

New Model – Child Protection Approach Reduced the Risk and Adverse Outcome of Infants of Problematic Substance Abusing Mothers

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Comprehensive Child Development Service (CCDS)

- Piloted in **PMH** in **2005**
- Integrated, interdepartmental, multidisciplinary service for children of high risk families
 - **Hospital Authority:** Paed, Obstetrics, Psychiatry
 - **Department of Health:** Family Health Service
 - **Social Welfare Department:** Integrated family service centres
 - **NGOs:** SARDA and Counseling service for substance abusers
- Early identification and holistic management of at-risk children and their families.
- **Inclusion:** **Children of:**
 - **Substance abusing mothers (problematic SA mothers = the highest risk)**
 - Mothers with history of mental illness or postnatal depression
 - Teenage mothers

What are problematic substance abusing mothers

智障童猝死 母認邊餵奶邊吸冰

25/2/2016
明報

【明報專訊】5歲智障男童的死因聆訊昨日續審。庭上播放男童母親及其同居男友為警方錄取的影片，男童母親聲稱與男友一邊輪流用奶樽餵男童飲奶，一邊用冰壺吸食冰毒。男友則強調沒有餵男童食冰毒，估計男童只是吸入他噴出來的煙，但他不排除男童或誤服食一些掉在牀上的冰毒。專科醫生則指男童血液內的冰毒

含量非常高，估計是直接服食冰毒。

5歲智障男童楊智維的母親黃佩蓮，及其同居男友顏天雄在楊死後被警方拘捕。顏在錄影畫面中向警方表示，他於2013年3月23日凌晨在睡房使用一個類似奶樽的冰壺吸食冰毒，楊在其身邊。其後黃回到家中，顏與黃用奶樽餵楊飲奶，楊突嘔出飯菜，他以為楊

「熱氣」，遂給他飲鹽水，惟楊再嘔，他遂將楊交予黃洗澡。其後顏聽到黃指楊反白眼及四肢發軟，遂電召救護車，帶楊到樓下等候救護車及為楊做心外壓。顏直認當時曾向黃表明警方會上門，故要求黃沖走冰毒及扔掉冰壺。

被捕才知吸毒影響小孩

顏表示已向黃表明不會在小

孩面前吸毒，事發當日大意，第一次在楊面前吸食冰毒。顏

全身瘀腦出血昏迷 四歲大仔遭虐命危

◎ 2017-12-02 港聞

全身瘀腦出血



涉肢解12歲女 狠母疑染毒癮

2017/12/19



What is problematic substance abuser

DSM 5 – Substance use disorder

1. Using for longer periods of time than intended, or using larger amounts than intended;
2. Wanting to reduce use, yet being unsuccessful doing so;
3. **Spending excessive time** getting/using/recovering from the **drug use**;
4. **Cravings** that are so intense it is **difficult to think about anything else**.
5. People may continue to use **despite problems with work, school or family/social obligations**. This might include repeated work absences, poor school performance, **neglect of children**, or failure to meet household responsibilities.
6. Continues substance use **despite having interpersonal problems** because of the substance use. This could include arguments with family members about the substance use; or, losing important friendships because of continued use.
7. Important and meaningful social and recreational activities may be given up or reduced because of substance use. A person may **spend less time with their family**.
8. Repeatedly uses substances **in physically dangerous situations**. For instance, using alcohol or other drugs while operating machinery or driving a car.
9. Continue to use addictive substances **even though they are aware it is causing or worsening physical and psychological problems**. An example is the person who continues to smoke cigarettes despite having a respiratory disorder such as asthma or COPD
10. Tolerance
11. **Withdrawal**

2 - 3 symptoms : mild substance use disorder.

4 – 5 symptoms : moderate substance use disorder.

6 or more symptoms: severe substance use disorder.



PMH CCDS identified the discrepancies between original service model and the actual behaviour of problematic SA mothers

Maternal-and-child-welfare service model was based on the presumed normal help-seeking behavior

- **Recognize** the harmful effect of SA on their babies and seek help
- **Recognize** their psychosocial needs and **accept** social support
- **Accept** medical and social follow-up

Problematic SA mothers are characterized by

- **Poor insight** and therefore **deny** their SA problem
- **Refuse** treatment and social support
- High **default** rate

The New Child Protection Service Model and its Objectives:

- **Risk-factors-based newborn urine test** for drug-of-abuse: for early identification of problematic SA mothers
- Referral of newborns with urine positive for drug-of-abuse for **Multidisciplinary Case Conference for Child Protection (MDCC)**. Welfare plan will be enforced by Family and Child Protective Services Unit (FCPSU) of SWD.
- Application of **Care or Protection Order** to ensure the proper child care of those extreme high risk infants with uncooperative parents
- **Multidisciplinary follow-up** by: CCDS Paediatricians, FCPSU, and integrated maternal substance abuse treatment service or Substance Abuse Clinic.

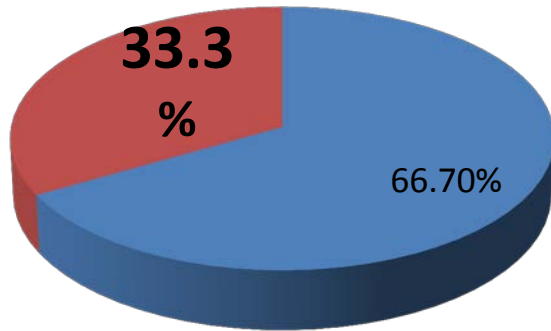
Results



- The New model was implemented in **PMH CCDS** in **2015**.
- **Old-model-group**: **12 newborns** had positive urine for drug-of-abuse in 2014
- **New-model-group**: **11 newborns** had positive urine for drug-of-abuse in 2015/16
- **Outcome measures**:
 - **Early adverse outcome**: global developmental delay or death within first year of life
 - **Detoxification rate** of the mothers

Early Adverse Outcome within the first year of life

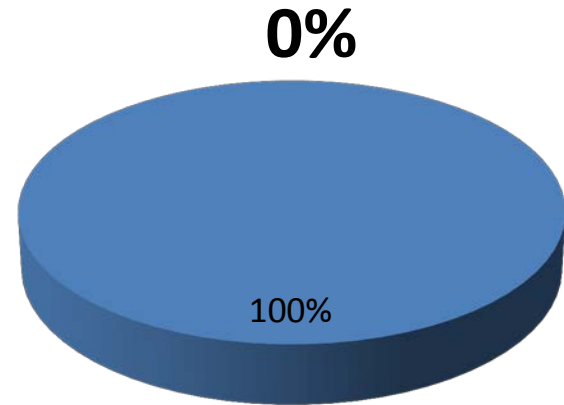
Old model group
of infants



■ normal outcome

■ early adverse outcome

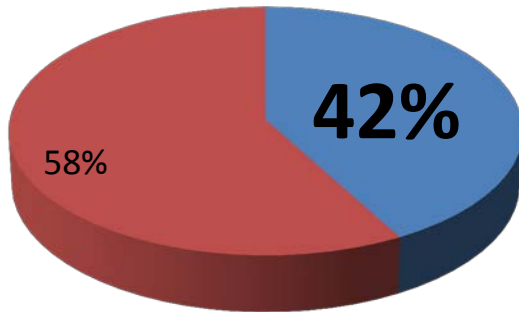
New Child Protection
model group of infants



■ normal outcome

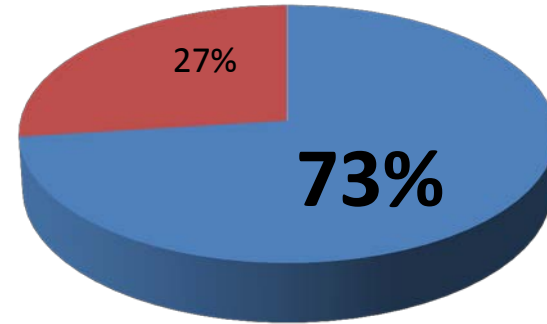
■ Early adverse outcome

Detox rate of mothers in Old Model Group



■ detoxified ■ Not detoxified

Detox rate of mothers in New Model Group



■ Detoxified ■ not detoxified

Conclusions:

The new child-protection approach was effective in:

- **Identification** of infants whose mothers have problematic substance abuse behavior.
- **Engaging** those mothers in **drug abuse treatment** service, proper child care support, and **reduced the preventable risk** of adverse infants' outcomes.

