

# Methamphetamine and care: What we know to date

July 2020

## Background

Methamphetamine use and the attendant problems is an issue of concern for New Zealand society. The purpose of this study is to understand the prevalence of methamphetamine as a factor in the decision to place children in care and the ongoing impacts on the child.

The study consists of two parts:

- A case note review of key documents for a random sample of tamariki who entered care in the year ended 29 February 2020. This analysis aims to improve our understanding of the prevalence of concerns about methamphetamine use by caregivers and others in households in reports of suspected maltreatment to Oranga Tamariki (ROC) and in entry to care decisions (Court Affidavit). Key source documents in CYRAS were reviewed in order to collate data about:
  - Methamphetamine issues raised in Reports of Concern that precede entry to care
  - Methamphetamine concerns identified within documents relating to Court-ordered entry to care decisions
- Collation of information from other research carried out by Oranga Tamariki that provides information relating to the care system and methamphetamine for additional context.

## **Methamphetamine, and other drug and alcohol use is a frequent risk factor**

- Drug and alcohol abuse are frequently factors in the decisions to place a child in care
- Methamphetamine is the dominant drug in these decisions
- Usage is by the mother, others in the household, or both.

## **This finding is consistent with other research**

- A review of cases where babies were taken into care when under 30 days old showed methamphetamine was a factor in half of those cases
- Surveys of caregivers show that drug use is a frequent cause of the breakdown of the parent/child relationship leading to the child being cared for by others
- The impacts of methamphetamine on children in care are ongoing
- Indicators of drug and substance abuse are higher for the birth parents and associates of those involved with the care and protection system than for the general population.

# FINDINGS

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## Part 1: Case review showed methamphetamine is a frequent risk factor for children who enter care

Analysis of a random sample of case notes<sup>1</sup> for 160 children from 807 who entered the care system between 1 March 2019 and 29 February 2020 found that methamphetamine was mentioned in 29%<sup>2</sup> of the Reports of Concern (ROC) that preceded entry to care and 44%<sup>3</sup> of the affidavits that sought the custody order for the child to enter care. This is in line with the level found for babies under 30 days old who were taken into care for the 2 years prior to December 2019, which is described in more detail below.

The mother and her partner were the people most frequently mentioned as involved with methamphetamine, be it use, procurement or manufacture.

## Part 2: Findings from other research

### Methamphetamine was a factor<sup>4</sup> in entry to care for section 78 cases for babies

A random sample of cases for babies who were aged under 30 days when they were taken into care under s78 of the Oranga Tamariki Act was analysed to determine the reasons they were taken into care. Most cases had multiple reasons underpinning the decision to seek custody. Common reasons were historical concerns (54%), maternal alcohol and drug use (49%) and partner or within-family violence (49%).

In the sample:

- In cases of maternal alcohol and drug use, 59% involved methamphetamine and 44% involved alcohol
- Overall methamphetamine was a factor in half (49%) of entries to care in the sample
- Substance abuse was present in 65% of cases, and family violence present in 64%
- Neglect/deprivation and emotional abuse were present in over 50% of cases.

### Of the children in our care (out of home) three-quarters had a least one parent who had received substance abuse treatment in their lifetime.

Analysis of data held in Statistics New Zealand's Integrated Data Infrastructure (IDI)<sup>5</sup> shows parents of children in care have higher rates of methamphetamine-related offences than the national population (7% vs 1%).

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<sup>1</sup> Analysis of case notes Evidence Centre Oranga Tamariki (unpublished)

<sup>2</sup> Margin of error is 0.063 for 95% confidence level

<sup>3</sup> Margin of error is 0.069 for 95% confidence level.

<sup>4</sup> Characteristics of section 78 cases for babies Evidence Centre Oranga Tamariki (unpublished)

<sup>5</sup> The results are not official statistics, they have been created for research purposes from the Integrated Data Infrastructure (IDI) managed by Statistics New Zealand.

It also shows that their parents have higher rates of substance usage and treatment than the national population. However involvement with the care and protection system increases the likelihood of receiving treatment, partially accounting for the higher treatment rate for those parents whose children are care experience.

The lifetime analysis covers the lifetime of the child, so parental offences or substance abuse treatment prior to the child's birth are excluded. In addition, the offence data available to Oranga Tamariki<sup>6</sup> starts in 2009 so any offences before then are also excluded. Figures for multiple years will always be the same as or higher than the last-year figure. The more recent indicator that 36% of children in care had a parent with recent treatment, which is indicative of recent substance use issues, is less than half of the lifetime indicator. This progression indicates that usage at one time does not mean it will be a permanent factor in people's lives.

### Wellbeing indicator data as at 01 January 2019 for the total population (0-17 year olds)<sup>7</sup>

Percentage of individuals (national and those in care) with an indicator of substance usage

Description	In care (all)	In care (out of home care only)	National
Child has a parent with any substance usage treatment in last year	36.1%	36.6%	3.7%
Child has a parent with any substance usage treatment in the child's lifetime	74.9%	75.4%	14.0%
Child has a parent with methamphetamine-related offences in last year	2.1%	2.3%	0.2%
Child has a parent with methamphetamine-related offences in the child's lifetime (mid-2009 onwards)	7.1%	7.2%	0.9%

### In surveys, caregivers revealed that methamphetamine was a major factor in the need to take a child into care, and the care experience was affected by the results of usage

Consultation for the Review<sup>8</sup> of Financial Assistance and two other surveys of caregivers<sup>9</sup> revealed major methamphetamine/drug related issues for birth parents and the children who are placed in care.

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Access to the anonymised data used in this study was provided by Statistics NZ in accordance with security and confidentiality provisions of the Statistics Act 1975. Only people authorised by the Statistics Act 1975 are allowed to see data about a particular person, household, business or organisation and the results have been confidentialised to protect these groups from identification.

Careful consideration has been given to the privacy, security and confidentiality issues associated with using administrative and survey data in the IDI. Further detail can be found in the Privacy Impact Assessment for the Integrated Data Infrastructure available from [www.stats.govt.nz](http://www.stats.govt.nz).

<sup>6</sup> Oranga Tamariki accesses the offence data via Stats NZ Integrated Data Infrastructure (IDI).

<sup>7</sup> Unpublished Steve Murray ex EY

<sup>8</sup> Evidence Centre, Oranga Tamariki Publication pending

<sup>9</sup> UCB/OB Report "Raising children with the orphans and unsupported child benefits"

<https://www.orangatamariki.govt.nz/about-us/research/our-research/orphans-and-unsupported-childrens-benefit-survey>  
<https://www.orangatamariki.govt.nz/about-us/research/our-research/a-survey-of-oranga-tamariki-caregivers/>

### ***Methamphetamine is a reason children enter care***

Methamphetamine, in combination with alcohol and mental health issues, was a frequent cause of parents not being able to care for their children.

Respondents in a survey of caregivers receiving the Unsupported Child benefit (UCB) were asked 'What was the main factor resulting in the parents being unable to care for the child?'

- 28% of respondents said that the child's parent(s) had issues with alcohol, drugs and substance addiction. Methamphetamine was prominent in this.

The following quotes provides examples of the reasons resulting in a child being cared for by a relative.

*"They were found home alone, him and two other siblings. The mother was arrested for meth."*

*"Their mother is in jail and their father is a meth addict."<sup>10</sup>*

### ***Challenging and high needs***

Caregivers said that exposure of a child to methamphetamine resulted in health and behavioural issues which caused difficulties in caring for the child.

*"Assistance with kids affected by p meth addicted parents - behavioural issues"*

*"Support and help with children with severe behavioural problems. Children that come from homes involving drugs, alcohol, abuse, have major problems. Caregivers need help and support to deal with this. Some of the children have alcohol fetal syndrome, behavioural problems stemming from drug use while pregnant, cooking meth, all sorts of things. "*

### ***Desire for training and knowledge***

Some caregivers felt ill-prepared to look after a child who was suffering from exposure to methamphetamine and other drugs and alcohol before and after birth. They would like training and support to manage the resulting health and behavioral issues.

*"For new caregivers, I don't think you are ever prepared for the reality and emotional stress that comes with caring for these vulnerable kids. Training around specific health and behavioural problems caused from the likes of FASD and meth are very relevant in these times."*

*"FASD training, meth training and large areas of mental health."*

*"Training for meth babies and emotional support etc is needed."*

*"Knowledge about behaviour related to insecure attachment, effects of meth exposure in-utero and after."*

*"Understand meth children. They aren't FASD kids they are completely different. How to discipline these children. As they don't retain things easily and you have to tread lightly with how you talk with these children."*

### ***The future was a worry for some grandparents caring for their grandchildren.***

*"... be able to make arrangements for my grandson in case of my passing. It's a terrible stress to put on the elderly especially when the mother is a P addict and she is a guardian along with*

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<sup>10</sup> Quotes used in this report are as written by the caregivers. In some cases the quotes were part of a longer answer and only the portion relevant to methamphetamine has been provided

*myself. These mothers should relinquish guardianship so plans can be made for these children."*

## **A process evaluation<sup>11</sup> of the Family Start programme indicated that the alcohol and drug issue is prolific/increasing among clients**

Family Start is a flagship home visiting programme for pregnant mothers and whānau with young children who are at high risk of adverse outcomes.

- The process evaluation of the Family Start found that the programme is seeing more high needs families with complex issues, including drug (including methamphetamine) and alcohol addiction.
- Providers identify more training on methamphetamine use and addiction as one of the training needs for workers to assist with the complex needs of the whānau they work with.
- The evaluation reported that Family Start assisted families to seek help for alcohol and drug issues. Family Start managers and workers stated that they typically refer whānau/families to at least one other health or social service, with alcohol and drug services being one of those with most referrals. Whānau/families in the programme described changes they had made to enhance child health and safety, such as taking steps to cut or minimise their children's contact with people who they considered unsafe, including not allowing friends and families to bring in drugs and alcohol into the home.

Guidance is available to Family Start workers that advises what to do if they come across methamphetamine, and has information about its impact on children, pregnancy and a link to NZ Drug Foundation.

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<sup>11</sup> <https://www.orangatamariki.govt.nz/about-us/research/our-research/family-start-process-evaluation/>