

Running Head: DRUG ENDANGERED CHILDREN, GUIDELINES,
METHAMPHETAMINE

Evaluation of the *Guidelines for Managing Children Found at Clandestine*

Methamphetamine Laboratory Sites for the

Georgia Alliance for Drug Endangered Children

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Background of the Evaluation

The Georgia Alliance for Drug Endangered Children (GADEC) came together in August 2004 after Georgia's Governor Sonny Perdue held a summit on Methamphetamine to address the rising impact it was having on the state (<http://www.georgiadec.org/about.html>). The Alliance is a collaboration of community stakeholders and state agencies. The official mission is to “prevent abuse to children caused by the manufacture, distribution, sale and use of drugs and to rescue, defend, shelter and support children who suffer physical and psychological harm caused by methamphetamine, alcohol and other drug” (<http://www.georgiadec.org/about.html>).

The Alliance is not an independent organization, but is supported through the cooperation of a variety of people and agencies. One of the major activities of the GADEC is to promote the *Guidelines for Managing Children Found at Clandestine Methamphetamine Laboratory Sites*, which were developed collaboratively by the Georgia Poison Center, the Department of Human Resources, and the Georgia Bureau of Investigations. The purpose of the *Guidelines* is to assist rescue workers in knowing how to care for children found at Meth labs while at the same time minimizing the trauma these children experience.

The purpose of the proposed evaluation was to see if the *Guidelines* are known, used, and to what extent they were used by the Drug Task Forces throughout the state of Georgia. The research questions looked to see if a difference existed between Drug Task Force Regions and the use of the *Guidelines*, and second, examined the relationship between Drug Task Force Regions and frequency of data gathering. Two hypotheses were examined in the study. First, that there would be a relationship between training and use of the *Guidelines*, and second, that there would be a difference between the North and South regions in dissemination of the *Guidelines*.

Methodology

Evaluation Design

For the purpose of this study, the evaluators looked at whether the endorsement and training of the *Guidelines* have had any effect in practice by the Georgia Bureau of Investigation supervised Drug Task Forces. The evaluation specifically measured the dissemination of the *Guidelines*, particularly how and when the *Guidelines* were learned. The evaluation also measured how the *Guidelines* are used at the scene, what type of data collection procedures are followed, and whether any training has been received. In order to measure these items, a survey was developed with the Georgia Alliance for Drug Endangered Children.

Sample and Description of Participants

The study sample was members of Georgia Bureau of Investigations supervised Drug Task Force in the state of Georgia. Out of 80 members of these Drug Task Forces, 50 responded to the survey. This gave us a response rate of 63%.

The Georgia Bureau of Investigations supervised Drug Task Forces surveyed included the Altamaha Drug Task Force, the Appalachian Multi-Jurisdictional Task Force, the Cherokee Multi-Agency Narcotics Squad, the East Central Drug Task Force, the Hall County Multi-Agency Narcotics Squad, the Ocmulgee Drug Task Force, the Oconee Dublin Drug Task Force, the Piedmont Northern Multi-Agency Narcotics Squad, the State Drug Task Force, the South Georgia Drug Task Force, the Tallapoosa Judicial Circuit Task Force, the Tri-Circuit Multi-Jurisdictional Task Force, and the West Georgia Drug Task Force.

The majority of respondents, 33 percent, were Special Agents. However, Sergeants, Administrative Assistants, and other law enforcement officials responded to the survey as well.

Data Collection Procedures

A survey designed to gather information relevant to the *Guidelines* was administered to the Georgia Bureau of Investigations supervised Drug Task Forces. The first part of the survey focuses on general information and demographics as related to law enforcement. The second part of the survey focuses on *Guidelines* specific information by asking Drug Task Force members to indicate whether or not the *Guidelines* are known and in use, and the extent to which the *Guidelines* are used. Information was also gathered about the data collection and training.

The surveys were emailed to two Regional Special Agents in Charge (SAC), who then emailed the surveys to the specific Drug Task Force Special Agents or Assistant Special Agents (ASAC) in Charge. At that point, the Drug Task Force SAC or ASAC distributed the survey to the members of the Drug Task Force.

Once the surveys were completed, the Drug Task Forces faxed or mailed them back to the evaluators.

All surveys were accompanied with an explanation of the study, and a confidentiality agreement. All surveys and subsequent data are confidential and will only be used by the evaluators.

Measurement

The survey was designed to evaluate the dissemination (or distribution), use, data gathering, training, and feedback of the *Guidelines* by the Georgia Bureau of Investigation supervised Drug Task Forces.

Prior to finalization, the creation of this survey was aided by reviews from the Executive Director, Chair and Co-Chair, and the Data Collection Chair of the Georgia Alliance for Drug Endangered Children (GADEC). The survey was also reviewed by officials from the Georgia Poison Center, Department of Human Resources, and the Georgia Bureau of Investigations who collaborated on the *Guidelines*. Suggestions and feedback were taken

into account when developing the survey.

The first section of the survey provided questions to record demographic information. These questions included: County or counties worked, and rank in law enforcement, Drug Task Force Region, Northern versus Southern Drug Task Forces, and gender. This section also requested years employed in law enforcement, and the number of methamphetamine laboratory sites worked by the respondent.

Following the demographics, the second section measured the dissemination of the *Guidelines*. Essentially, it looked at how and the *Guidelines* came to be known to the respondent.

The third section measured the use of the *Guidelines*, and the fourth section measured the data collection procedures while at the scene. Following this, there were questions on training. Those questions measured whether training was received and if it was considered effective.

The final section of the survey provided an opportunity for those responding to provide written feedback on the *Guidelines*.

Results and Findings

After collecting the data, the percentages of Drug Task Force responses were calculated. Figure I (shown below) shows a pie chart that displays the percentage of which Drug Task Force Regions actually participated in the survey. The most responses were received from Haralson Paulding Drug Task Force Region, which returned 16% of the surveys collected. The least responses were from Ocmulgee Drug Task Force Region at 2%.

Figure I

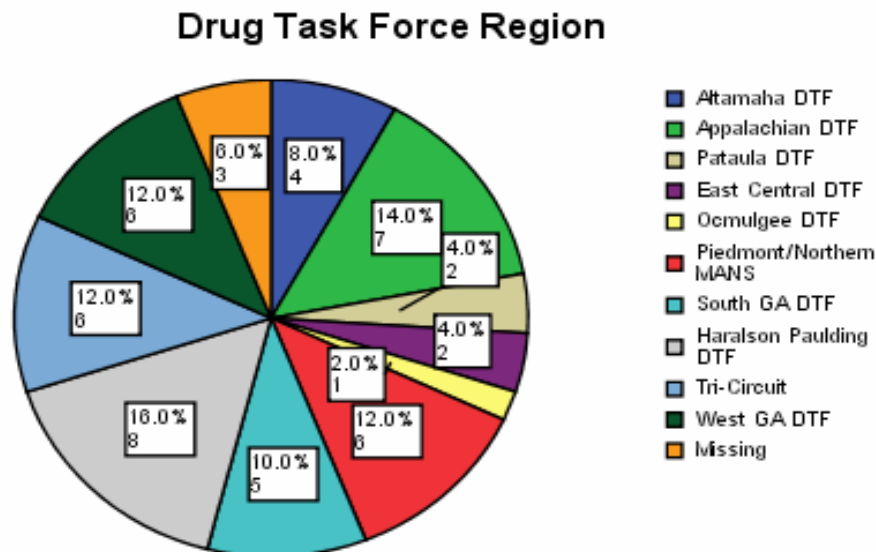


Table I. describes the results of each Drug Task Force Region reported for their consistency if data gathering according to the *Guidelines*. The lowest rating was 3.5 for the Haralson Paulding DTF, which means they only recorded the health status of the children found at the scene between “sometimes” and “almost always”. Haralson/Paulding gave the lowest response in Data Gathering overall. Also of significance is that the Pataula, Ocmulgee, and South GA DTF follow all the *Guidelines* recommended procedures at every Meth lab scene. This answers the question of whether there is a relationship between Drug Task Force Regions and the frequency of data gathering, as well as receipt of training and its use.

Table I

Drug Task Force Region and Data Gathering

Drug Task Force Region		How often do law enforcement officers record the presence of children?	How often do law enforcement officers record health status of children?	How often do law enforcement officers record severity of child contamination?	How often do law enforcement officers record the decontamination of children?	How often do law enforcement officers refer children to DFCS?
Altamaha DTF	Mean	5.00	4.25	5.00	5.00	5.00
Appalachian DTF	Mean	5.00	4.71	5.00	3.86	5.00
Pataula DTF	Mean	5.00	5.00	5.00	5.00	5.00
East Central DTF	Mean	5.00	5.00	5.00	5.00	5.00
Ocmulgee DTF	Mean	5.00	5.00	5.00	5.00	5.00
Piedmont/Northern MA	Mean	5.00	4.00	4.00	4.00	4.25
South GA DTF	Mean	5.00	5.00	5.00	5.00	5.00
Haralson Paulding DTF	Mean	4.88	3.50	3.88	3.75	4.50
Tri-Circuit	Mean	5.00	4.33	4.33	4.67	4.67
West GA DTF	Mean	4.83	4.33	4.33	4.33	4.00
Total	Mean	4.95	4.34	4.54	4.33	4.66

Figure II, a bar graph, shows how the *Guidelines* were disseminated to Drug Task Force Regions in the North and those in the South. This data illustrates that over 42.5% percentage of respondents in the North knew about the Guidelines over 6 months ago, versus over 14% of respondents in the Southern Task Force Regions. Also, in the Southern Drug Task Force Regions, the majority of respondents were unfamiliar with the *Guidelines*. The results portrayed in this graph confirmed that more Drug Task Force Regions in the North were trained on the *Guidelines* less than 6 months ago. This suggests that there is a relationship between the dissemination of the *Guidelines* and the geographical location of the task force.

Figure II

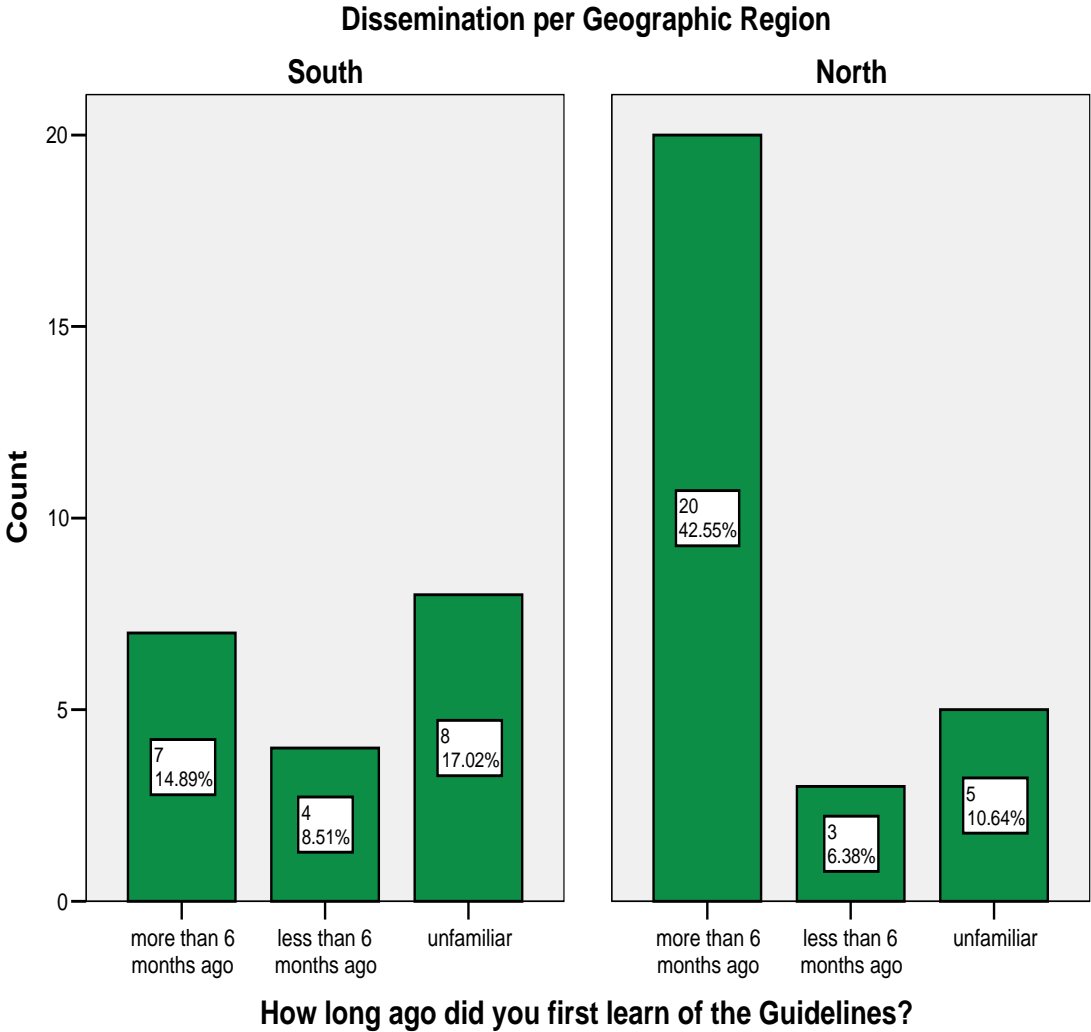


Table II. illustrates the relationship between Training and Use of the *Guidelines*. This table shows that on average, respondents who have been trained answered that they “always” or “almost always” used the *Guidelines*. It shows that those who were trained on the *Guidelines* were more likely to use them, have knowledge of children at the scene prior to their arrival, and to have EMS, the Fire Dept/HAZMAT, and DFCS present at the scene.

Table II

Training and Use			
	Were You Trained on the Guidelines?	N	Mean
Frequency of Use	Yes	24	4.50
	No	16	3.06
Prior Knowledge of Children at the Scene	Yes	24	3.38
	No	17	3.06
EMS Present at the Scene	Yes	24	4.04
	No	16	4.25
Fire Dept/HAZMAT Present at the Scene	Yes	24	4.25
	No	16	3.31
DFCS Present at the Scene	Yes	24	3.83
	No	16	3.25
Post-Medical Evaluation	Yes	23	3.96
	No	16	3.44
Post-Contamination Evaluation	Yes	22	4.09
	No	16	3.31

Discussion

Explanation of findings

The majority of respondents from Region 1, Altamaha DTF, responded “never” when asked about use of the *Guidelines*. Therefore, it would seem that Region 1 rarely ever utilizes the *Guidelines* when responding to children found at clandestine methamphetamine labs. However, Region 1 is located in southeast Georgia, an area in which the Meth labs are not as prevalent. Therefore, these responses may be consistent with the geographic pattern of the Meth epidemic.

Region 6, Ocmulgee DTF, had more positive responses regarding the usage of the *Guidelines*, answering mostly “always,” “almost always,” and “sometimes.” Further statistical analysis indicated a diversity of implementation of the *Guidelines* by law enforcement. This is troubling due to the possible physical harm and mental trauma faced by children that are not properly treated at the lab scene.

The responses regarding data gathering appeared more uniform across the Drug Task Force Regions. Pataula DTF, East Central DTF, Ocmulgee DTF, and South GA DTF responded “always” for each data gathering question. Haralson-Paulding DTF reported the lowest individual responses for data gathering, slightly above “sometimes.” This is a positive indication for statewide data gathering by law enforcement. Responses suggest that the majority of law enforcement is documenting the contamination severity and medical severity as outlined in the *Guidelines* when a child is found at a lab scene.

However, the responses about usage of those who were trained on the *Guidelines* and those who were not trained on the *Guidelines* are notable in practical application as those who received training frequently answered between “almost always used” and “always used,” while those who did not receive training frequently responded “sometimes used”.

From the data, it is evident that most law enforcement in the northern region of the state (42.55%) received the *Guidelines* more than 6 months ago as opposed to the southern region (14.89%). This would be consistent with the pattern of methamphetamine in the state, as there exists a higher prevalence in north Georgia.

Implications

There are many implications learned from this study. First, and probably the most essential finding, was that those who have been trained on the *Guidelines* are using them consistently, and those that have not been trained are not. Therefore, if the Georgia Alliance, the GBI, DFCS, and the Poison Center really want everyone who responds to Meth labs to follow the *Guidelines*, an easy solution is that they offer more trainings and heavily emphasize the importance of understanding and using the *Guidelines*.

Another important finding that can have implications for the Georgia Alliance and the organizations that work together on the Drug Task Force teams is the extreme difference between the northern and southern regions who report they have heard of the *Guidelines* and those who have not. Of the southern respondents, there was a high percentage of law enforcement officers that reported they have not heard of the *Guidelines*. This is consistent with the trend of Meth, which is more heavily a problem in the north-eastern part of the state than in the south. However, it is still important that all Drug Task Force teams are at least familiar with the *Guidelines* for in case the trend begins to spread to the south. An easy solution to this is to offer more mandatory trainings in the southern portions of the state.

Along with more initial training, in the feedback section of our survey, many of the task force members requested that there be ongoing training offered as well. This would serve to keep those who work in an area where Meth is not as prevalent more ready to use the *Guidelines* when the occasion arises.

Task force officers also reported as well as requested a need for greater understanding of the roles of the different agencies that should be involved in the collaborative efforts of dismantling Meth labs. Some of the data indicated that use of the *Guidelines* while DFCS was present was often low. More training for DFCS explaining their role at the scene, as well as more collaborative training with the opportunity to communicate between agencies could prove to be very beneficial for all that are involved.

As a part of the future trainings, an emphasis on Data Gathering needs to be added. Certain regions reported that they do gather data consistently every time; however other regions reported that they do not. Perhaps a further explanation of the importance of collecting data needs to be an objective in future trainings. The GADEC could also

specifically target the specific Drug Task Forces who reported a less consistent trend of Data Gathering to emphasize why data gathering is necessary.

Overall, it is good indication for Georgia's children affected by methamphetamine use and manufacture that training on the *Guidelines* leads to implementation of the recommended procedures. An increase in training among law enforcement is an attainable solution to the plight of Drug Endangered children in the state of Georgia.

