



<http://www.supreme.state.az.us/casa/prepare/substance.html>

Substance Exposed Infants

Introduction

Prenatal and infant exposure to drugs or alcohol continues to be a growing concern for those entrusted with protecting the interests of children, as well as society at large. Substance abuse by parents and caregivers has had a devastating effect on families, especially the children who have been the innocent victims of exposure to drugs. The number of children born each year exposed to drugs and/or alcohol in our nation is estimated to be between 550,000 and 750,000. It is widely accepted that drug use during pregnancy may result in adverse effects on the health and well-being of the newborn, in addition to the health of the mother.

There is growing concern for the care and safety of substance-exposed newborns in Arizona. Early intervention services for both the newborn and the mother are critical in minimizing the effects of prenatal substance exposure.

Based on extensive medical literature review, review of other state guidelines, and input from hospital newborn programs, this committee drafted [Guidelines for Identifying Substance-Exposed Newborns](#).

The Relationship Between Substance Abuse and Child Abuse

In addition to the biological risk that prenatal alcohol or drug exposure poses to these children, they are at an increased risk of child abuse and neglect by parents whose need for drugs takes priority over the care of their infants and children. As a result of these factors, there has been a sharp increase in the number of drug exposed children in out-of-home placements.

The driving force behind new efforts to identify and protect substance exposed infants and children is the understanding that intervention services for the newborn and mother are critical in minimizing the acute and long-term effects of prenatal substance exposure. Even if a newborn exhibits no clinically significant difficulties in the neonatal period, identification of a substance-exposed newborn may improve the infant's long-term development.

There is also increasing concern about the negative impact on children when parents or other members of the household engage in other illegal drug-related activity, such as the manufacture of methamphetamines in home-based laboratories. The state of Arizona has responded to the growing problem of the manufacturing and distributing illegal substances by parents and caregivers by expanding the civil definition of child abuse or neglect so that children living in dangerous home environments can be protected.

The Ways in Which Children Are Exposed

Substance exposed infants are not only classified as such due to prenatal exposure to drugs and alcohol. Approximately 50% to 80% of all child abuse and neglect cases substantiated by Child Protective Services involve some degree of substance abuse by the child's parents.¹ This can be due to a variety of factors including:

- The often chaotic lifestyles and social instability where the primary focus of a parent or caregiver is directed towards obtaining and using drugs, instead of attending to the basic needs of an infant.
- Substance abusing parents lose touch with reality, making them emotionally unavailable to their infants for much of the time.
- Substance abusing parents are repeatedly observed having trouble balancing the needs of their infants with their drug use.

Between the ages of one and four months, babies need regular routines including periods of deep sleep and quiet alertness. Mothers with substance issues and without other support find it extremely difficult to provide a regular routine for their baby or assist in helping the baby reach developmental milestones.

The Effects of Exposure

Low Birth Weight

Birth weight is an important factor associated with children's overall health and development. Children who weigh under five-and-one-half pounds at birth are more likely to have serious medical problems and to exhibit developmental delays. Drug-exposed infants often do not exhibit normal development.

Premature Birth

The risk of premature birth (birth at less than thirty-seven weeks) is higher in drug-exposed infants. Other complications can include an increase in acute medical problems following birth, and extended periods of hospitalization. Birth weight under three pounds has been associated with poor physical growth and poor general health status at school age.

Failure to Thrive (FTT)

Infants who were exposed to alcohol and/or drugs may exhibit this disorder, which is characterized by a loss of weight, or slowing of weight gain, and a failure to reach developmental milestones.

Neurobehavioral symptoms

Within seventy-two hours after birth, many infants who were exposed to drugs experience withdrawal symptoms, including tremors and irritability. Their skin may be red and dry; they may have a fever, sweating, diarrhea, excessive vomiting, and even seizures. Such infants may require medication for calming. Other infants exposed to stimulants show a pattern of lethargy during the first few days after birth, are easily over stimulated, and may go from sleep to loud crying within seconds.

Infectious diseases

Infants with prenatal drug exposure may be exposed to infectious and/or sexually transmitted diseases contracted by their mothers. The most common infectious diseases seen in infants are Chlamydia, syphilis, gonorrhea, hepatitis B, HIV, and AIDS.

Neglect of Basic Necessities

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical (for example, inadequate clothing for cold weather), medical (for example, refusal to seek health care when a child clearly needs medical attention), educational (for

example, failure to enroll a child of mandatory school age), or emotional (for example, chronic or extreme spouse abuse in the child's presence). Severe neglect often results in death, particularly in the case of very young children. While physical abuse tends to be episodic, neglect tends to be chronic. Neglectful families often appear to have many problems that they are not able to handle. It is often very difficult to facilitate change in the behavior of chronically neglectful families. For early childhood caregivers, neglect may also be chronic. For example, it might be standard practice for a caregiver to leave infants in their cribs for most of the day, rather than providing a safe area for them to move about.

Children of substance abusers often find themselves denied basic needs such as food, hygiene, shelter, and protection from the abuse and neglect perpetrated on them by others who frequent homes of drug abusers.

Exposure to Unnecessary Risk

Exposure to the world of substance abuse often brings exposure to unnecessary risks and dangers for the small children who are unable to protect themselves from harm. A neglected child is one whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his/her parent or other person responsible for his/her welfare.

Reports of child abuse and neglect have increased significantly over the past decade, correlating with an increase in drug use among primary caregivers. The chart below illustrates the prevalence of neglect in regards to child abuse.

Once Identified, How Does A Child Become A Dependent?

The decision to remove a child from his or her home is not made by one person. Prior to removal, the CPS case manager discusses each case with a supervisor.

When a child is removed from home, the law requires that a removal review take place to assess the continued necessity of the removal, alternatives to continued out-of-home placement composed of certain people to assess the case, and alternatives to continued out-of-home placement, as well as services.

The review team includes the CPS case manager, a CPS supervisor, two members of a local Foster Care Review Board (FCRB), and the child's physician if the child has a medical need or chronic illness.

Procedures for Removal of a Substance Exposed Infant

According to Arizona law, initially a child may be taken into temporary custody by a peace officer or a child protective services worker if temporary custody is clearly necessary to protect the child because probable cause exists to believe that the child is either:

- A victim or will imminently become a victim of abuse or neglect.
- Suffering serious physical or emotional injury that can only be diagnosed by a medical doctor or psychologist.
- Physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured.

In determining if a child should be taken into temporary custody, the interested person, peace officer or child protective services worker may take into consideration as a mitigating factor:

- The participation of the parent or guardian in the healthy families program.

- The availability of reasonable services to the parent or guardian to prevent or eliminate the need for removal of the child and the effort of the parent or guardian to obtain and participate in these services.

Additional Facts

According to state law, a person who takes a child into custody shall immediately have the child examined by a medical doctor or psychologist.

After the examination the person shall release the child to the custody of the parent or guardian of the child unless the examination reveals abuse or neglect.

Additionally, a child who is taken into temporary custody pursuant to this article shall not be detained in a police station, jail or lockup where adults charged with or convicted of a crime are detained.

Arizona law also mandates that a child shall not remain in temporary custody for more than seventy-two hours unless a dependency petition is filed.

"Arizona is among the first states in the nation that have been determined to have successfully completed all provisions of its Program Improvement Plan . . . ACF commends the state for its commitment and leadership in improving outcomes for children and families."

Sharon Fujii - 'U.S. Department of Health and Human Services? Administration for Children and Families

Policy and Regulation

In an effort to address the growing problem of substance exposed infants, a statewide initiative, under the direction of Arizona Governor Janet Napolitano, recruited a team of medical professionals and physicians to assist Child Protective Services in the creation of clear and consistent guidelines for identifying substance exposed newborns in order to provide adequate care and safety. These guidelines have been distributed to medical professionals throughout the state.²

The Governor's plan called for clearer direction to CPS investigators and case managers, law enforcement officials, and mandatory professional reporters, as well as to the community, regarding the role of Child Protective Services.

Arizona law and CPS policy now make it clear that the primary purposes of CPS are:

- Protect children by investigating allegations of abuse and neglect.
- Promote the well-being of children in a permanent home.
- Coordinate services to strengthen the family and prevent abuse or neglect.

If a child's health is demonstrably adversely affected at birth or within the first year of birth, Arizona law and CPS policy now make clear that in determining whether a child has been neglected, consideration shall be given to a parent's drug or alcohol abuse, including a mother's abuse of a dangerous drug, narcotic drug or alcohol during pregnancy if the child is demonstrably adversely affected at birth or within the first year of birth. Arizona law and CPS Policy also state that a child may be taken into temporary custody if the child has been physically injured as a result of living on premises where dangerous drugs or narcotic drugs are manufactured. The injury does not need to be physical, as neglect also qualifies as damaging to a child's health and well being.

State law A.R.S. § 13-3620 requires that a health care professional, who reasonably believes that a newborn infant may be affected by the presence of alcohol or a drug, immediately report this information to Child Protective Services. Arizona is one of only twelve states to have enacted specific reporting procedures in regards to substance exposed infants. *In general, these policies make drug exposure, or a positive drug test alone, the basis for reporting.*

Current policy also calls for:

1. An integrated child welfare system

Recognizing that children involved in the CPS system often require a multi-agency system response to meet their needs, state agencies are now developing a unified approach in delivering timely and comprehensive services.

2. Improved communication among agencies

Arizona law and CPS Policy now require Child Protective Services to provide CPS information to specific persons or agencies that have a legitimate need for the information. Under the new law and policy, CPS is able to correct, clarify and confirm information released by other sources.

3. Expansion of co-located sites

Sharing child advocacy centers with law enforcement and behavioral health specialists reduces the need for multiple interviews that may re-traumatize the child and provides a forum for quickly determining what services a child and family needs.

4. Incorporating forensic interview training into CPS basic case manager training.

Some benefits of forensic interviews are:

- Providing a child friendly environment in which to conduct an interview.
- Ensures less stress on child victim and family.
- The interviews are a neutral, non-leading account in child's own words.
- Reducing the number of redundant interviews.

To learn more about the benefits of forensic interview training visit:

<http://www.childadvocacycenter.org/interview.htm>

Changes to Case Management Practices (2005)

As of July 1, 2004, CPS investigates 100% of calls to the CPS Hotline that qualify as reports of abuse or neglect.

The redesigned "Family Builders" program, now available in counties, accepts referrals only after an investigation by CPS. These services are available to families with children at moderate risk of future maltreatment, whose needs cannot be sufficiently met through community resources, and who do not require more intensive services.

Use of Professional Risk Assessment Tools by CPS Case Managers

All CPS investigators now use comprehensive tools, designed with assistance from national consultants, to assist with immediate safety determinations as well as an assessment of a family's strengths and the future risk of harm to a child.

These tools assist CPS case managers in providing an appropriate service delivery response based on the level of risk to the child, including the severity, frequency, and immediacy of risk, rather than a response focused solely on a specific incident of child

abuse or neglect.

CPS Hotline Improvements

CPS hotline specialists who take reports of abuse or neglect have an improved set of cue questions consistent with the new strength and risk assessment tools and multi-disciplinary protocols. In addition, the CPS Hotline implemented a triage system for callers. The triage system links those wanting to report new allegations of abuse or neglect to a Hotline Specialist more quickly. Callers can provide updated information on existing cases, receive automated information, or speak directly with a specialist to report abuse or neglect.

CPS Web-based Reporting Form Used by Mandatory Reporters of Child Abuse and Neglect

This form is currently being piloted with hospitals, counselors, schools and other community based agencies around the state. This allows information to be accessed and received by those who need it most, in a timely manner.

24 Hour Urgent Behavioral Health Response

Children who are removed from their parent/guardian may be referred for a behavioral health assessment within 24 hours of removal and offered services based upon the assessment results. Through December 31, 2004, Arizona Department of Health Services (ADHS) reports more than 3,000 children have received the Urgent Behavioral Health response since implementation of the policy in late 2003.

CPS and law enforcement now conduct joint investigations for the most serious allegations of abuse and neglect.

CPS and law enforcement agencies share procedures for intake, investigation, and information gathering, creating an effective and unified response.

For more information about case management reform:

<http://www.governor.state.az.us/cps/>

Legislation

HB2024, passed by the Arizona legislature in 2003, clarified the mission of Child Protective Services and implemented new policies and procedures to improve delivery of services and support to children and families.

Some of the directives outlined in this legislation are as follows:

- CPS is to investigate all reports of abuse and neglect.
- A child may be taken into temporary custody if the child has been physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured.
- Joint investigations by CPS and law enforcement are now required by Arizona law on the most serious allegations of abuse and neglect. CPS now works with law enforcement and county attorney officials in each county to develop multidisciplinary protocols which detail the procedures for intake, investigation, and information sharing on these cases.
- Child Protective Services is required to provide CPS information to specific persons or agencies that have a legitimate need for the information.
- DES is to establish initial screening and safety assessment protocols in

consultation with prosecutors, law enforcement, medical professionals, victim rights advocates and mandatory reporters.

- In making the determination of whether to take a child into temporary custody, consideration be given to whether a parent is willing to participate in certain substance abuse treatment services.
- Per the new requirements of Arizona law, over 200 CPS investigators statewide received training in forensic interviewing and processes. The CPS Child Welfare Training Institute now incorporates forensic interview training into basic case manager training.

New Legislation for New Challenges

Methamphetamine, or meth, is the number one illegal drug contributing to violent crime in Arizona. The increasing production of meth in home-based drug labs confronts Arizona with a unique set of problems that other illegal drugs have never before presented. The chemicals used to manufacture meth, the production process, and the waste generated as a result of that process pose very real and serious dangers to the public and the environment. These dangers include toxic poisoning, chemical and thermal burns, fires, and explosions.

For more information regarding the prevalence of methamphetamine in Arizona and the drug's dangers, especially to children, visit the Arizona Attorney General's Drug Endangered Children Program's website at: <http://www.azag.gov/DEC/>

New Definitions

The terms 'endangered' and 'abuse' include but are not limited to circumstances in which a child or vulnerable adult is permitted to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug in violation of Â§ 13-3407(A)(4).

Federal Legislation

The Child Abuse Prevention and Treatment Act (CAPTA) requires States to have policies and procedures to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Arizona includes this type of exposure in their definitions of child abuse or neglect. In fact Arizona has met federal requirements in this area. Additionally, Arizona has expanded the scope of policies regarding substance exposed infants. Essentially, exposure isn't merely defined as being born addicted to illegal substances, but being in the presence, or being adversely affected by the use of drugs in the home.

Removal of Infants Pros and Cons

Pros

- Early intervention services for the newborn and mother are critical in minimizing the acute and long-term effects of prenatal substance exposure. Thus, even if the newborn exhibits no clinically significant difficulties in the neonatal period, identification of the substance-exposed newborn may improve the infant's long-term outcome.
- Detection of substance abuse holds the promise of benefit to the mother with addiction. The mother, as well as child, may receive needed treatment and services.
- Expanded definitions of child endangerment and abuse address recent substance

abuse trends in the state of Arizona.

- An integrated child welfare system, with communication among interested agencies, delivers comprehensive, effective, and timely assistance to those in need. CPS is able to assist families by coordinating economic, mental health, and physical health resources, creating holistic and comprehensive solutions to families struggling with issues of substance abuse.

Cons

- Punitive approaches and incarceration have not been demonstrated to be beneficial in improving health for mothers and infants.
- Foster placement of children and mandated entry into a complex child welfare system, with limited resources and capabilities may lead to suboptimal outcomes for both mother and infant.
- The subject of testing for drugs of abuse, particularly testing for those that are illegal, presents ethical dilemmas for health professionals. Patients may be less likely to seek help for fear of incarceration or punitive action.
- Health providers need to be aware of the legal implications of their actions in the context of recent court decisions that uphold the rights of mothers against unlawful search and seizure.

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¹ U.S. Department of Health and Human Services. National Center on Child Abuse and Neglect. Protecting Children in Substance Abusing families. 1994

² The Guidelines for Identifying Substance Exposed Newborns;
<http://www.governor.state.az.us/cps/documents/SenGuidelines.pdf>

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