



SUPPORTING CHILDREN AFFECTED BY PARENTAL METHAMPHETAMINE USE

In many areas of the country, methamphetamine use is the predominant substance that is misused, often in conjunction with alcohol, marijuana, and tobacco. Parents who use methamphetamine can impact their child’s development and increase the risk of child neglect or abuse. This tip sheet explores the effects that parental methamphetamine use can have on a child’s health and well-being. It includes strategies for child welfare staff and other professionals who work with families affected by parental methamphetamine use. This tip sheet is a companion to [Strategies to Support Parents with Methamphetamine Use Disorder and their Families](#), which explains treatment interventions and strategies for working with parents who use methamphetamine.

FACTS ABOUT METHAMPHETAMINE AND CHILDREN



Results from the 2019 National Surveys on Drug Use and Health Data indicated that nearly 2 million people (ages 12+) had used methamphetamine in the past year, and 1 million met the DSM-V criteria for a methamphetamine use disorder.¹ Compared to previous years, the number of people using methamphetamine and having a methamphetamine use disorder increased significantly. Data also showed that individuals with past year methamphetamine use also had high rates of co-occurring substance use and mental illness.²



Parents who use, manufacture, and/or traffic methamphetamine in the presence of children put their children at a higher risk of child abuse and neglect. More generally, of children in out-of-home care, 61% of infants and 41% of older children had a report of active alcohol and/or drug abuse by the primary caregiver, the secondary caregiver, or both.³ In some parts of the country, methamphetamine is the primary substance of abuse. Methamphetamine has spread rapidly into communities where it was once considered rare. Black Americans saw a tenfold increase in methamphetamine use from 2015-2019.⁴



Methamphetamine use during pregnancy can affect the infant and child’s development. A 2019 study that analyzed hospital discharge data from 2004-2015 found that, by 2014-2015, amphetamine use was identified among approximately 1% of births in rural areas of the western United States.⁵ This incidence was higher than the opioid-use incidence in most regions. The amphetamine-related deliveries were associated with higher incidence of preeclampsia, preterm delivery, and severe maternal morbidity and mortality.

PRENATAL EXPOSURE TO METHAMPHETAMINE

Exposure to methamphetamine during pregnancy can be associated with short-term negative effects in infants, including:⁶



FETAL GROWTH EFFECTS, SUCH AS LOW BIRTH WEIGHT^{7, 8}



ABNORMAL NEUROBEHAVIORAL PATTERNS, SUCH AS POOR MOVEMENT QUALITY, DECREASED AROUSAL, AND INCREASED STRESS⁹

Prenatal exposure to methamphetamine is also associated with longer-term effects on some children, including:



DELAYED GROSS MOTOR DEVELOPMENT THROUGH AGE 3¹⁰



NEUROCOGNITIVE DEFICITS, SUCH AS IMPAIRED VISUAL MOTOR INTEGRATION, ATTENTION, VERBAL MEMORY AND LONG-TERM SPATIAL MEMORY, AND LOW IQ^{11, 12}



EXTERNALIZING BEHAVIORS, SUCH AS AGGRESSIVE BEHAVIOR AND PEER-RELATED PROBLEMS^{13, 14}



EMOTIONAL REACTIVITY AND SYMPTOMS OF ANXIETY AND DEPRESSION¹⁵



SYMPTOMS OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER¹⁶

EXPOSURE TO PARENTAL METHAMPHETAMINE USE DURING CHILDHOOD AND ADOLESCENCE

Parental methamphetamine use is often associated with the following experiences for children:

- Exposure to parental violence, irritability, and anger associated with the use of methamphetamine¹⁷
- Increased likelihood of placement into foster care¹⁸
- A lower likelihood of successful family reunification and higher rates of adoption compared to parental use of other substances¹⁹

More generally, children whose parents have any substance use disorder may live in environments that do not have adequate resources to meet their needs. The following are typical experiences of children whose primary caregiver has a substance use disorder:²⁰

- The home life may be chaotic and unpredictable.
- There may be inconsistent parenting and a lack of appropriate supervision.
- Substance-using adults may provide inconsistent emotional responses to children, or they may provide inconsistent care, especially to younger children.
- Parents may have abandoned children physically and emotionally.
- Parents may emphasize secrecy about their home life.
- Parental behavior may make the child feel guilt, shame, or self-blame.
- Parental behavior may frighten children and may result in physical harm.

EXPOSURE TO METHAMPHETAMINE PRODUCTION

Methamphetamine can be easily manufactured in makeshift, illegal labs using over-the-counter ingredients. The process of producing methamphetamine involves dangerous, toxic, and flammable chemicals. Children who live in homes that manufacture methamphetamines have a high-risk of exposure to toxins and are at risk of poisoning, burns, respiratory illness, physical illness, and other health issues.²¹ Parents who traffic in methamphetamine by selling, transporting, or distributing it expose their children to an increased risk of violence and abuse.

PRACTICE TIPS FOR PROFESSIONALS

Child welfare and other professionals can use these strategies to address the needs of children whose parents use methamphetamine and to promote child and family well-being.



RECOGNIZE the signs and symptoms of parental methamphetamine use to ensure the parent is referred for assessment and treatment services when indicated. Signs and symptoms of methamphetamine use may include:

- Short-term symptoms – Increased attention and decreased fatigue, increased activity and wakefulness, decreased appetite, euphoria and rush, increased respiration, rapid/irregular heartbeat, and hyperthermia²²
- Long-term symptoms – Significant anxiety, severe agitation, insomnia, mood disturbances, and violent behavior;²³ psychosis, including paranoia, visual and auditory hallucinations, and delusions;²⁴ severe weight loss, skin lesions (from scratching and picking the skin), and rapid tooth decay and gum disease (referred to as “meth mouth”)²⁵



ASSESS the needs of children whose parent has a methamphetamine or other substance use disorder. This is a critical step to providing early access to services that will help a child’s development and social-emotional well-being. Assessment should include identifying any concerning behaviors or emotions, issues with physical health, and potential developmental delays. See the [Centers for Disease Control and Prevention website](#) for a list of typical developmental milestones by age.



SCREEN infants and children for developmental delays, social-emotional and behavioral problems, and trauma using validated tools. Examples of screening tools include:

- [Ages and Stages Questionnaire, Third Edition \(ASQ-3\)](#) – A developmental screening tool that assesses the development of children between the ages of one month to five and a half years in the areas of communication, gross-motor skills, fine motor skills, problem solving, and personal-social skills.
- [Environmental Screening Questionnaire \(ESQ\)](#) – A free screening tool that gathers information about the home environments, including risk and protective factors, for children from ages birth through six. It assesses six areas: education and employment, housing, child and family health, economics and finances, family life, and community.
- [Pediatric ACEs Screening and Related Life-events Screener \(PEARLS\)](#) – A free screening tool that identifies the presence of adverse childhood experiences and trauma in children and adolescents.



REFER the child or adolescent to a professional with training and experience to conduct clinical assessments to determine treatment needs. Referrals may cover the areas of mental health, substance use disorder, trauma, educational, medical, or developmental services.



RECOGNIZE the signs of methamphetamine production. If the child lives in a home where methamphetamine is being produced, coordinate with law enforcement and emergency medical services to begin decontamination and physician examinations. The [Nevada Attorney General's website](#) offers a description of how to recognize methamphetamine production.



ASSIST parents with speaking to their children about substance use. Convey information about parents' substance misuse in a supportive, non-judgmental way that is appropriate to the children's developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- "Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don't understand when they drink too much or use drugs, but this doesn't mean that they don't love you."
- "You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent's drinking or drug use."
- "There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone."
- "Let's think of people who you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or a trusted family member."



SUPPORT families by referring them to relevant services, including:

- Counseling and other service referrals for children whose parents are in recovery or who have returned home
- Ongoing, daily childcare that meets the child's developmental needs. This could be care from kin, foster care, home-visiting, early intervention services, and higher-quality childcare
- Medical or child developmental services for children with medical needs or learning disabilities
- Support groups to help children with the consequences of having parents who use substances, including parentified behavior, self-blame, guilt, and shame
- Individual counseling services for children with mental health or substance use problems
- Peer and recovery support services to assist parents and families navigate the child welfare and recovery process

TO LEARN MORE:

[Methamphetamine Drug Facts](#)

This National Institute on Drug Abuse (NIDA) webpage offers information and resources on methamphetamine.

[Recognizing Bias and Promoting Equity in Early Childhood Settings](#)

This video features interviews with experienced infant and early childhood mental health consultation practitioners. These experts discuss the importance of addressing implicit bias and providing a culturally responsive environment in early childhood settings.

[National Association for Children of Addiction \(NACoA\)](#)

This organization offers resources to better support children of parents struggling with substance use disorders. This brochure reassures teens with parents who misuse alcohol or drugs that it is not the teen's fault and they are not alone; it also encourages teens to seek emotional support from other adults, school counselors, and youth support groups.

[It Feels So Bad - It Doesn't Have To](#)

SAMHSA offers access to available publications and digital products. This resource provides information on alcohol and drug addiction for children whose parents or friends' parents might have a substance use disorder.

["Sesame Street" in Communities](#)

These resources specifically help parents and providers address children's developmental, physical, and emotional needs. These resources for providers are specific to help children and families understand and navigate parental substance use disorders.

[Treatment of Stimulant Use Disorders](#)

This guide supports health care providers, systems, and communities seeking to treat stimulant use disorders. The guide describes relevant research findings, examines best practices, identifies knowledge gaps and implementation challenges, and offers useful resources.

NATIONAL CENTER ON SUBSTANCE ABUSE AND CHILD WELFARE

The National Center on Substance Abuse and Child Welfare has many technical assistance resources. These include publications, webinars, and tools that child welfare workers, court professionals, and communities can use to support families affected by substance use disorders. The following resources are available:

- [Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment](#)—This guide provides a fundamental understanding of the substance use treatment and recovery process. It helps professionals make informed referral decisions for services customized to the needs of parents and their families.
- [Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals](#)—This guide is a self-paced, free tutorial that discusses substance use disorders, engagement strategies, and the treatment and recovery process for families affected by substance use disorders. Continuing Education Units are available for completing this tutorial.

REFERENCES

- 1 Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from: <https://www.samhsa.gov/data/>
- 2 Jones, C. M., Compton, W. M., & Mustaquim, D. (2020). Patterns and characteristics of methamphetamine use among adults – United States, 2015-2018. *Morbidity and Mortality Weekly Report (MMWR)*, 69(12), 317-323.
- 3 Wulczyn, F., Ernst, M., & Fisher, P. (2011). *Who are the infants in out-of-home care? An epidemiological and development snapshot*. Chapin Hall at the University of Chicago. https://fcd.chapinhall.org/wp-content/uploads/2012/10/2011_infants_issue-brief.pdf
- 4 Han, B., Compton, W. M., Jones, C. M., Einstein, E. B., & Volkow, N. D. (2021). Methamphetamine use, methamphetamine use disorder, and associated overdose deaths among US adults. *JAMA Psychiatry*, 78(12), 1329-1342. <https://doi.org/10.1001/jamapsychiatry.2021.2588>
- 5 Admon, L. K., Bart, G., Kozhimannil, K. B., Richardson, C. R., Dalton, V. K., & Winkelman, T. N. A. (2019). Amphetamine- and opioid-affected births: Incidence, outcomes, and costs, United States, 2004-2015. *American Journal of Public Health*, 109(1), 148-154. <https://doi.org/10.2105/AJPH.2018.304771>
- 6 Behnke, M., Smith, V. C., Committee on Substance Abuse, & Committee on Fetus and Newborn. (2013). Prenatal substance abuse: Short-term and long-term effects on the exposed fetus. *Pediatrics*, 131(3), 1008-1024. <https://doi.org/10.1542/peds.2012-3931>
- 7 Little, B. B., Snell, L. M., & Gilstrap, L. C. III. (1988). Methamphetamine abuse during pregnancy: Outcome and fetal effects. *Obstetrics and Gynecology*, 72(4), 541-544. <https://pubmed.ncbi.nlm.nih.gov/3419732/>
- 8 Nguyen, D. Smith, L. M., LaGasse, L. L., ..., & Lester, B. M. (2010). Intrauterine growth of infants exposed to prenatal methamphetamine: Results from the infant development, environment, and lifestyle (IDEAL) study. *Journal of Pediatrics*, 157(2), 337-339. <https://doi.org/10.1016%2Fj.jpeds.2010.04.024>
- 9 Smith, L. M., LaGasse, L. L., Derauf, C., ..., & Lester, B. M. (2007). Prenatal methamphetamine use and neonatal neurobehavioral outcome. *Neurotoxicol Teratol*, 30(1), 20-28. <https://doi.org/10.1016/j.ntt.2007.09.005>
- 10 Wouldes, T. A., LaGasse, L. L., Huestis, M. A. (2014). Prenatal methamphetamine exposure and neurodevelopmental outcomes in children from 1 to 3 years. *Neurotoxicol Teratol*, 42, 77-84. <https://doi.org/10.1016/j.ntt.2014.02.004>
- 11 Chang, L., Smith, L. M., LoPresti, C., Yonekura, M. L., Kuo, J., Walot, I., & Ernst, T. (2004). Smaller subcortical volumes and cognitive deficits in children with prenatal methamphetamine exposure. *Psychiatry Research*, 132(2), 95-106. <https://doi.org/10.1016/j.psychresns.2004.06.004>
- 12 Kwiatkowski, M. A., Donald, K. A., Stein, D. J., Ipser, J., Thomas, K. G. F., & Roos, A. (2018). Cognitive outcomes in prenatal methamphetamine exposed children aged six to seven years. *Comprehensive Psychiatry*, 80, 24-33. <https://doi.org/10.1016/j.comppsy.2017.08.003>
- 13 Eriksson, M., Billing, L., Steneroth, G., & Zetterstrom, R. (1989). Health and development of 8-year-old children whose mothers abused amphetamine during pregnancy. *Acta Paediatrica*, 78(6), 944-949. <https://doi.org/10.1111/j.1651-2227.1989.tb11179.x>
- 14 Billing, L., Eriksson, M., Jonsson, B., Steneroth, G., & Zetterstrom, R. (1994). The influence of environmental factors on behavioural problems in 8-year-old children exposed to amphetamine during fetal life. *Child Abuse & Neglect*, 18(1), 3-9. [https://psycnet.apa.org/doi/10.1016/0145-2134\(94\)90091-4](https://psycnet.apa.org/doi/10.1016/0145-2134(94)90091-4)
- 15 LaGasse, L. L., Defrau, C., Smith, L. M., ..., & Lester, B. M. (2012). Prenatal methamphetamine exposure and childhood behavior problems at 3 and 5 years of age. *Pediatrics*, 129(4), 681-688. <https://doi.org/10.1542/peds.2011-2209>
- 16 LaGasse, L. L., Defrau, C., Smith, L. M., ..., & Lester, B. M. (2012). Prenatal methamphetamine exposure and childhood behavior problems at 3 and 5 years of age. *Pediatrics*, 129(4), 681-688. <https://doi.org/10.1542/peds.2011-2209>
- 17 Carlson, B. E., Williams, L. R., & Shafer, M. S. (2010). Methamphetamine-involved parents in the child welfare system: Are they more challenging than other substance-involved parents? *Journal of Public Child Welfare*, 6(3), 280-295. <https://doi.org/10.1080/15548732.2012.683361>
- 18 Carlson, B. E., Williams, L. R., & Shafer, M. S. (2010). Methamphetamine-involved parents in the child welfare system: Are they more challenging than other substance-involved parents? *Journal of Public Child Welfare*, 6(3), 280-295. <https://doi.org/10.1080/15548732.2012.683361>
- 19 Akin, B. A., Jody, B., & Lloyd, M. H. (2015). Examining the role of methamphetamine in permanency: A competing risks analysis of reunification, guardianship, and adoption. *American Journal of Orthopsychiatry*, 85(2), 119-130. <https://doi.org/10.1037/ort0000052>
- 20 Breshears, E.M., Yeh, S. & Young, N.K. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers. U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009. <https://ncsacw.acf.hhs.gov/files/Understanding-Substance-Abuse.pdf>
- 21 Messina, N., Marinelli-Casey, P., West, K., & Rawson, R. (2014). Children exposed to methamphetamine use and manufacture. *Child Abuse & Neglect*, 38(11), 1872-1883. <https://doi.org/10.1016%2Fj.chiabu.2006.06.009>
- 22 National Institute on Drug Abuse. (2019, October). *Methamphetamine research report*. <https://www.drugabuse.gov/download/37620/methamphetamine-research-report.pdf?v=f6a96a8721a56a0f765889a3d3e678c7>
- 23 Rusyniak, D. E. (2013). Neurologic manifestations of chronic methamphetamine abuse. *The Psychiatric Clinics of North America*, 36(2), 261-275. <https://doi.org/10.1016/j.psc.2013.02.005>
- 24 Akindipe, T., Wilson, D., & Stein, D. J. (2014). Psychiatric disorders in individuals with methamphetamine dependence: Prevalence and risk factors. *Metabolic Brain Disease*, 29(2), 351-357. <https://doi.org/10.1007/s11011-014-9496-5>
- 25 Panenka, W. J., Procyshyn, R. M., Lecomte, T., ..., & Barr, A. M. (2013). Methamphetamine use: A comprehensive review of molecular, preclinical and clinical findings. *Drug and Alcohol Dependence*, 129(3), 167-179. <https://doi.org/10.1016/j.drugalcdep.2012.11.016>

CONTACT US

✉ Email NCSACW at
ncsacw@cffutures.org

🌐 Visit the website at
<https://ncsacw.acf.hhs.gov/>

☎ Call toll-free at
(866) 493-2758

Acknowledgments: This technical assistance tool was developed by the National Center on Substance Abuse and Child Welfare (NCSACW). NCSACW is a technical assistance resource center jointly funded by Children’s Bureau (CB), Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Points of view or opinions expressed in this tool are those of the authors and do not necessarily represent the official position or policies of SAMHSA or ACF.

