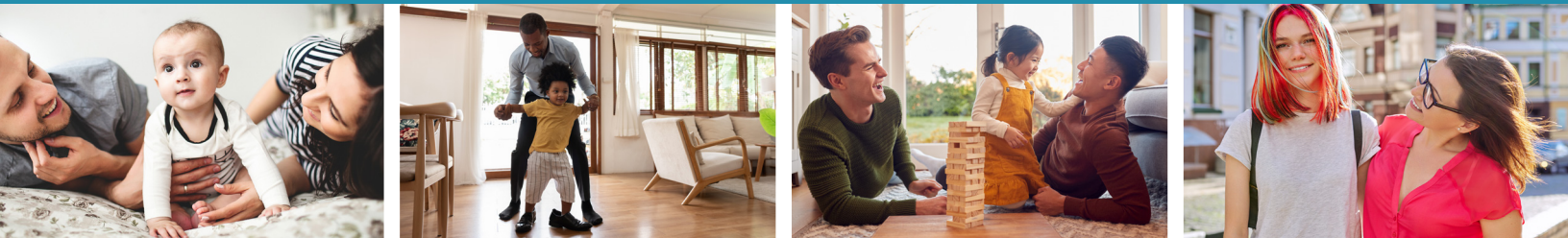




CANNABIS USE: CONSIDERATIONS FOR PROFESSIONALS WORKING WITH CHILDREN, ADOLESCENTS, PARENTS, AND OTHER FAMILY MEMBERS INVOLVED IN CHILD WELFARE AND THE COURTS



Public perception of cannabis as “safe” has increased as states continue to legalize medicinal and recreational use.¹ Thus, as more parents, caregivers, and family members use cannabis, child welfare professionals—along with their substance use disorder (SUD) treatment, court, and health care partners—face more complex challenges. Professionals across these systems require effective strategies and approaches when seeking to prevent and mitigate adverse effects, reduce risk, and improve safety for children and adolescents associated with cannabis exposure in their home.

The National Center on Substance Abuse and Child Welfare ([NCSACW](#)) created this four-part tip sheet series for child welfare, SUD treatment, court, and health care professionals to provide an overview of cannabis use, and its effects during the prenatal period, in the home environment, and on adolescent development.

- [Tip Sheet 1—Navigating the Complexities of Cannabis Use Among Parents and Adolescents in Child Welfare Services](#) offers a broad overview for all professionals working with children, parents, and their family members. Details include the shifting legal landscape of cannabis in states, how cannabis use affects families, and practice considerations for professionals.
- [Tip Sheet 2—Cannabis Use During Pregnancy: What Professionals Working with Pregnant People Need to Know](#) provides information about the effects of cannabis use on fetal and neonatal health, how to develop a Plan of Safe Care (POSC), and offers approaches to responding to prenatal use.
- [Tip Sheet 3—Cannabis Use: Considerations for Professionals Working with Children, Adolescents, Parents, and Other Family Members Involved in Child Welfare and the Courts](#) outlines environmental safety and risk concerns for children and adolescents when parents or caregivers use cannabis. Tips include strategies and approaches professionals can use to mitigate risk and build parental capacity.
- [Tip Sheet 4—Cannabis and Youth Involved in the Child Welfare System](#) describes the risk of cannabis use on adolescent development and provides strategies to engage youth who are at risk of or involved with the child welfare system and using cannabis.

NCSACW recommend readers of this series start with Tip Sheet 1, which provides foundational and essential information relevant to the others. After reviewing Tip Sheet 1, readers may go through Tip Sheets 2-4 independently since they focus on specific populations and are designed for professionals working with those populations.

Understanding the Safety and Risk Concerns to Infants When Parents Use Cannabis

Research suggests that while substance use during pregnancy typically *decreases*, it tends to *increase* during the postnatal period.⁴ [Risk factors](#) affecting the safety and well-being of infants and other children in the home include parental drug and alcohol use, parental mental health challenges, children under the age of 4, and children with special needs.⁵ One or more of these factors do not automatically mean a child is unsafe but they can indicate the need for child welfare to determine if safety concerns are present and identify parental protective capacities.

Research on the effects of secondhand marijuana* smoke points to risks for respiratory infection and [sudden infant death syndrome \(SIDS\)](#).^{6,7,8,9,10} In addition, accidental suffocation from co-sleeping remains among the leading causes of infant mortality in the U.S.; this risk increases tenfold for infants co-sleeping with a parent under the influence of substances. Increased awareness and education on [safe sleep practices](#) help reduce the risks associated with infant sleep-related deaths.¹¹

As infants become mobile—standing, crawling, cruising, and walking—they begin to explore and use senses like touch and taste to learn about their environment.¹³ If cannabis and other substances are within reach, they are at a high risk for accidental ingestion (e.g., cannabis edibles), since they often put objects in their mouths. The symptoms and effects of ingestion are more severe in a small child than in an adult. Professionals can help parents make their [home environment](#) safe by educating them on the importance of actively supervising infants and young children while ensuring safe storage of all potentially harmful substances.¹⁴ The [Up and Away](#) campaign reinforces that all medications and substances that can be ingested by infants, toddlers and children are safely stored.

The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) recommend parents who breastfeed refrain from using all forms of cannabis due to possible effects on an infant's brain and neuro pathway development.^{2,3}

Symptoms† of cannabis ingestion in children and adolescents:¹²

- Altered perception
- Anxiety
- Panic
- Dizziness
- Slurred speech
- Poor coordination
- Excessive sleepiness
- Apnea (not breathing for 10 seconds or longer)
- Heart problems

Understanding Safety and Risk Concerns for Children and Adolescents When Parents Use Cannabis

Cannabis use affects cognitive functions, including concentration, coordination, sensory and time perception, thinking, and problem-solving.¹⁵ When a parent's cognitive function decreases, it can directly affect their ability to meet their children's needs and ensure their safety and well-being.

Cannabis edible related poisonings, accidental overdoses, and trips to the emergency room have steadily increased among children 0-12.^{16,17} It is critical for parents to understand the risks of having cannabis in the home, how to properly store these products to prevent accidental ingestion, and what symptoms children and adolescents may display if ingestion occurs.

*The term "marijuana" is used if the cited source specifically uses the term. We use the term "cannabis" to refer to all products from the plant *Cannabis sativa*.

† Not an exhaustive list.

The rates of unintentional poisoning by cannabis edibles in children younger than 6 years old rose

 **1.375%**
between 2017 and 2021



of 2-year olds



& 3-year olds

accounted for the largest share of children exposed.¹⁸

The [American Academy of Pediatrics](#) has tips to help parents protect children and adolescents from the effects of ingesting cannabis edibles.¹⁹

- Store cannabis products in child-proof packaging or containers—out-of-reach—and in locked containers
- Do not consume cannabis products in front of children
- Do not buy cannabis products in packages resembling food that children consume (e.g., candy, beverages, snacks)
- Teach children to avoid eating foods they find without first asking permission
- Include cannabis in discussions with children and adolescents on the effects of substance use
- Ensure all caregivers understand the importance of not using cannabis while caring for the children
- Know how to contact the local [Poison Center](#) in the event of accidental ingestion
- Do not drive under the influence, and remind adolescents to not drive under the influence or ride in a car if the driver is under the influence

There is a correlation between parental marijuana use and an increased risk of substance use (e.g., marijuana, tobacco, alcohol, opioids) by adolescents in the same household.²⁰ Parental marijuana use can negatively affect the quality of communication between parents and adolescents, their overall relationship, and the level of parental supervision—all of which are factors that contribute to adolescent marijuana use.²¹

Using a [non-stigmatizing](#) and holistic approach to assess parental cannabis use helps determine:

- 1) If the parent needs treatment for a cannabis use disorder (CUD) or co-occurring disorder,
- 2) How cannabis use affects the risk and safety of children and adolescents, and
- 3) How [parental protective capacities and protective factors](#) can mitigate child safety concerns.

Practice Considerations and Strategies for Child Welfare Workers, SUD Treatment Providers, Court Professionals, and Health Care Providers



CHILD WELFARE WORKERS

Child welfare workers routinely assess the safety, risk, and well-being of children and their family members. They determine if parental substance use presents a safety threat or immediate or serious harm and determine interventions needed to ensure the well-being of children by conducting a thorough assessment. This process also includes a risk assessment that determines the likelihood

of future maltreatment. These workers can: 1) apply a [standardized screening tool](#) to identify parents who need a SUD [comprehensive clinical assessment](#), 2) provide referrals to [SUD treatment assessment and services](#) when needs are identified, 3) build [parental protective capacity and protective factors](#), and 4) educate parents on safe sleep practices. NCSACW's [Safety and Risk Video Series](#), accompanying child welfare supervisor practice guides, and the [Child Welfare Practice Tip Sheets Series](#), offer information on assessing parental substance use and how to increase safety when substance use is present.



California and Oregon legalized medicinal cannabis between 1996-1998 and cannabis use for adults 21+ between 2014-2016. The state child welfare systems updated their policy manuals to align with the state laws and provide guidance to child welfare workers on safety and risk related to parental use of cannabis.

- Los Angeles County's child welfare [policy manual](#) includes protocols for assessing the use of medical and recreational marijuana.
- Oregon's child welfare [policy manual](#) instructs staff to assess for cannabis use as they would any other legal or prescribed medication.



SUD TREATMENT PROVIDERS

Cannabis use has [short- and long-term health](#) implications for parents and may have adverse effects on their children and other family members. Providers can assess parents for CUD when completing a comprehensive clinical assessment. SUD treatment providers can strengthen all family members by providing recovery-oriented services, including: 1) using [promising practice treatment approaches](#) for CUDs, 2) assessing for and ensure services are provided for [co-occurring mental health challenges](#), 3) building [recovery capital](#),[†] 4) using a [family-centered approach](#) to ensure the needs of all family members are met, and 5) developing a [treatment plan](#) that aligns with the child welfare case plan goals and objectives.

Recognize the potential for implicit bias in interactions with parents from diverse racial and ethnic backgrounds involving cannabis use. Applying [strategies](#) to overcome bias helps maximize engagement and promote equitable access to treatment.



COURT PROFESSIONALS

Judicial officers, attorneys, Court Appointed Special Advocates (CASA)/Guardians ad Litem (GAL) use their own legal and ethical mandates to guide their work. Court professionals working with children, adolescents, and parents must align their policies and practices with state and federal cannabis laws. Receiving education and training from local or state treatment experts can help court professionals gain an understanding of CUD and make informed decisions about matters involving persons with SUDs. Court professionals help ensure that policies, procedures, and messaging about parental cannabis use and the potential safety and risk concerns remain consistent across all partners.

Many communities have collaborative court models (e.g., [family treatment courts](#), family recovery courts) that serve parents with an open abuse or neglect case due to substance use. These courts have specialized knowledge and expertise that can benefit all court professionals. Together, they can

[†]The [Peer Recovery Center of Excellence](#) developed the *Building Recovery Capital* video.

join with child welfare and SUD treatment partners to make decisions about the treatment court's approach, including eligibility criteria to participate when parents use medicinal or recreational cannabis. For those communities without a collaborative court, [best practices](#) can still be applied. Court professionals can use the [All Rise Frequently Asked Questions](#) to learn how various states approach the medicinal cannabis use in adult treatment court settings. This process can: 1) generate a dialogue between court and child welfare professionals on parental cannabis use, and 2) help inform decisions on policies and protocols for court professionals.

Nevada's Division of Public and Behavioral Health encourages clinicians to incorporate a [marijuana screening questionnaire](#)[§] when screening pregnant, postpartum, or breastfeeding individuals for other substance use (e.g., alcohol, tobacco, prescriptions, illicit drugs).



HEALTH CARE PROVIDERS

Primary care providers can assist adolescents and parents by implementing universal screening for SUDs through an evidence-based model like [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#). Universal screening of adolescents and parents: 1) reduces practices that disproportionately affect families of diverse racial and ethnic backgrounds and those with other characteristics who may experience discrimination, 2) identifies cannabis use early, and 3) connects adolescents and parents to treatment. Research shows brief intervention and education may help individuals acknowledge and reduce the risks associated with their substance use.²² Primary care providers can help prevent SIDS by asking questions about an infant's sleeping arrangements and providing education and resources on [safe sleep practices](#).

Using a [public health approach](#) that promotes [health equity](#) ensures all parents, children, and adolescents have access to quality CUD treatment and health care. See the CDC's [Health Equity Video Series](#)^{**} for more information on the elements that contribute to health inequities and health disparities and how to promote health equity.

Summary

Cannabis use can increase risk factors in the home—particularly to infants, children, and adolescents. Professionals working together to employ [strategies](#) that strengthen the system of care and respond to a family's multiple needs help increase parental protective capacity and protective factors, prevent out-of-home placement, and encourage well-being.²³

[Tip Sheet #4—Understanding How Professionals Can Engage and Educate Adolescents on the Effects of Cannabis Use](#) provides more information on the effects of cannabis use on adolescent development and how professionals can educate and engage adolescents who either have—or are at risk of developing—a CUD.

[§] This publication was adapted from the Colorado Department of Public Health and Environment by the maternal and Infant Health Program, supported through the Nevada Division of Public and Behavioral Health, Bureau of Child, Family, and Community Wellness, Title V Maternal Child Health Program Grant BO4MC29352 from Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada Division of Public and Behavioral Health.

^{**} The CDC developed the [Health Equity Video Series](#), and it is available on the CDC website for no charge. Information provided in this publication and any reference to organizations, commercial products, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or the CDC.

Additional Resources

- [Brief Counseling for Marijuana Dependence: A Manual for Treating Adults](#) provides guidelines for counselors, social workers, and psychologists in both public and private settings who treat adults dependent on marijuana.
- [Marijuana: The Risks are Real](#) infographic outlines the risks associated with marijuana use.
- [Is Cannabis Harmful for Children & Teens? AAP Policy Explained](#) provides an overview of concerns on adolescent marijuana use from the American Academy of Pediatrics.
- [Marijuana and Your Baby: Preventing Exposure of Your Infant to Drugs While You Are Pregnant or Breastfeeding](#) provides information on accidental ingestion and safety tips for infants.
- [Marijuana and Your Baby](#) includes information on accidental ingestion and safety tips for infants.
- [Talking about Marijuana](#) provides information on responsible use, talking with children, laws, and safe storage.
- [What You Should Know About Using Cannabis, Including CBD, When Pregnant or Breastfeeding](#) examines how marijuana use affects breast feeding and pregnancy.

References

- ¹ Carliner, H., Brown, Q. L., Sarvet, A. L., & Hasin, D. S. (2017). Cannabis use, attitudes, and legal status in the U.S.: A review. *Preventive Medicine, 104*, 13-23. <https://doi.org/10.1016/j.ypmed.2017.07.008>
- ² Center for Disease Control and Prevention. (2023, May 2). *Breastfeeding and special circumstances: Marijuana*. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/marijuana.html>
- ³ U.S. Food and Drug Administration. (2019, October 16). *What you should know about using cannabis, including CBD, when pregnant or breastfeeding*. <https://www.fda.gov/consumers/consumer-updates/what-you-should-know-about-using-cannabis-including-cbd-when-pregnant-or-breastfeeding>
- ⁴ Forray, A., Merry, B., Lin, H., Ruger, J. P., & Yonkers, K. A. (2015). Perinatal substance use: A prospective evaluation of abstinence and relapse. *Drug and Alcohol Dependence, 150*, 147-155. <https://doi.org/10.1016/j.drugalcdep.2015.02.027>
- ⁵ Center for Disease Control and Prevention. (2022, April 6). *Child abuse & neglect: Risk and protective factors*. <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>
- ⁶ Center for Disease Control and Prevention. (2023, May 2). *Breastfeeding and special circumstances: Marijuana*. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/marijuana.html>
- ⁷ Center for Disease Control and Prevention. (2022, November 1). *Health problems caused by secondhand smoke*. https://www.cdc.gov/tobacco/secondhand-smoke/health.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftobacco%2Fdata_statistics%2Ffact_sheets%2Fsecondhand_smoke%2Fhealth_effects%2Findex.htm
- ⁸ Johnson, A. B., Wang, G. S., Wilson, K., Cline, D. M., Craven, T. E., Slaven, S., Raghavan, V., & Mistry, R. D. (2021). Association between secondhand marijuana smoke and respiratory infections in children. *Pediatric Research, 91*, 1769-1774. <https://doi.org/10.1038/s41390-021-01641-0>
- ⁹ Posis, A., Bellettiere, J., Liles, S., Alcaraz, J., Nguyen, B., Berardi, V., Klepeis, N.E., Hughes, S. C., Wu, T., & Hovella, M. F. (2019). Indoor cannabis smoke and children's health. *Preventative Medicine Reports, 14*, 100853. <https://doi.org/10.1016/j.pmedr.2019.100853>
- ¹⁰ National Institute on Drug Abuse. (2020, July). *Cannabis (marijuana) research report: What are the effects of secondhand exposure to marijuana smoke?* <https://nida.nih.gov/publications/research-reports/marijuana/what-are-effects-secondhand-exposure-to-marijuana-smoke>
- ¹¹ Moon, R. Y. (2023, October 25). *How to keep your sleeping baby safe: AAP policy explained*. American Academy of Pediatrics. <https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx>
- ¹² Osterhoudt, K. (2023, October 11). *Edible marijuana dangers: How parents can prevent THC poisoning*. American Academy of Pediatrics. <https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/Edible-Marijuana-Dangers.aspx>
- ¹³ U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Early Childhood Learning & Knowledge Center. (2023, November 16). *Safety practices: Tips for keeping children safe: A developmental guide – mobile infants*. <https://eclkc.ohs.acf.hhs.gov/safety-practices/article/tips-keeping-children-safe-developmental-guide-mobile-infants>

- ¹⁴Ibid.
- ¹⁵Department of Justice, Drug Enforcement Administration. (2020). *Marijuana/cannabis* [Fact sheet]. https://www.dea.gov/sites/default/files/2020-06/Marijuana-Cannabis-2020_0.pdf
- ¹⁶America's Poison Centers. (n.d.). *Cannabis edibles (ages 0-12)*. <https://www.aapcc.org/>
- ¹⁷Roehler, D. R., Smith, H., Radhakrishnan, L., Holland, K. M., Gates, A. L., Vivolo-Kantor, A. M., & Hoots, B.E. (2023). Cannabis-involved emergency department visits among persons aged <25 years before and during the COVID-19 pandemic—United States, 2019–2022. *Morbidity and Mortality Weekly Report*, 72(28), 758–765. <http://dx.doi.org/10.15585/mmwr.mm7228a1>
- ¹⁸Osterhoudt, K. (2023, October 11). *Edible marijuana dangers: How parents can prevent THC poisoning*. American Academy of Pediatrics. <https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/Edible-Marijuana-Dangers.aspx>
- ¹⁹Ibid.
- ²⁰Madras, B. K., Han, B., Compton, W. M., Jones, C. M., Lopez, E. I., & McCance-Katz, E. F. (2019). Associations of parental marijuana use with offspring marijuana, tobacco, and alcohol use, and opioid misuse. *JAMA Network Open*, 2(11), e1916015. <https://doi.org/10.1001%2Fjamanetworkopen.2019.16015>
- ²¹Rusby, J. C., Light, J. M., Crowley, R., & Westling, E. (2018). Influence of parent-youth relationship, parental monitoring, and parent substance use on adolescent substance use onset. *Journal of Family Psychology*, 32(3), 310-320. <https://doi.org/10.1037/fam0000350>
- ²²Substance Abuse and Mental Health Services Administration, Office of the Surgeon General. (2016). *Facing addiction in America: The surgeon general's report on alcohol, drugs, and health*. Washington, DC: U.S. Department of Health and Human Services. <https://www.ncbi.nlm.nih.gov/books/NBK424859/>
- ²³National Center on Substance Abuse and Child Welfare. (2024). *Building hope for families affected by substance use and mental health disorders: A blueprint for an effective system of care to promote lasting recovery and family well-being part one*. <https://ncsacw.acf.hhs.gov/files/building-hope-blueprint-part1.pdf>

CONTACT US

This resource is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



Email NCSACW at
ncsacw@cffutures.org



Visit the website at
<https://ncsacw.acf.hhs.gov/>



Call toll-free at
866.493.2758



National Center on
Substance Abuse
and Child Welfare

