



Research article

Examining the relationship between marijuana use, medical marijuana dispensaries, and abusive and neglectful parenting[☆]



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ABSTRACT

The current study extends previous research by examining whether and how current marijuana use and the physical availability of marijuana are related to child physical abuse, supervisory neglect, or physical neglect by parents while controlling for child, caregiver, and family characteristics in a general population survey in California. Individual level data on marijuana use and abusive and neglectful parenting were collected during a telephone survey of 3,023 respondents living in 50 mid-size cities in California. Medical marijuana dispensaries and delivery services data were obtained via six websites and official city lists. Data were analyzed using negative binomial and linear mixed effects multilevel models with individuals nested within cities. Current marijuana use was positively related to frequency of child physical abuse and negatively related to physical neglect. There was no relationship between supervisory neglect and marijuana use. Density of medical marijuana dispensaries and delivery services was positively related to frequency of physical abuse. As marijuana use becomes more prevalent, those who work with families, including child welfare workers must screen for how marijuana use may affect a parent's ability to provide for care for their children, particularly related to physical abuse.

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Introduction

Child abuse and neglect continues to be a major public health concern in the United States with about 700,000 children being abused and neglected in 2012 (U.S. Department of Health and Human Services, 2013). In California, physical abuse is defined as “physical injury inflicted by other than accidental means on a child or intentionally injuring a child” (California Penal Code 11165.6). Child neglect is defined as “the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision” (California Penal Code 11165.2). Neglect can be further delineated by supervisory neglect, as defined by the failure of a caregiver to appropriately supervise a child, and physical

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neglect, which is defined as the failure of a caregiver to exercise a minimum degree of care in meeting the child's physical needs (e.g., medical care).

The 2010 Fourth National Incidence Study found that illicit drug use was a factor in 9.5% of cases of physical abuse and about 12.5% of all neglect cases (Sedlak et al., 2010). Parents with substance use problems are more likely to be physically abusive, commit child neglect, and have higher risk of child maltreatment than those without diagnosed substance use problems (Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999; Appleyard, Berlin, Rosanbalm & Dodge, 2011; Chaffin, Kelleher & Hollenberg, 1996; Walsh, MacMillan & Jamieson, 2003). Very little is known about which specific drugs may be more likely to result in maladaptive parenting behaviors as most research on child welfare populations (defined as abuse or neglect that comes to the attention of Child Protective Services) does not differentiate between specific substances used. Notable exceptions include research on “crack babies” during the crack epidemic of the 1990s and more recent research on methamphetamine use and harmful exposure to children (Barth & Needell, 1996; Besharov, 1990; Hohman, Oliver & Wright, 2004). However, this research has not yet extended to marijuana which has become more available over the past two decades due to increased legalization for either medical or recreational purposes.

Public opinion on marijuana use has shifted in the last ten years, with the majority of Americans (54%) now favoring legalization (Pew Research Center, 2014). This destigmatization of marijuana use has also been reflected in state-level policies, as marijuana use has been decriminalized, legalized, or authorized for medicinal purposes in 24 states plus the District of Columbia (Pew Research Center, 2014). However, the effects of changing marijuana legislation on social problems are largely unknown. This is especially true in the case of child maltreatment as studies on how marijuana use specifically affects abusive and neglectful parenting are rare despite the fact that marijuana is the most widely used illicit drug (Substance Abuse and Mental Health Services Administration, 2013). About six percent of mothers have used marijuana while pregnant, the highest prevalence of any illicit drug (Arria et al., 2006). Poisonings from ingesting marijuana (largely in the form of edibles) have increased among children 12 years and younger since the legalization of medical marijuana use in Colorado (Wang, Roosevelt, & Heard, 2013), a sign that parents may be inadequately supervising their children around marijuana products. However, a small focus group study of parents using medical marijuana in Colorado found that parents believe that marijuana use improves their parenting by allowing them to relax and prevents them from yelling at or hitting their children (Thurstone, Binswanger, Corsi, Rinehart, & Booth, 2013). Although this study does look at parenting in relation to medical marijuana use, the results are preliminary in nature and must be interpreted cautiously as they only include data from eleven parents in five focus groups in one city where the primary questions were not related to parenting.

Marijuana use is known to impair attention span, short term memory, and motor coordination (Fernández-Serrano, Pérez-García, & Verdejo-García, 2011; Vik, Cellucci, Jarchow, & Hedt, 2004). These effects may make it difficult for parents to pick up on cues from their children or respond quickly when children are in danger (U.S. Department of Health & Human Services, 2009) and are consistent with neglectful parenting. In other words, parents who use marijuana when their children are around may not be watching their children closely enough and this could lead to injury or other harm. Similarly, these characteristics (e.g., short attention span and poor memory) may be linked to physical neglect if parents forget to buy or provide food or do not pay attention to the length or severity of a child's illness.

Based upon all we know about drug availability and use, legalization of medical and recreational marijuana should lead to greater access to and use of this substance. At the state level, Pacula, Powell, Heaton, and Sevigny (2013) found that states that allowed marijuana distribution through dispensaries had higher rates of marijuana use. At the local level, California cities with more medical marijuana dispensaries also have more residents who currently use marijuana and, among users, greater frequencies of use (Freisthler & Gruenewald, 2014). Thus greater physical availability of marijuana may make it easier for parents to obtain marijuana for use. In addition, legalization of marijuana for medical or recreational use at the state level has also been associated with increased traffic fatalities (Salomonsen-Sautel, Min, Sakai, Thurstone, & Hopfer, 2014), but lower suicide rates for young men (Anderson, Rees, & Sabia, 2014) and lower rates of opioid overdose mortality (Bachhuber, Saloner, Cunningham, & Barry, 2014), indicating that greater access to marijuana through changing legislation may affect other social problems. We extend this premise by examining how easier access through dispensaries could also be related to greater incidence and prevalence of abusive and neglectful parenting.

In sum, the changing legislation and norms around marijuana use have left child welfare and public health professionals scrambling to determine best practices around issues related to parenting and child abuse and neglect for parents who use marijuana for recreational or medical purposes. Understanding how marijuana use and availability of marijuana may be related to abusive and neglectful parenting is important in order to assess, prevent, and intervene to reduce problems for children. Currently no formal guidelines exist about how child welfare workers should handle cases where marijuana use has been recommended by a physician, resulting in several high profile cases where allegations of abuse or neglect have been based primarily on a parent's access to medical marijuana (Wyatt, 2014). This is further complicated as medical marijuana remains illegal at the federal level. Therefore physicians in California cannot provide a prescription; instead they provide a recommendation for use of marijuana for medical purposes. These recommendations are fairly easy to obtain, with a handful of doctors providing the majority of recommendations (Caplan, 2012). This discrepancy between state and federal law can increase confusion on how to handle cases where parents are found using marijuana or growing marijuana for personal use, despite having a medical recommendation. The results of the current line of inquiry may provide guidance on possible consequences of marijuana use for parenting behaviors.

The current study extends previous research by examining whether and how current marijuana use and the physical availability of marijuana are related to child physical abuse, supervisory neglect, or physical neglect by parents while controlling

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