

## Information Sharing - NSW Health & DoCS - Opioid Treatment - Responsibility - Children Under 16

**Document Number** PD2006\_085

**Publication date** 22-Nov-2006

**Functional Sub group** Clinical/ Patient Services - Information and data  
Clinical/ Patient Services - Baby and child  
Population Health - Pharmaceutical

**Summary** This protocol facilitates the sharing of information between the NSW Department of Health's Pharmaceutical Services Branch (PSB), opioid treatment prescribers and DoCS child protection casework staff concerning persons who are registered to receive opioid treatment (methadone or buprenorphine).  
Information shared under this protocol is intended to assist DoCS to assess the risk of harm to children that arises due to their potential exposure to methadone or buprenorphine that is dispensed to registered opioid treatment clients so that the appropriate child protection responses may be initiated, where necessary.  
The NSW Department of Health and DoCS have key roles in ensuring that DoCS child protection casework staff are adequately informed about the benefits and risk of standard treatments for opioid dependence and are able to obtain accurate information from prescribers to assist with assessment of risk of harm to children where concerns are reported in relation to opioid dependent persons.

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Community Health Centres, Divisions of General Practice, Ministry of Health, Public Hospitals

**Audience** Medical prescribers, drug & alcohol practitioners with authority to prescribe opioid treatment

**Distributed to** Public Health System, Community Health Centres, Divisions of General Practice, Ministry of Health, Public Hospitals

**Review date** 30-May-2012

**Director-General Policy Manual** Not applicable

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

~~STATUS~~ ACTIVE

## **Protocol**

***Information sharing between NSW Health and NSW Department of Community Services in relation to persons participating in opioid treatment (methadone or buprenorphine) who have care and responsibility for children under 16 years of age in order to assess potential risk of harm under the Children and Young Persons (Care and Protection) Act 1998***

**September 2006**

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## 1. PREAMBLE

- 1.1 In February 2006, Cabinet endorsed the development of a protocol between the NSW Departments of Health and the NSW Department of Community Services (DoCS) to facilitate exchange of information between these agencies where methadone is being made available to DoCS clients.
- 1.2 This protocol facilitates inter-agency exchange of information to assist DoCS casework staff to assess whether a child or children under 16 years of age is/are at a risk of harm due to a person's misuse of opioids while participating in an opioid treatment program. It complements and has been developed in the context of a number of key policies including the *NSW Drug and Alcohol Services Plan*, the *NSW Interagency Guidelines for Child Protection Interventions 2006* and the *Interagency Guidelines for the early intervention, response and management of drug and alcohol misuse*.
- 1.3 Participation in an opioid treatment program is considered a positive treatment option for individuals struggling with ongoing illicit opioid use. The focus of this protocol is information sharing to facilitate determination of whether, in specific cases, misuse of drugs supplied on the treatment program, and/or other circumstances in the household, combine to create inadvertent or deliberate risk of harm to children.
- 1.4 Accidental ingestion of takeaway doses of methadone by children or deliberate dosing of children by adults can be fatal. Takeaway doses of buprenorphine also present potential risk of harm to children. These risks are not confined to young children. The nature of the risk varies according to the age of the child. While accidental ingestion or deliberate dosing of methadone is a high risk for young children (under the age of six), risk of self-administration and experimentation increase with age and are most likely in adolescence.
- 1.5 Opioid treatment therapies involving methadone and buprenorphine are a medically accepted way of treating heroin addiction. Over thirty years of clinical experience and research has established that methadone is highly effective at retaining people in treatment, suppressing heroin use and associated crime, and reducing the risk of overdose and HIV. Research also confirms that buprenorphine treatment is effective in achieving these objectives. The most appropriate opioid treatment medication for a client is a clinical decision made by the prescribing practitioner and will reflect a wide range of factors related to the history of the client's drug use and treatment and other medical conditions. The effective treatment of opioid dependence is a long-term issue. Any reduction in dose or withdrawal from treatment must be monitored by the prescriber and conducted gradually.
- 1.6 Buprenorphine is increasingly used as an alternative to methadone in opioid treatment programs. The pharmacological characteristics of buprenorphine differ from methadone. The different characteristics of buprenorphine allow it to be consumed sublingually (under the tongue) in tablet form. As it can take between 2 and 7 minutes for the drug to be absorbed, it is thought to be unlikely that a child would be able to save the tablet in their mouth for long enough to absorb it.

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In contrast to methadone there have been no reported deaths of children from an overdose of buprenorphine in Australia and it is considered by the medical community to be a safer drug than methadone. However, there is insufficient evidence to provide assurance that buprenorphine is safe if ingested by children. When a client on buprenorphine is to be given takeaways, a combination formula is used, buprenorphine-naloxone. The combined product is designed to reduce the likelihood of clients injecting or diverting takeaway medication.

- 1.7 The NSW Department of Health authorises health practitioners to prescribe opioid treatment to persons registered on an opioid treatment program. Prescribers can be either public (career medical officers, registrars, drug and alcohol staff specialists, drug and alcohol nurse practitioners, visiting medical officers) or private (general practitioners, drug and alcohol nurse practitioners, psychiatrists).
- 1.8 In New South Wales approximately 60% of clients on opioid treatment receive their prescriptions from a private prescriber. The dispensing of the medication is most commonly provided through public or private outpatient clinics, community pharmacies and local hospitals (particularly in rural areas).
- 1.9 Prescribers are issued with NSW Health clinical guidelines relating to their role in methadone and buprenorphine treatment. The NSW Clinical Guidelines for the Treatment of Opioid Dependence recently revised by the NSW Department of Health include an updated chapter on takeaways that was revised in consultation with DoCS. These Guidelines specify the contraindications to providing methadone and buprenorphine takeaway doses, including current child welfare issues or DoCS involvement of children under 16 in a household.

## 2. RELEVANT LEGISLATION AND DOCUMENTS

- 2.1 The client information disclosed to DoCS under this protocol relates to the safety, welfare and wellbeing of a child or children and is provided in accordance with the *Children and Young Persons (Care and Protection) Act 1998*. The *NSW Health Privacy Manual, Version 2* identifies health information disclosed in this manner as exempt from privacy provisions of the *Health Records and Information Privacy Act 2002*.
- 2.2 The sections of the *Children and Young Persons (Care and Protection) Act 1998* that are relevant to this protocol are outlined below.
  - Section 24 of the *Children and Young Persons (Care and Protection) Act 1998* provides for a person to report to DoCS where he or she has reasonable grounds to suspect a child is at risk of harm. Reports made under this section in good faith are protected, and cannot generally be used against the reporter in litigation or formal disciplinary action.
  - Section 27 of the *Children and Young Persons (Care and Protection) Act 1998* imposes a mandatory obligation on health service providers (including medical practitioners) to notify DoCS if in the course of their work, they form reasonable grounds to suspect a child is at risk of harm.

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- Section 248 of the *Children and Young Persons (Care and Protection) Act 1998*. This section allows DoCS to require a “prescribed body” to provide DoCS with information relating to the safety, welfare and wellbeing of a particular child or young person or a class of children or young persons. Public health organisations under the *Health Services Act* (such as area health services) and organisations that provide health services to children are prescribed bodies.

- 2.3 Health Privacy Principle 11 of the *Health Records and Information Privacy Act 2002* provides personal health information can only be disclosed for the purposes for which it was collected, or other purposes recognised by the Act. These include release with consent, release where there is a serious risk of harm to a person and release authorised by a law (such as the *Children and Young Persons (Care and Protection) Act 1998*).
- 2.4 Under Section 28A of the *Poisons and Therapeutic Goods Act 1966* practitioners must apply to the Director General to be approved as a prescriber of methadone and buprenorphine for the purpose of treating opioid dependent individuals in the state of New South Wales. Approvals are subject to several conditions one of the conditions being to follow conditions specified in the *NSW Clinical Guidelines for Methadone and Buprenorphine Treatment of Opioid Treatment (2006)*.
- 2.5 Reporting requirements for prescribers employed in Area Health Services are also covered in NSW Health documents, Policy Directive *PD2005\_299 Protecting Children and Young Persons*, and *Frontline Procedures for the Protection of Children and Young People 2000*.

### 3. OBJECTIVE

- 3.1 This protocol facilitates the sharing of information between the NSW Department of Health’s Pharmaceutical Services Branch (PSB), opioid treatment prescribers and DoCS child protection casework staff concerning persons who are registered to receive opioid treatment (methadone or buprenorphine).
- 3.2 Information shared under this protocol is intended to assist DoCS to assess the risk of harm to children that arises due to their potential exposure to methadone or buprenorphine that is dispensed to registered opioid treatment clients so that the appropriate child protection responses may be initiated, where necessary.
- 3.3 The NSW Department of Health and DoCS have key roles in ensuring that DoCS child protection casework staff are adequately informed about the benefits and risks of standard treatments for opioid dependence and are able to obtain accurate information from prescribers to assist with assessment of risk of harm to children where concerns are reported in relation to opioid dependent persons.

### 4. TARGET CLIENT GROUP

- 4.1 Children under 16 years of age [as defined in the *Children and Young Person (Care and Protection) Act 1998*] who are at a risk of harm due to their relationship with a person undergoing opioid treatment.

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4.2 The two categories of children are covered under this agreement are:

- a. Children subject to current DoCS involvement where there is an open case plan; and
- b. Children, whether known to DoCS or not, who become known to a prescriber through the prescriber's contact with a client in opioid treatment.

## 5. GENERAL ROLES AND RESPONSIBILITIES

5.1 The requirements to be discharged by public prescribers in sharing child protection information with DoCS in accordance with this protocol are based on the general obligations on NSW Health staff:

- a. To make a report to the DoCS Helpline where he or she has reasonable grounds to suspect a child or young person is at risk of harm in accordance with sections 24 and 27 of the *Children and Young Persons (Care and Protection) Act 1998*, and
- b. To provide DoCS with information relating to the safety, welfare or wellbeing of a child or young person when directed to do so by DoCS under section 248 of the *Children and Young Persons (Care and Protection) Act 1998*.

5.2 For private prescribers the obligations on reporting to DoCS are based on:

- a. Conditions imposed on their authority to prescribe under the *Poisons and Therapeutic Goods Act 1966* and associated regulations that require prescribers to comply with the *NSW Clinical Guidelines for Methadone and Buprenorphine Treatment of Opioid Treatment (2006)*, including to provide to DoCS casework staff information relevant to possible risk of harm to children as required under this protocol; and/or
- b. The general requirement on private prescribers who work in an incorporated practice that provides services wholly or partly to children to comply with sections 27 and 248 of the *Children and Young Persons (Care and Protection) Act 1998*

5.2 NSW Health will review any unreasonable non-compliance by private sector prescribers to the reporting requirements in this protocol. This may result in a prescriber's authorisation to prescribe methadone and buprenorphine being revoked.

5.3 DoCS is responsible for assessing risk of harm to children covered by this protocol.

## 6. Roles and responsibilities related to children subject to current DoCS involvement

6.1 Where DoCS has an open case plan suggesting a parent or carer's misuse of an opioid or opioid treatment, including takeaway methadone or buprenorphine, DoCS will request information from PSB under section 248 of the *Children and*

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*Young Persons (Care and Protection) Act 1998* to establish current or recent participation in the opioid treatment program on the basis that in these circumstances the information is relevant to the safety, welfare and wellbeing of the child or young person.

- 6.2 In accordance with section 248, PSB will provide information to DoCS on whether the subject of the query is registered on the opioid treatment program or was registered for opioid treatment 30 days prior to the date of the request
- 6.3 PSB will also provide DoCS with contact details of the current prescriber or most recent prescriber for those who are not on the program but were on the program in the 30 days prior to the request.
- 6.4 Following receipt of information that the subject of the request *is not* on the program and has not been on the program in the 30 days prior to the request, DoCS casework staff will pursue enquiries about opioid and/or other drugs through relevant section 248 enquiries of Area Health Services.
- 6.5 Many adult clients will have had treatment provided by the Area Health Services, not only in relation to opioids, but also for treatments relating to other drug or alcohol problems. The PSB database only holds information relating to schedule 8 drugs.
- 6.6 Following receipt of information that the subject of the request *is on* the program *or has been* on the program in the 30 days prior to the request, DoCS will contact the prescriber to request further information. This information request will focus on establishing whether there may be risk of harm concerns for a child or children as a result of the person's opioid treatment, particularly where takeaway doses are involved. Specifically, DoCS will request the following information:
  - The prescriber's knowledge about the client's compliance with treatment;
  - Whether the prescriber has sighted or examined a client's child/children in the preceding three months, the reasons for the examination and any associated concerns for the child/children's health and safety;
  - Any recent observations that may indicate that the client's parenting is compromised;
  - Any current concerns the prescriber has for the health and safety of a child/children based on knowledge of the client, the client's compliance with their treatment regime and/or any other issues that may impact on the safety of the child/children.
- 6.7 Questions for DoCS casework staff to ask of the prescriber during their initial query are at Attachment A. This is to alert prescribers to the information that will be pertinent to caseworker inquiries about their clients.
- 6.8 Following contact by DoCS, the prescriber will conduct an assessment of the most recent treatment review and determine whether another review is necessary

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(as per the *NSW Clinical Guidelines for the Treatment of Opioid Dependence 2006*).

- 6.9 In reviewing the appropriateness of takeaway doses the prescriber should always include dialogue with the dispenser (in most cases, a pharmacist). The dispenser may occasionally observe children, who attend dosing with the client and may be able to provide additional information as to the stability of the client. The outcome of any review, including dialogue with the dispenser should be documented.

## **7. ROLES AND RESPONSIBILITIES RELATING TO CHILDREN NOT SUBJECT TO DOCS INVOLVEMENT**

- 7.1 The prescriber will conduct a normal review of the person's treatment regime (as per the *NSW Clinical Guidelines for the Treatment of Opioid Dependence 2006*), including dialogue with the dispenser (in most cases, pharmacist).
- 7.2 A prescriber who has a reasonable concern (based on their regular review of the person's current social circumstances) that a child/children under 16 years of age is/are at a risk of harm due to an adult's misuse of opioids.
- a. Make a report to the DoCS Helpline
  - b. Identify him or herself as a prescriber, and
  - c. Provide to DoCS all relevant information that will assist DoCS to make an assessment of the risk of harm for the subject child or children. Provide to the DoCS caseworker all information about the person that may impact on a child's safety, welfare and well-being, based on their knowledge of the client and their compliance or non-compliance with their treatment regime.
- 7.3 DoCS will review any report received from a prescriber in accordance with existing practices.
- 7.4 A prescriber contacted by DoCS in response to a report will provide the caseworker with any additional information they have that is relevant in assisting the caseworker to complete an assessment of any child at risk concerns.

## **8. MONITORING, REPORTING AND EVALUATION**

- 8.1 DoCS and the NSW Department of Health will monitor the operation of the protocol.
- 8.2 The protocol is to be formally reviewed and evaluated by DoCS in conjunction with the Department of Health no later than two years after the date of commencement. The results of this review will be reported to the respective Directors-General within 3 months of the completion of the review. A particular focus of this review will be the effectiveness of the protocol in responding to the issues identified by the Cabinet decision that authorised its development.

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## GLOSSARY

### Mandatory Reporter

A person who as part of their professional or paid work or as the supervisor/manager of a person who as part of their professional or paid work, delivers health care, welfare, education, children's services, residential services or law enforcement to children or young persons.

- Mandatory reporters are required under Chapter 3, Part 2, section 27 of the Act to make a report to DoCS if they suspect that a child is at risk of harm as detailed in Chapter 3, Part 2, section 23 of the Act.
- Any prescriber who is not a mandatory reporter within the scope of the Act is required by directive of the Health Minister to report risk of harm under the terms of this protocol.

### Mandatory Report

A report made to DoCS, usually via the Helpline to convey a concern about a child or young person who may be at risk of harm. The circumstances of risk of harm are outlined in Chapter 3, Part 2, sections 23, 24, 25 and 27, Chapter 7, Part 2, sections 120, 121 and 122 of the Act.

### Risk of harm

Risk of harm is present if there are current concerns that a child or young person may suffer physical, sexual, psychological and/or emotional harm as a result of what is being done or not done by another person, often an adult responsible for their care. Risk of harm is defined in Chapter 3, Part 2, and section 23 of the Act.

### Open case plan

A report on a child or young person has been allocated to a DoCS' caseworker for further assessment

### PSB Database

An electronic database primarily used to issue authorities to medical practitioners to prescribe drugs of addiction (schedule 8) as required under section 29 of the *Poisons and Therapeutic Goods Act 1966*. This includes

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authorities to prescribe methadone or buprenorphine under the NSW Opioid Treatment Program, narcotic analgesic for the treatment of chronic pain, stimulants for the treatment of ADHD, etc.

### **Diversion/diverted dose**

The misuse of a prescribed drug, most commonly for selling or injecting

### **Takeaway dose**

A dose of methadone or buprenorphine to be taken in an unsupervised setting, usually at home. Takeaway doses are only provided after careful assessment of the client's stability.

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## Attachment A

### Typical questions for DoCS Caseworkers to Ask Prescribers

Factors that may impact on parenting and/or risk of harm	Prescriber Comment Any risk of harm concerns identified
Is the client prescribed takeaway doses? Which treatment is prescribed - methadone or buprenorphine? How long has the client been on takeaway doses? When was the last review? Did the review consider impacts on any children the person may be caring for? Did the review identify <u>any</u> issues of concern?	
Are there any current issues with the client's compliance with treatment? If yes, please describe these issues. Is the client prescribed any other medication? If so, what?	
In the last 3 months, have you sighted or examined the child or siblings of the child about whom DoCS has a report?	
Are there any observations you have made in the last three months, which may indicate that parenting is compromised, eg. occasions when the child/ren looked ill, neglected, stressed or was/were otherwise behaviourally demanding? How did the client interact with the child/ren? Was the client aware of the child's needs?	
What is the client's behaviour like at prescriber practice/dosing site (i.e. no aggressive/threatening behaviour towards staff/others reported)	
Has the client indicated whether there are any significant life events impacting upon them at this time (eg. relationship breakdown, pregnancy, grief or loss, legal issues, lack of housing)	
Does the client present with any other mental/physical health needs?	
Do you have any information about the client's current: <ul style="list-style-type: none"> <li>• Employment/education or training</li> <li>• Accommodation status</li> </ul>	