



Community Planning Aberdeen

Progress Report	Project End Report: LOIP Aim 4.1: Reduce the number of births affected by drugs by 0.6 %, by 2022
Lead Officer	Eleanor Sheppard, Chair of Children's Services Board
Report Author	Simon Rayner, ACHSCP
Date of Report	7 March 2023
Governance Group	CPA Board – 19 April 2023

Purpose of the Report
This report presents the results of the LOIP Improvement Project Aim 4.1 which aimed to reduce the number of births affected by drugs by 0.6 %, by 2022 and seeks approval to end project the project as the aim has been achieved.

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 Drug use whilst pregnant can cause a number of harms to the unborn child including physical and neurological impairments which can go onto to be disadvantages in later life.</p> <p>1.2 Drugs can range from central nervous system depressants (such opioids – heroin, dihydrocodeine, morphine, alcohol), sedatives (such as benzodiazepines), stimulants (such as cocaine, crack cocaine, amphetamine, nicotine, caffeine) psychedelics (LSD, ecstasy) cannaboids, volatile substances and synthetic substances. Substances may be described as prescribed or illicit / street sourced.</p> <p>1.3 People use substances in everyday life and for some people this can be in a recreational / occasional way and for others it is related to physical and psychological dependency. All forms of substance use can increases risk of harm to the user and to the unborn child. Severe problematic parental substance use can affect the health and wellbeing of children as they grow up. Adverse life experiences, childhood trauma and deprivation are often associated with psychological / physical dependency to substances and make it harder to change.</p> <p>1.4 This report uses a number of data sources that describe the issue, specifically:</p> <ul style="list-style-type: none"> ○ Drug use during maternity – this is where the person has disclosed use of substances during the term of their pregnancy. It should be noted that

due the fear of stigma there will be under reporting of maternal drug and alcohol use during pregnancy or before pregnancy is known

- Births affected by substance use – this is where the baby has been affected by substance use most commonly neonatal abstinence syndrome (NAS).
- Foetal Alcohol Spectrum Disorder (FASD) is a range of life long symptoms affecting the baby as a result of alcohol consumed during pregnancy. FASD is a spectrum of congenital anomalies, neurocognitive and behavioural disabilities

1.5 In Scotland, alcohol consumption in women of childbearing age is common and is recognised as a significant public health issue. It is estimated that approximately 3.2% of babies born in the UK are affected by foetal alcohol spectrum disorder (FASD), which is three to four times the rate of autism, meaning that as many as 172,000 people could be affected by the disorder in Scotland. A recent study in Glasgow studied the meconium of newborn babies and found that 42% of samples showed evidence of the mother having consumed alcohol during pregnancy, with 15% of those pregnancies exposed to very high levels of alcohol [SIGN 156](#)

1.6 In 2019/20, drug use was recorded in 1.6% (769) of 47,767 maternities in Scotland. This was equivalent to a rate of 16.1 maternities with drug use recorded per 1,000 maternities. In 2019/20, the rate of babies affected by maternal use of drugs was 2.5 per 1,000 live births.

Local Data

1.7 Prior to 2017 data was published nationally by Public Health Scotland on maternal drug / alcohol use and the impact on births. From this data Aberdeen showed as an outlier with higher rates of maternal drug use and births affected by drug use. There was no definitive understanding as to why Aberdeen was an outlier compared to other areas and the reason is likely to be multi-faceted, for example it could be links to deprivation, the way services operate, general views about contraception, prevalence of drug use etc.

- In Aberdeen the percentage of overall maternities reporting drug use is higher in the younger age bands but the actual number of births is higher in the bands 20 – 29

Percentage of Aberdeen City Births recording drug use by age band							
<i>Based on age at conception</i>							
	Under 20	20-24	25-29	30-34	35-39	40 and over	Total Births Maternities Drug Use
2016/17	6%	1%	2%	1%	2%	1%	2%
2017/18	4%	3%	1%	2%	2%	0%	2%
2018/19	5%	2%	1%	1%	2%	0%	1%
2019/20	6%	4%	1%	1%	1%	4%	2%
2020/21	13%	5%	2%	1%	2%	3%	2%

- In Aberdeen there is a correlation between the three lowest bands of deprivation and the highest band of deprivation

Aberdeen City maternities recording drug use by SIMD (Local Quintile 2020)						
	1 (Most Deprived)	2	3	4	5 (Least Deprived)	Total Maternities
2016/17	36	6	2	2		46
2017/18	39	4	2	2		47
2018/19	26	2	3	1	3	35
2019/20	23	5	6	3	3	40
2020/21	27	9	3	1	5	45

1.8 Within all of the cohorts above there also continues to be a number of women who have multiple pregnancies that result in the child being removed due to the ongoing risks of having the child remain in the parental environment. It is thought that the trauma experienced by the removal of a new born for protection reasons can also manifest itself through a number of rapid, subsequent repeat pregnancies in the number of subsequent repeat pregnancies. Adverse childhood events and trauma are one of the root causes of problematic substance use. Examinations of records indicates that locally in the period between October 2015 and May 2019, there were 78 women with multiple complex needs who had had a total of 239 children removed from their care.

1.9 The issue of substance use in pregnancy is a complex issue that brings in many facets of multiple complex needs for the women and children affected. The underpinning quality of data is weak and likely very under reported. Local data does indicate improvement when compared to national estimated rates of prevalence Aberdeen would seem to have room to improve. Whilst recognised as a significant public health issue the messaging regarding maternal drug and alcohol use is weak.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, in September 2019 the CPA Board approved the initial [project charter](#) for the initiation, with a revised charter then approved in March 2022 of an improvement project which aimed to reduce the number of births affected by drugs by 0.6%.

3 WHAT CHANGES DID WE MAKE?

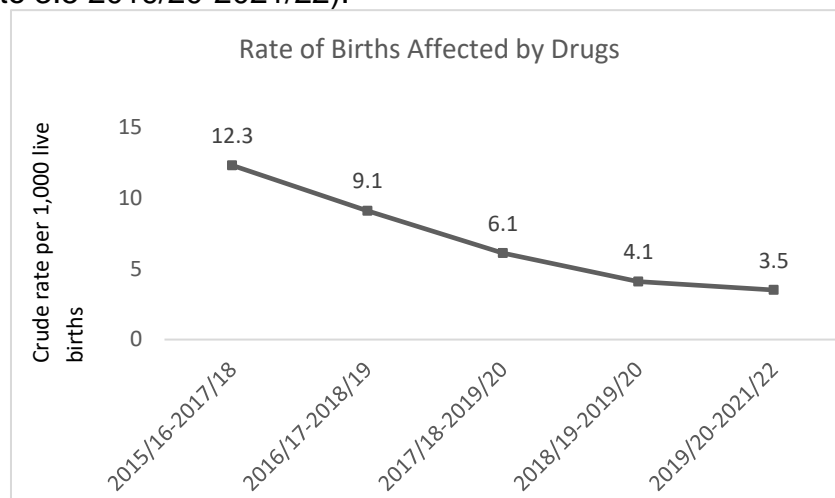
3.1 On the basis of the data above and from feedback from women recorded as using drugs and from midwives, children's services social work, the substance misuse service and the sexual health service, the project identified the following changes to be tested which focused on drug use (should these prove impactful they could be spread to alcohol use):

1. Develop a public health / whole system approach to engaging with targeted populations in the City and seek improvements:
2. Increase confidence and knowledge of staff working 'upstream' in relation to sexual health and contraception

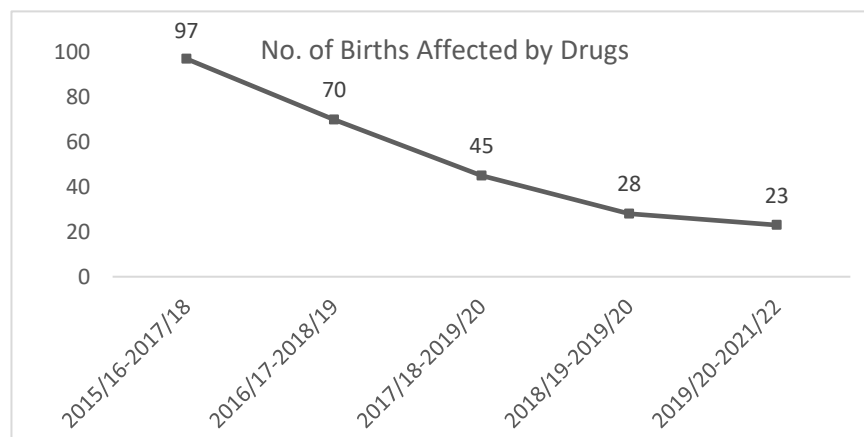
3. Increase availability of an outreach of contraception to vulnerable people promoting choice and control
4. Increase support for women who have children removed and post-natal support with a Birth Parents Project established to engage with people with lived experience in relation to what would help support them.
5. Develop whole family approaches to multiple complex needs

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

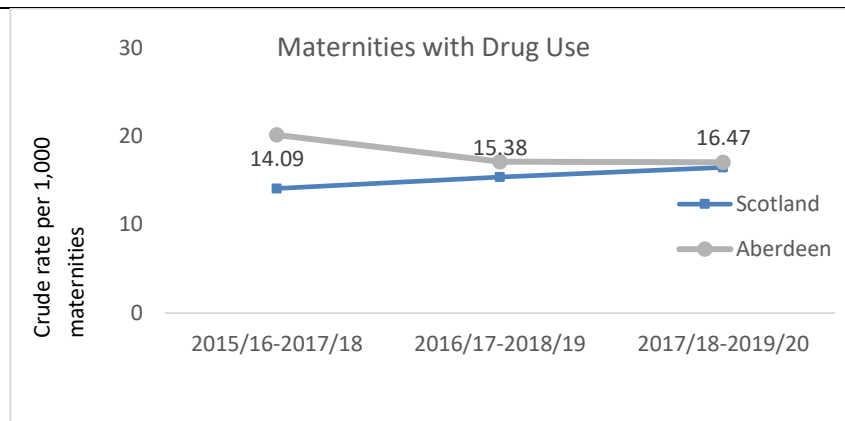
4.1 Yes, we have surpassed our aim with a 5.6 reduction in the rate of births affected by maternal use of drugs from 9.1 (crude rate per 1,000 birth in 2016/17) to 3.5 2019/20-2021/22).



4.2 We have seen a sustained improvement during this period with a continual reduction in the number of births affected. Specifically, there has been a 67% reduction in the total number of births affected over the 3 year period reducing from 70 (2016/17-2018/19) to 23 in 2019/20-2021/22.



4.3 As well as the reduction in the number of births affected by drugs, data also evidences a 2.4% reduction in the number of maternities with drug use from 124 in 2017/18-2019/20 to 121 in 2019/20-2021/22 and we are now similar to our virtual comparators.



4.4 The changes tested have focused on early intervention and prevention and aiming to reach both targeted and the whole population via different campaigns to raise awareness of sexual health and where support can be accessed. However, it is recognised that the rate of babies affected by maternal use of drugs had and has continued to reduce before the impact of changes ideas have been fully implemented and therefore at that this time we cannot quantify the direct impact the changes have had.

Increase confidence and knowledge of staff working 'upstream' in relation to sexual health and contraception

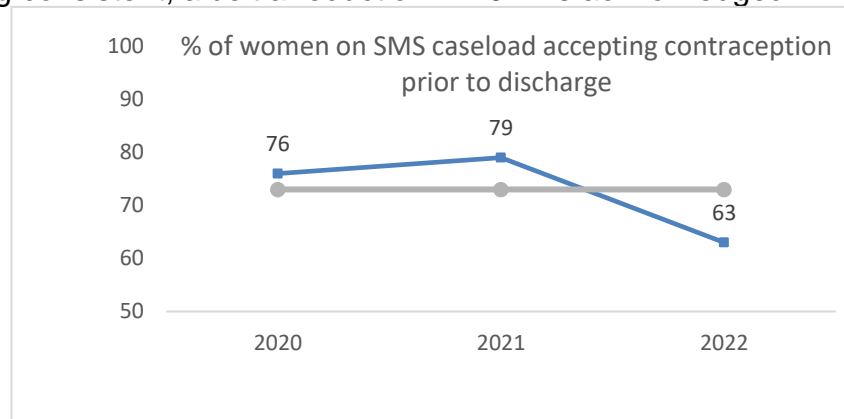
4.5 For example, a new elearning course has been developed to increase confidence and knowledge of staff working 'upstream' in relation to sexual health and contraception. This has been tested with amendments made and initial feedback from testing positive. However, this is yet to be fully launched on TURAS and available for all multi-agency staff. Therefore, the full impact cannot be assessed at this time.

4.6 That being said, it can be assumed that the reduction is likely to be as a result of increased awareness and opportunity of specialist drug services to promote contraception, wider uptake of long acting reversible contraception, concerted effort of specialist midwifery in ensuring post-natal contraception, changes in patterns of drug use and specifically fewer new users of primary opiate users and an ageing cohort of long term drug users.

Increase availability of and outreach of contraception to vulnerable people promoting choice and control

4.7 Through our new ADA Sharp Response service, a team is available daily to check in with partners in Housing (ACC), ARI (NHS), Assertive Outreach (AO) team and others to identify those at risk and who are requiring support/access to treatment. Daily crisis intervention/home visits commenced in August 2022. As at Dec 2022, the Sharp Response 'Crisis Intervention' service has scheduled 259 home visits since its inception in July 2022. This new outreach services enables us increase availability of contraception and promoting choice and control to people who would be unlikely to engage directly with sexual health services.

4.8 We also offer women on SMS caseload contraception prior to discharge from maternity care and have seen the % of women accepting contraception remaining consistent, albeit a reduction in 2022 is acknowledged.



4.9 Specialist Midwife for the Substance Misuse Service have feedback on the positive effect on the numbers of subsequent pregnancies, particularly for the women who have had a pattern of having children removed. A review is ongoing to ascertain any reason for the reduction seen in 2022.

Develop a public health / whole system approach to engaging with targeted populations in the City

4.10 A public awareness campaign was held and promoted across ADP partners and was specifically used at local events such as Pride and violence at women event. A Public Health practitioner attended the events to further raise awareness and to ascertain if the materials had the right messages. Now that the material and messages has been tested at specific events, the material will continue to be used and a further wider whole population campaign is planned for this year to build on this. A Communication Sub Group of the ADP is to be proposed and messaging around the risks of substance use in pregnancy will be a key part of that ongoing communication.

Increase support for women who have children removed and post-natal support

4.11 The Birth Parents Project is ongoing. It is currently engaging with people with lived experience in relation to what would help support them. There will be a final project report available in August and this will be reported to the Children's Services board for consideration as to next steps required.

Develop whole family approaches to multiple complex needs

4.12 We are working in connection with the Alcohol and Drugs Partnership on improving holistic family support for those engaged with drug and alcohol services. Primarily to date this has been through the Fitlike Hub with specialist substance use workers now located there. The impact of this co-location has had positive feedback to date and the results will be reported through LOIP project 12.1.

4.13 This approach will be further embedded with a multi-agency whole family approach improvement and performance group to be established to be the interface between the different strategic and operational partners working across child, adult and health services to ensure delivery of the National

Frameworks for the Whole Family Approach (WFA). Families and people with lived experience will be involved in the design of the WFA.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The data shows that the reduction in births affected by drugs has been sustained to date. To ensure this continues the changes need to be further tested, monitored and adapted into our multi-agency systems as business as usual.

5.2 We will continue to progress:

- Launch the online and face-to-face training for staff on sexual health and contraception and in particular those with the opportunity to engage with the most vulnerable men and women, and to de-medicalise the conversation and opportunities. This will in partnership with the MCN of Sexual Health, the ADP and the executive support of the Chief Social Work Officer and the Chief Nurse.
- Run a whole population public health campaign to educate about the risks of substance / alcohol use during pregnancy
- The ADP is in the process of establishing a FASD Hub to support people affected by FASD and to raise population and workforce awareness
- Continue the development of the neurological pathway and include FASD as a core factor
- Continue public health work to establish the support needs of women who have multiple complex needs, multiple pregnancies and multiple removals
- Continue to support and invest in the Family Support model

5.3 A number of the above actions are contained in the revised Children's Services Plan as key actions/deliverables.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 There is ongoing work within the ADP to improve and develop data reporting and the issues described above will be incorporated into the ADP Dashboard

6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Best Start in Life Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 The targeted approach in reaching vulnerable people who would not ordinarily engage with whole population services could be scaled up to ensure that harm reduction and awareness of choice and options are increased across all groups. For example, identifying at risk groups in relation to alcohol use and take a similar intervention approach. The multi-agency crisis intervention/home visits will continue to identify and promote areas of public health work to ensure that support needs are met regardless of your circumstances.

7.2	The e-learning course will now be spread across all multi-agency partners.
7.3	The Whole Family Approach used at the Fit Like Hub could be spread to other existing or new co-located services supporting families.

Recommendations for Action	
It is recommended that the CPA Board:	
(i)	Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved and the changes that have been fully tested have been embedded as business as usual;
(ii)	Note the actions to be taken to ensure that the improvement continues to be sustained;
(iii)	Note that the final report on the Birth Parents Project will be reported to the Children’s Services Board in August 2023 for consideration as to next steps required;
(iv)	Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
(v)	Note the plans to scale up and spread the changes tested.

Opportunities and Risks
<ul style="list-style-type: none"> • Cost / resources • Staff time for training • Challenge of focus / investment early intervention and prevention work when services coping with immediate risks / expressed need
Consultation
Best Start in Life Sub Group Children’s Services Board
Background Papers
The following papers were used in the preparation of this report. Refreshed Aberdeen City Council Local Outcome Improvement Plan 2016-26 Charter 4.1 Births Affected by Drugs

Contact details:

Simon Rayner, ACHSCP