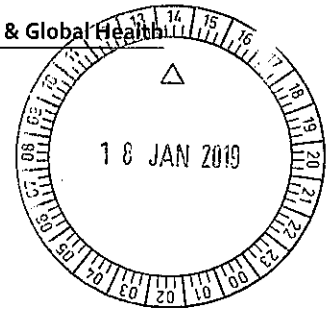




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Legislative Council Committee Office
18 – 32 Parliament Place
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Dear Hon Members of the Committee,

Re: Inquiry into alternate approaches to reducing illicit drug use and its effects on the community

Please find below my submission to the *Inquiry into alternate approaches to reducing illicit drug use and its effects on the community*. My submission puts forward the argument that reducing rates of unintended pregnancy in women with a substance use disorder will substantially reduce the impact that illicit substance use has on the individual and the community.

Rates of pregnancy are high in women with a substance use disorder

While illicit substance use can be disruptive to menstruation, pregnancy is common, likely due to a low perceived risk of fertility, low uptake of contraception, and risky sexually activity (1, 2). Several publications have shown rates of pregnancy in women with a substance use disorder to be similar to women who do not use illicit substances (3, 4). For example, in a study of 204 women enrolled in a Sydney opioid treatment program, the average number of previous pregnancies 4.6, with 28.9% of women had been pregnant six or more times (4). Rates of unintended pregnancy are generally higher in women with a substance use disorder compared with in non-substance using women (4). For example, in opioid dependent women it is estimated that 86% of pregnancies are unintended compared with 31 – 47% in the general population (5).

Illicit substance use during pregnancy is associated with poor maternal and neonatal health

Unplanned pregnancies can cause considerable psychological stress. In substance dependent women, this can be compounded by feelings of guilt associated the potential harm caused by their substance use and other risky behaviours. As per unplanned pregnancies, rates of termination are also higher in women with a substance use disorder. Pregnancy terminations can be associated with physical and psychological harm. Additionally, substance dependence during pregnancy is associated with poor maternal health outcomes, including miscarriage, ectopic pregnancy, placental abruption (6, 7).

Maternal substance use is associated with poor child health outcomes, both as a direct result of in utero exposure to the substance of abuse and as a result of other comorbidities, environmental or lifestyle factors (e.g. cigarette smoking, homelessness, poor nutrition, mental health issues) (8). Following birth, neonates exposed to illicit substance in utero often undergo withdrawal (known as neonatal abstinence syndrome (NAS)), characterized by symptoms including irritability, tremors, sleep problems, vomiting and fever. In the US, the medical cost associated with treating a single child NAS was estimated at \$US19,340 (9). In Australia, NAS is thought to occur in approximately 0.4% of all live births, equivalent to 1200 births per year (10, 11). Neonates exposed to illicit substance in utero are also more likely to be small for gestation age, require admission to neonatal intensive care and suffer other health problem.

Beyond the neonatal period, children exposed to illicit drugs in utero often have language delays, academic underachievement, learning difficulties, and behavioural problems. Additionally, children born to substance dependent mothers are more likely to experience violence, abuse, and neglect. They are also more likely be taken into state care.

Children born to women with a substance use disorder are more likely to develop a substance use disorder

Substance use disorders are heritable, with estimated of heritability ranges from 30 to 80% (12). As such, children of parents with a substance use disorder are more likely to develop a substance use disorder. The risk of developing a substance use disorder is also increased by the presence of environmental risk factors often experienced by children with a parent with a substance use disorder, such as abuse, trauma, low socio-economic status, and homelessness.

Reducing rates of unintended pregnancy in women with a substance use disorder would reduce the effects of illicit drug use on the community

Strategies for reducing the rate of unintended pregnancy in women with a substance use disorder have the potential to greatly benefit women, her children, her family and the wider community. These benefits could be long-term and multigenerational. However, at present there is a void of evidence based strategies to reduce these pregnancies.

It is thus recommended that in consultation with consumer groups, strategies be devised, implemented and evaluated, with the aim of reducing the high rate of unintended pregnancy in women with a substance use disorder.

Thank you for considering my submission.

Kind regards,



Dr Erin Kelty

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