



## What is the Drug Endangered Children Mission?

The Drug Endangered Children movement arose out of the recognition that children whose caregivers are involved in the drug trade or substance abuse are at risk. These risks are discussed in depth in the **First Phase** of the DEC mission to raise awareness about the fact that “children + drugs = risk”. These risks may be emotional or physical and may include abuse, neglect, trauma, violence, as well as the multi-generational cycles of substance abuse and maltreatment. Understanding the true nature of the risks and the harms that may be experienced by drug endangered children is important for practitioners to begin to take steps to help these children and their families.

The **Second Phase** of the DEC mission is to change the perspective of law enforcement, child welfare, prosecutors, medical personnel, probation, treatment providers, and other professionals about their roles in recognizing, protecting, and serving drug endangered children. The “DEC Approach” is a comprehensive strategy to change the trajectory of the lives of drug endangered children through a common vision, ongoing collaboration, and ongoing change. Through DEC Approach training and activities, professionals identify their overlapping and common goals; gain insights about each other’s perspectives, roles, and authority; learn how to truly collaborate; and make changes to practice that are simple and much needed. The focus on children breaks down the practitioner silos, enhances the working relationships of local professionals, and restores hope that by working together we can effectively increase the likelihood of better outcomes for drug endangered children and their families.

The **Third Phase** of the DEC mission is the development of local DEC alliances that provide a mechanism for sustaining the ongoing collaboration and ongoing change implemented through the DEC Approach. Under the Local DEC Development phase of the DEC mission, practitioners and agencies formalize cross-disciplinary and inter-agency working relationships through MOU’s, protocols, and changes in policies. Local DEC alliances often result in regular multi-disciplinary meetings to share information, discuss current cases and trends, and to review practices and protocols for potential improvements and enhancements.

How do we measure **the effectiveness of these efforts**? How do we determine if we increased the chances that a drug endangered child’s life has a better outcome than if we hadn’t intervened or gotten involved? Life outcome studies are complex and controlling and measuring the many variables that determine such things is challenging and sometimes controversial. There is no practical way to measure the outcomes of the lives of drug endangered children who endure the risks they face but are never recognized as drug endangered and don’t ever receive help and support from local professionals as compared to those drug endangered children who are recognized and receive assistance.

There is the **common sense recognition** that when nothing is done to change a risky path, then negative outcomes are predictable. Law enforcement, child welfare, and other professionals across the country convey example after example of families in which drug use, abuse, violence, and addiction continue for multiple generations. These professionals predict bad outcomes for the children in these homes and their predictions often come true. The study on *Long-Term Consequences of Child Abuse and Neglect (Child Welfare Information Gateway, 2006)* reports that “children who experience child abuse and neglect are 59% more likely to be arrested as a

juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit a violent crime” and confirms that the common sense perspective is reality.

When these same professionals **get involved in the drug endangered children movement** and complete DEC training, they develop a strong belief and express **renewed hope** that through collaboration and change we can break the multi-generational cycles of substance abuse as well as abuse and neglect experienced by far too many children and families. Through the DEC Approach, these professionals shift their focus and perspective on their opportunities to make a difference and they change the way they do their jobs. These changes aren’t made because they are mandated to change or because funding is attached – there is no carrot or stick that compels these professionals to change their approach. During DEC trainings, these professionals reflect on their experiences in dealing with families involved with drugs and abuse and the perspectives of their colleagues, and experience what we call “ah-hah” moments of insight and understanding that they truly can do more to change the trajectories of the lives of drug endangered children. These professionals often take the specific step of helping to start a DEC alliance to formalize the DEC Approach and to provide a mechanism for continuing to enhance working relationships and better serve drug endangered children.

With the support of the Bureau of Justice Assistance and the Community Oriented Policing Services Office of the U.S. Department of Justice, numerous State, Tribal, and Local agencies, and a variety of non-profits, National DEC has provided hundreds of **DEC trainings** in communities across the country that reached tens of thousands of professionals from a variety of disciplines. More than half of the States now have a **State DEC Alliance and a growing number of Local and Tribal DEC Alliances** supported by National DEC. We’re also proud to work with the groundbreaking Statewide Tribal DEC Alliance in Nevada and the Ontario Provincial DEC Alliance. These DEC trained professionals and DEC alliances are implementing significant DEC promising practices across the country.

**But there is still much to learn and much work to do.** The *National Survey on Drug Use and Health*, produced annually by the Substance Abuse and Mental Health Services Administration, consistently shows that nearly ten percent of adults age 18 or older and a similar number of children age 12-17 use illicit drugs. Opioid abuse and heroin use are on the rise. One in four individuals age 18 and older engage in binge drinking (five or more drinks within a couple of hours) We know that illicit drugs and substance abuse present significant risks to children, but there is no national data base that is designed to identify how many drug endangered children there are. It is estimated that more than 9 million children live in homes where a parent or other adult uses illegal drugs – by definition making these children “drug endangered”. There are millions more homes with children in which the parent or other adult is abusing alcohol, opiate pain killers, or medicinal or recreational marijuana.

Whether a drug is illegal or legal it may diminish the capacity of an adult to properly parent their children. And when children themselves are abusing drugs, they are at a significant disadvantage for completing their education and enhancing their employment opportunities. The DEC mission addresses these issues in a comprehensive, multidisciplinary manner that holds the promise of greatly diminishing the impact of illicit drugs and substance abuse on children, families, and communities. **We all have a role in advancing the DEC mission.**