I was smoking crack and sucking dick for the money I needed to support my addiction. I don't think it's about scaring them; it's more about giving them information necessary for them to make good choices. That's probably stuff they haven't learned in school, or ever will.
- I would tell kids to try and get out of their house. I don't know how they're going to get out, but they need to.



PEACE Discussion Group - Toronto, Ontario

- What is dangerous about drugs is the loss of control – when there's no control, there's danger to you and the people around you.
- When it comes to the question of whether it's child abuse or a crime, it's different for each case depending on circumstances
- The systems need to have people who have been in or have experience with the system
- Kids need to feel safe and feel comfortable with you to talk to you – a lot of counseling in schools seems fake – needs people who understand where they're coming from.

Appendix VII: Youth focus group summary

Drug Endangered Children

Cross-Canada Focus Group Summary

Please rank the themes listed in each question in the boxes provided with 1, 2 or 3. 3 = Most Important Theme

Q.1. What do you think when you hear the term ‘drug endangered children’?

THEMES	QUOTABLE QUOTES	RANK 1-3
DANGEROUS COMMUNITIES	Portage Boy – “People living in a bad neighbourhood, junkies coming in and out of the house, drug infested shack.” Toronto Peace Group – “It’s not just parents; even growing up in a home environment that isn’t drug endangered doesn’t mean you won’t be drug endangered. There are other drug environments.”	
UNHEALTHY ENVIRONMENT	Portage Girl – “Growing up with parents who use and there are drugs all around.”	
ABUSE & NEGLECT	Toronto Peace Group – “parents using money for drugs and not for other things” NBYC Boy – “Struggle and abuse” Toronto Peace Group – “the term itself is a negative enough term to make people get up and do something”	

Q.2. What are some of the problems or issues that children and youth may face if they are living or have lived in a drug endangered environment?

THEMES	QUOTABLE QUOTES	RANK 1-3
PSYCHOLOGICAL & EMOTIONAL ABUSE	<p>Toronto Peace Group – “isolation and depression”</p> <p>Saskatoon Group – “Disengagement between parent and child, depression, social anxiety, lack of social direction and physical health risks.”</p>	
INTERGENERATIONAL DRUG USE	<p>Toronto Peace Group – “One participant shared that a girl she once knew was bullied because her mom was white, a stripper, and a crackhead; eventually, the girl started doing crack and is now in prison.”</p>	
NEGATIVE ROLE MODELS	<p>Portage Girl – “I always saw my mom doing it and I thought if she can do it, why can’t I?”</p> <p>Portage Boy – “My dad showed me how to set up a grow op. My older brother taught me how to sell crack.”</p> <p>Portage Boy – “My mother was doing cocaine when she was pregnant with my little sister. When she was born she would cry and cry and the doctor would give her a little drugs to calm her down.”</p> <p>Saskatoon Group – “They’re not teaching their children right from wrong. It’s their job.”</p>	

Q.3. Some people have suggested that DEC is a crime, while others have suggested that it is a form of child abuse. What is your opinion?

THEMES	QUOTABLE QUOTES	RANK 1-3
CHILD ABUSE	<p>Portage Boy –</p> <p>“Any drug is illegal and if you use around a child, that’s child abuse. It is teaching a child that using drugs is okay.”</p>	
EDUCATION & INVESTIGATION	<p>Portage Girl –</p> <p>“In a way it is a crime, in a way no. I don’t think it will help. I think the parents should have to learn about how they are hurting their kids.”</p> <p>Toronto Peace Group –</p> <p>“It’s different for each case depending on the circumstances.”</p> <p>Portage Girl –</p> <p>“It wouldn’t help to be charged. Kids should be taken away. I have been charged all kinds of times and had liquor fines and it doesn’t stop me from drinking or getting high.”</p>	
CHARGE	<p>NBYC – Boys</p> <p>“I think that parents should be charged because kids aren’t supposed to know things like that. It corrupts you for the rest of your life. I think they should be charged.”</p>	

Q.4. What has been your experience with systems (child welfare, youth justice, criminal justice, family court, education, health, other social services agencies, addictions etc) and professionals who work in these systems (social workers, child protection workers, police, teachers, doctors, nurses, therapists, psychologists, addictions counsellors etc) as it relates to the issue of drug endangered children.

THEMES	QUOTABLE QUOTES	RANK 1-3
EXTERNAL CONNECTION	<p>Saskatoon Group –</p> <p>“My mom is a social worker. I’ve experienced it by being exposed to other kids who are in the system. I’ve seen the amount of trauma and issues they have to go through.”</p>	
PUBLIC HUMILIATION	<p>Portage – Girl</p> <p>“I had to have my lockers raided when I was twelve at school and it was really embarrassing to have the police come to the school and do that. I was too young to be charged, but the social workers, child protection dealt with me.”</p>	
ATTACHMENT ISSUES	<p>Portage – Boy</p> <p>“I don’t really care about my foster family because when I was with them I was in my active addiction which resulted in my being there one or two times a week to get money and clothes.”</p> <p>NBYC – Boy</p> <p>“I had one good social worker, the rest weren’t the best.”</p> <p>NBYC – Boy</p> <p>“Foster care is good because then kids don’t have to see bad stuff, but they are bad because you’ll never have the love you’d have from your own parents.”</p>	

Q.5. What kinds of solutions would you suggest for addressing the problems and issues that have been discussed about drug endangered children?

THEMES	QUOTABLE QUOTES	RANK 1-3
RESOURCES	<p>Portage – Boy</p> <p>“I don’t think it’s about scaring them, it’s more about giving them information and resources necessary for them to make good choices. That’s probably stuff they haven’t learned in school, or ever will.”</p>	
EDUCATION	<p>Portage – Girl</p> <p>“It is important that parents learn about the effect that they are having on their kids before they are taken away.”</p> <p>Portage – Boy</p> <p>“A good solution would be drug prevention in the classrooms or in communities to educate kids on the issues surrounding addictions.”</p> <p>Toronto Peace Group –</p> <p>“Having more realistic training for ‘professionals’, having more youth involved in the process to help with counselling.”</p>	
SENSE OF COMMUNITY & IMPORTANCE	<p>Toronto Peace Group -</p> <p>“The systems need to have people who have been in or have experience with the system.”</p> <p>NBYC – Boy</p> <p>One of the youth said “that he really appreciated us coming because they don’t get a chance to do this kind of thing and the sense was that it was something that was valued.”</p>	

Q.6. If you could give any advice to the police, social workers, health professionals, court workers, counselors, etc, what would it be?

THEMES	QUOTABLE QUOTES	RANK 1-3
CONSISTENCY	Saskatoon Group – “There needs to be structure, safety and stability; counselling, family structure, routine, alternative therapy.”	
BE CULTURALLY AWARE	Saskatoon Group – “When children are being placed in foster care, try to find them homes that they’d be familiar with – similar culture, beliefs and environment.”	
BE HUMAN	Saskatoon Group – “Don’t be so scary. Minimize trauma. These young people are people, not property of their parents or the state – treat them like people, don’t carry them out at an arms length away.”	

Overarching Themes:

THEMES	QUOTABLE QUOTES	RANK 1-3
<p>DRUG USE & PEERS</p>	<p>NB –</p> <p>“It’s really hard to find a positive friend. With users you don’t have to develop a relationship, you just get high together and you have that in common.”</p> <p>ON –</p> <p>One participant shared that girl she once knew was bullied because her mom was white, a stripper, and a crackhead; eventually, the girl started doing crack and is now in prison.</p> <p>“It’s not just parents; even growing up in a home environment that isn’t drug endangered doesn’t mean you won’t be drug endangered. There are other drug environments. Neighbourhoods or peer groups could be drug endangered environments.”</p> <p>SK –</p> <p>“My one friend said she went to counseling and she made her counselor cry because she asked her ‘have you ever experienced anything I’ve experienced? No. So how are you going to help me?’”</p>	
<p>NORMALIZATION OF LIFESTYLE</p>	<p>NB –</p> <p>“Growing up in households with drugs all around. Children see their parents using drugs all the time and are exposed to drugs. When they see their parents using they will likely use.”</p> <p>ON –</p> <p>“Criminalization – children start doing what they’re parents are doing because they perceive it as ‘normal’.”</p> <p>SK –</p> <p>“I know my mom was abused by my grandparents, and I was abused by her. Now I’m looking at it knowing I need to break the cycle.”</p>	

<p>FAMILY ISSUES</p>	<p>NB –</p> <p>“My mom sold dope my whole life and I just got in the same game as her. That’s how we survived and how she supported our family. That was her means of survival.”</p> <p>ON –</p> <p>“Parents using money for drugs and not for other things”... Scenario: Father selling drugs, stashes them in the car in the glove box, child is in car, looks in the glove box..eats it.</p> <p>SK –</p> <p>“With some parents, you can see the attempt to be on the good side...they do have a love for their child but there’s something there that’s not allowing them to move forward.”</p>	
<p>LIVING IN THE SYSTEM</p>	<p>NB –</p> <p>“Child services should take the child away. When I got put in foster care I went from learning how to operate a grow op to famimly that tried to teach me morals.”</p> <p>ON –</p> <p>“The systems need to have people who have been in or have experience with the systems. Having more realistic training for ‘professionals’, having more youth involved in the process.”</p> <p>SK –</p> <p>“I was lucky. In the system, I had two sets of foster parents. I know people who had twenty different foster homes.”</p> <p>“How do you expect a kid to grow up ‘normal’ if they can’t have normal experiences. In a normal household you might have a Friday and someone asks you to come over that night and you can’t cuz you have to ask your social worker first and you can’t a hold of them until Monday.”</p>	

DRUG ENDANGERED CHILDREN

Presentation to Drug Abuse Committee, Canadian
Association of Chiefs of Police

By: Susan Reid, PhD.,

Centre for Research on Youth at Risk, St. Thomas University

Eastern Hub of Students Commission of Canada

December 1, 2011



Overview of Presentation

- **The Dilemma of Drug Endangered Children**
 - Definitions
 - Who is responsible? Roles of Law Enforcement vs. Child Welfare
- **Approaching the Issue**
 - Review of Literature
 - Focus Groups with Young People
 - Stakeholder Interviews
- **Outcomes**
 - Key themes presented in literature
 - Key themes from focus groups and interviews
 - Children's rights impact assessment
- **Recommendations**

The Dilemma of Drug Endangered Children

- Who are they?
- What does the term mean?
- Do professionals who are law enforcement officials consider different criteria than professionals who may work in social service fields?
- Are we referring to specific kinds of situations?
 - (ie. Meth labs seen as very dangerous; grow ops less dangerous)
 - Do we have the same kind of intervention and protocol for all children growing up around drugs?
 - What are the pros and cons of a strict protocol to be delivered in each and every situation versus a more individualized approach?

Definitions:

- Christina Witt of the Calgary Police Service, defines drug endangered children as those “exposed to the hazards associated with illegal drug activity” (Witt, 2011)
- Nelson, Prince and Searcy (2010, p.81) define drug endangered children as “children exposed by their parents or caregivers to controlled and chemical substances.”
- Hopper (2006) has found that there are additional provisions in some states that include mere “exposure of the child to drug paraphernalia

Definition utilized in this study:

For the purposes of the present examination, we utilized the definition adopted by the RCMP in their Drug Endangered Children Resource Guide (2011.p.6)

- A child is considered “drug endangered” if they are- or are likely to be – harmed by an adult’s drug activity. They are deemed especially endangered if they are growing up in a home where drugs are being produced or sold, whether through an indoor marijuana grow operation or a synthetic drug lab.

Alberta Statute-

- Alberta is the only province to have a *Drug Endangered Children Act* (2006)
- According to the RCMP (2011, p71), in Alberta, police can charge family members up to \$25,000 (or 24 months in jail) for placing their children in harm’s way.
- Other strategies include the ability to disconnect hydro without giving notice if there is suspicion that marijuana grow operations are a safety concern.
- Further, the DEC legislation in Alberta, provides for the seizure and holding of children for up to two days away from their high risk parents.

Priority of DAC

- According to the 2009/2010 Annual Report of the Drug Abuse Committee of the Canadian Association of Chiefs of Police, one of the priority areas for the committee was with respect to Drug Endangered Children. Specifically, to “ advocate for federally legislated additional penalty when endangering children in the commission of the substantive offence” (MacKnight & Bucher, August 2010)

Child Rights Impact Assessment

- An initial screening for a CRIA was conducted on the Alberta Drug Endangered Children’s Act (see handout)

Article 2: Non-discrimination *Applies to all children... whatever they think or say, whatever type of family they come from. No child should be treated unfairly on any basis.*

Article 3: Best Interest of the Child *The best interests of children must be the primary concern in making decisions that may affect them.*

Article 4: Protection Rights *Governments have a responsibility to take all available measure to make sure children’s rights are respected, protected and fulfilled. They must help families protect children’s rights and create an environment where they can grow and reach their potential.*

Article 5: Parental Guidance *Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. The CRC does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.*

Article 6: Survival and Development *Governments should ensure that children survive and develop healthily*

Article 8: Preservation of Identity *Children have the right to an identity Government should respect children’s right to a name, a nationality and family ties.*

• **Article 9: Separation from Parents** *Children have the right to live with their parent(s) unless it can be shown that it would be harmful*

• **Article 12: Respect for the Views of the Child** *When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. The CRC encourages adults to listen to the opinions of*

• **Article 16: Right to Privacy** *The law should protect children from attacks against their way of life, their good name, their families and their homes*

• **Article 18: Parental Responsibilities; state assistance** *Both parents share responsibility for bringing up their children and should always consider what is Best for each child. The CRC places a responsibility on governments to provide support services to parents.*

• **Article 19: Protection from all forms of violence** *Children have right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them*

• **Article 24: Health and Health care** *Children have right to good quality health care, safe drinking water, nutritious food, a clean and safe environment and information to help them stay healthy*

• **Article 27: Adequate standard of living** *Children have a right to a standard of living to meet their physical and mental needs. Government should help families who cannot afford to provide this, with regard to food, clothing, housing in particular.*

• **Article 33: Drug Abuse** *Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade*

Key Themes in Literature

• **Increased Social Impact Related to Methamphetamine Use**

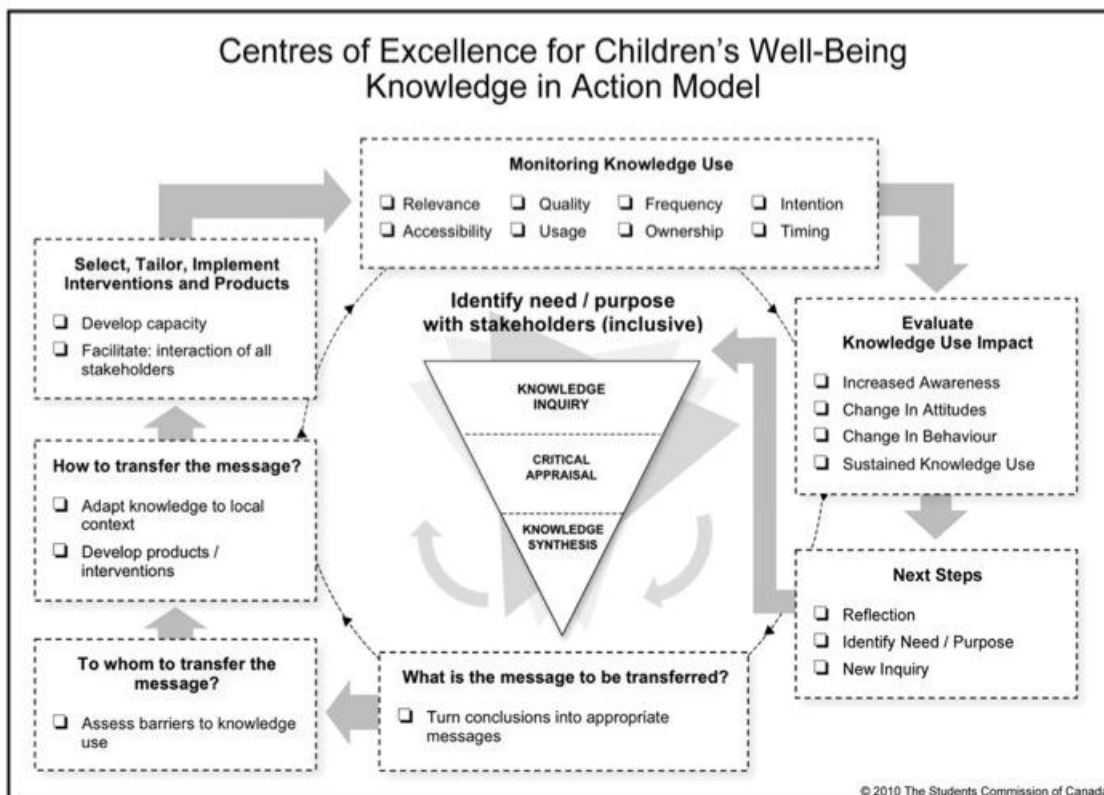
- Almost all of the literature describes to some extent the growing and broad social impact of methamphetamine use, the direct effects of methamphetamine use, and the risks associated with clandestine methamphetamine laboratories, in particular for children
- The impact of methamphetamine use goes beyond the direct effects of the substance to negatively impact family and community
- Many articles identified the specific risks to physical, emotional, and psychological well-being for children associated with methamphetamine use, manufacture, and distribution
- Risks to the overall normative development and well-being of children exposed to methamphetamine use by parents or caregivers include higher rates of exposure to trauma, high risk for neglect, physical, and sexual abuse
- the majority of literature and the community protocols place a focus on rescuing the child, criminalizing or taking a punitive stance towards the parents, and a sense that recovery from meth addiction is unlikely

Marijuana grow ops

- impacts of marijuana grow ops include: risk of fire due to excessive requirements of electricity, explosions, and possible electrocution. Exposure to toxic gases, chemicals, bacteria, mould and mildew which creates an environment which is likely to produce bacterial spores that can be inhaled, ingested or absorbed through the skin leading to potentially harmful respiratory diseases. With respect to drug endangered children, they report: *Innocent children are found amongst these grow operations. They become exposed to all of these impacts. The persons tending them may bring the children along with them to avert suspicion or for other reasons. They may expose the children to this environment for hours each day or they may in fact live in the premises with them. (P.4)*
- There is a body of literature that suggests that in terms of medical assessment and developmental trajectories, children exposed to cannabis do not have as high a risk of long term problems as children exposed to harsher chemicals and drugs such as methamphetamines.

Collaboration and inter-sectoral protocols

- Throughout the literature there was a strong emphasis placed on collaborative, inter-sectoral protocols to allow professionals from all different aspects of the social system to better share information and have more cohesive strategies to intervene with drug endangered children
- The crown prosecutor, law enforcement, child protection workers, medical personnel, social development, child psychologists, and even educators should work together in order to meet every need of a drug endangered child
- Consistently, throughout the literature, those involved in supporting Drug Endangered Children, whether from a law enforcement, paediatric, or social work perspective see community protocols as a way to increase awareness and to ensure a multi-system network of information exchange and responses in order to ensure that children are safe



Key Themes from Youth Focus Groups

- What are some of the problems or issues that children and youth may face if they are living or have lived in a drug endangered environment?
- **Psychological and emotional abuse:**
 - *“Disengagement between parent and child, depression, social anxiety, lack of social direction and physical health risks.”*
- **Intergenerational drug use**
 - *“One participant shared that a girl she once knew was bullied because her mom was white, a stripper, and a crackhead; eventually, the girl started doing crack and is now in prison.”*
- **Negative role models**
 - *“I always saw my mom doing it and I thought if she can do it, why can’t I?”*
 - *“My dad showed me how to set up a grow op. My older brother taught me how to sell crack.”*
- **Family issues**
 - *“With some parents, you can see the attempt to be on the good side...they do have a love for their child but there’s something there that’s not allowing them to move forward.”*

Key Themes from Youth Focus Groups

- What kinds of solutions would you suggest for addressing the problems and issues that have been discussed about drug endangered children?
- Resources
 - *“I don’t think it’s about scaring them [the youth], it’s more about giving them information and resources necessary for them to make good choices. That’s probably stuff they haven’t learned in school, or ever will.”*
- Education
 - *“It is important that parents learn about the effect that they are having on their kids before they are taken away.”*
 - *“A good solution would be drug prevention in the classrooms or in communities to educate kids on the issues surrounding addictions.”*
 - *“Having more realistic training for ‘professionals’, having more youth involved in the process to help with counselling.”*
- Sense of Community and that they are important
 - One of the youth said *“that he really appreciated us coming because they don’t get a chance to do this kind of thing and the sense was that it was something that was valued.”*

Key Themes from Youth Focus Groups

- **If you could give any advice to the police, social workers, health professionals, court workers, counselors, etc, what would it be?**
- **Consistency**
 - *“There needs to be structure, safety and stability; counselling, family structure, routine, alternative therapy.”*
- **Be Culturally Aware**
 - *“When children are being placed in foster care, try to find them homes that they’d be familiar with – similar culture, beliefs and environment.”*
- **Be human**
 - *“Don’t be so scary. Minimize trauma. These young people are people, not property of their parents or the state – treat them like people, don’t carry them out at an arms length away.”*

Stakeholder Interviews

Social Service Workers/ Other Professionals n=16

- Nancy Pellerin – Social Services, Nunavut
- Chris Zatylny & Phil Peachey – Youth Justice BC
- Janet Douglas – After Hours Response Team, Ministry of Children and Family BC
- Carol Chafe – Child and Youth Advocate, Newfoundland
- Brad Bell & Jane Bates – Child and Family Services, Yukon
- Steve Hall- Safety Consultant for Toronto Housing, Ontario
- Debra McIver – Team Leader, Vancouver Youth Services, British Columbia
- Tia Normore – Child Services Worker, Edmonton, Alberta
- Deborah Stymiest – Dentist, New Brunswick
- Delia Tassell – Youth In Care Network, Prince Edward Island
- Michelle Gahwiler – Social Worker, Toronto
- Irene Lubbers – Youth Justice, Yukon
- Justice Marvin Zuker- Family Court, Ontario
- Geraldine Poirier Baiani – Assistant Deputy Minister, Social Development, New Brunswick

Law Enforcement n=9

- Angelique Dignard – Police Officer, Nunavut
- Sgt. Cameron Hawrish, Edmonton Police, Alberta
- Cst. Brandi Simms – Edmonton Police, Alberta
- Sgt. Ian Sanderson – RCMP, Alberta
- Sgt. Donna Hanson – RCMP, Alberta
- Sgt. Keith Dalton – Saskatoon Police, Saskatchewan
- Sgt. Dean Hoover – Saskatoon Police, Saskatchewan
- Det. Christina Witt, Calgary Police Service
- Det. Theresa Swindells, Calgary Police Service

Key Themes from Police Interviews

- **Is subjecting a child to a drug endangered environment a crime, child abuse or something else?**

- **Crime**

“An example of intentional harm is parents who are selling with their kids around. That is blatantly intentional as it’s going to get but those parents still don’t think it’s harmful.”

- **Abuse**

“I definitely think it is child abuse. There is a lot of behaviour that could be defined as drug endangered.”

- **Bigger Picture**

“The problem is not only the drugs. These kids have no food, lack of supervision, they are neglected, they aren’t going to school.”

Key Themes from Police Interviews

- **Should individuals be charged when there are Drug Endangered Children? What are some issues that could be faced with this suggestion?**

- *“I wouldn’t charge them initially... we would focus on the kids but every situation is different.”*

- *“Charging doesn’t necessarily change anything in the end, but it creates a record.”*

- *“..stiffer penalties – put their parents in jail – if we have a charge for DEC make it a stiff penalty.”*

Key Themes from Police Interviews

- **What actions would you suggest to prevent drug endangered children in the future?**
- **Education**
 - *"If all children were provided with this type of education they would realize that if they see their parents doing drugs, or they see that stuff lying around, it isn't normal and it is not safe for them."*
- **Community Outreach and Programs**
 - *"..keeping kids busy. If youth are occupied and engaged, they will be less inclined to be bored and experiment with drugs or alcohol.."*
- **Positive relationships**
 - *"..enhance relationships with children services and work together to create capacities in the communities."*

Key Themes from Other Interviews

- *"They [children] have no control over the situation they're in. It's up to us as a society to have people in the community supporting them and supporting the parents', we need programs that actually work."* **PEI – Youth in Care Canada**
- *"The only way you get at that is education, prevention. It is a multi-level problem. It's far greater than young people seeing their homes as a 'normal' place to do drugs... There is a need for the community to become aware of the problem of DEC and the number of children who are exposed."* **NB – Senior Administrator Social Development**
- *"In the education/school systems, it should be something we're talking about all the time: explaining and teaching kids more than what's being done."* **ON- Social Worker**
- *"Children need consistency and positive relationships so they can grow into healthy adults but too many of them are subjected to unsafe environments. The most important resource we can provide is collaboration and communication."* **NL – Child and Youth Advocate**
- *"Yes, individuals should be charged, but let's look at a wellness court type of judicial response. The issues would be around treatment facilities for the whole family, volunteer or mandatory... perhaps even supports for moving to a healthier environment."* **YK – Youth Justice**

Key Themes from Police Interviews

- **In your opinion, who needs to collaborate to protect and support the children who live in these environments?**
- *“The individual communities hold the greatest responsibility. The communities who are doing the best job in this are those with so many partnerships, come together with a common goal and then there are off shoots to that. It needs to be a grass roots movement.”*
- *“Education, health, justice and city council. City council are active partners that are there for support. It’s a community problem. Justice also needs to be on board to be addressing the issues with the parents.”*
- *“That old saying: you need a village to raise a child. Social workers are just one part of that, we all have a responsibility, we all have an obligation to report to child protection or police, to make sure that young person will be safe.”*
- *“..anyone who is aware but not involved... the onus is on them. And that may even just be reporting. Have someone check on the children. Responsibility seems like a huge deal but as I said, that may be as little as reporting it.”*

Recommendation 1

Public Education and Awareness

- The RCMP Resource Guide provides excellent material for communities to be apprised of the various elements of the creation and implementation of a DEC response team and this should continue to be supported across Canada
- Other forms of public education should be considered which draw on the tenets of positive youth development, youth engagement and peer leadership in schools and communities to help youth understand the dangers of drug homes through messages developed by young people
- Broad community education with partners following the tenets outlined by “A Drug Prevention Strategy for Canada’s Youth” Canadian Centre on Substance Abuse

Recommendation 2

DEC legislation may not provide best solution with focus on punishing families

- Looking at the Children's Rights Impact Assessment completed on the DEC legislation in Alberta, the indirect and direct effects of the legislation may cause some concern about some of the violations to children's rights as enshrined in the UN Convention on the Rights of the Child
- Bill C-10 may further punish through mandatory minimums and an increased focus on grow operations
- this is a further violation of children's rights and additional DEC legislation would exacerbate a punitive stance
- Majority of cases that come to the attention of the authorities are incidents where there is known drug abuse and poverty. Punishing families does not alter systemic issues of poverty nor does it provide opportunities for families to seek drug treatment and change behavior

Recommendation 3

Training and support for evidence based risk assessment tools in law enforcement and social service work

- Continue to utilize and monitor the effectiveness of DECRA developed by Christina Witt, Calgary Police Services
- Recommend training and support for Structured Decision Making Risk Assessment tools with a particular focus on family and child strengths based inventories to assist social workers in determining best clinical intervention
- Ensure that training incorporates sex, gender, and diversity analysis prior to implementation.
- Professionals need to know what the "right" questions are to ask in order to judge the particular incident and provide the most appropriate services

Recommendation 4

Utilize alternatives to the criminal justice process whenever possible

- Alternative measures and diversion programs ensure a timely response to criminal matters
- Recommend suspended sentences for those willing to seek drug treatment; where drug courts exist continue with this practice but simply utilize suspended sentences in those places which may not have sophisticated court structure
- Utilize voir dire/ conference as is done in a youth justice proceeding to halt proceedings and allow for a family group conference to be conducted to look for alternative strategies to strengthen family