The mission of the Department of Children and Families (DCF) is "Partnering with communities and empowering families to raise resilient children who thrive." A large part of the Department’s work consists of efforts to address allegations of child abuse and neglect as a result of a caregiver’s substance use. Children living in a household where active substance use occurs may be exposed to circumstances injurious to their well-being, including poor supervision, accidentally ingesting substances, failing to have their basic needs met and other harmful occurrences.

However, the Department does not believe that substance use, legal or illegal, is in and of itself evidence of child abuse or neglect. An assessment of whether the use of any substance has an impact on the ability of the caregiver to keep a child safe, or their overall parenting ability, must be undertaken on a case-by-case basis. These decisions are informed by assessments DCF conducts that include face to face interviews with all household members, including the children; making collateral contacts with schools and medical professionals; and working collaboratively with other agencies who may already be involved with the family. The assessments also utilize evidence-based Structured Decision Making (SDM) tools designed to guide and inform the Department in determining whether or not a child is safe in the home and if they are exposed to substantial risks within a particular family. The tools produce a numerical score which informs service provision and are implemented at identified intervals during the period of time a family is receiving services from the Department.

In January 2019, the Department enhanced its response to addressing concerns of caregiver substance use by offering the evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) to determine the need for additional evaluation and treatment. By offering
SBIRT both in the community and within the DCF area offices, the Department can respond quickly to concerns of parental substance use that may impact parental functioning.

For families in which a caretaker has an identified need for substance use treatment, DCF is fortunate to offer a very strong evidence-based service array, which includes Multi-Dimensional Family Therapy (MDFT), Multi-Systemic Treatment-Building Stronger Families (MST-BSF), and Family Based Recovery (FBR). These services provide in-home treatment to families, resulting in the reduction or elimination of substance use so that caregivers can parent optimally, and children can remain safely in their home. Along with these evidence-based models, DCF connects families to the state’s provider network and the array of programs for substance use education, evaluation and treatment available in the community. Families can also receive substance use treatment through a variety of community-based programs not directly funded by the Department. With this service array, DCF has been able to successfully serve thousands of families who need substance use treatment.

Legalization of adult use cannabis is still relatively new, limiting the amount of research and evidence available to fully understand how legalization may impact children and families. Despite this, the Governor’s administration and the Department look to other jurisdictions’ data, policy and implementation strategies and, where evidence is available, use it to inform decision making to ensure that our residents are protected.

A report from the Colorado School of Public Health may provide Connecticut with guidance from Colorado’s marijuana legalization journey. The Colorado School of Public Health issued a health impact assessment in November of 2016, Marijuana and Child Abuse and Neglect,¹ to inform child welfare on how best to respond to marijuana legalization. Through a literature review, policy scan and qualitative interviews, the following was found:

- Emerging evidence to support marijuana’s association with fetal growth restriction, stillbirth and preterm birth
- Unclear risks associated with physical hazards in marijuana growth areas that pose a threat to children living there
- Unclear evidence on the associated impacts of marijuana use on parenting

The Department supports provisions of the bill that limit advertisements and marketing to children and place restrictions on retailers opening near schools, parks and other locations where children play or congregate. It is also critical to invest in an effective prevention campaign to ensure youth are aware of the negative impacts of underage marijuana use.

DCF co-chairs the Alcohol and Drug Policy Council (ADPC) along with the Department of Mental Health and Addiction Services (DMHAS). The ADPC is a legislatively mandated body comprised of representatives from all three branches of state government, consumer and advocacy groups, private service providers, individuals in recovery from addictions, and other stakeholders. The Council provides a coordinated statewide response to alcohol, tobacco and other drug (ATOD)

¹ Marijuana and Child Abuse and Neglect, 2016
use and misuse in Connecticut. The ADPC is charged with developing recommendations to address substance use related priorities from all state agencies on behalf of Connecticut’s citizens across the lifespan and from all regions of the state. There are currently 4 sub-committees: Prevention, Recovery and Health, Treatment, and Criminal Justice. Each of these policy areas are relevant to helping guide marijuana legislation and implementation.

The Department strongly encourages collaboration with the ADPC to address safety concerns and additional substance use disorder services that may be necessary. Further, if recreational marijuana is legalized, a subcommittee of the ADPC should be established to specifically review the impact legalization has had on other jurisdictions, especially regarding children, so Connecticut can proactively develop a comprehensive plan to address potential risks.

Another factor that should be considered by the legislature is how legalization may lead to utilization of a safer product. Fatal overdoses due to fentanyl occur in Connecticut at an alarming rate. Drugs like marijuana that are sold on the street may be laced with fentanyl, or other illicit enhancements, without consumers’ knowledge. With legalization, exposure to much more dangerous substances should be curtailed since dispensaries will be selling a highly regulated product in a secure location.

Lastly, as Connecticut considers legalizing marijuana, the Department is cognizant of the impact that the criminalization of marijuana has had on people of color, and how that impacts the families we serve. Black and Latino individuals account for most of the marijuana-related arrests although rates of drug use and sales are similar across racial and ethnic lines.\(^2\) According to FBI data, in 2018 there was noted to be 1.65 million drug related arrests in the United States. Of those drug related arrests, 40% were for possession, sale or manufacture of marijuana. Broken down further, 92% of those marijuana related arrests were noted to be a possession charge.

The American Civil Liberties Union’s report *The War on Marijuana In Black and White* (2013)\(^3\) concluded: "[O]n average, a black person is 3.73 times more likely to be arrested for marijuana possession than a white person, even though blacks and whites use marijuana at similar rates. Such racial disparities in marijuana possession arrests exist in all regions of the country, in counties large and small, urban and rural, wealthy and poor, and with large and small black populations."

The impact that a marijuana-related charge has on an individual is profound and long lasting. People of color are more likely to be stopped, searched, arrested, convicted and harshly sentenced. The trauma that is associated with any of the above also leaves a significant impact. Once a criminal record has been established, employers, landlords, schools, credit agencies and banks can all obtain access and this may impinge any attempts made by a person of color to overcome barriers and to improve their circumstances.\(^4\) The consequences do not stop at the

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\(^3\) The War on Marijuana in Black and White

adult person of color, they further extend to the entire family dynamic. A parent who has a marijuana conviction is further subjected to disparate treatment by certain policies that prohibit the parent's success. Such convictions could impact their ability to regain custody of their children and their ability to adequately provide for their family by being denied employment or the public/government assistance that could position the family of color on a path to success. Many of these issues will hopefully be resolved by the erasure of older marijuana related convictions.

The issue of incarceration must also be considered. The U.S. Centers for Disease Control and Prevention (CDC) identifies having had an incarcerated parent as an Adverse Childhood Experience (ACE) that is distinguished from other ACES because of the unique combination of trauma, stigma and shame. Parental incarceration is independently associated with higher rates of learning disabilities, ADHD, behavioral problems, emotional dysregulation, and developmental delays in the child. A study by the Connecticut Children with Incarcerated Parents Initiative showed that the child loses many important supports when a parent becomes incarcerated, including basic financial support, help with personal problems, assistance with completing schoolwork, interaction with teachers and coaches, transportation, childcare, government assistance and care for medical or special needs. When considering race, one in nine black children has an incarcerated parent, compared to one in 28 Latino children and one in 57 white children. Two-thirds of parents that are incarcerated are due to nonviolent offenses with a significant proportion incarcerated for drug law violations.

Thank you for providing an opportunity for the Department of Children and Families to offer comments on how this bill impacts children and families in Connecticut.

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6 CT Children with Incarcerated parents Initiative Fact Sheet