

Informal Guidance for Substance Abuse & CHINS B

Document developed by CIES director for supervisory purposes. This is not official division policy guidance

The following is intended to provide some guidance for acceptance determinations when caretaker substance abuse is reported but does not clearly meet criteria for chapter 49 (risk of harm) but may meet acceptance for CHINS B:

Consider the following:

1. Is the information sufficient to suggest the caretaker is using the substance? Consider DCF and DoC history, past reports, the details of second-hand information, observations of other signs and symptoms of substances abuse when there is no direct observation of drug use or impairment.
2. Young child: Children under the age of 3 most vulnerable. Children under the age of 6 may also suggest the need for intervention with chronic substance abuse.
3. Type of substance
 - a. Heroin, Cocaine, Crack, Non-Medical Use of Opiates: At the intake level, assume addiction and impairment. Assume that use impacts the ability to supervise and care for a young child. Is the caretaker the custodial parent or a primary caretaker? Does the child have an alternative, safe primary caretaker?
 - b. Marijuana and Alcohol - Assess marijuana and alcohol in a similar manner to each other. Use of these substances may or may not indicate addiction or impairment. Attempt to gather information about impairment, amount, frequency and impact on the supervision and care of the child.
 - c. Non-medical use of prescription Amphetamines/Stimulants: Attempt to gather information about impairment, amount and frequency. Is it used intravenously? It is an addictive substance but effects/impairment varies. Gather information about the impact on supervision and the care of the child. (Amphetamines are used to treat ADHD, Narcolepsy, fatigue and some forms of depression.)
 - d. Non-medical use of prescribed medication: Gather information about impairment, amount and frequency and the impact on the care and supervision of the child. Consider collateral call to medical provider.
 - e. Methamphetamine – See policy. If no direct observation but other sufficient detail, accept RoH, even for older children (Should bath salts be included here?)