

Effects of Methamphetamine Use on the Children of Users

Jade Downey

Undergraduate Student, Human Development and Family Studies

Key Words: Methamphetamine, child abuse, addiction, protective services

Abstract

Methamphetamine use among users with children is becoming an epidemic in society. This study examined attitudes regarding primary caregiver methamphetamine use and the effects on their children by surveying approximately 20 Alcohol and Other Drug Abuse (AODA) counselors located in Western Wisconsin. It was hypothesized that AODA counselors would consider methamphetamine use as child abuse and believe families should remain intact while efforts are being made to overcome the addiction. Results indicated that the majority of participants believe that primary caregiver methamphetamine use is considered child abuse and that such occurrences should be reported. Many of those surveyed felt that children and caregivers should remain united or be reunited if children had previously been taken into protective services. Implications for future researchers would be to develop a broader survey instrument and use a larger sample. Practitioner implications include supporting more education and new legislation to address these problems and create additional family preservation programs.

Introduction

In 2005 it was reported that 1,660 children living in or visiting residences where methamphetamine was being produced were negatively affected by methamphetamine, injured, or killed. Methamphetamine is a drug derived from amphetamines that affects the central nervous system. The drug ranges in colors and can be in powder or rock form depending on whether it is to be smoked, injected, ingested, or snorted. The use of methamphetamine is becoming a very prevalent problem in today's society. Children of caregivers who use and/or make methamphetamine are at risk for physical and sexual abuse, neglect, fires and explosions, medical problems associated with chemical contact, and exposure to hazardous lifestyles (Office of National Drug Control Policy, 2006). Drug Endangered Children (DEC) programs are being established in many states. The program unites law enforcement, medical, and social service professionals to tend to the needs of children who are exposed to homes where methamphetamine is being made and/or used (Altshuler, 2005). There is limited research on the exact effects that primary caregiver methamphetamine use has on children and the issues related.

Methamphetamine is a controversial topic among professionals, which makes agreeing upon a method of treatment for persons with a methamphetamine addiction, and their family, difficult. The purpose of this study is to examine the attitudes of Alcohol and Other Drug Abuse counselors (AODA) on the effects of primary caregiver methamphetamine use on the children of users. It is hoped that this study will be used by

professionals in the field to find more effective ways to help and preserve the families as well as treating people with the addiction

Literature Review

Methamphetamine use is a fairly new concept and nearly all the research available has been completed within the last few years. There is very limited literature on information regarding the effects of the drug on people who use methamphetamine and even less on the effects on the people around them, most importantly their children. The literature prevalent to this study suggests that the use of methamphetamine in men and particularly women at childbearing age is rising and becoming an epidemic. There are many problems associated with methamphetamine use that would relate to how a primary caregiver could adequately care for their young, resulting in a need for child protective services to come to the aid of these children (Altshuler, 2005; Semple, Grant, & Patterson, 2004; Brecht, O'Brien, Mayrhauser, & Anglin, 2004; Derauf, Katz, Frank, Grandinetti, & Easa, 2003).

Child welfare recently started recognizing the needs of children taken from "methamphetamine homes" and that collaboration among community services is crucial to meeting those needs (Altshuler, 2005). A cross-sectional study found a significant increase in the importance of collaboration. Based on this study and the lack of information found on the needs of drug-endangered children, it can be concluded that more research on the effects of methamphetamine use on children exposed to the substance is necessary to find efficient collaborative strategies in dealing with the issue.

Semple, Grant, and Patterson (2004) found that methamphetamine use in women has been escalating. The study focused on reasons why women use methamphetamine; among the reasons were weight loss, self-confidence, enhanced energy to keep up with the demands of childcare and household chores, and increased sexual pleasure. Based on the findings, children of the mothers who use methamphetamine are likely to be exposed to many high-risk situations which could lead to child abuse and/or neglect.

Another study found that 71% of methamphetamine users were found to be parents (Brecht, O'Brien, Mayrhauser, & Anglin, 2004). Females were found to be introduced to the drug through partners more often than men, which could indicate how drug use and the family are incorporated. It is likely that the well-being of many children are threatened due to vast number of parents that use methamphetamine.

Derauf, Katz, Frank, Grandinetti, and Easa (2003) hypothesized that the prevalence of methamphetamine use in pregnancy was higher than it actually is. Research at a hospital in Hawaii found that only a very small percentage of newborns delivered actually tested positive for the substance. Researchers attributed the lower than expected finding to the notion that women who plan to continue their pregnancies to term reduce or prohibit their intake of any drug until after the birth. Based on the findings from this study, although many women may limit the use of methamphetamine during pregnancy, there is still a small percentage of children who have been exposed and are in danger of continued exposure, which can contribute to the difficulties children may have contracted before birth.

What little is known about methamphetamine suggests that the drug impairs users from efficiently performing routine daily activities. This includes anything from being able to keep a job to provide for a family to having the mental stability to care for a

young child. The current study will look into the distorted functioning of a primary caregiver on methamphetamine.

Theoretical Framework

The theory used in this study is the Family Systems Theory (Strong, Devault, & Cohen, 2005). This theory indicates that the family consists of several subsystems that perform specific functions. Family system theorists believe that the goal of a family is to maintain stability, which can make change difficult, but a well functioning family will grow and adapt to any changes. One main assumption of this theory is that each member of the system has an influence on the emotions and behaviors of each of the other members. As applied to this study, the theory would predict that Alcohol and Other Drug Abuse (AODA) counselors will express that methamphetamine use of a primary caregiver disrupts the caregiver/child subsystem and the interactions between them. Based on this theory it is speculated that the use of the drug impairs the primary caregiver's ability to provide the functional needs of the child and that many children of users have been victims of neglect and/or abuse. The theory would also predict that family preservation is important in maintaining family stability.

Methods

Participants

Participants were surveyed at alcohol and other drug abuse (AODA) treatment facilities located in Northwestern Wisconsin. Participants included four males, 19 females, and one person who preferred not to be identified by gender. All participants were AODA counselors between 20 to 50 years of age. Regarding work status, of the female participants 12 worked in the field 1-10 years; six worked in the field 21-30 years; and one worked 31+ years in the field. Of the male participants, one worked 1-10 years in the field and three worked 11-20 years in the field. The last participant worked 11-20 years in the field.

Research Design

This study used a cross-sectional type of survey to collect data from a cross-section of the population at one point in time. Data was collected by a self-administered questionnaire which was low-cost, timely, and more efficient and convenient for the available population.

Data Collection Instrument

The data collection instrument was approved by the Institutional Review Board before data collection. The survey method was chosen to accommodate the resources and time available to complete the research and was designed by the researcher to address attitudes of AODA counselors on the effects of methamphetamine use on the children of users. The cover letter introduced the researcher, explained the purpose of the research, why the research is important, that participation was voluntary, and that no names would be used.

Participants were asked demographic information: Gender, age, and the number of years they have been working in the AODA field. The survey questions were all closed-ended and were inspired by the Family Systems Theory, the literature, and information

gained during interviews done with experts in the field. Questions regarding effects of primary caregiver methamphetamine use on children included: media portrayal, caregiver’s knowledge of the effects of the use, dangerousness of methamphetamine, should use be considered child abuse, if child abuse related to use should be reported, keeping family united or placed in protective service while user is receiving treatment, if children should be reunited with primary caregiver after receiving treatment, and if counselors believe that users can be rehabilitated.

A 5-point Likert Scale was used to measure the responses to the questions on the questionnaire. The Likert Scale is based on the idea that respondents can choose the intensity of their attitudes towards the statement or question being asked. The scale was categorical, (1) being Strongly Disagree to (5) being Strongly Agree. The survey instrument has face and content validity with questions being formulated through literature, theory, and experts in the field.

Procedure

At each of three AODA treatment facility sites in Northwestern Wisconsin, the researcher reviewed the cover letter with all participants before they filled out the survey, left to insure anonymity, and picked up completed surveys at a later time. The sampling design was purposive to target a specific population who would have the information being sought and would be willing to participate. Because of the limited access to participants the selection of respondents were not randomized.

Data Analysis Plan

Surveys were cleaned to insure complete data. Two of the surveys contained missing data so they were eliminated from the research to ensure validity. The coding process was done by identifying an acronym for each of the nine dependent variables. The Statistical Package for the Social Sciences (SPSS) computer package was used to analyze the data. The level of analysis in the study was the individual. Frequencies were used to analyze the results to give a description of the data, identify any missing data, and allow for comparisons among the responses to the questions. A reliability analysis, Chronbach’s Alpha, was also conducted.

Results

All of the variables were subjected to frequency distribution analysis; there was no missing data.

Table 1

Frequencies

Variables	SD	D	U	A	SA	TOTAL
MEDIA	37.5%	29.2%	20.8%	8.3%	4.2%	100.0%
KNOW	45.8%	37.5%	12.5%	4.2%	0.0%	100.0%
DANGER	20.8%	8.3%	8.3%	16.7%	45.8%	100.0%

Effects of Methamphetamine Use on the Children of Users

ABUSE	4.2%	0.0%	8.3%	37.5%	50.0%	100.0%
REPORT	4.2%	12.5%	16.7%	16.7%	50.0%	100.0%
UNITE	4.2%	12.5%	41.7%	20.8%	20.8%	100.0%
PROTECT	12.5%	8.3%	37.5%	20.8%	20.8%	100.0%
REUNITE	8.3%	0.0%	50.0%	29.2%	12.5%	100.0%
REHAB	4.2%	16.7%	29.2%	41.7%	8.3%	100.0%

Note. (MEDIA) The media portrays the effects of methamphetamine on children of users out of proportion. (KNOW) Most primary caregivers addicted to methamphetamine know the possible affects on their children. (DANGER) Primary caregivers who use methamphetamine are putting their children at greater danger than the use of other drugs and/or alcohol. (ABUSE) It should be considered child abuse when a primary caregiver exposes a child to methamphetamine by using. (REPORT) It is an AODA counselor's responsibility to report child abuse when it is know there are children in the home where methamphetamine is being used. (UNITE) It is usually in the best interest of children and primary caregivers to keep them united while the caregivers receive treatment in recovery facilities. (PROTECT) Most children of primary caregivers who are addicted to methamphetamine should be placed into protective services. (REUNITE) Most children who have been removed from addicted primary caregivers should be reunited after the caregiver receives treatment for their addiction. (REHAB) Most primary caregivers who are addicted to methamphetamine are able to become rehabilitated.

The nine variables (MEDIA, KNOW, DANGER, ABUSE, REPORT, UNITE, PROTECT, REUNITE, and REHAB) were subjected to a reliability analysis to assesses whether the survey variables accurately measured the effects of methamphetamine in relation to the children of users. The Chronbach's Alpha reliability measure in this study was .236. This value indicates that the survey items have a low reliability index. If the (REUNITE) variable was to be deleted the Chronbach's Alpha value would raise to .422.

Discussion

Results support the hypothesis that the majority of Alcohol and Other Drug Abuse (AODA) counselors surveyed agree that primary caregiver methamphetamine use should be considered abuse and should be reported to authorities. In addition, the family should remain intact and families who had been separated should be reunited after treatment. The results point toward the attitude that methamphetamine use more dangerous to the children of users than the use of alcohol and/or other drugs. The outcome of the study also implies that media portrayals of the problem of methamphetamine use on children of users is not out of proportion, yet most of the caregivers have limited knowledge of the possible effects on their children. Media sources and other institutions should provide the public with more education to inform communities of the dangers of methamphetamine.

Regarding child placement in methamphetamine use cases, the majority of respondents felt that children and caregivers should remain united while the caregiver is receiving treatment and most of the children taken into protective services should be returned to their caregiver after receiving treatment. Contradicting previous results concerning unification of caregiver and children, the study also shows that attitudes only slightly favor that children in homes where methamphetamine is being used should be placed into protective services. Overall, a significant number of responses were marked

as undecided. Participants commented on how they felt it was difficult to generalize to the population to answer the questions because each case is unique; this could possibly be an explanation of the amount of undecided results.

The research previously done implies that children in homes where methamphetamine is being used should be removed from that home. This information corresponds to the study's results that a slightly higher number of AODA counselors agree with children being placed in protective services. Since 71% of methamphetamine users are also parents it puts their children at risk of the problems that methamphetamine users experience (Brecht et al., 2004). It can be assumed that these behaviors can lead to child abuse and/or neglect but there is a lack of any concrete evidence from this literature to support the findings that methamphetamine use by a caregiver can be considered child abuse.

The Family Systems Theory (Strong et al., 2005) used to predict the outcome of the study supports a portion of the results. Using the theory it was predicted that since methamphetamine use is considered to negatively affect the user then it would negatively affect other aspects of their life, and those who are caregivers to children could be putting their children at risk for neglect and/or abuse. This idea supports the findings that most AODA counselors think that methamphetamine use by a caregiver can be considered child abuse. The Family Systems Theory is also similar to the results that were found in that children and caregivers should be united and be reunited if separation was necessary.

Limitations

This study was limited by way of a small sample size and the lack of random sampling. Additionally, the respondents commented on the difficulty to generalize due to variations in each family's case. The subject itself is a limited, methamphetamine is still a fairly new subject and there is limited information about the drug. It could hinder how a participant would respond to questions if they lacked knowledge or only possess a small amount of knowledge on the subject.

Implications for Practitioners

What this research means to parents, teachers, AODA counselors, social workers, law enforcement and other relevant parties is that more information is needed to educate society on the dangers of methamphetamine and a need for more opportunities for them to get that information. This study suggests that most caregivers who use drugs do not know what their drug use is doing to their children; this should be a red flag to practitioners that more needs to be done to educate them. Recent legislation has touched on the issue of drug endangered children and child abuse laws, which suggest that laws should be passed allowing methamphetamine use by a caregiver to be considered child abuse and therefore those caregivers should be punished for violating those laws. Mandated reporting of child abuse laws for those who work with the children of users should also be enacted. Lastly, placement of drug endangered children is controversial, yet leans towards keeping the family together. This could result in the development of more family preservation programs in the future to allow for the families to remain intact.

Implications for Future Research

The study was very general; in essence each of the survey statements could be a topic of research. For example, caregivers who use methamphetamine could be surveyed on their knowledge of the effects of those around them to find out where methamphetamine education needs improvement, or one could research what requirements are necessary for a caregiver to accomplish before they can be reunited with their children. Sampling a larger population and broadening the sampling area would give more diversity and strengthen the validity of the information discovered regarding the effects of methamphetamine.

Conclusion

Overall, results indicated that the majority of participants believe that primary caregiver methamphetamine use is considered child abuse and that such occurrences should be reported. Many of those surveyed agreed that children and caregivers should remain united or be reunited if children had previously been taken into protective services. Consequently, children who are affected by methamphetamine use by their primary caregivers are in need of help from the community and professionals. It would be beneficial to put together task forces, create more child welfare agencies, provide greater education on the topic, and pass laws to protect these children from harm. It is hoped that this research will create more awareness of the wide array of aspects of a child's life that are harmed when their primary caregivers use methamphetamine, and to promote future programs to help fight this drug problem and increase prevention measures.

References

- Altshuler, S. (2005). Drug-endangered children need a collaborative community response. *Child Welfare, 84*(2), 171-190.
- Brecht, M., O'Brien, A., Mayrhauser, C., & Anglin, M. (2004). Methamphetamine use behaviors and gender differences. *Addictive Behaviors, 29*, 89-106.
- Derauf, C, Katz, A., Frank, D., Grandinetti, A., & Easa D. (2003). The prevalence of methamphetamine and other drug use during pregnancy in Hawaii. *Journal of Drug Issues, 33*(4), 1001-1016.
- Martyny, J., Arbuckle, S., McCammon, C., & Erb, N. (2005). Methamphetamine contamination on environmental surfaces caused by simulated smoking of methamphetamine. *National Jewish Research Results: Clandestine Methamphetamine Laboratories*. Retrieved February 28, 2006, from http://www.njc.org/news/health-news/y2005/meth_research_results.aspx.
- National Institute on Drug Abuse (NIDA) The science of drug abuse and addiction. Retrieved March 16, 2006, from <http://www.drugabuse.gov/drugpages/methamphetamine.html>.
- Semple, S., Grant, I., & Patterson, T. (2004). Female methamphetamine users: Social characteristics and sexual risk behavior. *Women and Health, 40*(3), 35-50.
- Strong, B., DeVault, C., & Cohen, T. (2005). *The marriage & family experience*. (9th ed.). Belmont, CA: Wadsworth.
- U.S Drug Enforcement Administration (DEA). Retrieved February 27, 2006, from <http://www.dea.gov/concern/amphetamines.html>.