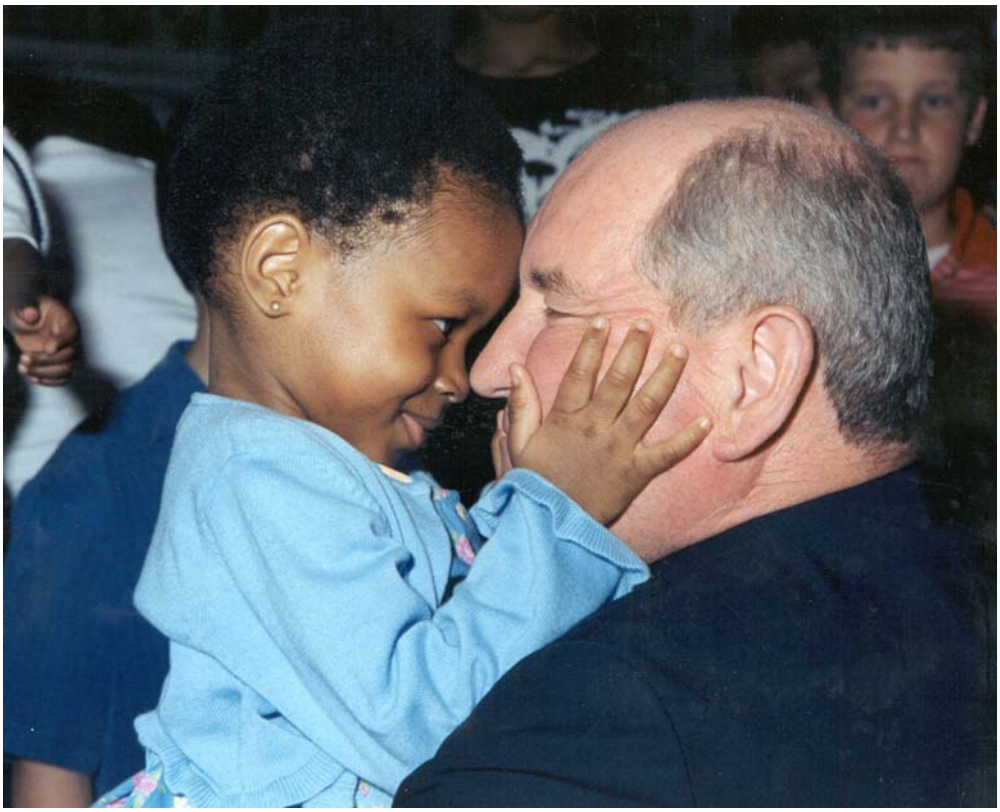
GOVERNOR SONNY PERDUE

Governor Perdue's Child Protection Package Briefing



"We will not yield and we will not tire until every child in Georgia is safely in good hands."
—Governor Sonny Perdue

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GOVERNOR SONNY PERDUE

Contact: Office of Communications (404) 651-7774

Dear Fellow Georgians:

Children are my top priority. In the first week of the 2004 legislative session I will introduce a Child Protection Package. Working with Rep. Wendell Willard, we will lead a bipartisan coalition to enact real child protection reform.

This legislation will protect children from abusive caregivers, make it a separate felony to manufacture methamphetamines in the presence of a child and improve Georgia's version of the Amber Alert system.

Today, Georgia is the only state in the nation without a child abuse felony statute that includes criminally negligent behavior. Others have taken on this fight previously. Representative Wendell Willard has been leading the charge on this for years. Some of our friends in the General Assembly have sought its passage, but so far legislation has yet to be approved. I hope that with my support this will change. Children in Georgia deserve better.

This legislation will close a gap in Georgia's current criminal law and will provide prosecutors with an appropriate tool to charge individuals whose criminal negligence causes cruel or excessive mental or physical pain to a child.

This legislation will also ensure continued effectiveness of the Levi's Call program, a voluntary partnership between law enforcement, emergency management, and broadcasters to activate an urgent bulletin in child abduction cases, by encouraging the continued participation by all of Georgia's broadcasters.

Thank you for your support of this common sense bi-partisan legislation. There is no reason that every child in Georgia cannot be safer tomorrow than they are today.

Sonny Perdue

FAQs

Why do we need Child Protection Legislation Passed?

We need this legislation to better protect Georgia's children. Georgia is the only state in the nation without a child abuse felony statute that includes criminally negligent behavior. This law will close a gap in Georgia's current criminal law and will provide prosecutors with an appropriate tool to charge individuals whose criminal negligence causes cruel or excessive pain to a child.

What are some examples of where the Child Protection Law would apply?

Simply put, this law would apply when an individual recklessly puts a child in a situation where serious harm is likely to occur. For example, this law would apply if a child died from heat exhaustion after being left in an automobile for an extended period. The law would also apply if someone left a toddler in the care of a 7 year old in a backyard where there was a pit bull dog; if young children were left at home for the weekend unattended and unsupervised; or if children were forced to live in conditions that defy description (raw sewage, animal feces, and garbage throughout the house).

Why do we need legislation make it illegal to manufacture methamphetamines in the presence of a child?

Obviously it is currently illegal to manufacture methamphetamines. However, doing so in the presence of a child is a greater offense that deserves even stricter punishment. Children who live at or visit sites during the production of methamphetamines are exposed to immediate dangers and may face acute health and safety risks. These children may be exposed to chemical contamination, abuse, neglect and other risks. In addition, the manufacture of methamphetamines may involve hazards such as fires and explosions.

According to the U.S. Department of Justice, during 2002, there were 15,353 methamphetamines lab-related incidents in the United States. 2,077 children were present during these incidents, and 2,023 were residing in seized methamphetamines labs. 3,167 children were affected and 1,373 children were exposed to toxic chemicals.

Why do we need legislation to update the Levi's Call Program?

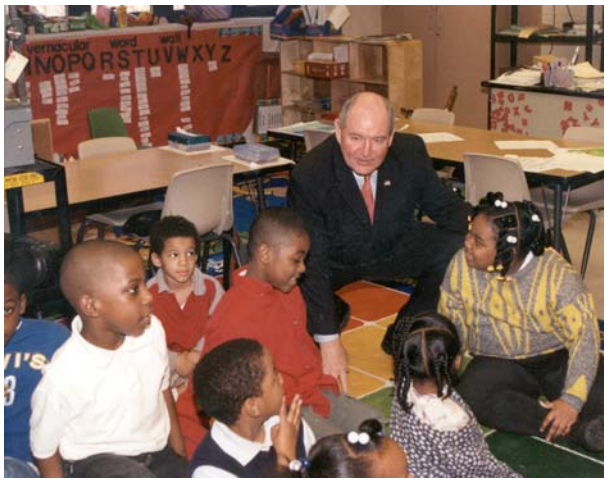
This goal of this bill is to ensure continued effectiveness of the Levi's Call program by maintaining high levels of participation in Levi's Call. Today, broadcast stations use the information that comes from the Georgia Bureau of Investigation (GBI). Because of the immediately dangerous situation these children are in, it allows for little time to check the facts. Consequently, unscrupulous individuals could sue the stations if the information provided to them by the Emergency Alert System was incorrect. It is not right for a program that has the potential to save lives to be shut down because of people who try to make a profit off a tragedy.

How can we make sure no one will escape founded litigation because of this legislation?

This bill limits immunity to the information sent down only from the Georgia Bureau of Investigation through the Emergency Alert System. Before Levi's Call can be activated, the following criteria must be met: there must be a confirmed child abduction; the circumstances surrounding the abduction must indicate that the child is in danger of harm or death; the child must be 17 or younger; there must be enough descriptive information to believe that an immediate broadcast alert will help; and the case must be entered into the national crime information center (NCIC) database.

Will the child protection bill punish well-meaning parents?

No. This legislation will protect children from negligent caregivers who are abusive or reckless. Put simply, it will punish caregivers who fail to meet their responsibility to adequately protect their children who cannot protect themselves.



"It is the duty of those who can protect themselves to protect those who cannot."

--Governor Sonny Perdue

Governor Perdue's Child Protection/Methamphetamine Prohibition Bill

A BILL TO BE ENTITLED

AN ACT

To amend Title 16 of the Official Code of Georgia Annotated, relating to crimes and offenses, so as to define criminal negligence; to provide for legislative findings and intent; to change the definition of cruelty to children and to provide for third degree cruelty to children; to provide for penalties; to provide for definitions; to make it unlawful for persons to engage in certain activities associated with manufacturing or possessing methamphetamine in the presence of children; to redefine the term "serious injury" to include sexual abuse of a minor under the age of 16 years; to provide for related matters; to provide for an effective date and applicability; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

The General Assembly seeks to protect the well-being of this state´s children while preserving the integrity of family discipline. The General Assembly believes that balancing the protection of the health and safety of this state´s children, while preserving a parent´s right to discipline his or her child, is important to all Georgians and vital to the safety of this state´s children.

SECTION 2.

Title 16 of the Official Code of Georgia Annotated, relating to crimes and offenses, is amended in Code Section 16-2-1, relating to the definition of a crime, by designating the existing Code section as subsection (a) and adding a new subsection (b) to read as follows:

"(b) Criminal negligence is an act or failure to act which demonstrates a willful, wanton, or reckless disregard for the safety of others who might reasonably be expected to be injured thereby."

SECTION 3.

Said title is further amended in Code Section 16-5-70, relating to cruelty to children, by striking subsections (c), (d), and (e) and inserting in lieu thereof the following:

"(c) Any person commits the offense of cruelty to children in the second degree when such person with criminal negligence causes a child under the age of 18 cruel or excessive physical or mental pain.

(d) Any person commits the offense of cruelty to children in the third degree when:

(1) Such person, who is the primary aggressor, intentionally allows a child under the age of 18 to witness the commission of a forcible felony, battery, or family violence battery; or

(2) Such person, who is the primary aggressor, having knowledge that a child under the age of 18 is present and sees or hears the act, commits a forcible felony, battery, or family violence battery.

~~(d)~~(e)(1) A person convicted of the offense of cruelty to children in the first degree as provided in this Code section shall be punished by imprisonment for not less than five nor more than 20 years.

~~(e)~~(2) A person convicted of the offense of cruelty to children in the second degree shall be punished by imprisonment for not less than one nor more than ten years.

(3) A person convicted of the offense of cruelty to children in the third degree shall be punished as for a misdemeanor upon the first or second conviction. Upon conviction of a third or subsequent offense of cruelty to children in the ~~second~~ third degree, the defendant shall be guilty of a felony and shall be sentenced to a fine not less than $1,000.00 nor more than $5,000.00 or imprisonment for not less than one year nor more than three years or shall be sentenced to both fine and imprisonment."

SECTION 4.

Said title is further amended by adding a new Code section to read as follows:

"16-5-73.

(a) As used in this Code section, the term:

(1) 'Chemical substance' means anhydrous ammonia as defined in Code Section 16-11-111, ephedrine, pseudoephedrine, or phenylpropanolamine, as those terms are defined in Code Section 16-13-30.3, or any other chemical used in the manufacture of methamphetamine.

(2) 'Child' means any individual who is under the age of 18 years.

(3) 'Intent to manufacture' means conduct that is demonstrated by the chemical substance´s usage, quantity, manner of storage, or proximity to other chemical substances or equipment used to manufacture methamphetamine.

(4) 'Methamphetamine' means methamphetamine, amphetamine, or any mixture containing either methamphetamine or amphetamine, as described in Code Section 16-13-26.

(5) 'Serious injury' means an injury involving a broken bone, the loss of a member of the body, the loss of use of a member of the body, or the substantial disfigurement of the body or of a member of the body or an injury which is life threatening.

(b)(1) Any person who knowingly causes or permits a child to be present where any person is manufacturing or possessing methamphetamine or a chemical substance with the intent to manufacture methamphetamine shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than two nor more than 15 years.

(2) Any person who violates paragraph (1) of this subsection wherein a child receives serious injury as a result of such violation shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than five nor more than 20 years."

SECTION 5.

Said title is further amended in Code Section 16-12-1, relating to contributing to the delinquency, unruliness, or deprivation of a minor, by striking paragraph (4) of subsection (a) and inserting in lieu thereof the following:

"(4) 'Serious injury' means an injury involving a broken bone, the loss of a member of the body, the loss of use of a member of the body, ~~or~~ the substantial disfigurement of the body or of a member of the body, ~~or~~ an injury which is life threatening, or any sexual abuse of a child under 16 years of age by means of an act described in subparagraph (a)(4)(A), (a)(4)(G), or (a)(4)(I) of Code Section 16-12-100."

SECTION 6.

This Act shall become effective on July 1, 2004, and shall apply to all crimes which occur on or after that date.

SECTION 7.

All laws and parts of laws in conflict with this Act are repealed.

GOVERNOR SONNY PERDUE

Governor Perdue's Levi's Alert Improvement Bill

A BILL TO BE ENTITLED

AN ACT

To amend Chapter 1 of Title 51 of the Official Code of Georgia Annotated, relating to general provisions regarding torts, so as to provide for an exemption from civil liability with respect to broadcasters who are engaged in Levi´s Call: Georgia´s Amber Alert Program; to provide for definitions; to provide for conditions and limitations; to provide an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 1 of Title 51 of the Official Code of Georgia Annotated, relating to general provisions regarding torts, is amended by adding a new Code section at the end thereof to be designated Code Section 51-1-50, to read as follows:

. 51-1-50.

(a) As used in this Code section, the term:

(1) 'Broadcast' means the transmission of video or audio programming by an electronic or other signal conducted by radiowaves or microwaves, by wires, lines, coaxial cables, wave guides or fiber optics, by satellite transmissions directly or indirectly to viewers or listeners or by any other means of communication.

(2) 'Broadcaster' means any corporation or other entity that is engaged in the business of broadcasting video or audio programming, whether through the public airwaves, by cable, by direct or indirect satellite transmission or by any other means of communication.

(3) 'Levi´s Call: Georgia´s Amber Alert Program' means the voluntary program entered into by the Georgia Bureau of Investigation, the Georgia Emergency Management Agency, the Georgia Association of Broadcasters, and certain broadcasters licensed to serve in the State

of Georgia; which program provides that if the Georgia Bureau of Investigation verifies that a child has been abducted and is in danger, an alert containing known details of the abduction is transmitted to Georgia Emergency Management Agency, which is then transmitted by Georgia Emergency Management Agency to broadcasters in Georgia; and those broadcasters participating in the program then broadcast or otherwise disseminate the alert to listeners, viewers, or subscribers for a period of four hours.

(b) Any broadcaster participating in Levi´s Call: Georgia´s Amber Alert Program shall not be liable for any civil damages arising from the broadcast or other dissemination of any alert generated pursuant to the Levi´s Call: Georgia´s Amber Alert Program.

(c) Nothing in this Code section shall be construed to limit or restrict in any way any legal protection a broadcaster may have under any other law for broadcasting or otherwise disseminating any information.

SECTION 2.

This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval.

SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.

Background on Governor Perdue's Child Protection Package of 2004

The Child Protection Package consists of three initiatives: a general child protection bill; criminalizing the production of methamphetamine in the presence of a child; and reducing liability for the use of information in a Levi's Call (Georgia's Amber Alert).

The General Child Protection Bill

This bill codifies the definition of "criminal negligence" that has been established in Georgia's case law and amends the current cruelty to children statute so as to add criminal negligent behavior as a new second-degree offense of cruelty to children. This is a felony offense providing for imprisonment by not less than one nor more than ten years. The current second-degree offense becomes the third degree offense.

This bill also amends the code section relating to contributing to the delinquency, unruliness, or deprivation of a minor by including sexual abuse of a child under the age of sixteen under the definition of "serious injury."

Georgia is the only state in the nation without a child abuse felony statute that includes criminally negligent behavior.

Representative Wendell Willard has been the champion of this legislation for years. With the support of Governor Perdue, we are finally going to get this important legislation passed.

Criminalizing The Production of Methamphetamine in The Presence of a Child

This provision creates the offense of causing or permitting a child to be exposed to or have contact with a chemical substance intended to be used in the manufacture of methamphetamine. This offense is a felony punishable by imprisonment for two to fifteen years. The bill makes the same conduct punishable by five to twenty years if the child suffers physical injury from such contact.

Children who live or visit at sites during the production of methamphetamine are exposed to immediate dangers and may face acute health and safety risks. These children may be exposed to chemical contamination, fire, abuse, neglect and other risks.

According to the U.S. Department of Justice, during 2002, there were 15,353 meth lab-related incidents in the United States. 2,077 children were present during these incidents, and 2, 023 were residing in seized meth labs. 3,167 children were affected and 1,373 children were exposed to toxic chemicals.

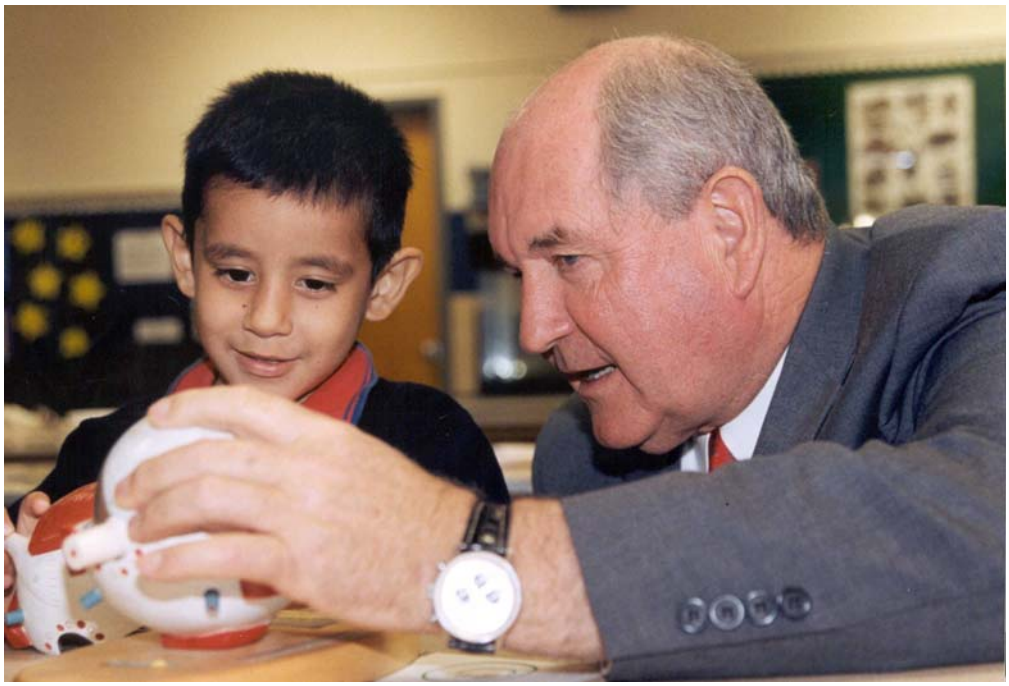
Reducing Liability For The Use of Information in a Levi's Call

Levi's Call is a voluntary partnership between law enforcement, emergency management, and broadcasters to activate an urgent bulletin in child abduction cases.

A Levi's Call is initiated by local law enforcement notifying the GBI of abduction. After verifying that the use of an alert is justified, the GBI drafts an alert bulletin and requests activation of the Emergency Alert System (EAS) through the Georgia Emergency Management Agency (GEMA). GEMA transmits the bulletin via the EAS to broadcasters who are requested to run the alert at least twice the first hour and once every hour for the next three hours. The broadcasters' participation is voluntary.

This legislation exempts broadcasters from liability for the broadcast of any of the information in a "Levi's Call."

This goal of this bill is to ensure continued effectiveness by maintaining high levels of participation in Levi's Call. Broadcast stations will only use the information that comes directly from the GBI, and the immediacy of these situations allows no time to check any of the facts.



Op-Ed in support of Governor Perdue's Child Protection Package

New Year, new session, new opportunity to right an old wrong
Wendi L. Clifton, Esq.
Interim Executive Director
Prevent Child Abuse Georgia

This week the Georgia General Assembly starts a new legislative session. I'd like to challenge members of both parties and both chambers to resolve that 2004 be the year they finally pass a statute that adequately protects the children of Georgia.

The bitter battle for an appropriate felony child abuse statute in Georgia spans three years. Unfortunately, despite the hard work of many advocates and elected officials, it has failed to pass due to partisan pandering. As a result, Georgia is a state with lax laws for protecting children.

The best way to understand why we need this law is to drop all rhetoric and look at real cases, real children, real families and real instances of neglect. These are real examples of real people where Georgia law, or lack thereof, tacitly says it is ok to seriously harm, or, kill a child.

There is no tragedy like the one that costs the life of or seriously harms a vulnerable child. It happens – far too often. I have a filing cabinet full of cases that were returned to me over the years by Georgia prosecutors along with letters of regret. In short, prosecutors would tell me that the best charge they could use to prosecute the guardian would be child cruelty because the child did not die. Unfortunately, this required the prosecutor to prove the parent maliciously harmed the child. If the child died, the prosecutor could use the murder charge, but often ended up without a guilty verdict. In other words, they were very unlikely to win the case in court and, therefore, chose not to proceed with prosecution. This pattern has been repeated many times in jurisdictions throughout the state--a child is harmed or killed yet a case of criminally negligent behavior resulting in serious harm to a child goes unpunished.

Felony child abuse has never been about "policing" parenting. There is a difference between what is reasonable and what is not unreasonable. This issue is entirely about protecting children. They are vulnerable and must be treated as such by the adults in their lives. Common sense dictates that a caretaker should not leave an infant or minor in a dangerous situation that might critically injure them. There must be accountability.

If these incidents didn't happen so frequently, we wouldn't have to send the message that there is recourse. We wouldn't have to publicly and legally send the message that Georgia will go to great lengths to ensure the safety of its children.

The premise of the proposed legislation is simple. It makes it a criminal offense for a person who, with criminal negligence, causes a child under the age of 18 cruel or excessive pain. There

are some strong arguments for our need to pass legislation that closes the existing gap in current Georgia law. But, the only one that matters is to better protect the children of Georgia.

This year, we have an opportunity to right a grave wrong and end Georgia's shameful position as the only state in the country without an adequate felony child abuse statute. I urge the people of Georgia to call their elected officials and put them on notice that we, the citizens of Georgia, expect 2004 to be the year its children finally have the protection they deserve under Georgia law.

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The Acute Health Consequences to Children Exposed to Hazardous Substances Used in Illicit Methamphetamine Production, 1996 to 2001

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ABSTRACT

Children who are raised in an environment where illicit methamphetamine production occurs can experience acute health effects from hazardous substances used. Common substances used include anhydrous ammonia, hydrochloric acid, and acetone. Many of these are hazardous upon exposure and can lead to emergency events such as fires, explosions, spills, and toxic emissions. Data from 17 states participating in the Agency for Toxic Substances and Disease Registry's Hazardous Substances Emergency Events Surveillance system were used to analyze the acute health consequences among children exposed to hazardous substances released in association with illicit methamphetamine production during 1996 through 2001. Of the 519 methamphetamine-related emergency events identified where releases occurred, at least 8 known events involved 13 children who were injured. In four of these eight events, lethal substances such as anhydrous ammonia were released. The predominant injuries sustained by these children were respiratory irritation and trauma. More action is needed to remove children from these dangerous environments and to educate innocent bystanders, as well as the substance abusers themselves, about the risks involved with methamphetamine and its illicit production.

Key Words: illicit methamphetamine laboratories, hazardous substances, children, acute exposures.

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INTRODUCTION

Methamphetamine (meth), a powerfully addictive stimulant, can be easily produced in illicit, makeshift laboratories (labs) (Drug Enforcement Administration [DEA] 2002a). Meth is largely considered the fastest growing drug threat in the U.S. (DEA 2002a). Aside from the inherent physical and physiological dangers of the drug itself, many of the substances used in the manufacturing process are hazardous and can lead to acute human exposures via volatile air emissions, spills, fires, and explosions. Historical data clearly demonstrate a dramatic upward trend in the numbers of meth labs seized by law enforcement officials over the last few decades (DEA 2002). The relative ease of production, the quick production time, and the profit potential are some possible reasons contributing to the increase in the numbers of labs discovered.

Meth manufacture commonly occurs in private residences, of which an estimated 20% have children present (DEA 2002a). Children living in and around these illicit lab settings may be more susceptible to injuries and symptoms from hazardous substances exposures than the adults who are involved in the actual manufacturing process. Proportionally, children breathe more air, drink more water, and eat more food than adults (USEPA 1998). Additionally, children play close to the ground and engage in frequent hand-to-mouth activity (USEPA 1998). Children may also be more vulnerable because their systems are still developing, often making them less able than adults to metabolize, detoxify, and excrete toxins (USEPA 1998). Furthermore, infants, toddlers, and young children generally do not have the motor skills to escape from the site of an emergency event; even if they were able to walk, they may not have the cognitive ability to decide in which direction to flee (AAP 2002).

Data from the Agency for Toxic Substances and Disease Registry's (ATSDR) Hazardous Substances Emergency Events Surveillance (HSEES) system were used to conduct a retrospective analysis on the acute health consequences to children (i.e., morbidity, mortality) from emergency events associated with illicit meth labs in 17 participating states from 1996 to 2001. The objectives of the analysis were to (1) describe the distribution and characteristics of meth-associated emergency events (hereafter referred to as meth events), (2) describe the acute health consequences experienced by children, (3) present examples of meth events with injured children, and (4) describe some interventions and prevention activities being undertaken to safeguard the health of children who reside in clandestine drug lab settings.

METHODS

Since 1990, ATSDR has maintained the active, state-based HSEES system to help reduce the morbidity and mortality associated with hazardous substances releases. While the DEA operates the National Clandestine Laboratory Seizure database (NCLS), which identifies all new illicit drug labs discovered in the U.S. by local, state, and federal law enforcement officers, it is used primarily for identifying trends in drug use

and not for public health purposes (DEA 2002b). Additionally, general information on hazardous substances releases are available from other federal databases, such as the Department of Transportation's (USDOT) Hazardous Materials Incident Reporting System (HMIS) and the US Coast Guard's National Response Center (NRC) database; however, these databases are designed primarily for emergency response or regulation and do not necessarily seek out and verify information on all injuries (USEPA 1995). HSEES is the only federal database designed specifically to assess and record the public health consequences of hazardous substances releases.

From 1996 to 2001, 13 state health departments participated in HSEES for the entire time period: Alabama, Colorado, Iowa, Minnesota, Mississippi, Missouri, New York, North Carolina, Oregon, Rhode Island, Texas, Washington, and Wisconsin. Four states participated during portions of this: Louisiana (2001), New Hampshire (1996 only), New Jersey (2000 to 2001), and Utah (2000 to 2001). The period 1996 to 2001 was selected for this analysis because a noticeable number of meth events began appearing in the HSEES system in the mid-1990s, and because the most recent data available at the time of the analysis were for 2001.

Participating states used multiple data sources to capture information on events. These sources included, but were not limited to, federal databases (i.e., HMIS, NRC), state environmental protection agencies, police and fire departments, poison control centers, hospitals, and local media. Information collected (i.e., substance[s] released; numbers of victims, injuries, and evacuees) was recorded on standardized data forms and entered into a computerized database. The states sent this quarterly to ATSDR where it was uploaded into the central HSEES database for analysis. In 2000, ATSDR ceased using the quarterly data submission system and deployed a real-time, web-based surveillance system.

Under the HSEES criteria, events (meth and non-meth related) are defined as uncontrolled or illegal releases of a hazardous substance(s), or the hazardous byproducts of a substance that has to be removed, cleaned up, or neutralized according to federal, state, or local law (ATSDR 1998). HSEES defines a hazardous substance as any substance that can reasonably cause an adverse health effect. Victims, in general, are persons who sustain at least one injury or symptom (i.e., respiratory irritation) or who die as a result of the event. For this particular analysis, the HSEES database was queried for all meth associated events where at least one chemical was known to be actually released. Once these events were identified, a further query of the events with victims of known age was conducted. Unless otherwise specified, only events involving child victims under the age of 18 were focused on in this analysis. Finally, statistical analyses for this paper were conducted using Statistical Analysis Software (SAS) and EpiInfo (SAS Institute 1999, Dean *et al* 2002, respectively).

RESULTS

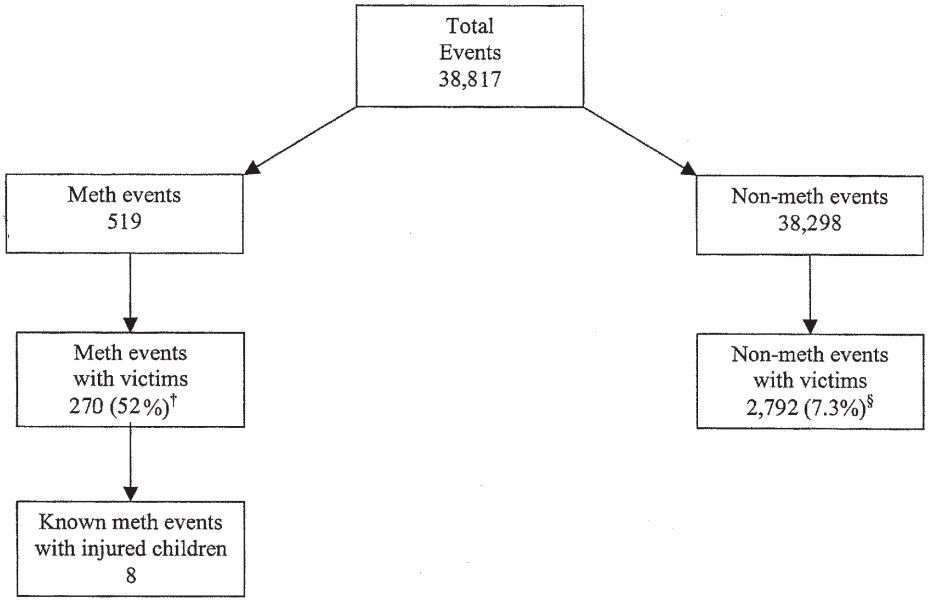
All Meth Events

A total of 38,817 meth and non-meth-related events, where an actual release occurred, was reported to the HSEES system from January 1, 1996 through Decem-

ber 31, 2001 (Figure 1). Of this total, 519 (1.3%) were meth events reported by 11 (64.7 %) of the 17 participating states (Table 1). The overall number of meth events in the HSEES system increased by more than 30-fold, from 8 in 1996 to 246 in 2001; in contrast, the remaining non-meth HSEES events increased 1.5-fold, from 5417 in 1996 to 8276 in 2001 (Table 2). When compared with non-meth events, meth events were seven times more likely to have had victims (relative risk [RR] 7.1; 95% confidence interval [CI] 6.5 to 7.8).

Meth Events with Children

In the 519 meth events reported, 270 (52%) involved 520 victims with injuries. Of these 270 events, 213 had victims with known ages. At least eight (3.0%) of these 269 meth events injured 13 children, ranging in age from 3 months to 17 years old (Table 3). The predominant injuries sustained by these children were respiratory irritation (n = 4) and trauma (n = 3). The largest percentage of injured children (38.5%, n=5) were treated at a hospital, but not admitted, while 23.1% (n=3) were admitted.



* Among events where there was an actual release.
† Percentage calculated from all meth events.
§ Percentage calculated from all non-meth events.

Figure 1 Distribution of all HSEES Events.* Hazardous Substances Emergency Events Surveillance, 1996 - 2001.

Table 1 Distribution of all Methamphetamine Events by State and Year.* Hazardous Substances Emergency Events Surveillance, 1996–2001

State	Year						Total
	1996	1997	1998	1999	2000	2001	
WA	4	9	13	28	26	90	170
MO	2	4	6	9	82	54	157
OR	2	1	7	6	21	54	91
IA	0	0	5	9	23	34	71
MS	0	0	0	0	7	2	9
UT†	--	--	--	--	1	5	6
MN	0	0	0	2	4	1	7
WI	0	0	0	0	2	3	5
AL	0	0	0	0	0	1	1
CO	0	0	0	0	0	1	1
TX	0	0	0	0	0	1	1
Total	8	14	31	54	166	246	519

* Includes methamphetamine events where actual hazardous substances were released.
† Utah did not join the HSEES system until 2000, therefore, data prior to this time period is unavailable.

Table 2 Distribution of Methamphetamine Events With Victims Compared With Non-Meth HSEES Events with Victims.* Hazardous Substances Emergency Events Surveillance, 1996–2001

Year	No. of Participating States	Methamphetamine Events				Non-Methamphetamine Events			
		Events	% of Total	Events With Victims†	% of Yearly Events With Victims§	Events	% of Total	Events With Victims†	% of Yearly Events With Victims
1996	14	8	1.5	4	50.0	5,417	14.1	380	7.0
1997	13	14	2.7	6	42.9	5,409	14.1	354	6.5
1998	13	31	6.0	16	51.6	5,877	15.3	378	6.4
1999	13	54	10.4	32	59.3	6,106	15.9	464	7.6
2000	15	166	32.0	105	63.3	7,213	18.8	636	8.8
2001	16	246	47.4	107	43.5	8,276	21.6	580	7.0
Total	---	519	100.0¶	270	52.0	38,298	100.0	2792	7.3

* Includes all events where actual hazardous substances were released.
† All victims, including children and adults.
§ Number of events with victims divided by the number of events.
¶ Numbers may not add up to 100.0% because of rounding.

Table 3 Profile of the Eight Methamphetamine-Related Events Where Children Under 18 Years of Age Were Injured. Hazardous Substances Emergency Events Surveillance, 1996-2001

Event no.	State	Year	Substances Involved	Release Type(s)	No. of Children Injured	Age(s)	Symptoms/Injuries
1	WA	1997	Iodine, naptha, toluene	Volatilization	1	12	Gastrointestinal problems,* headache
2†	IA	1999	Anhydrous ammonia	Volatilization	1	17	Respiratory irritation
3§	IA	1999	Ether NOS¶	Fire/explosion	2	14, 16	Trauma, respiratory irritation
4	MS	2000	Anhydrous ammonia	Spill/volatilization	3	1, 14, 17	Trauma, eye irritation, skin irritation, shortness of breath, headache
5§	WA	2000	Anhydrous ammonia, ephedrine, solvent NOS	Fire	2	3 months, 10	Gastrointestinal problems, brain damage
6	MO	2001	Acid NOS	Spill	1	8	Chemical burns
7	WA	2001	Anhydrous ammonia	Spill/volatilization	2	3, 6	Respiratory irritation
8	WA	2001	Lye/toluene mixture	Spill	1	11 months	Eye irritation, chemical burns, skin irritation,
Total					**13**		

* i.e., nausea, vomiting.
† In this event, the 17 year old boy injured was actually manufacturing methamphetamine.
§ This event is described in the *Case Vignette* section of the paper.
¶ NOS - not otherwise specified.

Of these eight meth events with injured children, known substances that children were exposed to ranged from dangerous substances such as iodine to extremely lethal substances such as anhydrous ammonia (NIOSH 1997). In four of these events, anhydrous ammonia was released. Two of the events involved substances being released via volatilization, two involved spills, and two involved volatilization/spills. One event resulted in a fire and one in a fire/explosion (Table 3).

Five of the meth events with children occurred in private residences: three of which occurred in houses, one in an apartment building, and one in a duplex. Four of the eight events involved ordered evacuations of homes, apartments, duplexes, and other areas during which at least 152 people (including children) were evacuated (range: five to 100 people). The length of evacuation ranged from 2 to 6 h. Eight people were decontaminated as a result of these meth events, including an 8-year-old injured child.

CASE VIGNETTES

Iowa

In December 1999, a second floor apartment caught fire when a couple used ether and other volatile chemicals to manufacture meth while their two teenage daughters were sleeping in a nearby room. The parents and one daughter, age 16, escaped through the front door. The other daughter, age 14, escaped by crawling through and jumping from a broken window. The parents were treated at a hospital for chemical burns, but were not admitted. The 14-year-old daughter was treated at a hospital for respiratory irritation and trauma, but was not admitted. One hundred residents from the apartment building were evacuated for 4 h.

Washington

In October 2000, two adults were in the basement of a house using ammonia, solvents, and other volatile chemicals to manufacture meth. A 10-year-old girl, sleeping upstairs, woke to noxious fumes, which caused her to vomit repeatedly. One and a half hours later, the two adults, the 10-year-old girl, and three younger siblings, ages two, four, and eight, were forced to flee the house because a fire occurred during the manufacturing process. Another child, a 3-month-old infant, was rescued by firefighters from an infant swing where she had been left in a smoke-filled room for approximately 20 minutes. The infant, who nearly died, sustained severe brain damage from the event.

DISCUSSION

Private residences tend to serve as makeshift labs most likely because meth production can be relatively easy to conceal. Five of the HSEES events with children occurred in private residences within residential areas. This underscores the reality that many unsuspecting neighboring adults and children, especially in apartment buildings, can be at risk of serious injury or death should an emergency event such

as a fire and/or an explosion occur. Half of the events with injured children occurred between midnight and 6:00 am, which is usually when most children are asleep. Sleeping children, in residences where meth manufacturing occurs, may even have a higher risk of acute injury during an emergency event because they most likely would be unaware of what was happening. This is particularly true if the parents/care givers are in another part of the house and/or are under the influence of meth. Regardless of the time a meth event occurs, young children depend completely on adults for proper housing decisions, risk identification, and risk management decisions (ATSDR 1997). Parents who are involved with meth are most likely unable to provide this for their children.

Anhydrous ammonia, a common ingredient for meth manufacture, was released in half of these known events with injured children. This colorless gas has a pungent, suffocating odor and is immediately dangerous to life and health (NIOSH 1997). Depending on the dose, common symptoms of anhydrous ammonia exposure include irritation to eyes, nose, throat; dyspnea, wheezing, chest pain; pulmonary edema; skin burns; and even death (NIOSH 1997). Anhydrous ammonia gas and vapors are initially heavier than air and can spread along the ground, thereby increasing the exposure risk to children (USDOT 2000). The personal protective equipment (PPE) recommended for use when dealing with a leak of anhydrous ammonia includes a positive pressure self-contained breathing apparatus and chemically protective clothing (USDOT 2000). Those who are involved with meth manufacture, and unsuspecting family members such as children are not going to have this PPE on hand during an emergency event and are at risk of sustaining severe injuries or death.

The HSEES system is a useful tool for capturing information on the public health impacts from hazardous substances releases; however, the system has limitations. First, the reporting of meth and non-meth events to participating HSEES states is not mandatory; therefore, participating states may not be informed about every event. HSEES does, however, capture more public health information on hazardous substances released than other federal databases (Wendt *et al.* 1996). Second, HSEES data are gathered from 17 states and may not adequately reflect the events occurring in other non-HSEES states; however, HSEES covers approximately one third of the U.S. landmass and population and has a wide geographic distribution. Finally, HSEES states have different minimum substance quantity reporting guidelines; therefore, small releases in some states may go unreported to regulatory agencies. However, many participating states require that all releases are reportable, ensuring that a high percentage of events are captured by HSEES.

CONCLUSION

The HSEES data appear to indicate that the numbers of meth labs and associated emergency events will continue to increase, putting more children and other unsuspecting individuals at risk for hazardous substance(s) exposure. More action

is needed to remove children from these dangerous environments and to educate innocent bystanders, as well as the substance abusers themselves, about the risks involved with meth and its illicit production.

Various actions have already begun in the U.S. at the local, state, and federal levels in response to the rising meth trend. At the local level, certain California cities and counties have established Drug Endangered Children (DEC) Response Teams. These DEC Response Teams intervene on behalf of children who have been exposed to meth or toxic chemicals as a result of residing in a home-based drug lab (Riverside County, CA 2002). A few key services provided to children by the DEC program include removing children from the toxic chemical exposure and drug environments, comprehensive medical screening and follow-up, and mental health treatment (Riverside County, CA 2002). At state and federal levels, child endangerment laws are becoming more stringent. In California, for example, the sentence for a parent/care giver is 2 years in state prison for each child discovered in a meth lab; federal child endangerment laws are similar (Crime Prevention Coalition of America 2000). Additionally, state health departments and federal agencies are working together to emphasize the inherent dangers of meth labs to first responders and members of the general public (CDC 2000, IDPH 2002, NCDH 2002, WSDH 2002). Unless these and other prevention activities continue or are implemented, more children and other unsuspecting individuals, will be subjected to the adverse health consequences caused from illicit meth labs and associated emergency events.

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