

Consumers' Guide to the Opioid Treatment Program: Pregnancy and Parenting on the OTP

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*Opening the Doors
on Opioid Treatment*



ACKNOWLEDGMENTS

'Consumer's Guide to the OTP: Pregnancy & Parenting on the OTP'. *1st edition, 2019*

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The OTP Consumer Guidelines series was produced by the NSW Users and AIDS Association (NUAA). NUAA is governed, staffed and led by people with lived experience of drug use. Since 1989, we have provided innovative harm reduction services, advancing the rights, health and dignity of people who use drugs illicitly in NSW. This includes supporting and advocating for people on the Opioid Treatment Program. This resource has been reviewed and approved by the NSW Ministry of Health (MoH). The MoH provides NUAA with the funding to do this work. Special thanks to all our wonderful peers who helped create this resource.

Distribution: The OTP Consumer Guidelines series is a targeted resource for people who use opioids and are thinking about starting, or are currently on, an Opioid Treatment Program in NSW. The OTP Consumer Guidelines series is distributed to Harm Reduction organisations and Alcohol and Other Drug services throughout NSW and is not intended for general distribution. Hard copies of all the booklets in this series are available. To receive your copy, email MOH-PopulationHealthResources@health.nsw.gov.au, or contact NUAA.

NUAA would like to acknowledge and show respect to the Gadigal people of the Eora Nation as the traditional owners of the land on which we work. We extend this respect to all First Nations groups upon whose land this resource is distributed.

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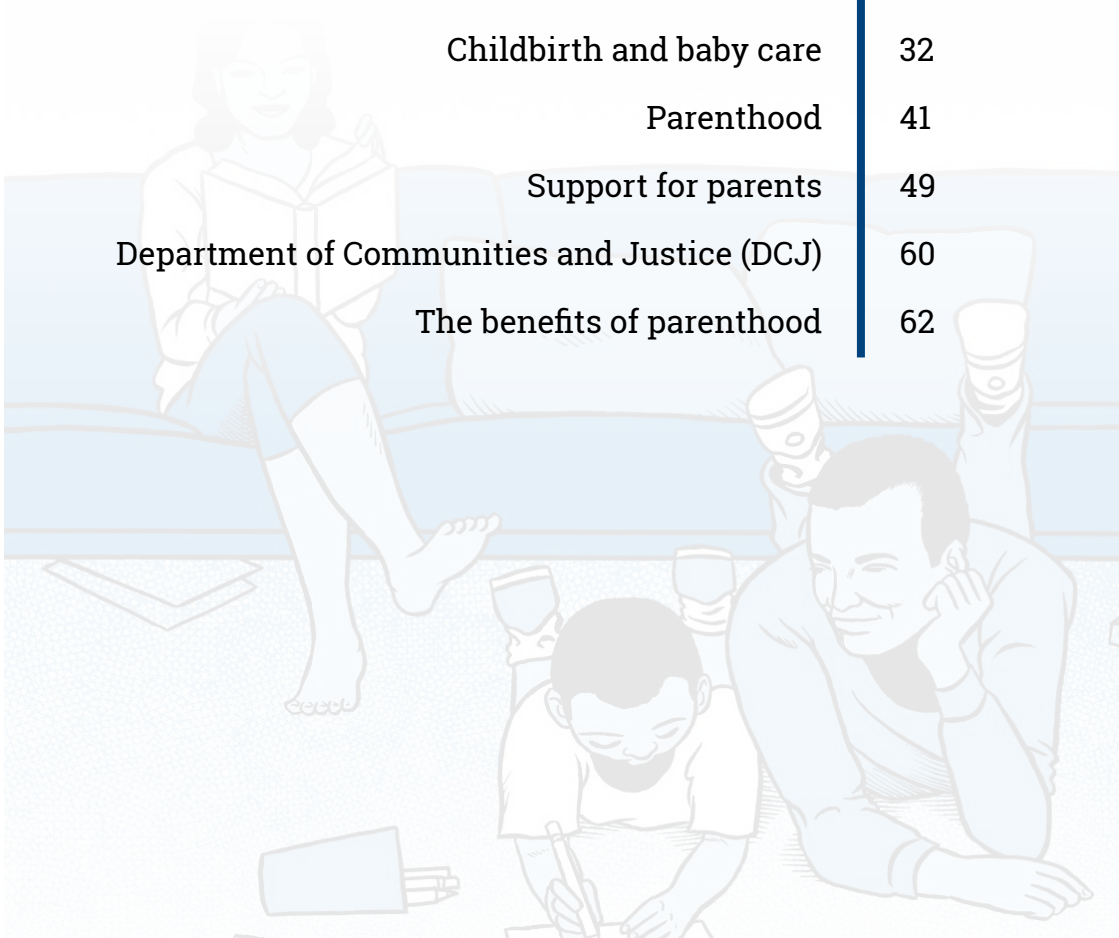
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ABOUT THIS RESOURCE

The *NSW Clinical Guidelines: Treatment of Opioid Dependence - 2018* were written by clinicians and policymakers with input from NUAA and other stakeholders. They exist to give prescribers and dosers the who, what, where, how and why of the Opioid Treatment Program so that they are up to date with what is expected of them.

Anyone can look at the Clinical Guidelines (just search the title online), but they are written for doctors, not consumers. That's why NUAA has put together this set of resources for us - the *Consumer's Guide to the Opioid Treatment Program: Opening the Doors on Opioid Treatment*.

Our version is written by people who use drugs for people who use drugs. To make sure the info we gave you was correct, up to date and relevant, we got together a great Steering Committee, starting with consumers and including doctors, clinic managers, pharmacists and experts from the Ministry of Health. We asked

heaps of people on the program what they wanted to know.

These guides tell you what you can expect on the OTP and what is expected of you. We give you the rules and facts as well as some useful tips and advice from peers. No matter where you are in your treatment journey, you should find information in these booklets to help you make decisions and get where you want to be with your drug use.

There is a larger document that includes a big range of info about the program called the *Consumer's Guide to the NSW Opioid Treatment Program*. There are also a set of bite-sized booklets that focus on particular situations or stages of life on the OTP.

This booklet, *Pregnancy and Parenting on the Opioid Treatment Program*, looks at the how OTP fits in with starting a family. If use opioids or are on OTP, and are thinking of or expecting to become a parent, this resource is for you!

OTP CONSUMER GUIDELINES SERIES

- **The Consumer's Guide to the NSW Opioid Treatment Program**
- **Standalone Guide 1: Introduction to the Opioid Treatment Program**
- **Standalone Guide 2: Maintenance on the OTP**
- **Standalone Guide 3: Your Rights and Responsibilities on the Opioid Treatment Program**
- **Standalone Guide 4: Pregnancy and Parenting on the Opioid Treatment Program**
- **Standalone Guide 5: Opioid Treatment Program in Regional and Rural Areas**
- **Standalone Guide 6: Pain Management and the Opioid Treatment Program**
- **Standalone Guide 7: Exiting the Opioid Treatment Program**
- **Standalone Guide 8: Depot Buprenorphine Starters' Guide**

CAN PEOPLE WHO USE DRUGS DO PARENTHOOD?

People who use drugs experience a lot of stigma and discrimination around parenting. These attitudes can cause people to feel guilty about their drug use. They might also question their parenting skills and worry about the possibility of having children removed.

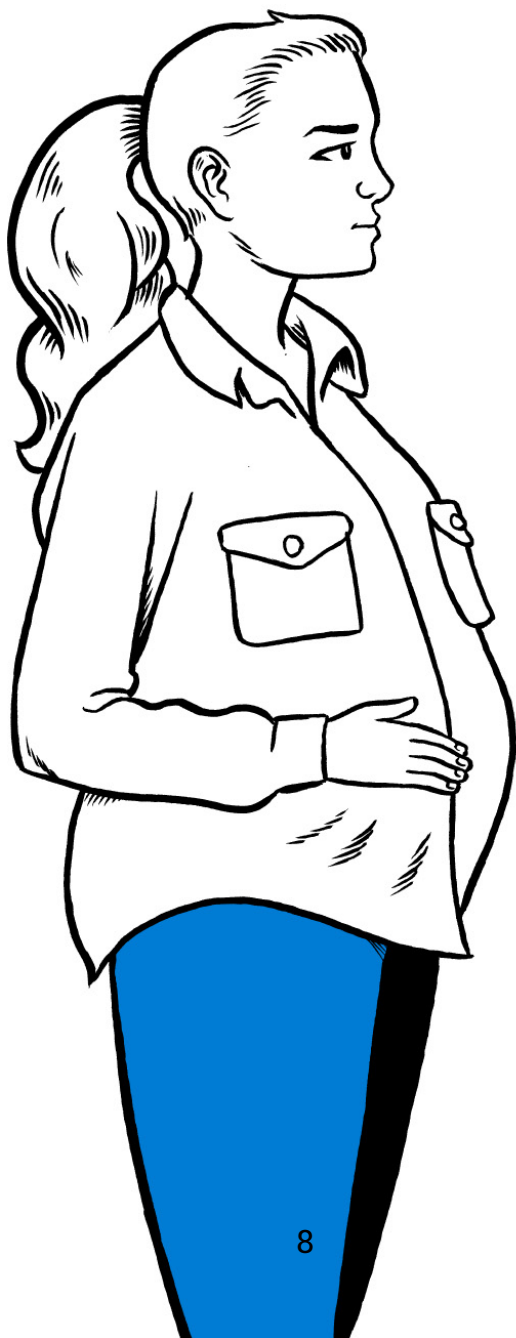
The reality is that people who use drugs can be, and often are, loving and amazing parents. But, just like any other parent, they may need to make big changes in order to successfully take on the responsibilities of caring for kids.

Falling pregnant is a time when most people decide to do things differently. They often stop smoking and drinking (at least during the pregnancy); start exercising, eat better and get better sleep; move to a larger home; and plan for more stable finances. People who use drugs are no different. Many people who are planning or expecting a baby choose to stop or change the way they use drugs, alcohol and tobacco. They want to give their child the healthiest possible start in life and give themselves the space to be fantastic parents.

If you are thinking of trying for a baby or are currently pregnant, now is a good time to change your substance use. It is your choice how you would like to approach treatment. Some people want to try a complete detox when preparing for a child, but there is a risk of miscarriage if you are already pregnant and using certain drugs, including opioids (others include alcohol, high dose GHB and high dose benzodiazepines). Instead, many women who discover that they are pregnant find that a gentle and useful option is to start on the Opioid Treatment Program (OTP).

If you already have kids and are using illicit opioids (illegal or street opioids), and your use is affecting your ability to parent the way you'd like, it may also be time to consider starting on OTP. The OTP can make things easier for the whole family, especially if a child's caregivers meet the challenge together.

PREGNANCY AND OTP



Why should I think about OTP if I'm pregnant?

Women on OTP medications have fewer complications during pregnancy and childbirth, compared to if they were still using street opioids or going through withdrawal. They are generally healthier than those who are using heroin or other illicit opioids. It is also safer for your foetus. Because of the way OTP works, the foetus will get a steady dose of opioids and will not have the up-and-down experience of feeling stoned and then hanging out.

There have been many studies looking at pregnant women who go onto OTP when they are opioid-dependent compared to women trying to quit cold turkey, going through managed withdrawal, or continuing to use illicit opioids. These studies have given us good evidence that being on OTP is better for opioid-dependent women and their babies. Their health and wellbeing are better; the mothers are better at coping with the demands of caring for a child and families are more likely to stay together.

The evidence is strong that having a baby while on stable treatment is much less risky for mothers and babies than if the mothers use illicit opioids.

How will using opioids affect my pregnancy?

All drug use while you are pregnant will affect your baby's development, both in utero (in the womb) and after birth. Binge use can be just as risky as daily use.

Opioids and other drugs cross the placenta very easily. This means the foetus (unborn growing baby) feels "stoned" when you do, gets less oxygen while the drug is in your system and "hangs out" when you do. If a mother is dependent on opioids, the foetus will be too.

It isn't a good idea to attempt to quit opioids completely if you are already pregnant, because going through withdrawal while pregnant increases the risk of miscarriage, foetal distress, and premature labor.

If you are pregnant or trying for a baby, and are dependent on opioids, your best option is to either start or continue on the Opioid Treatment Program (OTP).

Maintenance treatment with long-acting opioids like buprenorphine or methadone doesn't have the same effect on the foetus as shorter acting opioids like heroin.

The foetus will still feel the effect of the medication but because the foetus's level of exposure to OTP meds is consistent, they will not experience the ups and downs of illicit opioids. This means it is a lot safer for the foetus to be on OTP than illicit drugs.

Can I get pregnant if my period has stopped?

Often, women who use opioids stop having their periods or don't have a regular period. This is a common side effect for both illicit opioids (such as heroin) and prescribed methadone or buprenorphine. However, you can still fall pregnant even if you haven't had your period in a while, so it's important that you use contraception (unless you are trying for a baby).

Using condoms, either alone or with other forms of contraception, can also protect you from HIV and other STIs. These methods help prevent the spread of blood-borne viruses as well.

Jan's story: Starting OTP whilst pregnant



I was referred to a GP who was an OTP prescriber and also specialised in children's health. Even though he didn't have room for any more patients, he saw me straight away because I was pregnant. It was a relief actually because I had gone to a regular GP and said "I think I'm pregnant, I have a heroin habit and I have hep C" and they freaked and made me an appointment with an abortion clinic even though I didn't ask for that.

It was good to see a doctor that didn't judge me. He just told me straight that the best chance of keeping my new family together was to get onto the program straight away and talk to SUPPS. He also offered to prescribe for my boyfriend so he could support me better. I did everything he said and I have never had FACS in my life. Years later, he is still my GP and prescriber.



What if I am already on the OTP?

If you are already on OTP, your prescriber may want you to increase your dose. When you're pregnant, the amount of blood in your body increases. To get the same effects from your OTP medication as you were before, you may need a higher dose.

No matter where you're at on your treatment journey, you should talk to your prescriber to get as much information and support as possible.

How do I go on the OTP if I'm pregnant?

Any GP can organise a referral to start on OTP if you aren't on the program already. If you don't have a GP and are thinking about going on the OTP, ask people you know for their recommendation. Or, you can call the Opioid Treatment Line (OTL) on free call 1800 642 428 to find out which GPs in your area prescribe OTP. Because GP prescribers have all the qualifications and experience of general medicine and they see a lot of people who use drugs, they will be able to support you in your pregnancy. They will also have the best information about caring for your baby when you have an opioid dependency.

The good news is that as a pregnant woman, you are a priority. This means that you will get the care you prefer and will be given fast access to any services you need, including OTP. If you prefer to be at a free public clinic, now is the time to get your foot in the door.

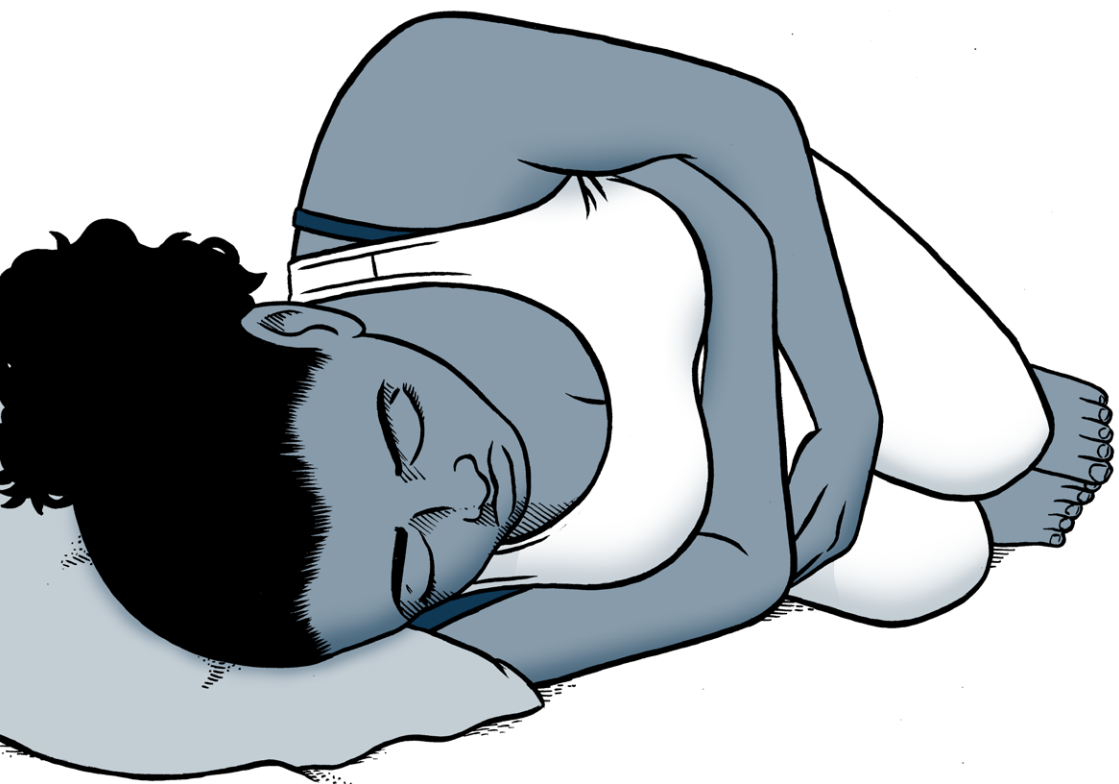
If you are looking to the future and can see the benefits of having a GP prescriber, find one to prescribe for you. They can start you at a public or private clinic and then you have the freedom of moving to a pharmacy later. Check out the Starter's Guide resource in this series to help you decide what you want from an OTP service.

What if I have morning sickness?

It is not uncommon to have some nausea and vomiting. For many this only lasts for the first trimester and only happens in the morning. Others experience it all day long and for the whole pregnancy.

However you get it, morning sickness means you may vomit some of your methadone doses. If you do vomit your methadone, it can be difficult to get it replaced as it can be uncertain how much you have absorbed.

The best thing is to talk to your doctor about ways to work around your vomiting. It may mean dosing later in the day when you feel least like vomiting.



Depending on how long you have been on the program, your doctor may also consider splitting your dose. For example, you might have half in your clinic's morning session then be given the remainder as a takeaway to have at home.

If takeaways aren't an option, some women find it helpful to sit still or lie down in the clinic, drinking their dose very gradually in small sips until it has been absorbed (around 20 minutes).

Buprenorphine is usually easier to manage as once it has dissolved under your tongue it is in your system. Some people change their schedules to dose at a time that they feel less nauseous. In order to better manage morning sickness, some pregnant women decide to start on or change to buprenorphine.

The important thing is to work with your doctor. Nausea remedies, even natural remedies, may be harmful to the foetus so discuss it with your doctor first.

LIFESTYLE AND PREGNANCY

What happens if I smoke or drink alcohol while pregnant?

Using alcohol and tobacco while pregnant may harm the foetus and lead to a range of serious problems.

Drinking while pregnant can cause a miscarriage or stillbirth. It can also cause Foetal Alcohol Spectrum Disorder (FASD). Alcohol harms the foetus's nervous system and brain. Babies born with FASD have facial deformities, learning disabilities, and behaviour problems that last all their lives.

Smoking tobacco and/or cannabis while pregnant reduces the amount of blood and oxygen going to the foetus. There are major risks of stillbirth, premature birth and low birth weight. A low birth weight does not mean you will have an easier labour; it means your baby has not developed in the way it should and will be weak and struggling at birth.

It is safest to not drink alcohol or smoke at all while pregnant.

If you need help to stop drinking or smoking while pregnant, talk to your GP. They will be able to help you make a treatment plan and refer you to some great services. As a pregnant woman, you are a priority for support services.

What if I have hep C?

If you're pregnant and have hepatitis C, there's a very small chance (less than 5%) that you may transmit hep C to the foetus, either while pregnant or during childbirth. This is known as vertical transmission. The risk of vertical transmission is increased if you have only recently gotten hep C, or if you are also HIV positive.

It's important to let your doctor or midwife know that you have hep C. They can help reduce the risk of infecting the baby through blood-to-blood contact during childbirth.

While there is a small risk of hep C transmission, you can still try for a baby. If your baby does contract hep C from you, they often clear it spontaneously (without any medication) in their first year. If they don't clear it, they can undergo treatment later.

There is no risk of passing on hep C to your child if you have had it in the past but have been treated and cured. There is also no risk if you have spontaneously cleared it, which happens in an estimated 25% of hep C infections.

Millie's Story: Pregnancy and hep C

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I had hep C when I got pregnant. I was worried my baby would get it, because they scratched her head when she was still inside me, but she was fine. It seemed like a long wait for the test. What I didn't realise is that somewhere along the line, during the pregnancy or birth or whatever, I had spontaneously cleared hep C without treatment. I found out that it's not uncommon for women to clear their hep C when they're pregnant. That was awesome, but I'm just glad my baby didn't get it.

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If you find out that you are pregnant while still hep C positive, you won't be able to have the new hep C medications – they are not safe for the foetus. If you are planning a pregnancy and have hep C, it is best to get treated before you start.

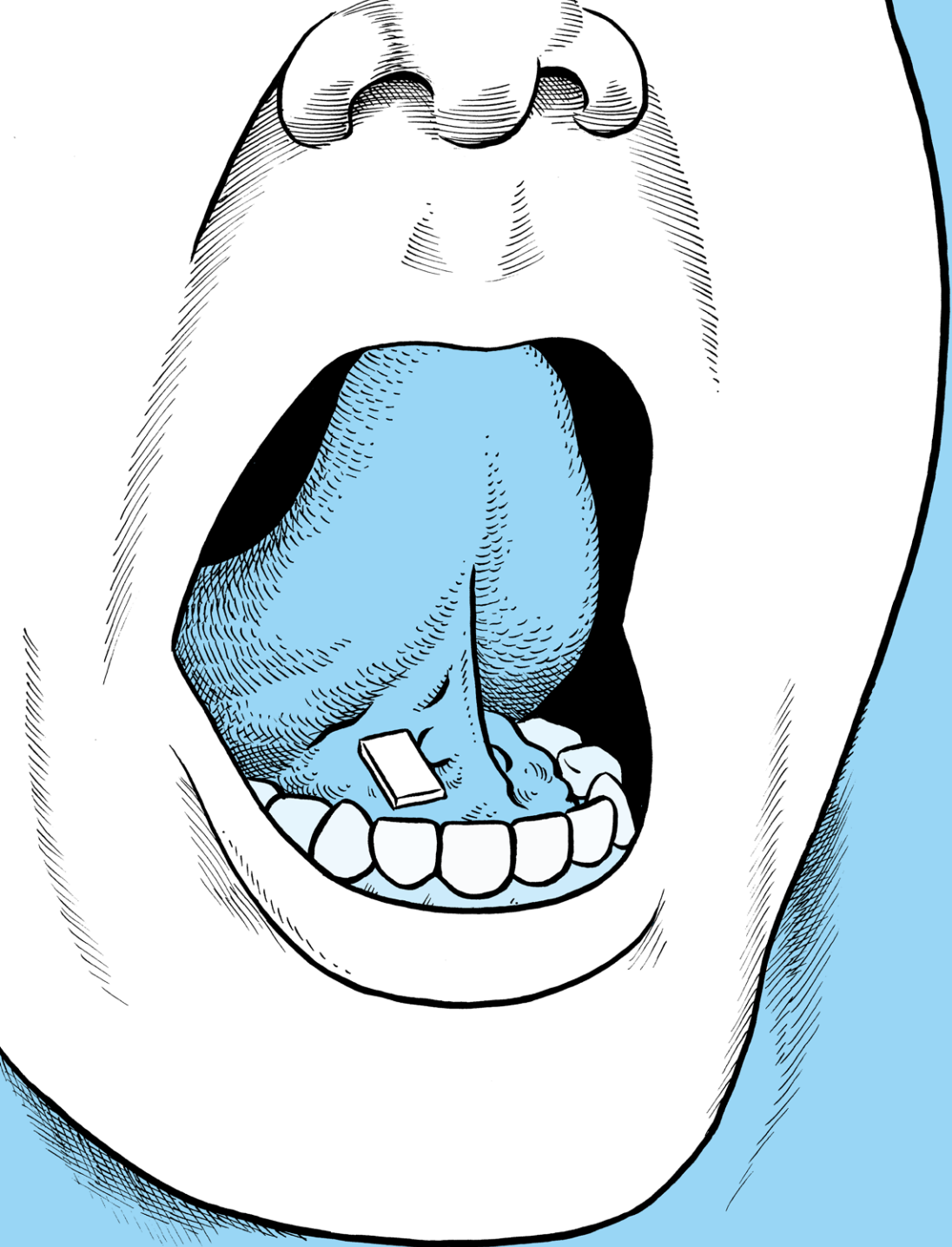
New hep C treatments are very easy; for most people, they have a 95% cure rate and you just need one or two pills a day for between 8 and 24 weeks (depending on your liver health and genotype). Starting treatment may be an option for you before trying to conceive.

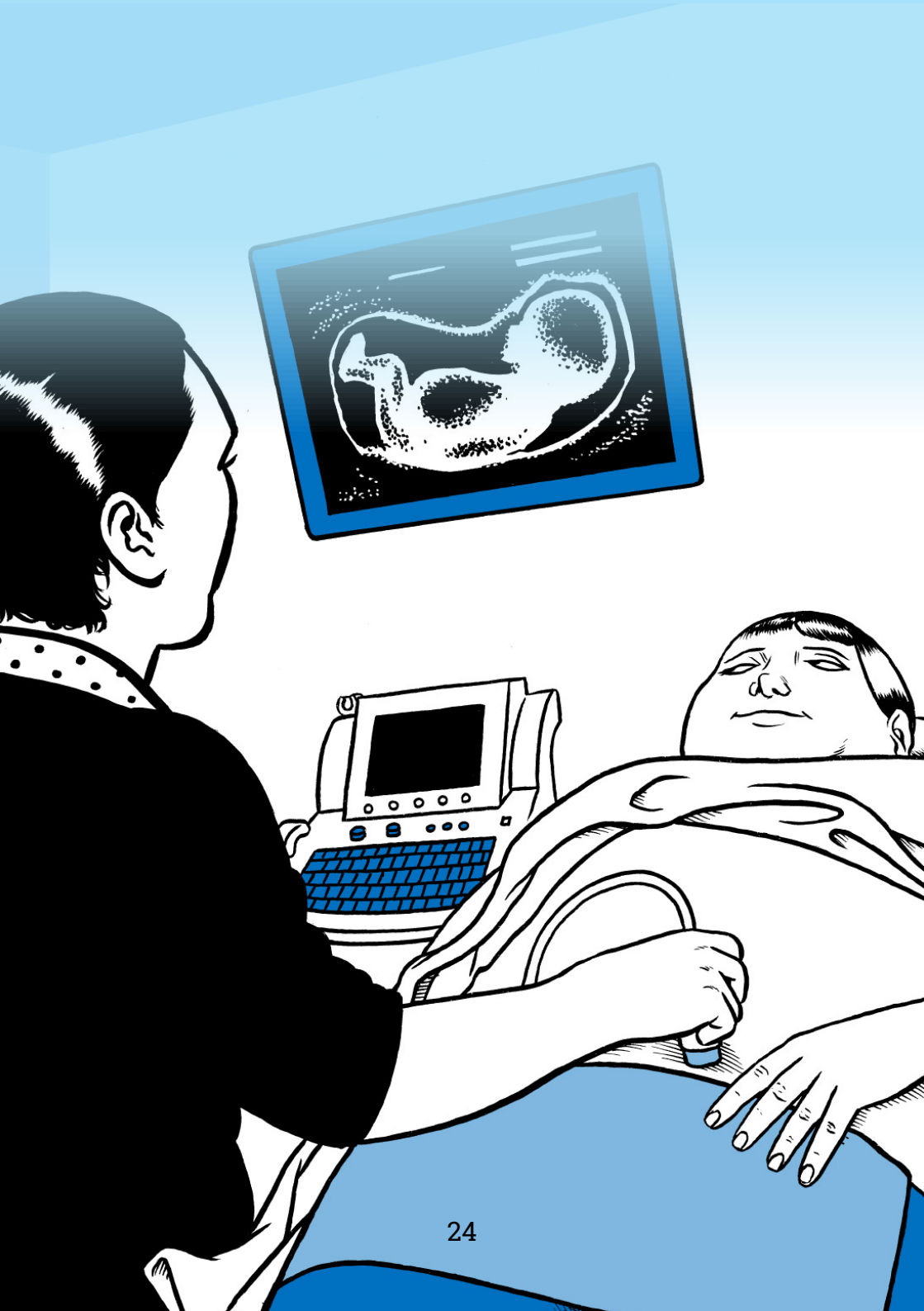
Breastfeeding does not increase the risk of transmitting hep C to your baby unless you have cracked or bleeding nipples. You should talk to your doctor about caring for your nipples. Until your nipples heal, you should feed your baby with formula, while expressing the breast milk and throwing it away.

Is Suboxone safe to take if I'm pregnant?

You might have read or been told by your doctor that Suboxone isn't safe to take in pregnancy because it has naloxone in it. This was because we didn't know whether naloxone in Suboxone was dangerous to the foetus. Unless doctors know that a medication is safe for a foetus, they don't want you to take it. Doctors also advise that women use as little medication as possible when they are pregnant.

For these reasons, until very recently pregnant women were only put on methadone or Subutex (buprenorphine without naloxone). Now, enough studies have been done to show that Suboxone is safe to take during pregnancy if used exactly as prescribed. However, you should talk this through with your prescriber and take their advice.





HEALTHCARE DURING PREGNANCY

How do I get health care if I'm pregnant and opioid dependent?

Be reassured: you can be opioid dependent and have a healthy baby, go on to parent a fabulous child and end up proud of an awesome adult who takes their place in society with confidence.

Your opioid dependency on its own does not mean your baby will be born with defects or health problems. With over fifty years of experience, there has no link found between the health of babies and the opioid dependency of their mothers. However, you should talk to a doctor to talk through the sorts of problems that any other drug use (including alcohol and tobacco), physical and mental health issues, well-being and living conditions might have for a baby. There are early pregnancy tests that can detect many problems – so you need to get hooked into specialist pregnancy health care as early as you can.

If you think you may be pregnant, book an appointment with your GP as soon as possible. The doctor will do a pregnancy test to make sure you really are pregnant.

Next, the GP will set you up with antenatal (before birth) care, which is medical care before the birth of your baby. The doctor and other members of the medical team will find and treat any issues that you or the foetus might experience.

During antenatal appointments, you can find out how your foetus is developing and ask lots of questions. Antenatal care is very important for keeping you and the foetus healthy throughout your pregnancy.

Are there pregnancy experts who like working with people who use drugs?

There are several specialist support services in NSW for women who use drugs and/or are on the OTP, and are pregnant or trying to conceive. These services are part of your antenatal care. The health care staff from these services make sure that both you and the foetus get all the tests, care and treatment you need before and immediately after birth. They will help you through the confusing health care system and speak up for you if you experience stigma and discrimination from health workers.

Every Local Health District (LHD) in NSW has a service for pregnant women who use drugs and/or are on the OTP. These services are called Substance Use in Pregnancy and Parenting Services (SUPPS). Depending on where you live, they used to be called something else such as the Chemical Use in Pregnancy Service (CUPS) or the Drugs in Pregnancy Services (DIPS). SUPPS programs offer non-judgmental support for you and your family throughout pregnancy and until your child is five years old.

Your GP can refer you to a SUPPS service or you can call one yourself and meet with them. For specific information about what service is available in your area, call the Alcohol Drug and Information Service (ADIS) on 02 9361 8000 (if calling from Sydney) or 1800 422 599 (if calling from country areas). You can also get a referral to SUPPS from a general pregnancy service and by calling the Alcohol and Other Drug Service intake number in your LHD.

Many women who use drugs are worried about the attention of the NSW Department of Communities and Justice (DCJ, formerly known as FACS or DOCS). They are scared of having their child removed if they disclose their drug use to health professionals through services like SUPPS. However, working with these services can actually help you. It can be your best chance for keeping your family healthy and together.

All pregnant women must get antenatal care. In fact, failing to get antenatal care is seen as neglect. If you use drugs, working with a specialist service like SUPPS shows the world that you are prepared to make changes to your life because you have your child's best interests at heart.



What do I do about stigma and discrimination?

Some people have strong feelings about people who use drugs having children. You may come up against stigma and discrimination through your pregnancy and birth journey, whether it be from your GP, specialist gynaecologists (either private or hospital-based) or the nurses attending you in hospital or even receptionists and other support staff.

You may not feel up to making a formal complaint, but you don't have to put up with discrimination or need to explain or defend yourself to anyone. Being treated poorly can make you feel like just not going to appointments, but it is essential that you and your baby are connected with a good health team at this time and it is your right to have doctors and nurses that treat you with respect. That means changing doctors and other health workers until you are satisfied.

Find a new GP if necessary - ask friends for referrals. Talk to the hospital about changing to a different specialist for your hospital appointments. When you are an in-patient after your baby is born, you can even ask the Nurse Unit Manager (NUM) to not have a particular nurse assigned to you anymore.

If it is hard for you to deal with, enlist some help from your partner, friends, family and other health professionals. You will find the SUPPS team very helpful with this. If you have a great GP and the problem is at the hospital, ask them for help. You can also get the Alcohol and Drug team at the hospital to intervene on your behalf if necessary. Remember that you have the right to complain formally if you choose.

CHILDBIRTH AND BABY CARE



Will I get pain relief during labour?

When you go to the hospital to give birth, you will have a tolerance to opioid painkillers. This is true if you are on OTP or using street opioids. Make sure that your doctor, midwife and nurses all know you are on the program so that you are given appropriate and effective painkillers. Your SUPPS worker will visit you in hospital, or you can call them or your prescriber to help if you are not being given the right amount of pain relief.

Be aware that the combination of being on opioids and pregnancy can cause some women to have severe constipation. This is more common with illicit opioid use than with OTP medications. Having impacted stools can be very painful, especially during labour. Talk to a nurse or doctor if you are constipated. There are many techniques and products that will help with constipation. For example, an enema can make you a lot more comfortable.

Will my baby go into withdrawals when they are born?

If you were on OTP or using illicit opioids such as heroin while pregnant, your child was exposed to opioids while in the womb. This means that they may go through withdrawal after they are born. This is called Neonatal Abstinence Syndrome (NAS).

Not all babies get NAS, but your doctor will do an assessment if they know that you are on OTP or using street drugs. Ask for an assessment if you are worried your newly born baby is in withdrawal. Talk to your SUPPS worker or ask your treating doctor to do an urgent assessment. Your baby's comfort and safety should be the most important thing in your mind. There is no shame in your baby going through NAS. It's just important that you speak up for them if you think they may be unwell so you can get them some help. Your baby's withdrawal symptoms may be relieved if they are able to get OTP medications through your breast milk soon after their birth. However, not all babies with NAS need medicating.

Opioid-dependent newborns will usually be cared for in a Special Care Nursery while they undergo medically-supervised withdrawal. They may be treated with medication to ease the withdrawal symptoms. You may be given some medication to take home as well to give to your baby at regular periods as directed.

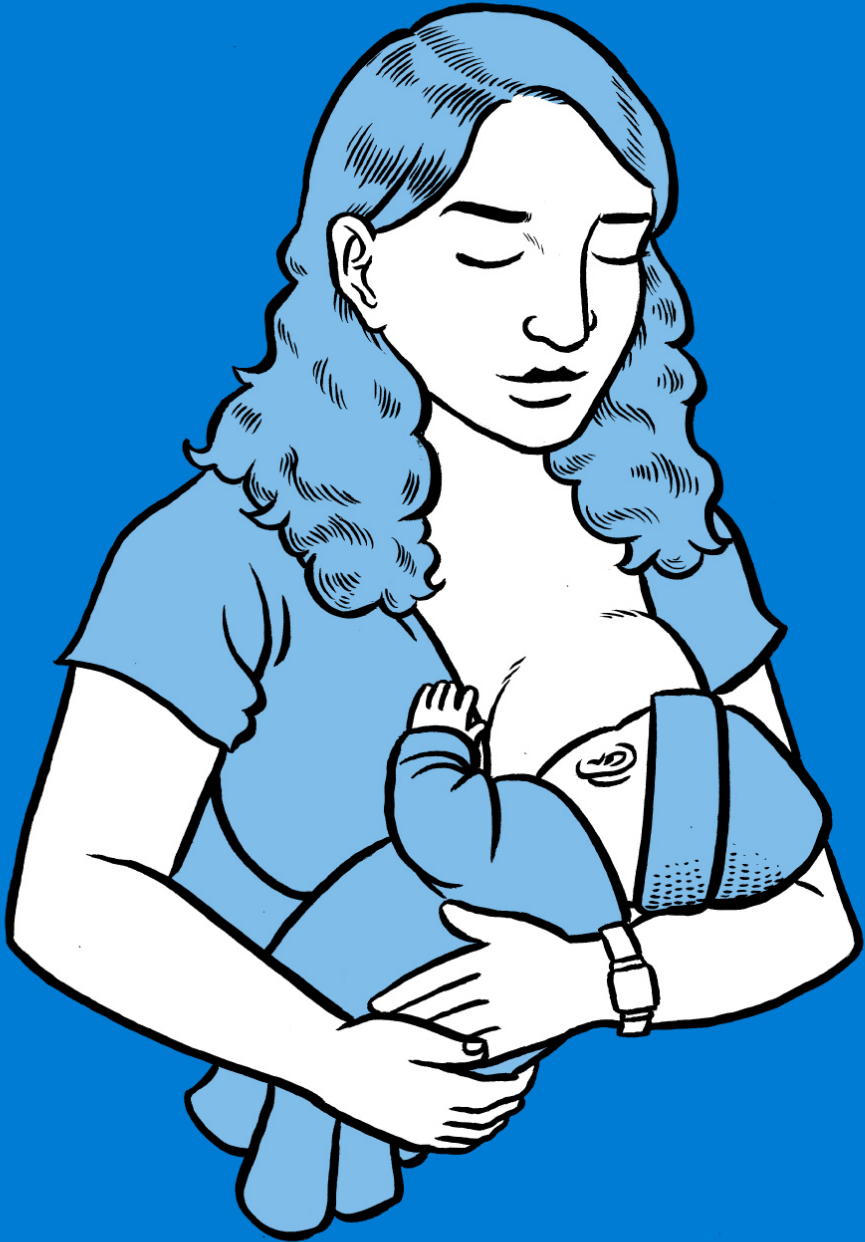
Betty's experience with Neonatal Abstinence Syndrome (NAS)

“

I used a diary and wrote down every time I gave my baby medication and how much. In the same book, I kept track of feeds, nappies and sleeps. It helped me remember when I had to dose her, because things can get really full-on with a new baby. It was also useful to take to my doctor to help her make decisions around my baby's health. As a bonus, it showed the doctor I was taking parenting really seriously and was giving her the doses when I supposed to.

I figured if FACS ever got involved, it showed I was working hard at being a good Mum. Now my baby is older, she loves looking at this record of our early days together – although I haven't told her what the medicine was for yet!

”



Can I breastfeed if I'm on OTP?

Your breast milk will pass through to your child any drugs you take and vitamins and minerals from the food you eat.

If you are breastfeeding and using opioids, your breast milk will contain small amounts of opioids which will be passed on to your child. This is true for both opioid medication and street opioids. If you were on OTP medication while pregnant, breastfeeding your child can help ease their withdrawal symptoms.

Everything you eat, drink or take will pass to your baby through your breast milk, so it's important to have a healthy diet when you are breast feeding. Drinking alcohol and taking drugs will harm your baby so if you are drinking alcohol or using drugs during this time, you need a "safety plan" in place. This usually means expressing milk and storing breastmilk before using or drinking or having formula available.

You should always be given the choice as to whether you breastfeed or use formula. You can offer a combination of breastmilk and formula. If you do decide to breastfeed, and you are still using other drugs or drinking, it is important to talk to a doctor or nurse, (such as a SUPPS nurse) about what support you need. They will know what you should do to minimise the risks to your baby.

Both buprenorphine and methadone reach their maximum level in breast milk between two and six hours after a dose. Feeding your baby just before you have your dose or having your dose just before you put your baby to sleep will reduce the amount available to the baby. You should ask your medical team to advise you on breastfeeding, although it is generally safe.

"I found it really hard to stop using completely, especially with all the stresses of a new baby. I didn't want her to get stoned off my milk – I worried about overdose and it affecting her breathing or agitating her. But I had read that it was really important that she get my milk, at least for the first few months. So I rented an expressing machine from the hospital and expressed before I used, when I had the least amount of drugs in my system. I gave her that and I also gave her formula. I think formula is pretty good these days. Anyway, she thrived so it worked." - Jenny

What if I have trouble getting my baby to sleep?

Getting your baby to sleep can be difficult at times, and some babies are much more active than others.

If you're having trouble getting your baby to sleep, a routine can help. Make sure that they have a lot of light in the day and lower the lighting in your house about two hours before you put them to sleep.

If your child wakes up in the night, it's best to soothe them back to sleep in their dark room instead of taking them somewhere bright. It can also help to put them to bed when they are drowsy but not asleep – this helps to teach them how to soothe themselves and sleep through the night.

You should never medicate your child with something your doctor has not recommended or prescribed for them. Make sure you do exactly as your doctor asks. Don't ever give them even a drop of your methadone (apart from what they may get in your breast milk).



PARENTHOOD

Will I parent better on methadone or buprenorphine?

The OTP medication you use is a personal choice. Different people will find different drugs and dose sizes more suitable. See the first 2 guides in this series for more on how methadone and buprenorphine differ.

You should go for the medication you think will give you the best chance of improving your life and meeting your goals. It is all about what suits your metabolism, helps you control your use of street drugs and improves your overall health, well-being and lifestyle.

Many people say that being on bupe doesn't have all the same opioid-like effects that methadone does. For some, this means not feeling stoned or tired in the afternoons, having more energy overall, and having a clearer mind. For these reasons, it might be worth considering transferring over to buprenorphine if you are on methadone and are a parent or are expecting a child.

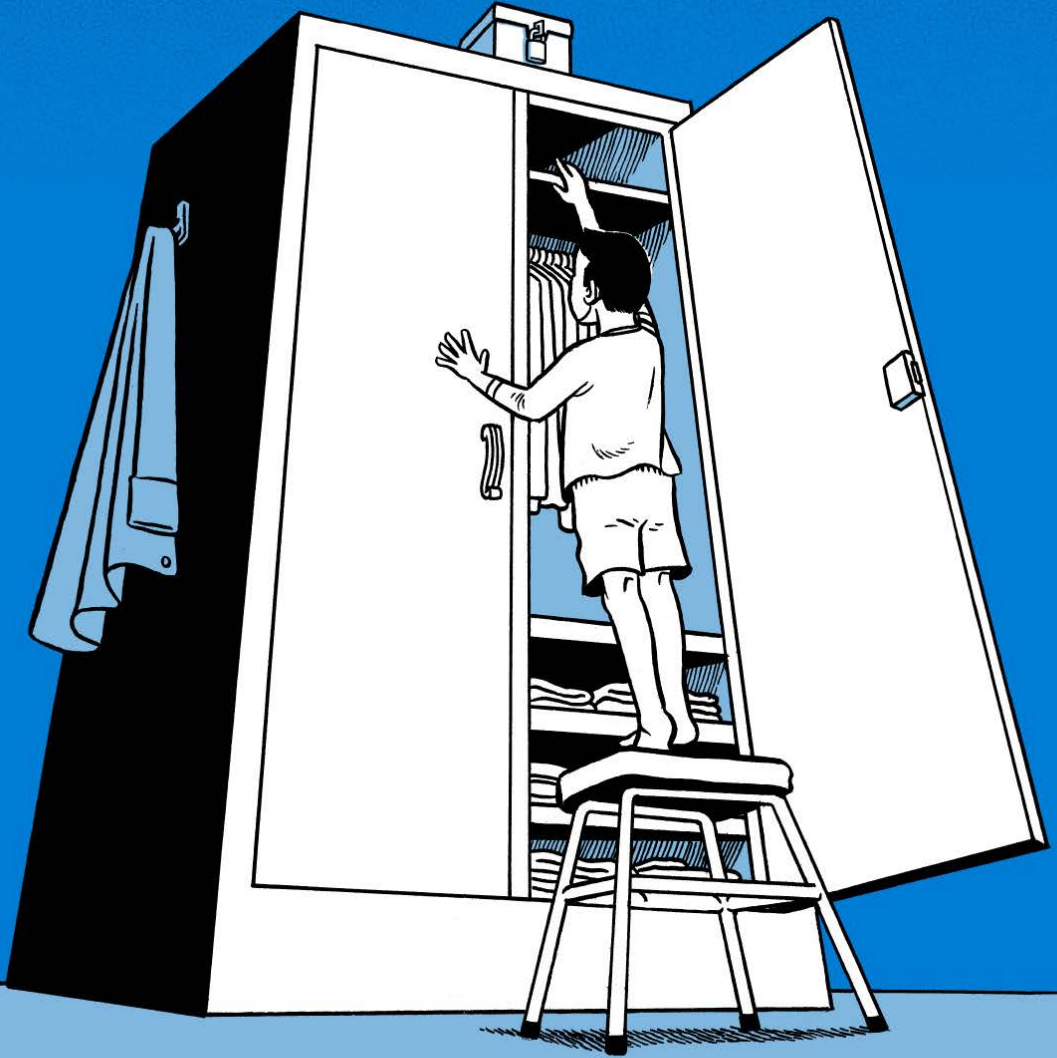
Other people point to the way that methadone relieves their depression and anxiety and helps them stay positive and relaxed in the face of the chaos of parenting!

"I reckon switching to Suboxone was the best choice I made in my treatment – it gave me my energy back and cleared my head, which is what I needed for my daughter."- Jake

Buprenorphine does have an advantage in terms of accessing double- or triple-day dosing. This is when you dose with two- or three-days' worth at once, which will hold you until you next go to the clinic. If you can't get takeaways, this might be a good option for your lifestyle as a parent, as you will not have to go to the clinic every day.

Similarly, you might be able to access depot buprenorphine. This is a weekly or monthly injection of long-lasting buprenorphine. Then you might only have to attend your dosing point/clinic once a week or once a month, which removes the inconvenience of daily dosing and might help with the stresses of parenting.

Depot buprenorphine is new and is only available on a restricted access basis at the moment, so talk to your prescriber for more information and to find out if it is available for you.



What happens if my child takes my OTP medication?

Babies and children have a lower tolerance to opioids because of their size. Even a tiny amount of methadone or buprenorphine can be enough to kill a child. There is no safe amount of methadone or buprenorphine for an infant or a baby. Never give even a small amount to child or baby to settle them or help get them to sleep - it can kill them.

You must never give your child any of your OTP medication. There have been cases where a parent has given their child opioid medication to help settle them or stop them crying, which has resulted in their child overdosing.

If you are struggling with active children and babies, talk to your SUPPS worker or GP and get a referral to a service like Tresillian and Parentline, or contact them directly.

Tresillian has a support line for parents who need advice on settling babies and breastfeeding (Phone 1300 272 736, 7 days a week, 7AM-11PM).

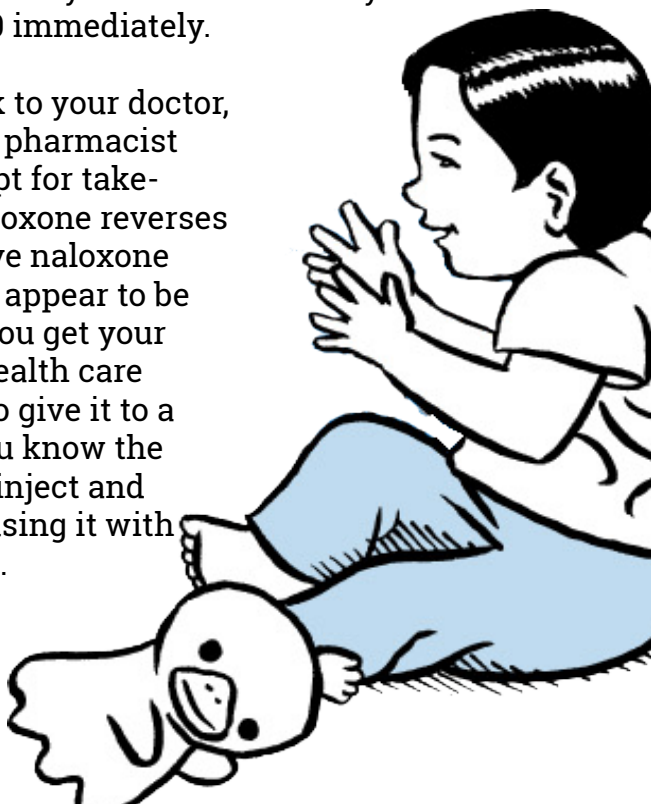
Parentline can also give you advice about your child's development, behaviour, and how best to care for them (Phone: 1300 1300 52, 9AM-9PM weekdays, 4PM-9PM weekends).

To avoid accidental overdose, you need to make sure that you are storing your takeaways properly. Never store your takeaways anywhere that a child can access them. Keeping them in places like the fridge, cupboard, medicine cabinet, or in a handbag or jacket pocket is unacceptable. Children have found them in these places and fatally overdosed. They can think methadone is a drink and buprenorphine are lollies. They might also simply be curious.

You should always store your OTP medication somewhere that is secure and preferably locked, such as in a mini-safe, lock-box, or ammunition container (from army disposal stores). These should be kept out of reach of children, and the key kept on you at all times. That includes your empty bottles as they might have residue in them (at least until you can put them in an outside bin or return them to your dosing place if they require that).

As your child gets older, you should talk to them about the dangers of taking unknown medicine. Talk to them about the dangers of your OTP medication and why they shouldn't take it. If you think your child may have had some of your medication, call 000 immediately.

You should also talk to your doctor, OTP service staff or pharmacist about getting a script for take-home naloxone. Naloxone reverses opioid overdose. Give naloxone to your child if they appear to be overdosing. When you get your naloxone, ask the health care worker about how to give it to a child. Make sure you know the right dose, place to inject and best technique for using it with babies and children.



"It's too easy to get lazy and leave your takeaways in a bag or a pocket or in your bedside table drawer, but it's not good enough.

Right now at our house, it's enough to just keep them up high, but we were just talking the other day about needing to get a lockbox as our son is learning to climb! Plus, you have to think about other kids that might visit – you can't keep your eyes on them all the time.

We treat all medicines and poisons in our house the same way. It's just what good parents do." - Bill

SUPPORT FOR PARENTS

All parents need support, whether they use drugs or not. Parenting is hard! It's even harder for people who have other problems to deal with-- for example mental health issues, low or no income, or homelessness. Some parents experience domestic violence, are single and/or unsupported by family, or feel alone. These serious problems take a toll on parenting skills. They affect the health and wellbeing of children as well as parents.

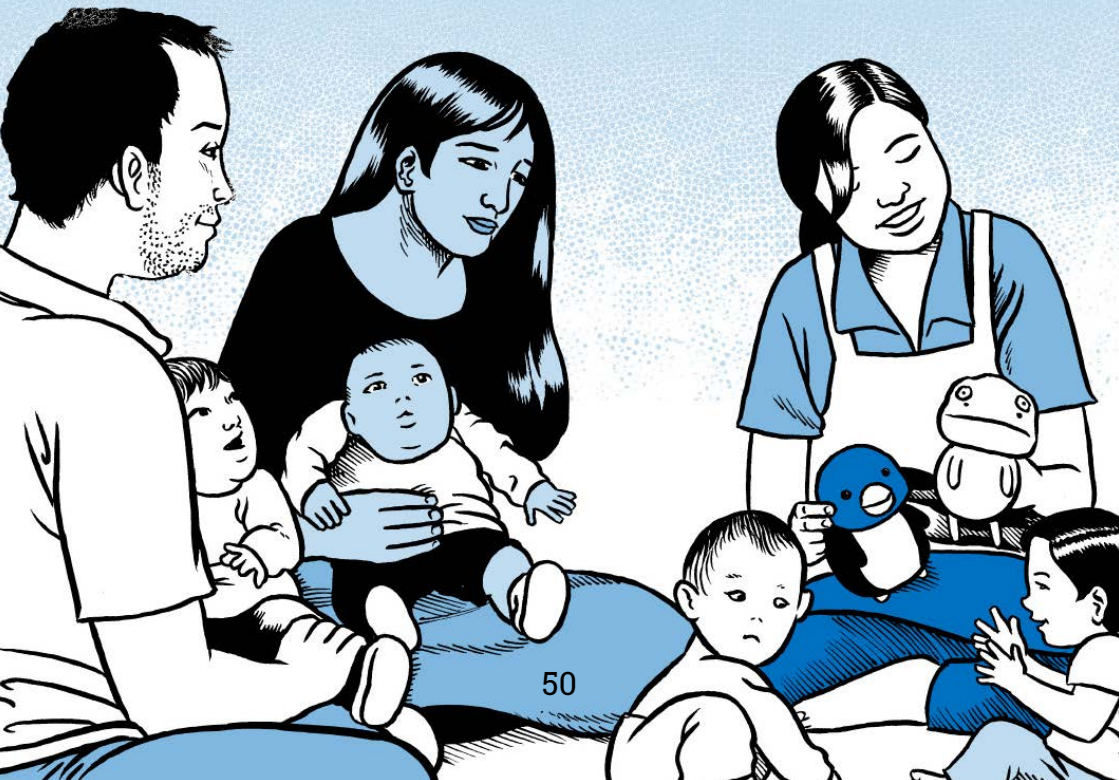
If you have problems that feel like too much to deal with by yourself, ask for help. It is not a sign of failure or weakness to need help. In fact, it's a sign of a good parent. It can be the beginning of building a support network. It shows that your child's welfare is your number one concern.

As a parent, you want a healthy lifestyle with the least amount of stress and worry for you and your children. Having a great support network is really important for making the best possible family life. It's also important that you are supported as a person as well as a parent.

Having a strong support network means having a range of different kinds of people looking out for you and your child. Support networks can be made up of a mix of formal and informal support. For example, you might receive help from medical and postnatal services, alcohol and other drug specialists and caseworkers, combined with informal support from your partner, friends and extended family.

Support networks can help in many different ways, such as:

- financial assistance
- childcare
- healthcare
- things for the baby – clothes, prams, cots, toys, books
- answers to parenting questions
- housing
- reassurance
- help to keep an ongoing connection to culture
- a listening ear and emotional support
- enjoyable things to do with the children
- help with household chores



Support: Healthcare and childcare

There are Child and Family Health Services throughout NSW that offer free healthcare for families with babies and young children. These clinics will keep an eye on your child's general health, wellbeing and milestones; provide specific advice on things like breastfeeding, moving to solid foods, sleeping and crying; and give immunisations.

Attend a clinic on a regular basis to make sure your child is healthy. You can find one of these healthcare services near you by searching 'NSW child and family health nursing services' online. You can also visit the following website:

www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/health-services-map.aspx

You can also get some relief from the daily pressures of looking after your child by using a childcare centre.

Centres differ in their purpose and how many available spots they have, but you can usually find one that works with your situation, whether you are a student, working, or simply in need of a break. Some parents need childcare for regular hours whereas others just need it once in a while.

You can get fee relief from the federal government which, depending on your income, may pay all or some of the fees. You can search "child care in my area" online, or find centres here:

www.childcarefinder.gov.au

Support: Domestic and family violence

Some parents find themselves in a relationship with an abusive partner. Sometimes it is very obvious when a partner is abusive, especially when there is significant violence; other times, it can be a more subtle pattern of behaviour. However, if your partner hurts you, insults you, makes you do things you don't want to do, if you are afraid of your partner, if they control your movements, behaviour or money, or if you feel like you are constantly walking on egg shells around them, you may be in an abusive relationship.

There may have been things you were willing to put up with before, but now that you are also responsible for a child, you may need to make some difficult decisions in order to protect them.

The Domestic Violence Line is a NSW state-wide telephone crisis counselling and referral service for women. Their counsellors can help you;

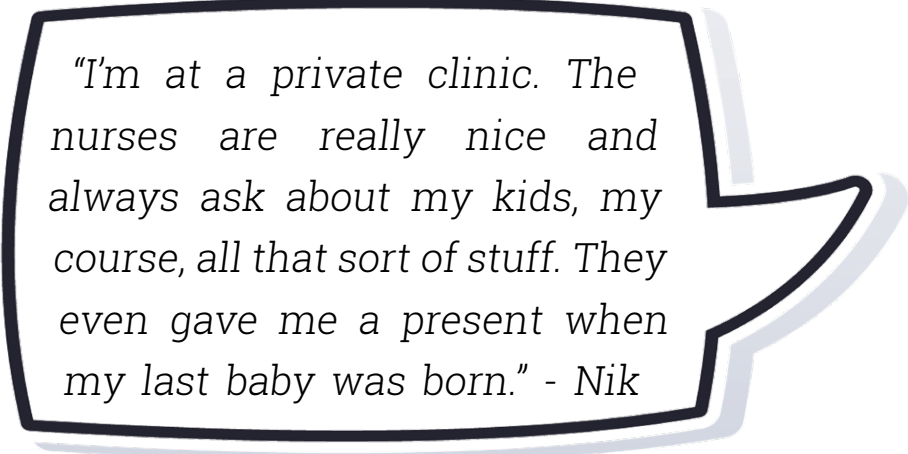
- Talk to the police and get legal help
- Get hospital care and family support services
- Obtain an Apprehended Violence Order (AVO)
- Develop a safety plan for you and any children in your care
- Find emergency accommodation for you and your children.

The Domestic Violence Line operates 24 hours a day, 7 days a week. Phone: 1800 65 64 63

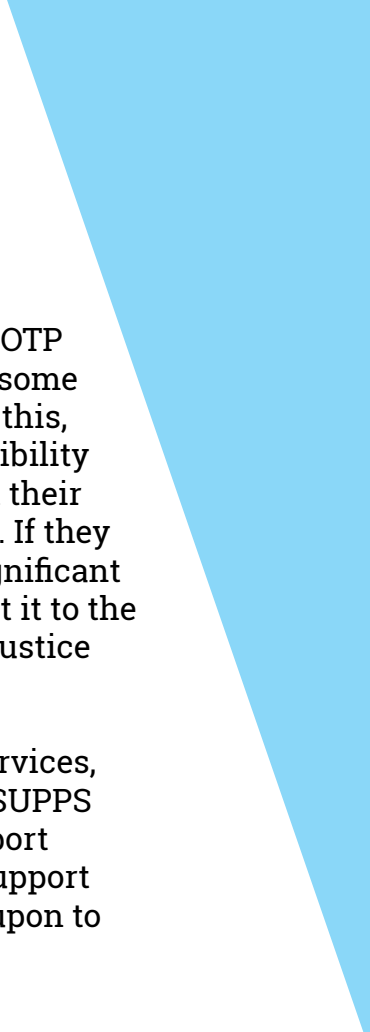
Remember, if you or your children are in immediate danger, call the emergency number 000.

Will the OTP support me as a parent?

Your OTP service is a great place to start when you are reaching out for support. They can often provide referrals to organisations and services that you are not able to contact as an individual. Talk to your doctor if you need help and ask them to point you in the right direction. Many public clinics employ social workers and psychologists who can help you work out a solution to many problems you might face.



"I'm at a private clinic. The nurses are really nice and always ask about my kids, my course, all that sort of stuff. They even gave me a present when my last baby was born." - Nik



Alcohol and drug services such as OTP clinics are the only health service some parents go to regularly. Because of this, doctors and nurses have a responsibility to talk to parents about children in their care and identify if they are at risk. If they suspect that a child is at risk of significant harm, then they legally must report it to the Department of Communities and Justice (DCJ).

Try and connect with a range of services, not just your OTP clinic. Use your SUPPS workers and other health and support services. The more services that support you, the more people you can call upon to speak up for you if necessary.

What if I'm not coping with being a parent?

A lot of parents and parents-to-be have trouble coping with the stresses of pregnancy and raising a child.

The pressures on people who use drugs are enormous. Apart from the problems that all parents have in adjusting to new parenthood or expanding their family, people who use drugs also face stigma and discrimination. This can mean a lack of support from extended families, health care services and the general community. It also means coping with the stress of DCJ involvement.

Talking to a peer at NUAA may help you work through some of the issues and sort out where to get some assistance. You can also talk to your GP about getting free (bulk-billed on Medicare) sessions with a psychologist by getting a Mental Health Plan. You may have to shop around but there are some great counsellors and services for families that are non-judgemental and offer real, practical help.

As well, both mothers and fathers can experience what is known as antenatal depression (before the baby is born) and postnatal depression (after the baby is born). You might experience postnatal depression at the same time as your partner, or separately.

If you are feeling anxious, depressed, stressed, or angry after the birth of your child, you should talk to your GP or SUPPS worker, who will be able to help and refer you to relevant services. You can also call the Post and Antenatal Depression Association (PANDA) directly on 1300 726 306 or Google them for useful info.

Remember there is no shame in feeling overwhelmed by parenthood. It is really common and totally understandable. Asking for help means that you can share the burden and not try to handle everything on your own. It is a great way forward for everyone.

How do I support the mother of my child?

You might think that most of this information applies only to pregnant women and mothers... but having and raising a child is a big deal for men too.

There are a lot of ways you can support the mother of your child throughout pregnancy and beyond. Even if you are no longer together, you have the right, and a responsibility, to be a positive influence in your child's life.

Throughout pregnancy, you can support your partner by being involved in antenatal care. This could mean going to appointments too and asking any questions you might have about the pregnancy. And don't underestimate the value of letting your partner hold your hand during tests, procedures and tricky conversations! You can also help with sorting out transport to and from these appointments.

If your partner is still using drugs, smoking, or drinking alcohol, ask her how you can support her to quit, cut down or manage her use and/or start on OTP. If you are both opioid users, you should think about starting on OTP as well. It can be very hard for a person to stop using alcohol, tobacco, and illicit drugs if their partner is still using.

The best way to encourage and support your pregnant partner to start treatment is to do it together. You may instead want to quit using opioids altogether – although you are more likely to successfully stop using by starting on OTP.

Parenting will be a lot easier to manage on OTP than if you keep using illicit drugs. Parenting can be expensive and stressful enough as it is without having the added concern of coming up with money for drugs every day. Being on the program can help you find and hold down a job, which means you can financially support your family.

A lot of parents and parents-to-be have trouble coping with the stresses of pregnancy and raising a child; fathers can experience postnatal depression too.

You might experience postnatal depression at the same time as your partner, or separately. If you are feeling anxious, depressed, stressed, or angry after the birth of your child, you can talk to a GP who will be able to help and refer you to relevant services. You can also contact MensLine Australia on 1300 78 99 78 for free, 24/7 counselling and referrals over the phone.

DEPARTMENT OF COMMUNITIES AND JUSTICE

The Department of Communities and Justice (DCJ) is a government department which responds to reports or concerns about child abuse and neglect. DCJ used to be known as FACS or DOCs.

If they think your child may be at risk of significant harm, DCJ may investigate, which could lead to being separated from your child.

Simply being on OTP or using drugs is not enough of a reason to have your child removed. Common reasons why DCJ might be concerned about your child's wellbeing are family and domestic violence, drug use impacting your child's safety, or being concerned that you can't support a child financially.

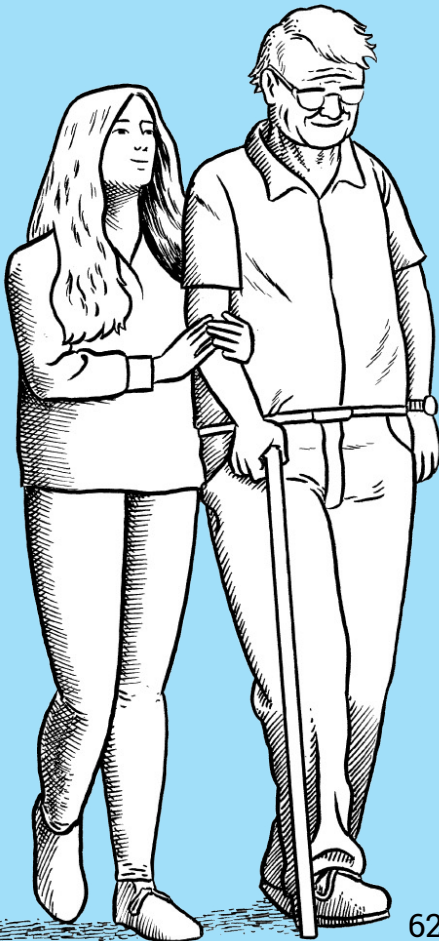
The best way to avoid any problems with DCJ is to have regular check-ups during pregnancy and to make sure you and your baby have regular check-ups after they are born. DCJ is unlikely to step in if you are on OTP and are being supported by a SUPPS team. This is true even if your baby goes into withdrawals when they are born or there are other health issues.

By working with services like SUPPS, you are showing that you are putting your child's interests first, and they can provide support to you up until your child is five years old.

If DCJ decides to investigate at any time during your child's life, DCJ caseworkers might contact you and ask you to come to their office. They may come to your home with or without an appointment. They do not need your permission to speak to your children at a childcare centre or at school. They can also get information about your family from doctors, hospitals, police, teachers, or relatives.

THE BENEFITS OF PARENTHOOD

Nothing stays the same after a baby is born. Even if someone keeps doing what they did before – street drugs, for example– now there is someone else in the world who depends on them.



This responsibility can feel scary, and it is a big one. But many people find that they want to change and make different decisions once a baby comes along. They are motivated to make the best life possible for their child.

In addition to eating better and adopting more regular, healthy habits, parenthood has other benefits. For example:

- making friends with other parents
- learning about how babies and young children grow
- singing songs and playing games from your own childhood
- gaining self-control
- feeling loved by your child, and loving your child back
- developing patience
- feeling proud
- making plans for the future
- feeling motivated to go back to school or get/keep a job

Becoming a parent is a surprising, exciting experience. Getting on or staying on OTP, making full use of the support available, and making healthy choices for you and your baby are the best ways to get off to a great start.

Looking to find out more about the Opioid Treatment Program?

Look no further!

In your hands right now is the Consumer's Guide to the Opioid Treatment Program (OTP) - written by people who use drugs, for people who use drugs! This booklet looks at pregnancy, parenting and family issues, and how the OTP can help. Whether you're just starting to think about treatment or have been on the program for years, there's something in this series for everyone!

OTP Consumer Guidelines Series:

- Opioid Treatment Program Consumer Guidelines – Full resource
- Standalone Guide 1 – Introduction to the Opioid Treatment Program
- Standalone Guide 2 – Maintenance on the Opioid Treatment Program
- Standalone Guide 3 – Your Rights and Responsibilities on the Opioid Treatment Program
- Standalone Guide 4 – Pregnancy and Parenting on the Opioid Treatment Program
- Standalone Guide 5 – Opioid Treatment Program in Regional and Rural Areas
- Standalone Guide 6 – Pain Management and the Opioid Treatment Program
- Standalone Guide 7 – Exiting the Opioid Treatment Program
- Standalone Guide 8 – Depot Buprenorphine Starter's Guide

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