

# Where Is Your Methadone Now?

Keeping your kids safe is just a matter of common sense

I read recently that it is extremely common for people to share medications of all kinds: antibiotics, blood pressure pills, pain pills, sleepers. Parents, apparently, do this the most, giving their kids a range of meds which bear mum or dad's name without so much as a consultation. Although this is a firm no-no from the perspective of medical authorities, our society tolerates a bit of sharing on pragmatic and compassionate grounds.

Parents giving children methadone or buprenorphine is, however, never okay. As a community we users need to look at how and why children are poisoned by methadone and ensure that this never, ever happens again.

The common urban tale is that child methadone fatalities are caused by parents using their dose to settle their child. While this is unlikely to be the main reason for children accessing 'done, some parents may have tried using the drug to settling their child because they were not aware of the risks. Be warned: even a tiny drop of 'done or bupe on the lips of a little child can kill them.

There is plenty of help for parents having trouble coping with a baby or active child. Tresillian (call 02 9787 0855 or 1800 637 357) is a service specifically designed to help settle babies. Parentline (call 1300 1300 52) is anonymous and can give you other contacts for specific problems. You don't have to disclose your drug use: after all it's irrelevant. Lots of parents in all sorts of circumstances need to ask for help with their kids from time to time.

Some parents of sick children have substituted their dose for other medications because they could not afford those medications. 'Done or bupe will not help a sick child; it will only make them sicker and possibly kill them. If your child gets sick when your pockets are empty, hospitals will always provide medication for free if you explain your situation. Kids get seen fairly quickly in emergency departments. Some pharmacies will give you credit for over-the-counter medication for a sick child, especially if they dose you. The best solution is to make

a pay-day purchase of a general analgesic like children's paracetamol or ibuprofen, so that it is always in the house if you need it. Make sure that you store children's medication separately from other medications, so that there is no confusion.

The truth is, methadone poisoning is mostly accidental. And accidents can be avoided with a bit of care.

This means that all of us, whether we are parents or not, must keep our takeaways locked up and separate from other medication, just in case.

I personally don't believe in taking it in secret – we wouldn't hide our insulin or our heart tablets. But we should never offer even a smell of our dose to a child. Reinforce that it tastes really yucky (too true!); that it is a medicine we take for our health, not something pleasurable; and that it will kill them if they try it.

Of course, pharmacotherapy poisoning accidents don't happen as often as kids drowning in backyard pools or being run over in driveways. In fact, they are rare. But methadone-using parents (like other narcotics-using parents) will always attract greater suspicion of foul play or negligence than other parents. And while children drowning never threaten pool installations, each and every child death from 'done or bupe threatens the entire takeaway program for everyone. As unfair as it is, we pharmacotherapy users are judged by a higher standard than other parents.

Accidents occur because of inadequate storage. Full stop. In the United States there have been hundreds of bupe poisoning incidents (although fortunately no deaths) because the health authorities package takeaways in a colourful tube. Left in a handbag or a drawer, kids find them and confuse them with lollies. In Australia recently, a child found a methadone dose while hunting for a drink in a family member's fridge. The relative didn't think they needed to worry about locking up methadone as they didn't live with kids. Sadly, that child died. ►

It seems those child-proof lids aren't enough of a barrier on their own. Another death occurred because someone decanted some "rainy day" methadone into a different bottle then mistook it for kids' paracetamol in the middle of the night. Other accidental poisonings have occurred through curiosity and because kids think they have found something yummy - medications and poisons found under the sink, in the medicine cabinet, in mum's handbag or dad's jacket, even in high cupboards with the help of a chair.

So, now might be time to think about how you store your dose and other drugs, and to invest in some lockable storage. NUAA's manager, Nicky Bath, told me: "We would applaud a health department initiative that gave a lockable container to everyone on takeaways. This would be an effective and efficient way to show their support for a family-friendly program that promotes safety for all." While waiting for the Ministry of Health to take the hint, we did a bit of Googling and found a few funky and functional ideas that don't cost an arm and a leg. Some lockable boxes that could be put to the purpose include ammunition containers (from army disposal shops), cash boxes, jewellery boxes and mini-safes. Whether it's locked with a key, a combination or a clock armed so it only opens at a certain time each day, chances are a locked box is safer than wherever you've got your takeaways stored right now.

If, despite your very best efforts, your child gets into your medication, call 000 immediately or rush them to hospital. And remember, if you've locked up your methadone and secured the key or combination somewhere secret, out of your kid's sight and reach, your conscience is totally clear, so hold your head high. Users make terrific parents, partly because lots of us had awful home lives and know how parents shouldn't behave, but mostly because we are really nice people with a helluva lot of love to give..

*Leah McLeod*

## How long for a Clean Urine?

*Going to rehab any time soon? Most rehabs require you to have no drugs in your system before they'll admit you. Many people choose to go to detox before they go to rehab, but if you're self-detoxing at home before you go to rehab, the following guide could be useful.*

Alcohol	8 – 12 hours
Amphetamines	2 – 4 days
Barbiturates	
(short-acting eg. seconal)	1 day
(long-acting eg. phenobarbital)	2-3 weeks
Benzodiazepines	3 – 7 days
Cannabis first-time users	1 week
long-term users	up to 66 days
Cocaine	2 – 4 days
Codeine	2 – 5 days
Ecstasy (MDMA / MDA)	1 – 3 days
LSD	1 – 4 days
Methadone	3 – 5 days
Opiates (eg. heroin, morphine)	2 – 4 days
PCP	10 – 14 days
Steroids (anabolic) taken orally	14 days
taken other ways	1 month

### Note:

*Cocaine is difficult to detect after 24 hours.*

*A special test is needed to detect Ecstasy, as it is not detectable in a standard test.*

*Testing for LSD has to be specially requested.*

*Monoacetyl morphine (confirming heroin use) cannot generally be detected after 24 hours, and it converts to just morphine.*

The information here was drawn from drug-testing labs, medical authorities, and internet reports. It is intended as a general guide only, and cannot be guaranteed for accuracy. The times given refer to the standard urine test – other tests may be more specific and accurate. Detection times will vary depending on the type of test used, amount and frequency of use, metabolism, general health, as well as amount of fluid intake and exercise. Remember, the first urination of the day will contain more metabolites (drug-products detected by the test) than usual.