METHADONE

MOTHERS' MILK

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High profile media stories highlight the potentially fatal consequences of children drinking methadone. What can be done to help prevent such tragedies? **Rebecca Lees** reports.

The headlines have the power to shake even the most experienced health professional. In January, the parents of Riley Pettispierre were found guilty of the manslaughter of their two-year old who died in March 2012 after he drank his mother's methadone left in child's beakers. Last summer, Bristol parents Jamie Green and Sonia Britton were jailed following the death from methadone of their son Jayden-Lee in 2011 – just a month short of his second birthday. In Wrexham, mum Nia Wyn Jones was sentenced to three years in prison for putting the substance in her baby's milk. Midwives, health workers, GPs and drugs agencies are working together to provide the best possible outcome for families with a parent who uses drugs, but is the fear of the authorities still too great for many parents to engage with them?

In 2003 the Advisory Council on the Misuse of Drugs estimated there to be between 250,000 and 350,000 children of problem drug users in the UK. Its Hidden Harm report, which examined the serious negative effects on children of drug users, recommended that every maternity unit should provide accessible and non-judgmental quality care during and after pregnancy. Almost a decade later, this need for this care was emphasised again in a serious case review undertaken in Bristol following the death of Jayden-Lee Green, stating that the clinical management of pregnant women who are using drugs or who are on opioid substitution treatment is of 'extreme importance' to safeguard the welfare of the baby.

A baby born addicted to heroin might experience Neonatal Abstinence Syndrome (NAS), suffering from withdrawal symptoms including sleep and feeding problems, vomiting and restlessness (signs also displayed by some babies born addicted to methadone). In an interview with BBC Wales, Nia Wyn Jones said she put methadone in her daughter's milk to prevent her craving heroin. "I could feel her getting hot and that," she told BBC Wales while on the run from prison in 2012. "But in the end, every time she cried, I was panicking – is she sick? It was on my mind all the time."

In the same BBC report, social care lecturer Fiona Macdonald said she would 'hope' it is difficult for mothers to hide addictions from health professionals. But there is widespread concern from mothers that their babies will be taken away if their addiction is known. Swansea Drugs Project family worker Carole Atkins says, "There is a belief that if a woman 'confesses' to drug use, social services are still that stumbling block. Hopefully the message is getting across that treatment is available but there is still a huge belief that if social services are made aware of drug use, then that

will have implications on the children."

Vivienne Evans OBE, Chief Executive of families, drugs and alcohol support organisation Adfam, agrees; "Fear of intervention by 'the authorities' is a powerful disincentive to engage with services for many pregnant drug users," she says. "Ten years ago, *Hidden Harm* said that maternity services must be accessible to pregnant drug users and be non-judgmental, and this holds true. This doesn't mean pretending that everything is fine when it isn't. But the fact is, if these women feel stigmatised and unsupported, then the relationship between them and services suffers – and so could the baby."

In Swansea, where there is a recognised heroin problem, the Substance Misuse Ante-Natal Clinic was established by the local health board two years ago to offer a structured care plan for pregnant women. Held at the city's Singleton Hospital, it comprises a consultant obstetrician, the Community Drugs and Alcohol Team, a specialist nurse and a specialist midwife, as well as working in partnership with Swansea Drugs Project.

A spokeswoman for Abertawe Bro Morgannwg University Health Board says: "Many women have told the team that they were nervous about revealing drug use in pregnancy if they were not already on a prescription for methadone or subutex. But on meeting the team, they soon realised they are there to help them to have as healthy a baby as possible, and work positively with all agencies for the best outcome for mum and baby. The team has seen a 36% reduction in babies who have 'clucked' (withdrawn from drugs) following birth and required admission to the neo natal unit."

Dr Alan Fenton is a consultant neonatologist at the Royal Victoria Infirmary in Newcastle upon Tyne, where treatment of drug-dependent mothers and their babies is tailored to their individual needs and circumstances. "Methadone is a controlled drug and not often prescribed for babies," says Dr Fenton, honorary secretary of the British Association of Perinatal Medicine. "I have no experience of the mothers who come to our clinic doing this, thankfully. We see a number of mothers each year who are dependent on a variety of substances and subsequently their babies may show signs of withdrawal when the source is cut off, and we have to manage that. When mothers are on the methadone programme, babies who show on-going severe signs of withdrawal will be given oral morphine to control the symptoms, and we would carefully wean them off this over a period of time."

"It's hard to judge why mothers are coming forward (for support). In our area, mums who are dependent on drugs know there is a clinic for them where they can access the relevant services and prescription methadone, and that encourages them to engage, but one approach does not suit everyone."

There is a distinction between the parents who give babies methadone fearing neonatal withdrawal symptoms and those who do so as a parenting method, for example to control crying or to induce sleep. But whatever the parent's reason, professionals agree that there is still an underestimation by parents about methadone's potency.

"Recent serious case reviews have found instances of parents giving their children methadone, apparently with some complacency regarding its 'safety'," adds Ms Evans. "This took some professionals by surprise, so it really is crucial that anyone working with the family understands the risks of methadone, as well as its legitimate place in drug treatment."

"Methadone is very dangerous," says Ms Atkins. "Lots of people have died from methadone overdose. When it is prescribed by the Community Drugs and Alcohol Team, who I work with, they always go out to the family home to check that there is a lockable cabinet to keep it in, which is part of the agreement."

Trevi House is a residential rehabilitation unit in Plymouth, where mothers and their babies and children up to the age of eight can live for up to six months. Residents follow a programme based on the triangle of parenting, addiction and healthy relationships, and are encouraged to examine how their life experiences are affecting their parenting.

Registered Manager Hannah Shead has never personally been aware of a parent deliberately giving their child methadone. "It is one of these very rare occurrences which get a lot of media attention," she says. "From my time in community services, we focused our attention on avoiding accidental consumption of methadone through the use of pharmacy-led supervised consumption schemes and by giving out locked boxes. We need to educate drug users about the small amount of methadone that could overdose a child. In my previous role we advised parents not to take their medication in front of children, as children imitate what adults do."

Ms Shead adds that professionals are more aware of the impact of parental drug use upon children than they were a decade ago and that this understanding informs the decision-making process about keeping families together. "Most of the children at Trevi are already in the social care system, and for some mothers, Trevi represents their only option for remaining with their child," she says. "From professionals, there is an awareness of the impact of engaging with parents much more proactively. Although there is still a way to go, there has definitely been a huge shift over the last 10 years. We talk about the time scale for the child, rather than the parent. We have a greater awareness about the impact of a child's neurological development and the need for secure attachments. The early months are crucial. Ultimately, of course we want to keep families together; that's what Trevi House is all about. We are not a cheap intervention, but then none of these things are. It is a short-term expense but the long term costs to the public purse are much improved when it works."

Ms Shead also stresses the importance of breastfeeding as a means of bonding. "We always advocate breastfeeding, including when mums have been prescribed methadone" says Ms Shead. "The evidence suggests that breastfeeding can help in the management of neonatal withdrawal symptoms. There is so much conflicting advice when you have a new baby generally, but all the latest research and evidence shows it can help with some of the withdrawal symptoms, and that the mother-child bond is so important."

The mums at Trevi are unanimous in their response that the biggest barrier to accessing treatment is fear, one saying she was "terrified that I would lose my child." But there was also positive feedback for the difference that professionals can make. One resident says that what had made a difference for her was "a drug worker who believed in me", whilst another says she has "learnt a lot from her drug worker". There is a consensus among the women that it is important to feel listened to and not to be pre-judged.

"We need to remember that not one of these mums ever set out to be a bad mother and a little more compassion in society would go a long way," says Ms Shead. "It's a social problem and we have to be prepared to play a part."

■ **Rebecca Lees** is a freelance journalist