



Anex's Submission to:

**Protecting Victoria's Vulnerable
Children Inquiry**

Submission

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About Anex

Anex (the Association for Prevention and Harm Reduction Programs Australia) is a non-government organisation dedicated to harm reduction policy and practice in relation to drug use and related issues. We are committed to working towards a society in which all individuals and communities enjoy good health and wellbeing free from drug-related harm. Anex is committed to employing compassion and the best available evidence to improve individual and community health and wellbeing by supporting and strengthening policies and programs that reduce drug-related harm in Australia.

Anex is grateful to the Minister for Community Services for the opportunity to provide feedback on *Protecting Victoria's Vulnerable Children Enquiry*.

Anex understand the relationship between alcohol and drug misuse and child wellbeing and protection. International surveys estimate that around 10 per cent of children are exposed to alcohol and other drug misuse¹.

A major review and revitalisation of the drug and alcohol sector is required as it does not meet demand. At present there are inadequate pathways to recovery, resulting in inter-generational drug use problems.

Anex will examine how Needle and Syringe Programmes (NSPs), strengthening pharmacotherapies and supporting people who inject drugs during pregnancy and parenthood relate to protecting vulnerable children in the following sections of the Protecting Victoria's Vulnerable Children Inquiry report:

1.1.1, 1.1.2, 1.1.3

2.1.3, 2.2

4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.1.5

¹ Dawe, S, Atkinson J, Frye, S, Evans, C, Best D, Lynch, M et al (2007). Drug use in family: impacts and implications for children. Canberra: Australian National Council on Drugs

1. The Factors that increase the risk of abuse and neglect occurring, and effective preventative strategies

Given the different forms which child abuse and neglect may take, and the very broad range of risk factors involved (for example parental substance misuse, domestic violence, socio-economic stress, inadequate housing, availability of pornography, parental history of child maltreatment, poor parent-child attachment, social isolation):

1.1.1 What are the key preventative strategies for reducing risk factors at a whole of community or population level?

The Victorian Child Death Review Committee (VCDRC) Annual Report 2010 found that parental substance use and family violence presented equally as the most prevalent risk factors in children's deaths, followed by parental mental illness and homelessness in 2009-2010.² The VCDRC reviewed 16 child deaths and eight of these cases reviewed presented with more than two parental risk factors, the most common being family violence, substance use, mental illness and homelessness/transience.

One Australian report suggests that atleast 80 per cent of child notifications involved concerns about parenting being affected by substance misuse.³ However, it is clear that substance use alone is not always a clear indicator of parents' lack of commitment to their child. Some parents who are using illicit drugs seek to provide a better life and environment for their children, but have very little support. At the same time they may be struggling with other issues – poverty, inadequate/safe housing, domestic violence, mental health problems, nutritional problems, lack of access to parenting advice and social supports and social isolation – that further exacerbate their inability to parent and positively impact on their children.

Different types of drugs influence behaviour and have varying impacts. These can range from aggression stemming from alcohol abuse, to neglect which is often associated with opiate misuse.⁴

² Victorian Child Death Review Committee. Annual report of inquiries into the deaths of children known to Child Protection 2010.

³ Ainsworth, F (2004). Drug use by parents: The challenge for child protection and drug and alcohol services. Children Australia, 29(3), 4-10

⁴ Templeton, L, Zohaddi, S, Galvani, S & Velleman, R (2006). "Looking beyond risk" Parental substance misuse: Scoping study. Edinburgh: Scottish Executive Substance Misuse Research Programme.

- Substance use affects the brain and impairs the senses. Substance misuse influences a parent's mood, and fluctuating moods can cause inconsistent parenting.
- Withdrawing from addictive drugs can cause anxiety, irritability, sleeplessness.
- Maintaining a substance addiction may involve criminal behaviour such as shoplifting, burglary or prostitution.
- Symptoms of intoxication or withdrawal can mean that parents find it difficult to maintain basic household tasks or supervise their children leading to neglect.⁵

Timely and early interventions for parents who are using illicit drugs can help them access accurate information, social services and community supports. These preventative strategies help to ensure that every child has access to nurturing environments in which to grow and reach their full potential.

Anex believes the following preventative strategies will reduce risk factors:

1. **Strengthening pharmacotherapies** - Pharmacotherapy plays an important role in stabilising the lives of parents addicted to opiates
 - Move toward government subsidised dispensing of opioid replacement therapy (ORT) medications (such as methadone and buprenorphine) including encouraging broad take up by initiating subsidised dispensing mechanisms under the Pharmaceutical Benefits Scheme.
 - Review unsupervised dosing policies for ORT particularly in relation to buprenorphine-naloxone to make it more flexible for those that manage children and to promote take up.
 - Promote greater awareness, support and education for GPs and Pharmacists about ORT.
2. **Ensuring Needle Syringe Programs (NSPs) are well-funded and supported** – Needle and Syringe Programs have been proven to prevent Blood Born Virus transmission and are the most accessible health program for injecting drug users. NSPs provide an unmatched opportunity for intervention with drug users, and can facilitate drug users into health and welfare services.
 - Continue and expand support for needle and syringe programs by making available information about drugs and routes of administration.

⁵ Bromfield, L, Lamont, A, Parker, R, Horsfall, B. *Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems*. Published by the Australian Institute of Family Studies, December 2010.

- Develop initiatives to strengthen the capacity of needle and syringe programs to address priority health, social and other issues experienced by clients who are parents through the provision of information and education as well as referrals to a range of health and welfare services.
- Improve linkages and coordination between needle and syringe programs and a range of family based health and welfare agencies (including drug treatment, family services, mental health, housing and employment) to expand the capacity to effectively link individuals to supports required that will reconnect them with the community.

3. Supporting people who inject drugs (PWID) during parenthood

- Ensure that there is ample support, literature and services for pregnant drug users before, during and beyond the pregnancy.
- Developing the skills of NSP workers to effectively engage with clients about pregnancy and parenthood.
- Improve coordination and linkages between drug services and antenatal, maternal and child health services.

1.1.2 What strategies should be given priority in relation to immediate, medium and long term priorities

Immediate term - Strengthening pharmacotherapies

Opioid replacement therapy (ORT) such as methadone and buprenorphine programs is the most commonly provided treatment for opioid dependence in Australia and has been shown to be highly cost-effective compared with treatments such as detoxification or residential rehabilitation.⁶ ORT helps to provide stability, reduce heroin use, criminal behaviour and blood-borne virus transmission, and importantly improves health and psycho-social functioning leading to long-term stability amongst patients. All of these lead to a more stable lifestyle – a crucial factor for pregnant women and parents who use drugs. It is estimated that 40,000 individuals are on ORT in Australia and reports suggest that the numbers of ORT patients are likely to increase.⁷

⁶ Department of Health and Ageing report. *Return on Investment 2: Evaluating the cost effectiveness of needle and syringe programs in Australia*. 2009

⁷ Anex report. Draft National Drug Strategy 2010-2015. Anex submission to the Intergovernmental Committee on Drugs

However, a number of issues with ORT service provision can adversely affect parents who use drugs. One of these is affordability. Costs for the patient include dispensing fees, the gap between the fee charged by a medical practitioner and the Medicare benefit, and other costs such as travel. It has been estimated that close to 80 per cent of ORT patients are required to pay dispensing fees which form the most significant cost associated with the program. Many socially disadvantaged parents would struggle to afford these fees, putting significant pressure on the family budget. This can potentially impact their ability to access and/or continue with the program, or force them to make difficult decisions between affording simple household necessities such as food, school books for their children or their treatment. The Australian Government currently funds the cost of methadone and buprenorphine, but not the cost associated with dispensing them. Feedback from practitioners has consistently indicated that the issue can be significantly improved with a re-scheduling of methadone and buprenorphine so that it is consistent with other medications registered under the Pharmaceutical Benefits Scheme.⁸

- *Recommendation - Move toward government subsidised dispensing of opioid replacement therapy medications (such as methadone and buprenorphine) including initiating subsidised dispensing mechanisms under the Pharmaceutical Benefits Scheme.*

ORT pharmacotherapies are currently dispensed under supervision, i.e. patients obtain a prescription from an authorised general practitioner and collect and consume their pharmacotherapies at the dispensing pharmacies each day. There are policies for unsupervised dosing in most jurisdictions so that patients who are declared “stable” in their treatment are not required to attend the dispensing pharmacies daily. Instead, they may collect more than one dose of their pharmacotherapy from the pharmacy.

However, the vast bulk of patients are required to attend a pharmacy each day in order to pick up their daily dosage. One of the negative aspects of this is that it impacts significantly on family responsibilities and work routines. Anex’s consultations with practitioners suggest that patients should be eligible for unsupervised dosing if they are on the new buprenorphine-naloxone pharmacotherapy. There is low risk for individuals to inject their medication given that the naloxone antagonist in the medication would act to block the opiate effects of the buprenorphine. An initiative where buprenorphine-naloxone (Suboxone®) is immediately available for unsupervised dosing (‘take away’) is currently being trialled in NSW. Anex submits that widening the criteria for unsupervised dosing (particularly for buprenorphine-naloxone) would contribute to patients’ treatment outcomes as it would enable them to better integrate treatment with daily life (e.g. work, school drop offs and pick ups etc), which is a critical dimension to recovery and essential to caring for a family.

⁸ Anex research. Pharmacotherapy in Victoria: Issues, Challenges and the Way Forward.

- *Recommendation - Review unsupervised dosing policies for ORT particularly in relation to buprenorphine-naloxone.*

Victoria's ORT program relies on the delivery of services by GPs and community pharmacies as well as a range of clinics operating from primary and community health and other settings. Research conducted by Anex has found that potential prescribers and dispensers do not participate in the ORT program because of the need to establish and maintain clear ground rules, and anxiety about managing difficult patients.⁸ As a result some GPs and pharmacists avoid ORT patients completely. The complexity of patient needs and related disruptive behaviours, coupled with the absence of external support in the form of case managers or other support workers, means that service providers face considerable difficulties in sustaining ORT provision. While Victoria's population continues to grow, the supply of GPs relative to patients is low. Approximately one-in-ten GPs prescribe ORT and the burden of permits per doctor can be very high: the largest patient load per doctor is 1,005, while the average is 53.⁸

Low numbers of ORT prescribers has an adverse impact on accessibility to ORT, but also to the future sustainability of a cost-effective treatment modality. If prescribers were to retire or discontinue treating patients, there could be a potential crisis in the system as there may not be sufficient numbers of prescribers for these patients to be redistributed.

Accordingly, Anex recommends that the issue of recruiting general practitioners and pharmacists to ORT provision be included for consideration for workforce development.

- *Recommendation – Greater awareness, support and education for GPs and Pharmacists providing ORT and an additional investment into GPs and pharmacists to provide ORT services*

Immediate term - Ensure Needle Syringe Programs (NSP) are well funded and supported

By providing sterile injecting equipment, NSPs make an important contribution to harm reduction in Australia primarily through reducing blood borne viruses like HIV and hepatitis C.⁶ NSPs have been endorsed by the WHO, the UNAIDS, and the UNODC as an essential public health response.⁹

In Australia NSPs are the single most important and cost-effective strategy in reducing drug-related harms among injecting drug users. Australian Governments invested \$130 million in NSPs between 1991 and 2000

resulting in the prevention of an estimated 25,000 HIV infections and 21,000 HCV infections, with savings from avoided treatment costs of up to \$7.8 billion.⁹

NSP workers occupy a key position to have contact with injectors including pregnant women and parents. NSP workers have the capacity to directly provide important information and referrals to drug users and thus have the potential to make positive changes. For a pregnant woman who uses drugs, this could involve a referral to appropriate medical services. Or for parents, the provision of available housing services for their families.

Anex believes that explicit evidence based information needs to be provided to drug users about drugs and routes of administration. Providing information about the safest way for drug users to administer drugs is an important way to help minimise the harms associated with drug use. Having healthy parents free of drug harm and educating parents to prevent overdose, sickness or injury can lead individuals to seek treatment and help to protect the family unit.

- *Recommendation - Continue and expand support for needle and syringe programs by making available evidence based information about drugs and routes of administration.*

Increasing access to drug treatment services will have a positive impact on preventing and reducing drug-related harms. However for those who – for a variety of reasons – are unable or unwilling to access drug treatment services, other interventions may be required, including the provision of information and education as well as referrals to a range of health and welfare services.

- *Recommendation- Develop initiatives to strengthen the capacity of needle and syringe programs to address priority health, social and other issues experienced by clients through the provision of information and education as well as referrals to a range of health and welfare services.*
- *Recommendation - Improve linkages and coordination between needle and syringe programs and a range of health and welfare agencies (including drug treatment, mental health, housing, and employment) to expand the capacity to effectively link individuals to supports required for them to reconnect with community.*

1.1.3 What are the most cost-effective strategies for reducing the incidence of child abuse in our community?

Supporting pregnant women who use drugs before, during and after their pregnancy

⁹ Victorian Department of Human Services. National Needle and Syringe Programs Strategic Framework 2010-2014

In 2007, Anex conducted research into the key issues and challenges relating to motherhood, pregnancy and illicit drug use, and found that greater support for this group is required. Information on pregnancy and support for mothers are widely available to all women. However, women who are using illicit drugs have specific needs that are not met adequately by existing service systems.

Pregnant drug users and their partners face a particularly complex situation. Pregnancy is a milestone event that evokes strong emotions. Many male and female drug users who are going to have a child express a desire to manage their drug use; however, attempts to do this are currently inadequately supported. Many feel immense guilt about their drug use, are too ashamed, or fear child protection services will take their children away. This can prevent them from accessing the necessary care and information while some simply do not have the financial ability to provide basic necessities. For those that do navigate through the health system, difficulties can arise from a lack of knowledge about the range of service available.

Providing information to health and welfare services who have contact with people who use illicit drugs (in particular frontline Needle and Syringe Programs), improving access to information on motherhood, pregnancy and drug use for illicit drug users and facilitating linkages across service sectors to improve access and referral pathways is key to stabilisation. Frontline services such as NSPs occupy a unique position to provide early interventions that can contribute to improving overall health outcomes for their clients.⁹ Utilising and developing the NSP interface and providing basic support to clients who are expectant parents can contribute to improved access and outcomes. Early detection not only improves health outcomes and prevents health and welfare problems from escalating, but also reduces costs and burdens on acute care services.

Service providers emphasised the need for information to be realistic to PWID's socioeconomic status. "Even if they are taking drugs, they need the basic information about looking after themselves. Nutrition, taking folic acid in the first trimester of pregnancy. For example a Big M instead of a Coke. You don't want to get out the diet pyramid but if someone is homeless, having a Big M and a banana each day can be helpful."¹⁰ Many first time parents said they felt unprepared when their baby arrived. This ranged from the shock some parents experienced when they were not allowed to take their baby home due to infant withdrawal, to basic information on how to prepare for the baby's arrival home.

Many women highlighted the need for ongoing support, and in particular meeting and spending time with other mothers who have shared experiences of using illicit drugs. In addition, the stigma of drug use was a sensitive

⁹ Dolan, K., Dillon, P. & Silins, E. 2005. Needle and syringe programs: Your questions answered. Canberra, Australian Government Department of Health and Ageing.

¹⁰ Anex Report on Consultations. 'Women, motherhood and drugs – building capacity for young mothers to minimise drug harms and maximise health.'

issue. Perceptions of discrimination by healthcare workers was a strong theme that emerged from interviews. Drug users felt intimidated by health professionals and discriminated against.

- *Recommendation - Ensure that there is sufficient literature and support for pregnant drug users before, during and beyond the pregnancy.*
- *Developing the skills of NSPs workers to effectively engage with clients about pregnancy*
- *Improve coordination and linkages between drug services and antenatal, maternal and child health service*

2. Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

What is the appropriate role of adult, primary and universal services in responding to the needs of children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

2.1.3 Specialist adult focused services in the field of drug and alcohol treatment

2.2 How might the capacity of such services and the capability of organisations providing these services be enhanced to fulfil this role?

NSPs are often the first point of contact with the health service system for PWID. NSP clients have a broad range of health and welfare needs e.g. injecting related infections, poor mental and oral health, poor nutrition, increased vulnerability to poverty, homelessness, unemployment and social exclusion.¹¹

Anex contends the following skills would enable NSP workers to engage with clients about pregnancy, thus improving health outcomes for mothers and babies:

- Knowledge of and how to ensure appropriate referral pathways (health and support services).
- Ability to provide simple, evidence-based information about pregnancy, how to reduce drug-related harm and improve health and wellbeing.
- Specific information on drug use and pregnancy available in NSPs and the ability to communicate information on request.
- Ability and confidence to appropriately engage with women about pregnancy and encourage clients to talk about pregnancy.
- Ability to recognise pregnancy as a positive thing for women/celebrate the pregnancy.

- Be aware of the way they react and recognise that this can have a huge impact on clients (e.g judgemental attitude).
- Ability to be supportive and help clients make decisions about their pregnancy/parenting.
- Knowledge of realistic approaches to reducing drug-related harms during pregnancy/parenting.
- Knowledge of drug using cultures.
- Capacity to follow up with clients (ensure clients have accessed appropriate services and they have been treated appropriately).

Anex contends that other important information resources are required including information on:

- General health and wellbeing.
- Parental capacity.
- Access to health and welfare services and information.
- Pregnancy and birth process.
- Preparation.
- Partners.
- Drug-related harm.
- Infant withdrawal.
- Pharmacotherapy.
- Department of Human Services.
- Individual Rights.

4. The interaction of departments and agencies, the courts and service providers and how they can better work together to support at-risk families and children.

Given the very broad range of professions, services and sectors which need to collaborate to achieve the best outcomes for vulnerable children:

4.1.1 Are current protocols and arrangements for inter-organisational collaboration in relation to at-risk children and families adequate, and how is the implementation of such protocols and arrangements best evaluates

The difficulties for clients in negotiating fragmented social services are considerable. Strong partnerships and integrated service approaches with social welfare, income support and job services, homelessness services, mental health care providers and correctional services are needed if people with multiple and complex needs are to stabilise their lives, reintegrate with the community and recover from drug and alcohol problems.

Treatment services also need to focus on an 'assertive followup' with children and families. A common occurrence is where a client may receive service for one aspect e.g. sterile syringes from an NSP, but then fall through the gaps with their other issues such as housing or mental health. If a client is not linked with other services, and there is no follow up, they can easily get 'lost'.

Ideally a dedicated care worker would sit down with the client and ask them what issues they are facing. After collaborating with the client, they would have an agreed upon set of goals. Following this, the worker would gradually introduce and guide their client to the other services they need.

One model of 'assertive follow up' is the Womens Alcohol and Drug Service (WADs) at the Royal Women's Hospital, Melbourne. WADS uses a multi-disciplinary team approach, having additional support services such as drug and alcohol counselling, family accomodation services and pastoral care and spirituality services available. Patients are extensively followed up, even up to two years after the birth creating a good continuity of care. Many midwives at WADS have seen positive examples of well supported patients succeeding.

- *Recommendation: Explore models within treatment services that best target at-risk families*

4.1.2 What needs to be done to improve the quality of collaboration at the levels of policy development and implementation, local and regional service planning and delivery, and direct service to individual children and families?

After broad consultation with key organisations and interviews with men and women who were using drugs and expecting a child, Anex identified gaps in information and service provision. The following example demonstrates one model Anex took to improve local service planning and delivery, and direct service to children and families.

After receiving funding, Anex created the 'Keeping Mum and Baby Happy and Healthy' workforce training session and information resource for Victoria. It aims to maximise the health and wellbeing outcomes of children and their parents through enabling frontline workers to intervene early. Through early intervention, preventative strategies can be employed that meet the complex needs of this group and assist them in overcoming the barriers that exist when accessing traditional pre- and post natal services.

Forums are taking place from April 2011. The workforce and training programme involves a two stage approach:

1. Increase the capability of relevant health, welfare and social services workforce to deal with the complexity of pregnancy and infant care in circumstances of parental drug use through the provision of training; and
2. Provide an information resource to assist parents to access care early in pregnancy and navigate the health care system.

The training program is currently offered to workers who may come into contact with parents who use drugs such as maternal child care nurses, midwives, drug and alcohol workers and child care workers. Sessions are informative and interactive. One workshop activity works to network existing services together through local gap analysis. Attendees are asked to identify where their organisation sits in the system from pregnancy to post birth. The information is written up on a white board and attendees are then asked to identify other local services that aren't present. The end result is a map of services in the area, allowing front line workers to learn what is available and where gaps exist.

- *Recommendation: Develop region based gap analysis of services for drug users with children*

A pilot programme was carried out in 2008. Attendees indicated that these sessions addressed an otherwise unmet need for support and provided information on a challenging issue, thus upskilling workers and hopefully enabling frontline staff to intervene early.

The recently published information resource, 'Keeping Mum and Baby Happy and Healthy' is for men and women who use drugs. It's also an effective engagement tool that will help service providers develop a relationship with

clients. It provides accurate, plain english, non-threatening information on pregnancy, preparation for parenthood and child protections services. The booklet is distributed at training sessions and to other relevant organisations such as hospitals and community centres.

In addition, it is apparent that communications between advocates for vulnerable children and advocates for parents is problematic. While both advocates ultimately want the same outcome, there is limited conversation and they tend to clash. More collaboration is required, and the design of any model that supports both groups to achieve similar goals would be a vast improvement.

- *Recommendation: Facilitate opportunities for connection and information sharing between child and parent advocates*

4.1.4 How might professional education prepare service providers to work together more effectively across professional and organisational boundaries?

Anex is currently looking into how to improve the practical knowledge of tertiary students entering the social welfare and/or health sector. From consultation with a focus group of tertiary students and lecture staff, Anex contends that using guest lecturers from related sectors, in addition to case studies and peer presentations, improves students' ability to apply their learning to their employment.

Anex has also carried out much workforce development and has strong skills in organising, coordinating and facilitating training due to their strong relationships with other organisations. The training Anex provide to the Alcohol and Other Drug sector focuses heavily on the benefits of networking, collaboration and shared care. For sector workers, it is important to have manageable options for education.

- Recommendation: Promote training linkages around those that work with families and drug users

4.1.5 How might the current funding approach support vulnerable children and families, which is often based on very specific service types and activities, be adapted so that resources are more effectively allocated and service delivery more integrated.

When seeking to integrate and enhance service delivery and resources, nominating representatives from identified key stakeholder groups to participate in a well-organised, well-connected and well-attended networks would be a recommended activity.

The success of the sector relies just as much on good working relationships within the sector as well as between workers and clients.

Networks would enable :

- Mapping of local services.

- Better channels for communication.
- Networking opportunities.

- Recommendation: Networks should meet regularly with a set agenda to address their potential to work collaboratively, enhancing the benefits to their shared client group. It is possible for such networks to nominate an advisory committee from within its ranks to share network generated ideas, partnerships and proposals with the appropriate funding bodies and policy makers.