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## **Assessment of Drug & Alcohol Abuse**

**0070-521.10 | Revision Date: 07/29/15**

### **Overview**

**This policy provides CSWs with an overview on how to assess for drug and alcohol abuse and provides instructions on observing, gathering, assessing evidence, to support the emergency response investigation.**

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### **Version Summary**

**This policy guide was updated from the 07/01/14 version to support the implementation of the Individualized Investigation Narrative.**

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# POLICY

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## Parent/Caregiver Drug and Alcohol Assessment

Substance abuse is often an underlying cause or explanation for behaviors that result in various allegations, which place children at risk. CSWs should assess parents/caregivers for substance abuse, whether or not it is mentioned in the original allegation.

The mere fact that a parent is abusing drugs or alcohol does not mean that a child should be removed from the home. An infant's prenatal exposure is also not an automatic reason for removal and detention of that infant from the parent(s).

A thorough assessment of the family must be completed to determine if alcohol/drug use is impairing a parent's judgment and ability to provide a minimally safe level of care to the child. This assessment may include:

- Random drug tests.
- Self-reports.
- Observations of behavioral indicators by substance abuse treatment providers, CSWs or other professionals.
- A comprehensive substance abuse [assessment](#) (Up-Front Assessment).
- Child safety and risk assessments.

It is important to gather as much information from as many sources as possible in order to make an accurate assessment. A referral must be kept open for the initial assessment and provision of services in order to ensure that the parent can provide a sufficient and safe minimal level of care for the child.

## Emergency Situations

There are emergent circumstances where children may be in imminent danger requiring immediate removal. Such emergency situations may prohibit an extensive, in-depth assessment at the point of detention. These situations may include the following:

- Referrals from law enforcement, when a parent has been arrested for criminal activity regarding the selling or the manufacturing of [drugs](#).
- A neighbor or relative alleges:
  - The parent has been gone for multiple days, the parent's whereabouts are unknown, and the child is alone in the residence,  
or
  - The parent is in the home but unconscious or unable to function due to drug/alcohol intake and the child is present.

- School personnel refer a child who is too fearful to go home because of the parent's longstanding substance abuse and the parent cannot be located.
- Hospital staff refers a newborn with a positive toxicology screen for drugs and the mother has left the hospital; and her whereabouts are unknown.
- Hospital staff or law enforcement refers a child whose parent has overdosed, resulting in death or serious medical complications.

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## Medical Marijuana Use

Individuals who qualify for the legal use of medical marijuana as a means to treat their medical condition(s) must obtain a recommendation (sometimes referred to as a prescription) from a physician. Individuals may voluntarily apply for participation in the California Department of Public Health's Medical Marijuana Program (MMP), which issues several types of identification cards once a physician's recommendation for medical marijuana is received. Individuals may possess of a non-state-issued medical marijuana card or a written recommendation from a physician.

The use of legal or illegal marijuana should be handled in the same manner as with any substance. Attention should be given as to how the use of the drug affects a parent/caregiver's ability to care for the child, and how their use correlates to the harm or substantial risk of harm to the child. This should include investigation into any usage prior to the parent being issued a marijuana medical card. A parent/caregiver's use of medical marijuana and his/her failure to protect a child from second hand marijuana smoke may constitute evidence that the child is at risk of harm per in re Alexis E. (2009). Should it be found that the parent had illicitly used marijuana but claimed medicinal use of the drug, DCFS should investigate whether such use creates harm or a substantial risk of harm to the child. If a connection is identified between the parent/caregiver's marijuana use (medicinal or illicit) and harm to the child, DCFS may remove the child.

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## Medical Marijuana Use by a Dependent Child or Youth

If a dependent child/youth be found using medical marijuana, even with the reported use of a medical marijuana card, the CSW should:

- Obtain further information and be skeptical that the child/youth was prescribed such a treatment or has been issued a medical marijuana card.
- Assess the child/youth to determine if there are underlying substance abuse issues, and explore whether the marijuana use might be a cover for illicit drug use.

The CSW must verify the existence and legitimacy of a prescription, including but not limited to:

- Inquiring about the diagnosis that the prescription is associated with.
- Facilitating a second medical opinion to determine the possibility of alternative, more appropriate treatments/medications.

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## **PROCEDURE**

### **Completing an Assessment of Drug/Alcohol Abuse**

#### **CSW Responsibilities**

1. When observing the parent/caregiver, assess for indicators of substance use including:
  - Physical warning signs.
  - Bloodshot eyes, pupils larger or smaller than usual.
  - Changes in appetite or sleep patterns.
  - Sudden weight loss or weight gain.
  - Deterioration of physical appearance, personal grooming habits.
  - Unusual smells on breath, body, or clothing.
  - Tremors, slurred speech, or impaired coordination.
  - Behavioral signs.
  - Drop in attendance and performance at work or school.
  - Unexplained need for money or financial problems. May borrow or steal to get it.
  - Engaging in secretive or suspicious behaviors.
  - Sudden change in friends, favorite hangouts, and hobbies.
  - Frequently getting into trouble (fights, accidents, illegal activities).
  - Psychological warning signs.
  - Unexplained change in personality or attitude.
  - Sudden mood swings, irritability, or angry outbursts.
  - Periods of unusual hyperactivity, agitation, or giddiness.
  - Lack of motivation; appears lethargic or “spaced out.”
  - Appears fearful, anxious, or paranoid, with no reason.
  - Indicators of Methamphetamine abuse, if applicable.
  - Indicators of Marijuana abuse, if applicable.
  - Indicators of anti-depressants abuse, including Xanax, Valium, GHB, if applicable.
2. When making an assessment of the family, inquire about the following:

- Kind(s), frequency, and amount of substance(s) used.
  - Accessibility of drugs, alcohol, and paraphernalia to children in the home.
  - Willingness of the parent to address his or her own substance abuse.
  - Ability of the family to acknowledge the risks posed by substance abuse.
  - Availability of family or extended family support and protect the children.
  - Composition of the current family household and whether there are any “significant others” residing in the house.
  - Stability of income.
  - Stability of housing.
  - Whether the child has had frequent school changes.
  - Whether the family has missed required medical or dental appointments.
  - Whether the parent has any recent arrests related to drug or alcohol use.
3. Assess for common signs of neglect of the child due to substance abuse. Signs may include:
- Poor physical appearance. (e.g. clothing, hygiene)
  - Gross thinness.
  - Unusual affect. (e.g. unexplained fear, excessively polite)
  - Lack of eye contact or excessive eye contact with the parent prior to responding to questions.
  - Inappropriate attire for the weather.
  - Frequent lack of supervision.
  - Often requests food from neighbors.
  - Demonstrates behavioral or academic problems in school.
4. Assess for residential neglect caused by substance abuse. Signs may include:
- Little to no food, clothing, furniture, and/or appliances.
  - Situations which are hazardous to health. (e.g., broken windows, hanging electrical wires, extreme clutter, rotten food, etc.)
  - An abnormal number of bottles or cans of alcohol.
  - An unusual number of people in the home or coming to the door, for which no reasonable explanation is given.
  - No functioning utilities.
  - Drug paraphernalia.
5. If a parent/caregiver appears and/or discloses that they are abusing drugs or alcohol:

- Request the parent(s) [drug test on demand](#).
  - Evaluate prior attempts at sobriety, the duration of use, frequency, and type of substances used.
  - Determine the parent/caregiver's ability and willingness to participate in treatment.
  - Consult with SCSW to determine if an [Up-Front Assessment \(UFA\)](#) is appropriate.
6. When a parent/caregiver's discloses that he/she is using medical marijuana:
- Verify that the parent/caregiver has been issued a medical marijuana card, prescription, or an acknowledgement by a physician to use marijuana for a specific reason. (An acknowledgement is different from a recommendation).
  - Check the validity of the photo and expiration date on the medical marijuana card. Also verify the type of medical marijuana card.
  - Formally verify the medical marijuana identification card online or by phone to check on the validity of the card.
  - Investigate whether the use of marijuana occurred prior to the issuance of a marijuana medical card.
  - Assess and document where the medical marijuana is stored. It should not be accessible to any child/youth.
  - Inquire about what the parent has taught the child/youth about medical marijuana in the context of substance abuse prevention education.
  - Determine if there is a connection between the use of (licit or illicit) marijuana use and harm to a child.
  - Request the parent drug test on demand.
  - Verify if the levels of THC are appropriate for the physician's prescription.
7. Consult with the SCSW to determine if an [Up-Front Assessment \(UFA\)](#) is appropriate.
8. Should a parent not comply or tamper with a drug test, consult with [SCSW](#).
9. Determine whether the situation warrants detention; or closure of the referral and linkage to [Alternative Response Services](#) or [Community Response Services](#).

10. Document the entire assessment in the Contact Notebook, including the parent's compliance and the results of all drug tests.

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## Assessing Infant Prenatal Exposure to Drugs or Alcohol

### CSW Responsibilities

In the case of newborns, if there is an indication of maternal substance abuse; a thorough assessment must be completed for the child and the mother. In these cases:

1. Obtain medical documentation and confirmation that mother received prenatal care.
2. Determine if the parent had any prior children who were prenatally exposed to drugs.
3. Assess the mother's drug/alcohol use or abuse as it affects her ability to appropriately parent, particularly regarding her accessing resources and providing ongoing care for the child.
4. Determine the nature and extent of the infant's special needs by consulting with a qualified physician.
5. Provide resources and referrals to the Regional Center.
6. Complete, fax, and later file [DCFS 5004](#) in the Psychological/Medical/Dental/School report folder.
7. Complete the SDM Safety Assessment tool to determine whether detention is necessary.
  - If not, consider the availability of all services that could adequately protect the child.
  - If it is necessary to [detain a child](#), obtain one of the following: consent, exigent circumstances, or a court order.
8. Document the entire assessment in the Contact Notebook, including the parent's compliance and the results of all drug tests.

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**APPROVALS**

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## SCSW Approval

- Approve and return the SDM Safety Assessment tool to CSW, if modifications are needed.
- Provide consultation on whether an Up-Front Assessment (UFA) is appropriate.
- Provide consultation should a parent refuse to drug test or tamper with a drug test.

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## HELPFUL LINKS

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### Forms

#### LA Kids

[DCFS 5004](#), Referral to Regional Center

### Referenced Policy Guides

[0070-548.00](#), Community Response Services, Alternative Response Services and Up-Front Assessments

[0070-548.10](#), Disposition of Allegations and Closure of Emergency Response Referrals

[0070-548.24](#), Structural Decision Making (SDM)

[0070-548.25](#), Completing the Structured Decision Making (SDM) Safety Plan

[0070-570.10](#), Obtaining Warrants and/or Removal Orders

[0600-508.00](#), Foster Youth Substance Abuse Treatment Protocol and Program

[0600-518.31](#), Children Exposed to Drug Labs

[1200-500.30](#), DCFS Countywide Alcohol and Drug Testing Program

### Statutes

[Americans with Disabilities Act of 1990 \(Public Law 101-336\)](#) – Extend to people with disabilities civil rights similar to those now available on the basis of race, color, national origin, sex and religion through the Civil Rights Act of 1964.

[171 Cal.App.4th 438](#) – States that a trial court may reasonably find a parent's marijuana use as constituting a risk of harm to the child because the child parent fails to protect the child from second hand marijuana smoke.

**Penal Code 11165.13 – States “a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child.”**

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