'Mothers who use illicit drugs'

An Exploration of professional workers' perceptions towards mothers who use illicit drugs

A thesis submitted to the Dublin Institute of Technology in part fulfilment of the requirements for award of Masters (M.A.) in Child, Family and Community Studies

By

Julieann Lane

September 2010

Supervisor: Dr. Matt Bowden

Department of Social Sciences and Law, Dublin Institute of Technology.

Declaration

I hereby certify that the material which is submitted in this thesis is towards the award of the

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ABSTRACT

Although much has been written in recent times about women's drug use, there has been a scarcity of research into motherhood and drug use in Ireland as it remains both a complex and sensitive issue. Since the 1980's Ireland has seen a dramatic and unprecedented increase in the availability of illicit drugs. This increased availability reflects rising consumption of illicit drugs amongst women. The aim of this study was to explore the perceptions that a sample of professional workers hold of mothers who use illicit drugs in Ireland. The study reviews the literature applicable to the area of drug use and motherhood with, looking at both Irish research and international research in gaining an accurate picture of drug use and motherhood. The study examines the issues that mothers are faced with and examines factors such as Parenting and Childcare. It also examines in thorough detail the stigmatisation which is prevalent in Irish society and amongst professionals who come into contact with mothers who use drugs. A qualitative approach was adopted in order to gain insights into the professional's views towards this marginal group. The qualitative techniques used were semi structured interviews with a variety of disciplines and participant observations in a family support organisation that worked with many service users, some of which were mothers who used drugs. The data was obtained and analysed using five dominant themes throughout the findings. Both primary and secondary data was analysed and reviewed accordingly. The findings from the research highlight many important factors in relation to the care that mothers who use drugs access. Many Professionals held ambivalent attitudes towards mothers and there was a general consensus that drug use and motherhood is mutually exclusive. It emerged that varying groups of professions perceive mothers in very different ways and many appear to approach it from a deficits perspective.

Acknowledgements

Firstly I would like to greatly thank my supervisor Dr. Matt Bowden for giving me guidance and support as to the direction my thesis should take. The feedback given on drafted sections was invaluable in completing the final document.

I would like to thank all those who participated in the study for taking the time to share their experience with me and for giving me their opinions in such an open and honest way. Without their input this research would not have been possible.

I would like to offer a special thanks to all my family and friends for all their encouragement and support throughout the process. A special thank you to Geraldine and Pat for helping me to keep motivated.

Lastly and most importantly, I would like to thank Johnny for his constant support, patience and encouragement. I would also like to thank Catherine and Nora the best sisters in the world, for their feedback and excellent proof reading skills. Finally, I would like to pay a special thank you to my wonderful mom Ann for her guidance and support.

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CHAPTER ONE
Introduction

1.1 Introduction

The main aim of this study was to shed light onto the perceptions that professional workers hold of mothers who use illicit drugs. Drug use by women is not a recent phenomenon and dates back into pre-historical times. Historically drug use was considered acceptable for women in order to aid them with the daily stressors of life (Mignon., Faiia., Myers & Rubington, 2009; Briggs & Pepperell, 2009). Subsequently, many women who were addicted to opiates in the nineteenth century were educated and wealthy women (White, 1998). Undeniably, this has changed considerably as a common fact is that drug 'misuse' is primarily concentrated in urbanised areas, particularly Dublin, public housing estates that are characterised by poverty, high unemployment and generalised deprivation (Moran, O'Brien & Duff, 1997) and risk factors are argued to be more pronounced for women possibly because of social, economic and gender inequalities (Neale, Godfrey, Parrot, Tompkins & Sheard, 2006).

A plethora of conflicting definitions and terms exist surrounding a person who uses drugs. 'Drug use', 'misuse' and 'abuse' are indeed prominent terms used throughout the literature. The Health Research Board (HRB) makes the distinction as they state "drug use refers to any aspect of the drug taking process"; however, drug misuse or problem drug use refers to drug use which causes "social, psychological, physical or legal difficulties as a result of an excessive compulsion to continue taking drugs" (Drug strategy, 2004. p.24). The World Health Organisation (1981) has asserted "abuse" and "misuse" as unacceptable concepts within a scientific approach as these terms involve value judgements which are not possible to define in such a way that they are suitable for different drugs in different situations. Consequently, for the purpose of this paper it will use the term 'drug user' to avoid any stigma from occurring. The main illicit drugs used in Ireland are generally categorised into two main groups, opiates such as heroin and non-prescribed methadone; and non-opiates, including cannabis, cocaine and ecstasy (NDTRS, 2007). (for further details see appendix A).

The present study was set in the context of increased attention being placed on parenting and drug use and also the scarcity of a gender sensitive focus on women and drug use (Ettorre, 2004; Raine, 2001). Significant attention has been placed on the needs of children of drug using parents in recent times and child protection concerns have been identified (Barnard, 1999; Harbin & Murphy, 2000; Klee & Jackson, 1998; Buckley, Horwath & Whelan, 2006; Bowden, 1997a). It is generally accepted that substance use is having a major impact on family life in the twenty first century. Indeed, it has been suggested that there are increasing numbers of children, particularly in Dublin who are living in families where one or both parents use drugs (Shanks, 2000). Subsequently, there has been an alarming increase in the number of babies taken into care because they were born to drink or drug addicts (Shanahan, as cited in the Irish Examiner, 19th Jan, 2010, p.6). This article presented on the Irish examiner sparked the researcher's interest in investigating why such high numbers of children of drug using parents are taken into the care of the state. The researcher was keen to investigate how professional workers' perceive mothers who use drugs as ultimately they are the key agents in the mother's life.

1.2 Aims of the Research Study

1. Explore how professionals interact with mothers who use illicit drugs?
2. Explore professionals' views and experiences in relation to their role when working with mothers who use illicit drugs?
3. Collect data and analyse the views on how practitioners view mothers?
4. Explore the varying approaches that professionals adopt when working with drug using mothers?

1.3 Outline of the study

Chapter one introduces the topic of motherhood and drug use in an Irish context and presents the rationale and the aims of the study. Chapter two presents the relevant literature. Chapter three outlines the methodological framework adopted in this study. Chapter four details the findings from the study illustrated in five main themes. Chapter five discusses the findings from both the research findings and previous literature under three main themes. Lastly, chapter six provides the conclusions and recommendations which have been drawn from the research.

CHAPTER TWO

Literature Review

2.1 Introduction

For the purpose of this study it will look at mother's use of illicit drugs and examine the perceptions that professionals hold of them. The following section will provide an overview of the literature concentrating on issues such as childcare, the construction of motherhood in Irish society, stigmatisation and identity development.

2.2 Profile of mothers who use drugs

A study carried out by Hogan & Higgins in (2001) found that mothers who use drugs had low levels of educational attainment, were unemployed and lived in local authority housing in areas with poor local amenities and this can mean women face many inequalities outside of their drug use (Gordon, 2002). Echoing these findings were Fagan, Naughton & Smyth (2008) who also found that early school leaving is a common pattern among female drug users. Farell's (2001) research on women, children and drug use found similar findings as the majority of opiate addicted mothers she studied had left school by the age of sixteen. A socio demographic profile of thirteen of the fifteen opiate addicted mothers indicated that the majority were twenty years of age, half were unemployed and only one had completed post primary education. Additionally, a study carried out by Merchants Quay Ireland investigating the health and social position of female injecting drug users presenting for treatment highlighted that all seventeen women interviewed noted heroin as their primary drug of choice. Of these, the majority were under the age of thirty and nine had childcare responsibilities (Drugnet Ireland, 2005).

2.3 Epidemiology of women's drug use

Much of the research on addiction has focused on male service users with little attention on women up until the 1990s (Briggs & Pepperell, 2009) and many studies have identified the value of motherhood in the lives of women who use drugs (Butler & Woods, 1992; Klee, Jackson & Lewis, 2002; Taylor, 1993). However, it has been noted that there is a lack of information on qualitative aspects

of drug use for women in Europe (EMCDDA, 2000, 2005, 2008a). A concern identified in recent years is the increasing prevalence of drug use among the female population in Ireland (for example, Keogh, 1997 & Kelly, Carvalho & Teljeur, 2003) and this in turn has resulted in greater attention being placed on motherhood and drug use. The topic first emerged as a problem in 1981 when nine babies were born to heroin addicted mothers attending one of the main maternity hospitals in the Dublin area (Ryan, Kelly & Fielding, 1982).

It is widely known that prevalence figures are determined on the numbers that attend for treatment. Recent figures outline the number of women using illicit drugs and indicate that as of January, 2006, there were 7,933 registered to receive methadone treatment and two thousand five hundred and forty of those registered were women (Berry, Kearney, Daly, Lawlor, McNamee & Barry, 2007). Statistics demonstrate that one hundred and ninety were born in Dublin hospitals to women on methadone maintained programmes (Fagan & Keenan, 2006). From a European perspective, up to a quarter of people who have developed serious problems associated to illegal drug use are women. Furthermore, approximately one in four drug users entering drug treatment are female and one in five deaths directly related to drug use are among women (EMCDDA, 2005, 2008a).

Table 1: Breakdown of attendance of the Ana Liffey Drug project

	2006	**2007**
Men	5521	9125
Women	2698	3340
Children	515	802

2.4 Cultural background of drug use in Ireland

The European Monitoring Centre for Drugs and Drug Abuse (2000) identified that the ratio of female to male drug users in treatment tends to be less than 1:3. However, a major reason for low representation of women in drug treatment relates to motherhood: between 18 and 75 percent of female clients have at least one child and are often too occupied with childcare to follow a treatment programme, or fear

being labelled ‘unfit’ as a mother and having their children removed if they do enrol (EMCDDA.2000, p.35). As presented in table 1, the Ana Liffey Project in Dublin which provides a service to drug users stated that 3,340 women attended in 2007 comparison to 9,125 male attendees (Ana Liffey, 2007). Interestingly, it was also noted in the Annual Report of the Drug Treatment Centre Board in Dublin that the ratio of males to females receiving treatment was ‘2:1’ and that the male/female ratio in 19 year olds and under had reversed from 2:1 in 2004 to 1:2 in 2005 (DTCB, 2006, p. 9). Hence, a cultural change is clearly evident.

Research indicates that women who use drugs have greater risks because of social, economic resource and gender inequalities (Neale et al., 2006) and are perceived as more deviant than their male counterparts (Tyler, 1995) even though statistics indicate that men are at a higher risk of drug use than women. Many studies point out that women begin addiction later in life and become addicted more rapidly than men (Parks, Hesselbrock, Hesselbrock & Segal, 2003; Nelson-Zlupko, Kauffman, & Dore, 1995). An estimated one third of drug users are female and virtually all are in the childbearing age (Hepburn, 2001) and are less likely to receive support from family than men (Amaro and Hardy-Fanta, 1995; Brady and Ashley, 2005).

2.5 Identity development

It is understood that women form their identity differently to that of their male counterparts as it is in connection with others and the relationships they form (Jordan, Kaplan Miller, Stiver, & Surrey, 1991) and the interactions that women have with others help them to learn who they are and who they’d like to be (Briggs & Pepperell, 2009). Thus, the relationships they form can impact greatly on a women’s addictive behaviour as much research has shown that women are likely to be introduced to their primary drug of addiction by their male partner (Cook, Epperson & Gariti, 2005; Gordon, 2002; Nelson-Zlupko, Kauffman & Dore, 1995; Eaves, 2004; Klee, 1997). Echoing this is The *First Report of the Ministerial Task Force on Measures to reduce the Demand for Drugs* (1996, p.10) as it states that “A higher proportion of female addicts is living with a partner and that partner is likely to be an addict.”

Research shows that women who have been abused are at a higher risk of drug use (UNODC, 2004) and an explanation for this is that drugs and alcohol may be used as a way of coping with the pain, both physical and mental (National Centre on Addiction & Substance Abuse, 2006). When women are cut off from the one's they love or hurt by their close ones they are known to lose their identity (Briggs & Pepperell, 2009). When this arises, they are more susceptible to drug intake because they may be in search of a new identity. Influential in examining identity is theories developed by Erving Goffman[1] as he views people as role playing creatures in a scripted world. Radcliffe & Stevans (2008) points out how gaining the identity of 'junkie' would be relative to whether one was a self controlled drug user or not. The decision that one makes whether or not to engage in drug treatment can be seen as the critical period (Yang, Kleinman, Link, Phelan, Lee & Good, 2007) in which transitions can be made from normalised to stigmatised identities or vice versa. Consistent with this view is that of Booth Davis (1997)[2] who developed his theory on 'the myth of addiction' which argues that the addiction framework actually channels drug users into a form of learned helplessness. Once 'addict' has been internalised they remain in a kind of 'sick role' indefinitely. Thus, attending treatment can reinforce the drug user identity. Once identified as a drug user they may be discriminated by society and professionals (Petersen & McBride, 2002).

2.6 Women in Irish society

There is a general consensus that drug use is having a significant impact on family life in Ireland (McKeown & Fitzgerald, 2006). The change in Irish women's experiences over the past thirty years has been illustrated by many Irish writers (e.g Beale, 1986; O'Connor, 1998; Daly & Clavero, 2005). In a 1998 publication (Smyth, 1998) a study was carried out on the cultural constraints on the delivery of HIV prevention in Ireland and in particular found that women experienced a number of institutional, cultural and Constitutional constraints. Much of the constraints that women have endured in Irish society can be seen in Article 41.2 of

[1] Goffman states that the impression of reality that people develop is a delicate, fragile thing that can be shattered by very minor mishaps. Goffman contends that people extend much energy in performing and reinforcing a sense of a shared social reality based on mutual expectations (Goffman, 1959 as cited in Tucker, 1998).

[2] Furthermore, Davies has been very influential through his theory on 'the myth of addiction' as he suggests that "most people who use drugs do so for their own reasons, on purpose, because they like it, and because they find no adequate reason for not doing so."(Davies, 1997, p.xi). He discusses how addiction is a myth which serves particular functions for society.

the Irish Constitution 1937[3]. It has implicitly outlined the assigned duties and expectations of women stating that mothers will not be obliged by economic necessity 'to engage in labour to the neglect of their duties in the home.' (O'Connor, 1998). Indeed, being female in Irish society is very closely linked to child rearing and parenting has been very much regarded as a female domain (Boyd, 1999; Buckley, 2003; Featherstone, 2004; Friedman & Alicea, 2001; Gillies, 2006; Hogan, 1998; Kearney, 1994; Scourfield, 2003). Additionally, the Irish Constitution echoes this as it uses the word mother interchangeably with the word 'woman' in articles 41.2.1 and 41.2.2 (Rowley, 1989). Particularly vocal on the topic has been Pope John Paul II, calling on women to remember their true role in life:

"Many Irish mothers, young women and girls not listen to those who tell them that working at a secular job, succeeding in a secular profession, is more important than the vocation of giving life and caring as a mother" (Beale, 1986, p.50).

Thus, this contributes to the social construction of motherhood in that it points to characteristics such as 'giving life' and 'caring' as important for many Irish mothers.[4] The concept of the drug abusing mother violates societal norms and values in relation to motherhood. This concept challenges the stereotype of the mother as nurturer and caregiver (Colby & Murrell, 1998). Therefore, it is seen that when mothers use drugs, they are not fulfilling their reproductive duties and are failing to subscribe to societies expectations; she is labelled an 'unfit' mother as a result. Foucault argues that the emergence of new types of power in the West is tied to processes of exclusion and control that are at the core of enlightenment and social scientific rationality. For example Foucault's[5] theory is applicable in understanding how drug use in the female population is seen as immoral and

[3] The Irish Constitution 1937, Article 41.2 outlines

1. In particular the state recognises that by her life within the home, woman gives the state the support without which the common good cannot be achieved.
2. The state shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties within the home.

[4] Social Construction is a process whereby natural, instinctive forms of behaviour come to be mediated by social process. Sociologists would argue that most forms of human behaviour are socially constructed (Bilton et al, 2006).

[5] State power defines drug use as immoral and defines drug use as criminal. It therefore defines groups as defiant. It is a form of control as new forms of power attempt to penetrate the very psyche of people and mould them according to dominant conceptions of morality. It involves the power to invent knowledge which defines what is normal or deviant, to sequester deviants institutions apart from everyday life and to try and fashion people's identities in the shape of a particular vision of moral life (Tucker, 1998).

deviant as state power defines drug use as immoral and deviant and indeed in many states a mother who uses drugs can be criminalised for her behaviour (Tucker, 1998).

2.7 Childcare

Child protection concerns have been identified as the needs of children are seen to become secondary to those imposed by the drug problem (Hawley, Halle, Drasin & Thomas, 1995; McKeganey, Barnard & McIntosh, 2002) and can be particularly vulnerable to abuse and neglect (Barnard, 2007; Chaffin, Kelleher & Hollenberg, 1996; Locke & NewComb, 2003; Rasmussen. 2000). However, Harbin & Murphy (2000) point out that it is vital not to make assumptions about the impact on a child of parental drug use. Indeed, much research indicates that in isolation problem drug use of a parent presents little risk of significant harm to children (Cleaver, Unell & Aldgate, 1999). However, it has been noted that there are many reasons why substance misusing parents may not be able to provide good care to their children. Bourdieu's social theory on cultural capital explains how cultural capital is unevenly distributed among different classes and the ways in which cultural capital helps reproduce the class structures of modern societies. Thus, for drug using mothers, it is difficult to assimilate the cultural capital associated with upper classes (Tucker, 1998). This for some can result in entering adult life equipped with poor parenting skills, as they themselves may have been poorly parented. Becoming a parent has shown to act as a motivational factor for mothers to change their patterns of drug use (Elliot & Watson, 2000) and it is commonly believed that children provide an incentive for women to seek recovery and can be a significant support for women in recovery (Tracy & Martin, 2007; EMCDDA, 2009; Rasmussen, 2000). However, it has been postulated that the loss of custody of children can diminish motivation (Wilke, Kamata, and Cash, 2005).

2.8 Childcare Barrier

The first Report of the findings from the research outcome study in Ireland (ROSIE) reported on the treatment outcomes of 305 drug users. Over half of those who were parents did not have their children in their care (Cox, Comskey, Kelly &

Cronly, 2006)[6]. It has been identified that one of the main reasons children are taken into care is because of drug use (Porowski, Burgdorf & Herrell, 2004). Becoming a parent can prove challenging for the mother who uses drugs as childminding is an issue when seeking treatment (Women's Health Council, 2009; Gillman, 2000; Moran, 1999; Butler & Woods, 1992). Approximately 15% of those entering treatment for drug addiction in 2007 were living with dependent children (NDTRS, 2007). Studies in Ireland have found that while parents (mostly women) often wanted to take active steps to address their drug use, they were unable to do so as they did not have access to regular childminding arrangements (Moran, 1999, Butler & Woods, 1992; UNODC, 2004; NDTRS, 2007; Women's health council, 2009). For others, a lack of access to childcare can present a barrier to access education and training (NDTRS, 2007).

In Ireland for example specialist services have been developed specifically for mothers (EMCDDA, 2000).[7] Additionally, the Child Care Act, 1991, Section 3 talks about providing families of children identified as being in need of care or protection with child care and family support services (Advisory Council on the Misuse of Drugs. (2003). Although services have developed for drug users in Dublin in recent years, there has been little specific attention at either practice or policy level to the childcare problems which may arise in this context until recently.[8] Moran (1999) carried out a study focusing on the provision of childcare facilities at drug treatment centres and programmes. Moran highlighted the scarcity of services and facilities for women and children and it was also noted that mothers do want to fight their drug problem but are unable to do so because they do not have access to regular childminding. In the National Drugs strategy (2004) it outlined measures to be filled between 2001 and 2008 and only one measure

[6] The first report of the findings from the Research Outcome Study in Ireland (ROSIE) reported on the treatment outcomes of 305 drug users (75% of the original recruited population) who were contactable a year after first entry into treatment. Of the 404 drug users initially recruited, 56% of respondents were the parents of children under 18 years and over half of those who were parents did not have their children in their care (Cox *et al.*, 2006, p.2).

[7] Some treatment facilities in Ireland have support groups or drop in times designated for women only (e.g. Ana Liffey Project, The Merchants Quay Project, The Coolmine therapeutic Community provides a residential drug-free programme specifically for women.

[8] A service designed in 1993 for drug using parents and their children to be jointly managed by the Ana Liffey Drug project and the Eastern Health Board was established in 1999. In two Dublin community care areas, services specifically focused on meeting the needs of parents and children affected by drug use have also been established.

concerned the provision of childcare. Gillman (2000) reiterates this as he argued while few parents described themselves as full time parents, only a minority spoke about receiving formal childcare support from nurseries and becoming a parent is often seen as a barrier in contacting local services.

Moreover, Butler & Woods (1992) carried out a study and found that Dublin women who were HIV positive were primarily concerned with taking care of their families and saw their own health problems as being of secondary importance. It was also suggested that HIV positive women did not take up health and social services to the same extent as men for two reasons; Firstly, women were often too busy with childminding and other chores to avail of services and secondly, they feared being labelled an 'unfit mother'. They also examined the needs of women with HIV and their professional, volunteer or family careers. One part of the study focused on the increased isolation of women and the fears about childcare should they test HIV antibody positive. Many women at that time appeared to perceive this diagnosis as further compounding the "unfit mother" notion. For this reason it is feared that women with drug problems will avoid both voluntary and statutory agencies (ibid).

2.9 Level of Support

Most EU countries recognise that children born to these women who use drugs may also need specific medical care (EMCDDA, 2000) and primary health care workers have come to play an important role in aiding mothers who use drugs (Birley, 1987). Moran (1999) conducted a study in Dublin and found that crèche leaders facilitate mothers who are drug users in their parenting by providing advice and help in relation to parenting skills. However, most relied heavily on informal supports. These arrangements enabled them to separate their children's upbringing from a lifestyle dominated by drug use and also, sometimes by crime. Internationally, Denmark and Sweden operate foster schemes which appear to be a shift towards providing support to enable drug dependent mothers to remain with their children, or at least to stabilise the relationship between children and parents (EMCDDA, 2000).

The Advisory Council on the Misuse of Drugs (1990) identify 'attitude' as central to basic training. Yet despite increased recognition of professional roles and responsibilities, Petersen & McBride (2002) postulates that attitudes often remain poor. Being around people who have negative attitudes can make it difficult to maintain a positive approach. This does not mean that people should not be allowed to express negativity but this should be done in a way that enables the issue to be explored and strategies put in place for managing this.

Furthermore, Petersen & McBride (2002) noted that disproportionately small amounts of time are spent on nurse education in relation to working with drug users. A training need has also been demonstrated amongst doctors, especially general practitioners, who being in the front line are most likely to come into contact with this client group (Martin, 1996). Research carried out amongst nursing staff has found that attitudes are related to clinical grade as higher staff status having more positive attitudes. It is suggested this may be partly to do with peer pressure and autonomy in practice (Carroll, 1996) and training has been linked with improved attitudes (Cartwright, 1980).

2.10 Stigma

Illicit drug users are subjected to the greatest stigmatisation (Kallen, 1989) and the experience of drug treatment can be stigmatising (Copeland, 1997) which can prevent drug users from engaging in treatment (Haseltine, 2000). Women must bear the stigma of their addiction much more than their male counterparts (Blume, 1991; United Nations Office on Drugs and Crime, 2004; Haseltine, 2000; Matthews & Lorah, 2005) and particularly if the woman has children (Haseltine, 2000). Additionally, Bryan et al. (2000) carried out a survey of drug related knowledge, attitudes and beliefs in Ireland and revealed that more than half of respondents expressed the view that 'those with a drug problem had only themselves to blame.' The stigma witnessed is dependent on the drug of choice as drugs such as heroin are more stigmatised (Jones et al, 1984). Many studies have confirmed that stigma can discourage drug users from entering treatment and a fear exists that they will be in trouble with authorities (Cunningham, Sobell & Chow 1993; Link et al, 1997; Gordon, 2002) and when they do enter treatment in a health care setting they receive lesser quality care (Miller, Sheppard & Magen, 2001).

One small study of twenty illicit drug users in Northern Ireland found that all had experienced 'care' that they felt to be 'filled with judgement, hostility and loathing (McLaughlin, McKenna and Leslie, 2000). Hence, negative attitudes do not go unnoticed. Additionally, it has been found that for many women they fear stigmatisation when they attend maternity care (EMCDDA, 2000).

Pregnant drug using women are often reported to attend late if at all for antenatal care. This is frequently attributed to competition from other pressures in their lives, together with feelings of guilt about their drug use and consequent fear of negative responses from health care professionals (Hepburn & Elliot, 1997). Elliott & Watson (2000) conducted a major study where they interviewed parents and many of them felt that the public image of a drug using parent is one which provokes anger, fear and condemnation. They also found that many drug users worry that service provider's view them as an unfit parents because of their drug use and in some cases felt that they were dealt with in a much stricter manner by services because they were service users with children. Many parents develop strategies to deal with the practical difficulties of managing their dual careers. Many did their best to use at times when the children were out of the house, so school and childcare arrangements helped in this respect (Gillman, 2000).

2.11 Parenting

The Drug addicted mother experiences greater difficulties in meeting the demands and responsibilities of the parenting role than do other women (Smyth and Miller, 1998) however, while it is assumed that all substance abusing women are at a greater risk of abusing their children, this is not necessarily the case as illustrated by many writers (e.g. Hogan, Myers, and Elswick, 2006). Evidently, the responsibility for parenting often rests solely with women (O'Connor, 1998; Beale, 1984). It is inaccurate as well to assume that substance abuse is the sole cause of problems in caring for and providing for children (Mignon et al.2009) as poverty has been found to be one of the main issues in addressing children's needs (Woods, 2000a). A critical issue for women is that women are far more likely to have responsibility for children than their male counterparts (Poole & Dell, 2005; EMCDDA, 2005; Painter et al., 2000; Cox et al., 2006), also found to be the main caregiver (Barnard, 2007) and are more likely to be lone parents (Farrell, 2001;

Klee & Jackson, 1998; Taylor, 1993). Moreover, women may be reluctant to attend for treatment as they fear that their drug use may cause them to be regarded as 'unfit mothers' and that their children will be taken into care as a result (Butler & Woods, 1992, Farrell, 2001, Bell & Harvey-Dodds, 2008, Painter et al., 2000, Hedrich, 2000, UNODC, 2004).

Elliott & Watson (2000) and Hogan & Higgins (2001) study found that it was common that grandparents would look after children of drug using parents. From Hogan & Higgins' (2001) study, they also found that mothers who used drugs were lacking in confidence in their parenting ability and that they had a strong awareness of their childcare responsibilities and their changing personal capacity to meet them as their drug use moved in and out of different stages. They also found that many parents found it difficult to provide care to their children and depended on others for periods of time (Hogan & Higgins, 2001). Conversely, Barnard (1999) points out that it cannot be guaranteed that drug dependence automatically results in reduced capacity to parent adequately.

2.12 Conclusion

The aim of this chapter was to explore the relevant literature focusing on women's drug use which has provided sensitising concepts. The literature presented has informed the following chapter which examines the methodological approaches. It identifies the research methods adopted in order to generate the data needed to respond to the aims of the research.

CHAPTER THREE

Methodology

3.1 Introduction

Having discussed the relevant literature in the previous chapter, this chapter describes the study's methodological approach. It outlines the research aims and objectives, the research design underpinning the study and the methods utilised. Ethical considerations will be explained and an exploration of the limitations of the study. The overall approach adopted in the research is known in research as a 'qualitative approach', which will be described further throughout the following chapter.

3.2 Aims and objectives of research

The main aim of this study was to explore the attitudes and perceptions of professionals towards mothers who use illicit drugs. Owing to the nature of the topic under investigation and the desire to gain a rich understanding of the attitudes of professionals, it was decided to use both participant observation and interviews in data collection methods (Lee, 1993).

The overall aim of this study is to explore the views professional's hold of mothers who use illicit drugs. The research questions that guided this study are:

1. Explore how professionals interact with mothers who use illicit drugs?
2. Explore professionals' views and experiences in relation to their role when working with mothers who use illicit drugs?
3. Collect data and analyse the views on how practitioners view mothers?
4. Explore the varying approaches that professionals adopt when working with drug using mothers?

3.3 Research Design

The researcher adopted an ethnographic research design for this study and both methods of participant observations and semi structured interviews were utilised in order to best operationalise the research questions (Crotty, 1998). The researcher took a constructivist approach to the study which means that rather than commencing with a theory the researcher drew meaning from the data collected

during the study (Creswell, 2009) and also to assess different meanings of the data collected (Ezzy, 2002). Taking this approach, it allowed for a greater insight into the culture and understanding of the way of life from the point of view of the professionals working in the field of drug addiction (Punch, 2009).

3.4 Nature of Research

A naturalistic phenomenological model was considered more appropriate than larger scale quantitative research for the study as it involved the exploration of attitudes and perceptions around drug use (Blaxter, Hughes & Tight, 2006). Considering this topic, the empirical fieldwork conducted was of a qualitative nature in order to explore the subjective interactions between professionals and mothers who use drugs. This methodology takes a 'qualitative approach.' Qualitative research techniques are described by Mason as :

> *"grounded in a philosophical position which is broadly interpretivist in the sense that it is concerned with how the social world is interpreted, understood, experienced, produced or constituted…based on methods of data generation which are both flexible and sensitive to the social context in which data are produced…and based on methods of analysis, explanation and argument building which involve understandings of complexity, detail and context."(*Mason, 2004, p.3).

The qualitative approach was chosen as the methodology best supports the study's objective (Bell, 1993) and also because the study was concerned with gaining insight into people's perceptions and behaviours, how they make sense of the world and how they experience events (Willig, 2008).

3.5 Qualitative methods

The research process took an emergent approach to allow the research design flexibility at the various stages of development and data collection (Creswell, 2007). This method allowed the gradual generation of theory throughout the course of this research. The main objective of this approach was to gain understanding about the issues from the participants themselves and to address the relevant research to gain further insights (ibid). The multiple strengths related to qualitative

methods as noted by (Sarantakos, 1998) include the ability to gain a deeper understanding and a realistic view of the respondents' environment and situation. The qualitative method also gave insight into the different concerns the participants were experiencing and how they behaved in such situations (Barbour, 2007). The interview has been described as a method of data collection in which the interviewer asks questions of the respondent; it can produce data that can give a rich and in depth understanding of the issue under investigation (Polit & Beck, 2004).

Therefore, one agency who works directly with mothers who use drugs was selected to conduct a participant observation study. With an inductive stance adopted for the research (Bryman.2008) it involved the process of induction drawing generalisable inferences out of observations. However, just as deductive entails an element of induction, the inductive process is likely to entail a degree of deduction. Once the phase of theoretical reflection on a set of data had been carried out, the researcher wanted to collect further data in order to establish the conditions in which a theory will and will not hold. Thus, the researcher took an iterative approach (ibid). The researcher adopted an element of deductive reasoning as the data collected was further analysed by conducting semi-structured interviews (ibid).

3.6 Theoretical and Conceptual Framework

On an epistemological level, the premise of knowledge guiding the theoretical perspectives and hence methodology was interpretivism and the ontological orientation was constructionism. The observations and analysis intended to objectively reflect what the researcher saw and heard in the real world of how professionals view mothers. Undeniably, the researchers own background, prior understandings, perspectives, history and conceptual frameworks were embedded in the interpretations of the study (Creswell, 2007). The ethnographic methodology adopted in this research attempts to grasp the lived worlds of mothers who use drugs and the attitudes that professionals hold towards them. The way in which the professionals would interact with the mothers who use drugs are also examined. It can be asserted that this form of epistemology is embedded within qualitative,

experiential approaches that rely on subjective meanings generated by people (Crotty, 1998).

3.7 Sample Group

To be included in the sample, participants had to be a professional worker interacting with mothers who use illicit drugs. Sampling procedures in qualitative methodology corresponds to the underlying philosophy of interpretatism (Hughes, 1993). Non probability, purposive sampling was used. This means that respondents were selected to suit the purpose of the study and included those who it was perceived could contribute to the discussion from their specific professional background (Polit & Beck, 2004). In total fourteen professionals took part in the study with two participating in the observations and twelve other professionals in the one to one interview process. They included three public health nurses, two social workers, two addiction counsellors, five community drugs workers and two family support workers (see table 2). Accessing eligible participants for the study proved difficult and time consuming and many hours were spent locating and recruiting men and women for the study; the final number recruited was one agency to carry out the participant observations and twelve interviewees from different backgrounds.

Table 2: Sample of participants[9]

Research Name	**Profession**
Bridget	Social Worker
Patrick	Social Worker
Suzanne	Community drugs worker
Anne	Community drugs worker
Kat	Community drugs worker
Marie	Community drugs worker
Nora	Community drugs worker
John	Addiction Counsellor
Gerry	Addiction Counsellor
Aisling	Public Health Nurse

[9] All research participants names have been changed to ensure anonymity.

Deirdre	Public Health Nurse
Maria	Public Health Nurse
Colm	Family Support Worker
Katie	Family Support worker

3.8 Procedure

For the purpose of the current research study a number of agencies were contacted via telephone regarding the nature of the research and requesting the possibility of gaining access into their organisation to carry out a series of observations. A copy of the research proposal (See Appendix B) and the consent form (See Appendix C) were forwarded to each agency in order to give them time to consider the information. After one week of sending out the relevant documents, contact was made via telephone and the researcher gained permission to one family support agency located in Limerick city. Gaining access proved to be quite challenging. In particular one agency had no difficulty in agreeing to access providing the observations would be carried out on clients and not on the professionals. Following this, the manager of the family support agency was approached and the research question, aims of the research and the proposed data collection methods were discussed verbally. The researcher participated overtly in people's daily lives for a period of six weeks, observing what happened, listening to what was being said, asking questions and collected other relevant data. It was done using a naturalistic approach as it allowed the study to be done in its most natural state. It enabled the researcher to understand the world as the participants do (Punch, 2009). Naturalism is a style of research that seeks to minimise the intrusion of artificial methods of data collection. This meaning implies that the social world should be undisturbed as possible when it is being studied (Hammersley & Atkinson, 1995). The research adopted a multi method approach as researchers employing ethnography frequently conduct qualitative interviews also (Bryman, 2008). Although, it was important to remain objective when involved in the research, what is observed is always open to interpretation. Researchers will bring their own feelings and attitudes to situations without even knowing that they are doing that. With participant observation there is a dependence on the 'self' to

interpret things that are seen in a subjective way (Bell, 2005). Two follow up semi structured interviews were carried out with two professionals in the agency where the participation observations were carried out in order to clarify what the researcher observed.

3.9 Interviews

Interviews were chosen to be the best method of data collection for this particular study because it is possible for an interviewer to probe ideas and responses and follow up on ideas that the participant talks about (See Appendix D). This would not be possible with a questionnaire (Bell, 2005). By using this research method it was possible to gain an insight into the data collected from the observations. Interviewing is a powerful tool in gaining a greater insight into what the researcher observed. There are various types of interview but the one most frequently used in qualitative research is the in depth interview. The researcher ensured that the topics that had emerged as important were discussed thoroughly. Notes were made and a tape recorder was used to guarantee all data was recorded correctly (McNeill, 1990). Semi structured interviews were most appropriate in gaining the information needed for the study. With semi structured interviews, the researcher was prepared to be flexible in terms of the order in which the topics were considered. The answers are open ended and there is more emphasis on the interviewee elaborating points of interest (Denscombe, 2007).

3.10 Data Collection

The data collection consisted of in depth methods of participant observation and individual interviews. Combining methods such as interviews and observations allowed the researcher to cross-validate the findings and to add to the emerging descriptions. According to Khan and Manderson (1992), the use of more than one method decreases the possibility of shortfalls from relying solely on one technique. The research methods generated two types of data in the study; field work notes based on the ethnographic observation of how professionals work with mothers and detailed notes of transcripts. Also, data obtained from the interviews carried out. In order to make 'deeper and more general sense of what is happening', the researcher adopted Spradley's (1979) recommendations on how to keep fieldnotes. The researcher took four separate sets of notes that observers should keep. Firstly, the

short notes made at the time; The expanded notes were then made as soon as possible after each session. Thirdly, a fieldwork journal to record problems and ideas that arose during each stage of fieldwork. Lastly, a provisional running record of analysis and interpretation (cited in Silverman, 2010, p.231). This method helped the researcher improve reliability and the researcher then used the strategy of data reduction which involved making decisions about which data chunks would provide the initial focus (Silverman.2010).

3.11 Data Analysis

All the interviews were audio taped, transcribed and subjected to thematic analysis using Burnards (1991) guidelines. For example, each transcript was read a number of times and the content was organised into general themes (Polit & Beck, 2004). All recordings of interviews were transcribed and field notes recorded during and after each 'field visit'. Rough field notes were also transcribed. The field research also kept reflexive notes. Reflexivity allows the researcher's experience of doing the study (Ellis & Bochner, 2000) to be included in the analysis and therefore can highlight areas of greater and lesser subjective connection between researcher and consultant. The ethnographic approach involved a constant iterative process and this included going back to the same interviewee to check interpretations, while developing meaningful categories through which data can be coded and interpreted.

3.12 Ethical Considerations

As professionals were being asked to speak about a challenging group of clients that have been marginalised and whose behaviour is stigmatised in most instances, the assurance of informed consent and confidentiality were core ethical issues within the study. As noted by Patenaude (2004, p.73) "research ethics are concerned with the notions of harm, consent, privacy and the confidentiality of the data." With this in mind the researcher made the following safeguards. The participants of all agencies were informed that they could withdraw from the research at any stage without detriment (See Appendix C). Participants consent was informed, they were provided with an explanation of the researchers intended study (See Appendix E), what their own contribution would be; what would happen to the information they provide and again that their participation is voluntary. Participants were informed that they will maintain their anonymity through name

changes in the data; the destruction of any audio material and the non disclosure of the location of the agencies. The participants were informed that their contribution would be used for research purposes only and would not be passed onto a third party. Clearly, this sort of research confronts the researcher with various interpretative and ethical issues. Interview consent forms were signed by participants once a complete explanation about the research process and purpose was given. Also, consultation was made with each of the participants in the study, whose story has been developed at length, to get feedback on the accuracy, fairness and level of identifying detail in these narratives.

3.13 Limitations

As Mehan (1979) notes, the very strength of ethnographic field studies is its ability to give rich descriptions of social settings but can also be its weakness. Mehan (1979) identifies three such weaknesses: Conventional field studies tend to have an anecdotal quality. Research reports include a few exemplary instances of the behaviour that the researcher has culled from field notes. Researchers seldom provide the criteria or grounds for including certain instances and not others. As a result, it is difficult to determine the typicality or representativeness of instances and findings generated from them. As the researcher abstracts data from raw materials to produce summarised findings, the original form of the materials is lost. Therefore, it is impossible to entertain alternative interpretations of the same materials (1979, p.15). Additionally, the explorative study has to be considered a small study in that the number of interviews was limited to twelve and participant observations were carried out over a short space of time due to time constraint. Such small numbers cannot accurately represent a finding in respected of thousands of professionals working in the field of drugs. This view is highlighted by Blaxter et al (2001, p.15) when they state ‘No research project can realistically aspire to do more than advance our understanding in some way.

3.14 Conclusion

The study adopted a qualitative approach, attempting to offer a detailed account of the views that professional workers have of mothers who use illicit drugs. The chapter has presented a reflexive, illustrative and descriptive account of the methodological issues and concerns associated with this study. It outlined the

theoretical frameworks, epistemological issues and ontological viewpoints concerned with the study. Both semi structured interviews, participant observation and constant comparison were all components of the study.

CHAPTER FOUR

Findings

4.1 Introduction

The following chapter outlines the findings from both the interviews conducted and the participant observations under the following themes.

- The Childcare issue
- Parenting
- Motherhood and drug use combined
- Services

4.2 The Childcare issue

Childcare emerged as a major finding in the present study and predominated in many of the participants' narratives. Many felt that when a mother is using drugs, her ability to provide adequate childcare was hindered. Among those concerns were child protection issues as professionals argued that neglect was prominent as it was felt that the mother was unable to meet many of needs of the child. Moreover, professionals pointed out to the prioritisation of needs and how the mother would prioritise her own needs over the child's needs. However, from the sample of professionals the community drugs workers showed a somewhat different viewpoint when discussing the childcare that a drug using mother provides. In particular, they felt that the mother would not prioritise her own needs over the child's and the child's well being was on the top of her agenda. From both the observations and interviews, it was highlighted that when a mother is using drugs, custody of her children should be handed over to the extended family when possible or the care of the state. Again, the community drugs workers conflicted with these viewpoints as they emphasised that in most cases the children should remain in the care of their mother. Lastly, an emerging theme arising from their childcare concerns was the varying parenting strategies adopted by mothers and many professionals vocalised that these were in most instances ineffective.

4.2.1 Child protection concern

There were strong and similar views held by most participants regarding the mother's inability to provide adequate childcare as it was felt that mothers using illicit drugs would be at best able to provide the basic care for their children but any other needs outside of that would be difficult to meet. As one participant recalled:

> *"Because of the mother's drug taking, the children wouldn't be cared for properly…Well, when one is using heroin their love for the drug often takes priority and loving her children is not her priority."*
>
> (Addiction counsellor-Gerry).

Thus there were strong feelings around the care for the children in so far that the drug of choice would take priority over the care for her children.

4.2.2 Prioritisation of needs

In addition, many professional workers voiced their opinions regarding the prioritisation of needs. Many felt that the needs of the mother would take precedence over the child's and that although this would be dependent on factors such as level and type of drug use, in most cases it was felt that the mother prioritised her drug use at the detriment of the child. From the observations conducted, the workers felt strongly in this regard as there was a general belief held that the mother would be unable to budget for her children's needs as the money would be used to purchase drugs. In relation to this one participant stated:

> *"I did up a weekly budget with her over and over again and it just didn't work, because she would always end up coming back to us(centre) looking for money for baby food and it was obvious she was spending it all on drugs."*
>
> (Family support Worker, Katie)

Similarly, the following are samples of the participants' responses regarding this concern were further emphasised:

> *"Her [mother's] own needs would be first and foremost…their priorities are different or even meaning well but missing appointments"*

(Addiction counsellor, John)

> *"I had a case where a mother left her child out in the cold in a buggy while she went off taking drugs and the guards ended up having to come and take the child away. That's what your up against time and time again."*
>
> (Public Health Nurse, Aisling).

Therefore, there was a general consensus held by many of the professionals that the mother carried out selfish acts because of her drug use. However, a community drugs worker differed in her beliefs as she felt that mothers would in most instances prioritise the needs of their children over her own. In particular she argued that there is a negative perception out there that suggests mothers cannot look after their children properly. She discussed the positive aspects of the mother's ability to parent and stated that many mothers who use drugs would ensure that the children's needs are met first and foremost. She pointed out:

> *"Well you could be a drug user and look after your kids perfectly well, you know there are obviously people that can't do that but there are people that can as well."*
>
> (Community Drugs Worker, Anne)

Moreover, building on this, another Community Drugs Worker discusses the role of the mother in providing childcare and argues that:

> *"You see, the fact of the matter is, is that all of our clients who have children regardless of where they are at their drug use, they get up every morning, they eat and get dressed, you know get their kids up and out to school and to crèches or they'll bring them around with them but they are doing that parenting job."*
>
> (Community Drugs Worker, Kat)

Furthermore, childcare was seen by many professionals as their main concern and stated that the child's needs are first and foremost over the mothers needs. From the

sample group, both the social workers and family support workers discussed their main priority in the work they carry out which was based on the needs of the child.

> *"Our link with mom would be meeting the child's needs"*
>
> (Social worker, Bridget)

> *" It's 'Mary' that I'm worried about, I'm trying to get the social worker to put her in care but there isn't enough proof that she's (mother) using"*
>
> (Family Support Worker, Katie)

The previous statements are indicative of who takes priority in professional's opinions and there is a clear distinction identified in how the different groups of staff perceive drug using mothers. Evidently, both a strengths and deficits based perspective is adopted by different groups of workers.

4.2.3Custody of the children

All participants to a varying degree discussed in detail their views around whether the children should remain in the mother's custody if the mother is using drugs. The findings were consistent amongst the public health nurses and the social workers as they both felt that where possible, children should be in the custody of the extended family. In particular, the public health nurses argued that the children's well being will be better addressed if they are not in full time care of the mother as her ability to cope is weakened due to her drug use. The following participants made the following statements:

> *"If the children are put in with the grandparents or someone close to them it would be more beneficial for the child and then the mother might be able to see them a bit more as well"*
>
> (Public Health Nurse, Aisling)

> *"Have to look at other people to see if they'd be able to care for the children, the extended family can mean a lot."*
>
> (Addiction Counsellor, John)

Again, both the public health nurses and social worker's felt that it was only a matter of time before the children would be taken into the care of the state.

Specifically, one public health nurse (Deirdre) when asked 'if the mother is struggling with caring for her children what alternatives would you suggest? She responded:

"Place the children in care."

(Public Health Nurse, Aisling)

This was felt also by the social workers and family support workers as they discussed all the strategies put in place to support the mother in her parenting role but often in most cases these did not work and the children would have to be placed in the care of foster parents or extended family members.

4.3 Parenting

Throughout the narratives, professionals perceived the parenting strategies that mothers adopted as ineffective and detrimental to the child's overall health and well-being. They discussed parenting ability as minimal as the mother was too focused on her drug use and was unable to discipline her child or meet the child's developmental stages as a result. One participant stated:

"Mothers addicted to heroin leave the children run wild and think this is normal as this was probably the way that they were parented". "What you might see is the type of parenting where they won't be able to discipline their children.

(Community Drugs Worker, Anne)

Thus, the community drugs worker in this instance is not infact blaming drug use for the mother's inability to discipline her child but her parenting strategies. On the other hand, the public health nurses expressed their views on a mother's inability to meet her child's developmental needs.

"The mother's inability to make up bottles eh, I could show a mother how to make a bottle 20 times and she still doesn't know"

(Public health nurse, Aisling)

"The different developmental stages, there always late toilet training the child, there left run around in their nappy, there probably left hungry. They always have speech delays, the child might not walk until lets say it's nearly 18months because like d'you know there left sitting in the buggy."

Public health nurse (Maria)

Similarly, the family support workers supported this viewpoint as they would discuss the annoyance of repeatedly showing the mother how to parent but she would not adopt these strategies.

"No matter how many 'flipping' times I show her she just won't learn."

(Family support worker, Katie)

It is apparent that many professionals perceive all mothers who use drugs as unable to use effective parenting techniques and even though the mother is shown a variety of parenting strategies, many professionals feel it's unproductive as she does not adopt these.

4.3.1 Parenting strategies

However, there were contradictions when one community drugs worker discussed the mother's parenting capacity as she discussed how the mother can provide the care that the child needs but went onto discuss how the child is behind in terms of emotional intelligence and also that the child's needs outside of clothing and food are not met.

"I think sometimes they end up behind in different ways emotionally like emotional intelligence or general help with homework or stuff like that… sometimes there can be a gap in being able to identify the child's needs aside from feeding them and clothing them."

(Community Drugs worker, Kat)

"Or the children may have their bottle until the age of four, you know just as a tool to keep them quiet."

(Community Drugs worker, Anne)

Throughout the data, many professionals emphasised that the child's basic needs were met such as food, shelter and clothing but needs outside of these were difficult to meet because the mother simply did not know.

> "*But all that happens does happen with in general, its not only drug users who are at higher risk of this. Its all about parenting skills… none of us are born brilliant at everything. You know, we all have to learn it, am and we all learn from our own experiences through our own parents who might have been drug users or if we hadn't any good experiences in any way then how are we going to learn. I think that's important."*
>
> (Community Drugs worker, Kat)

Again, the community drugs workers are arguing that drug use is not the issue but the mother's parenting skills.

4.4 Motherhood and Drug use

It was suggested by many of the participants that motherhood and drug use could not be combined. The choice and level of drug use were voiced as determining factors as to whether the mother would be able to care for her children. If the mother is on methadone, she was perceived as being more stable. However, trust was a central concern throughout the narratives as many found it difficult to trust the mother.

4.4.1 Choice and level of drug use

While participants were vocal on the mother's inability to provide adequate childcare, they also pointed out that her inability to parent would be dependent on her drug of choice and the level of drug use. Many of the professionals argued that illicit drugs such as heroin would make the mother 'unfit' to parent and that her worry would be her 'next fix' as opposed to caring for the children. One interviewee argued:

> *"It would depend if the mother is stable on methadone or on heroin…Heroin takes over her life and as the drug use intensifies, the mother becomes more and more unfit to parent"*
>
> (Addiction Counsellor, John)

Almost all of the respondents shared similar views concerning the drug of choice and how it determined one's ability to parent and be functional. Many felt that when a mother is stable on methadone her capacity to parent is improved and has more positive outcomes for the children involved. However, there were suspicions held by an addiction counsellor as often he felt that many mothers using methadone would claim to be stable but are in fact still using heroin. He felt that this is difficult to detect and more especially when the woman becomes pregnant as her drug use will become hidden. Few professionals pointed out that regardless of what level of drug use the mother was at, the mother still had the ability to care for her children adequately. The following interviewee argued:

> *"The fact of the matter is, is that all of our clients who have children regardless of where they are at their drug use, they get up every morning, they eat and get dressed, you know get their kids up and out to school and to crèches or they'll bring them around with them but there are doing that parenting job."*
>
> (Community Worker, Kat)

Both the social workers and the Community Drugs Workers distinguished between the types of drug the mother was using. Many professionals argued that methadone is more acceptable and there is a greater stigma attached to other drugs such as heroin.

> "*Am, well that's whether they're actually on a prescribed dosage of methadone or if they're on opiates. They're viewed differently from what their on hugely. If they are still actively using they're going to be looked down upon and frowned upon."*
>
> (Community Drugs Worker, Anne)

> *"A lot of services would not differentiate between [am] methadone, the replacement dry opiates to heroin. They would not differentiate and say its all drug taking."*
>
> (Community Drugs Worker, Kat)

4.4.2 Reliability

Many participants discussed in depth their feelings around the issue of being unable to contact mothers for appointments. There were conflicting views around this as both the social workers, public health nurses and the addiction counsellors argued that most mothers who use drugs do not attend appointments and are unreachable in most cases.

> *"We would find it quite difficult am because am the mother that we'd have the main link with isn't contactable…a number of appointments are made and mum isn't around to go through with the appointments"*
>
> (Social Worker, Bridget)

On the other hand the community drugs workers felt the opposite was indeed the case as from their experience mothers who used drugs would be reliable when it concerned appointments for their children. They argued that many mothers were perceived to be undependable but in fact always had the children's best interests in mind.

4.4.3 Trust

As seen throughout the previous narratives, a lack of trust towards the mother by many of the professionals was identified. Many participants found that it was difficult to maintain trust as they felt that in many cases the mother was not honest about her drug use.

> *"If a mother is on methodone they won't need to be using drugs and this is an alternative to using heroin. However, in practice I think most mothers will continue using heroin despite being on methodone."*
>
> (Addiction Counsellor, John).

> *"She says they're not using heroin in the flat but I just know well that they are, even though I've no proof to show to the social worker"*
>
> (Family Support Worker, Katie).

Thus, there is an apparent lack of trust in the mother's voice. Furthermore, another addiction counsellor discusses women telling him how much they love a particular drug and once they become pregnant, they state they no longer use the drug.

4.4.4 The fear factor

Several professionals also highlighted that many mothers would be fearful of accessing services because of the threat that their children could be taken from their care. Throughout the data it emerged that many mothers are afraid of social workers and childcare workers as they feared that they would be unlawfully judged because of their drug use.

> "*A lot of women are afraid, a lot of our clients would be afraid to link in with services or maybe sign up on a CE scheme if there is a crèche available because there is that fear; 'I'm a drug user and I will be viewed differently now regardless of whether they're stable on the prescribed methadone or not, they will fear that they will be unnecessary or unwanted attention from childcare workers or social workers as well or they will be unfairly investigated."*
>
> (Community Drugs Worker, Anne)

> *"When she found out she was pregnant she wouldn't tell the social workers. Mothers feel like social workers are just there to take the child off them and not to support them."*
>
> (Community Drugs Worker, Nora)

Moreover, from the observations it became evident that the mothers felt intimidated by the family support workers regular visits and one family support worker communicated this:

> *"She knows when we're coming around and tries to avoid us because she is probably trying to hide the evidence."*
>
> (Family support worker, Colm)

4.4.5 Gender specific expectations

A unifying theme emerging from the data was the expectations of the mother to care for her children. All respondents noted that while the father should be involved in the care of the children, the mother is almost always the primary caregiver. Furthermore, the respondents discussed the qualities that a both a mother and father should hold and all had different expectations for both genders. Many described the qualities of the mother as ones such as 'caring' and 'loving'. In contrast to this, the father's qualities were seen as 'helping and supporting the mother and being there for his family at all times' However, most of the respondents viewed the mother who uses drugs as parenting alone and stated

> *"Most mothers who use drugs parent alone even though the father is present, In most instances he is a drug user also and the mother is left with the responsibility."*
>
> (Social Worker-Bridget).

Thus, professionals hold gender specific expectations. From the observations, it was particularly interesting to see that where the father remained in the picture, the blame continued to be placed on the mother with little attention or focus on the men. When a family support worker was questioned over this she stated:

> *"How could a mother do that her children and pick the man over her own children, its hard to accept."*
>
> (Family support worker, Katie)

> "*Well, I mean it depends am on I suppose some drug using mothers would find that am they would be am discriminated against or sometimes they are less likely to approach services because of the fear of being treated differently because of their drug user status."*
>
> (Community Drugs worker, Anne).

4.5 Services

A number of issues arose in relation to the services that drug using mothers can avail of. There were many concerns around the scarcity of services and the many barriers that mothers face, namely because of childcare responsibilities. However, some participants voiced their opinions around the mother's unreliability and unwillingness to engage in supports put in placed for her.

4.5.1 Barriers to services

A dominant theme emerging from the data was the lack of services and resources accessible for the mother when she wants to get treatment for her drug use. All professionals discussed this as a major barrier for the mother in overcoming her addiction. The lack of childcare facilities for the mother was mentioned as a major obstacle and many professionals felt that this was one of the main issues of concern as mothers were battling the drug addiction unaided.

> *"Parenting skills within the drug services like because the majority of people don't have access to their kids or have access or about to lose kids or you know that's where the crucial element is…Its really difficult like. And even stabilisation like there's more childcare places needed in stabilisation because it's very hard for a mother to go and actually stabilise even if it's a day programme."*
>
> (Community Drugs Worker, Kat)

4.5.2 Lack of education in the field

Many professional workers had strong feelings surrounding the lack of awareness and knowledge of drug use and felt that this was having an adverse affect on the treatment that mothers were receiving as a result.

> *"I suppose maybe, a lack of awareness of the services"*
>
> (Social Worker, Bridget).

Additionally, many participants voiced their concerns around training arguing that if one is trained in addiction, they will be able to express empathy and have a greater understanding of the underlying problems.

"So we have some professionals who are not trained in the area of addiction, that's where you run into trouble because they have stereotypical views."

(Community Drugs worker, Anne).

4.5.3 Services view of drug using mother

A number of professionals felt that the way services view mothers who use drugs is according to how functional they are as a parent. It's a case of 'good cop, bad cop' in many cases as the mother is judged on this basis.

"*It depends on the situation… Are they sending their children school? Varying; depends on the care of the children."*

(Community Drugs worker, Kat).

The medical profession was seen as one which holds negative attitudes towards the drug using mother. Many professionals described the prejudice that is held because of the lack of awareness and empathy through the following narratives:

"I think there is a judgement, especially midwives… in general reports back to us have been that if a woman is pregnant its stressful from the very beginning when they go into hospital to have the baby or they're pregnant and they're still using methadone and they have to be detoxed. There is a crappy attitude really, in general and they experience it right from the start where they are judged or their baby has to detox off methadone or off drugs or other things because they've obviously been taking it while pregnant."

(Community Drugs worker, Kat)

"I worked with a gp who didn't want the 'druggies' in the building, he didn't want us drawing them around."

(Public Health Nurse-Maria)

Moreover, many of the professionals discussed the discrimination that mothers are subjected to because of their drug use despite the fact that they may not have even

committed any crime against their children. The problem of other professionals showing prejudice towards the mother was a recurring theme throughout.

> *"Going down to the school where the headmaster now knew she was a drug user in recovery and he would rush out and go, your not allowed to take these children and make a big [hulla bulla], the 2 children were put aside until the social worker was rang, he denied her, he refused to allow her to leave the school, he threatened her with the guards, now this is a woman who never raised her hands to her kids"*
>
> (Community Drugs Worker, Anne)

The community drugs workers vocalised their opinions around the effect social work involvement can have on the mother. They all felt that one could not generalise but there was a general consensus out there that mothers who use drugs are on the bad side of social workers.

> *"Social workers I think get an awful bashing from drug users and addiction services because generally you're working with clients who are never on the good side of social workers."*
>
> (Community Drugs worker, Kat)

She went onto discuss that some social workers can be good and understanding but argued that many social workers can be against the mother from the beginning.

> *"Social worker tried, said to me, what will I do blah blah blah, I gave her a list of places to ring, she doesn't do anything either... Social workers are saying "we're not taking your baby away from you straight away, there you go, here's a chance. Sure what chance did she have."*
>
> (Community Drugs Worker, Kat).

4.5.4 Willingness to engage

The mother's unwillingness to engage in services was an emerging theme amongst most narratives. The social workers and public health nurses shared similar viewpoints around this and felt that the mother is not willing to engage in services. They discussed putting all the relevant supports in place for mother and children but the mother would not access these in most cases.

"I would say overall the families that are willing to accept say family support or engage with Barnardos or [am] psychological services or whatever is available and engage with it. I think it would be helpful but that doesn't happen."

(Social Worker, Patrick)

Additionally, Patrick discussed the qualities of a mother stated:

"*Responsible, open to support and advice link in with appropriate services."*

(Social Worker, Patrick)

Interestingly, the social worker discussed the negative aspects of the mother who uses drugs in terms of unwillingness to engage and when discussing the qualities of a 'fit' mother, he went onto say this. In particular, the addiction counsellors discussed this issue as he felt that it can be

"very annoying putting all these things in place but the mother isn't willing to use them"

(Addiction Counsellor, John)

Additionally, another social worker talked about the story of putting all supports in place for a mother battling drug addiction but after eighteen months she still hadn't used them. One social worker spoke about the mother's lack of engagement in parenting courses and her being defensive when these supports are put in place. On the other hand, community drugs works viewed this in a different light as they felt that it was not the mother's unwillingness to engage, it was in fact the lack of resources and supports that are readily available for the mother which was also identified throughout the community drugs workers narratives.

4.6 Conclusion

There are many perceptions emerging from the findings and overall they suggest that different groups of professional workers perceive mothers in different ways. The main concerns echoed by the majority of participants are issues such as child

protection and the mother's inability to parent. It appears that when a mother uses drugs she is unable to provide adequate care to her children and her own needs are paramount. Evidently, they are taking a child centred approach and view motherhood and drug use as mutually exclusive. Interestingly, many participants were explicit in their expectations of motherhood and often held ambivalent views of the drug using mother. Additionally, there was a general consensus held that mothers who use drugs should not have custody of their children as they were seen as 'unfit' in most cases. However, from the different groups of professional workers, community drugs workers had a very different analysis of the mother. They viewed the mother as capable, fit and selfless as they felt that the mother always prioritises her child's needs at the detriment of her own and argued that the removal of her children from her custody should be a last resort.

CHAPTER FIVE

Discussion

5.1 Introduction

This chapter will discuss the main findings from the research study. The findings are based on the observations carried out on professionals in a family support project and also the twelve interviews conducted with professionals who come into contact with mothers who use drugs. The findings are discussed in relation to four main themes:

- Parenting
- Childcare concerns
- Construction of motherhood
- Support systems

The themes will be discussed in great depth throughout the following chapter highlighting the perceptions that professionals have of mothers who use drugs and it will analyse the current findings in relation to the literature obtained. It will examine both the commonalities and discrepancies between the literature and the current research findings.

5.2 Parenting

A powerful finding from this study show that many professional workers who participated displayed entrenched views towards mothers who use illicit drugs and their parenting ability. In some instances these may be prejudicially held. These same participants admit to having no confidence in the mother's parenting capacity and attribute drug use to be the main cause of poor parenting. Due to the mother's drug use, the parenting techniques utilised were seen as ineffective. Evidently, many participants assert blame on the mother for both her drug use and parenting. This was reflected in other studies as Bryan et al. (2000) carried out a survey of drug related knowledge, attitudes and beliefs in Ireland and revealed that more than half of respondents expressed the view that 'those with a drug problem had only

themselves to blame.' However, the literature points out that drug use alone cannot be attributed to poor parenting (Mignon et al, 1999; Cleaver et al, 1999) as a complexity of issues surrounding the drug use can impact on parenting (Farrell, 2001; Woods, 2000a; Harbin & Murphy, 2000). Factors such as parenting alone (Farrell, 2001; Klee & Jackson, 1998; Taylor, 1993; Barnard, 2007) and poverty have been seen as some of the difficulties that mothers are faced with (Woods, 2000a**).** Also, entering life equipped with poor parenting skills as they themselves may have been poorly parented (Harbin & Murphy, 2000) have been identified as another factor which can affect the parenting role.

Few participants saw environmental factors as a cause of poor parenting. The community drugs workers and an addiction counsellor echoed the findings from the literature. They argued that drug use alone cannot be responsible for poor parenting as many mothers simply did not know effective ways of parenting their children as these were not transferred to them by their own parents. In effect, this analysis of the mother's ability to parent reiterates the previous literature as it has been found that in isolation problem drug use of a parent presents little risk of significant harm to children (Murphy & Harbin, 2000). Clearly, there are conflicting viewpoints around the issue of providing care to their children nevertheless evidence suggests that drug use alone cannot be attributed to poor parenting.

Furthermore, the research has shown not only shown this but has found that mother's who use drugs are unwilling to adopt support. From the sample group, public health nurses and social workers were particularly vocal on this issue as it was felt that while supports were put in place, she did not access these. This was not reflected in previous research as many writers argue that the main reason why mothers avoid support is because of the multiple childcare barriers that she is faced with (NDTRS, 2007) and also the lack of services within agencies (Briggs & Pepperell, 2009). In an Irish context, a study carried out by Moran (1999) suggested that whilst women often wanted to take active steps to address their drug use, they were unable to do so as they did not have access to regular childminding arrangements. Again, the Community drugs workers shared this perspective as they argued that the mother is more than willing to attend services but is blocked because of the lack of services available to her.

The findings clearly suggest the importance of the extended family and informal supports were recognised as crucial elements in helping the mother to parent. Earlier studies carried out by Elliott & Watson (2000) and Hogan & Higgins (2001) found that it was common that grandparents would look after children of drug using parents. They also found that many parents found it difficult to provide care to their children and depended on others for periods of time. Additionally, Gillman (2000) conducted a study and found that while few parents described themselves as full time parents, only a handful talked about receiving formal childcare support from nurseries. Most relied heavily on informal supports. These arrangements enabled them to separate their children's upbringing from a lifestyle dominated by drug use. Consistent with these studies, many of the participants highlighted the importance of the extended family in helping the mother to function as a parent. However, a public health nurse and an addiction counsellor not only stressed the importance of support from the extended family but discussed the benefits of the extending family taking full time responsibility for the child whilst the mother was drug using. As one participant highlights:

> *"If the children are put in with the grandparents or someone close to them it would be more beneficial for the child and then the mother might be able to see them a bit more as well"* (Public Health Nurse, Aisling).

Interestingly, the participants highlight the importance of the extended family in supporting the mother with childcare arrangements however, many also emphasised the extended family in many cases to be 'chaotic' and 'disastrous'. There are obvious contradictions and discrepancies on how crucial the extended family is.

5.3 Childcare concerns

On the basis of the above, a number of writers support for the removal of children from the care of parents that use drugs and the early cessation of parental rights (Besharov & Hanson, 1994; McKeganey *et al.,* 2002). This was reflected in many of the findings as the family support workers had strong views around the care of

the child born to a drug using mother. They advocated for the child to be placed in the care of the state as one participant remarked:

> *"She says they're not using heroin in the flat but I just know well that they are, even though I've no proof to show to the social worker…the kids need to be taken off her especially the fact that her other three children are in care"*
>
> (Family Support Worker, Katie).

However, this viewpoint was not endorsed in the literature as previous research suggests that removing the child from the mother's custody can actually have adverse affects on the mother's motivation to overcome her drug use (Wilke, Kamata, and Cash, 2005). The community drugs worker participants' echoed this as they felt that the care of the children should remain with the mother where possible. Furthermore, while some accounts of custody loss have discussed the experiences of loss due to interventions by State services or family members or the reluctant relinquishing of their children to others, several other studies emphasised that women drug users give up custody of children in an attempt to reduce harm to and protect their children (Richter & Bammer, 2000). Evidently, many of the professionals hold assumptions that the mother is not 'fit' to look after her children.

A recurring theme emerging from the findings was the mother's incapacity to meet her child's developmental needs. Indeed, there was a general consensus that neglect would occur as a consequence of the mother's drug use. Additionally, it was felt that the mother's needs would take priority over the child's needs in most instances. These results echoed a number of the literature findings as stated by Hawley et al (1995) and McKeganey, Barnard & McIntosh (2002) as they discuss the needs of children and how they can become secondary to those imposed by the drug problem and also how children can be particularly vulnerable to abuse and neglect (Barnard, 2007; Chaffin, Kelleher & Hollenberg, 1996; Locke & NewComb, 2003; Rasmussen, 2000). Although, community drugs workers came into conflict with other professionals as they analysed the mother's use of drugs quite differently. In particular, they felt that the mothers would not prioritise her own needs over the child's and the child's well being was on the top of her agenda.

It was also suggested that the drug of choice would determine if the child's needs would be met. A study carried out in Dublin by Hogan & Higgins (2001) on fifty drug using parents and fifty non drug using parents found that the majority of which were female. They found that one of the main benefits of methadone maintenance is that it brings about stability, which helps parents provide consistent care and routine for their children. However, the study also found that parents using methadone can result on long term dependency on medical intervention (Hogan & Higgins, 2001). This was reflected in the findings as it was discussed that while the mother is on methadone, it would enable her to remain stable and provide adequate care to her children. However, the professionals' unwillingness to trust mothers' using methadone was apparent as it was felt that she would not be entirely honest about her drug use. Therefore, while professionals clearly suggested the benefits of methadone, they displayed distrust and suspicions around this.

Furthermore, previous research has also shown not only this but has pointed towards the positive aspect childcare can have on a mother who uses drugs as it can act as a motivational factor in bringing an end to their drug use. Research indicated that mothers being or becoming a parent had motivated them to try and change their patterns of drug use (Elliot & Watson, 2001) and further studies have discussed how children provide an incentive for women to seek recovery and can be a significant support for women in recovery (Tracy & Martin, 2007; emcdda 2009; Rasmussen, 2000). However, this was not suggested in the research as the results point to an alternative perspective where many participants argued that becoming a mother can actually contribute to an increase in the mothers drug use and does not act as a motivation in many cases. All participants with the exception of the community drugs workers saw motherhood and drug use as mutually exclusive.

5.4 Motherhood and drug use

From recent studies there are obvious indicators that there is a cultural change as increasingly more women are entering treatment. This was reflected in the literature as an annual report of the drug treatment centre board in Dublin found that the ratio of males to females receiving treatment was 2:1 and that the

male/female ratio in 19 year olds and under had reversed from 2:1 in 2004 to 1:2 in 2005 (DTCB, 2006, p.9). Thus, there is an obvious cultural change occurring from the research and this was reflected in the current findings as many discussed that motherhood and drug use is becoming an increasing social problem and it was noted that more and more women are attending services with drug problems.

A striking finding in the previous research carried out in Dublin among heroin users predominantly (Butler & Woods, 1992; Dunne, 1995; O'Neill, 1994; Shea, 1992) was that it clearly demonstrated the importance of parenting in women drug users' lives, highlighting their involvement in caring for their partners and children often to the detriment of their own health and well being. Endorsing this analysis, community drugs workers came into conflict with many of the other professionals as they differed in their analysis of the various characteristics that a mother who uses drugs has.

The social construction of motherhood is clearly represented in the Irish Constitution (1937) as it outlines the expectations of the mother in the home through article 41.2. Indeed, the word woman is used interchangeably with the word mother enforcing that being a female in Irish society is very closely linked to child rearing and parenting. Many writers discussed in the literature the changes that have underwent in Irish society in terms of Equity for women (e.g. O' Connor, 2001; Beale; 1986). However, it must be questioned if much has changed as the current findings indicate clear expectations of women in terms of their parenting role. Clear expectations of the mother emerged in the research as the participants constructed what they viewed motherhood to be. The constructions of motherhood varied throughout with many participants arguing that motherhood was around providing adequate care for the child through feeding the child at set times and getting the child into a routine. As the current research illustrates, in many cases these expectations of the mother are not met as the public health nurses vocalised that the mother did not know how to care for the baby in terms of feeding despite being taught on several occasions. On the other hand the addiction counsellor constructed motherhood to be one which would provide 'love to her children'. Hence, there are obvious discrepancies in what one would expect motherhood to

be. It seems that the values the participants' hold seem to reflect there expectations of what they perceive to be a 'fit' mother.

Additionally, many participants perceived the mother to be the primary caregiver and the qualities a good mother were described as ones such as 'caring' and 'loving'. Again, this reinforces the constitution's image of motherhood. In contrast to this, the father's qualities were seen as 'helping and supporting the mother and being there for his family at all times'. Thus, a very clear social construction of motherhood is in operation here. Indeed fathering is seen to be second place in that the social construction of fathering appears to be an ancillary role involving providing support to the mother.

5.5 Services

The literature would consider the road to recovery being obstructed by the lack of childcare facilities available for mothers when they are undergoing treatment (Briggs & Pepperell, 2009; NDTRS, 2007). One of the main findings from the research shows that mothers who use drugs are confronted with many obstacles in overcoming their drug issue (Briggs & Pepperell, 2009) and these are known to increase when the women becomes a mother (UNODC, 2004). A study carried out in 2007 found that a lack of access to childcare can present as a significant barrier to access treatment (on a residential or out-patient basis) and/or to education and training (NDTRS, 2007). This is reflected in the research as all participants identified the lack of childcare services as a major barrier to recovery. The community drugs workers were vocal in their accounts of the Irish picture in that there were little or none childcare facilities for the mother if she is to undergo treatment.

Community Drugs workers pointed to the importance of services being oriented towards childcare provision for mothers who use drugs to accommodate them while they attend treatment and noted that these services are non existent. This echoed the literature's findings as becoming a parent can prove challenging for the mother who uses drugs as childminding is an issue when seeking treatment (Women's Health Council, 2009; Gillman, 2000; Moran, 1999; Butler & Woods, 1992). Additionally, Moran (1999) carried out a study focusing on the provision of

childcare facilities at drug treatment centres and programmes highlighted the scarcity of services and facilities for women and children. It was also noted that mothers do want to fight their drug problem but are unable to do so because they do not have access to regular childminding.

CHAPTER SIX

Conclusion and Recommendations

The conclusions of this research point to the differences in how varying groups of professional workers see the drug using mother and her role. The community drugs workers came into conflict with other professional workers as they analysed the mother's use of drugs in a different light. In particular, they felt that drug use and motherhood can be combined providing that supports are put in place. There viewpoint reflected much of what the literature suggested also. In contrast with this, the majority of the sample group perceived motherhood and drug use as mutually exclusive. Most professional workers recommended that while the mother continued with her drug use, custody of her children should be placed with the extended family as this would be the most effective measure in meeting the child's needs. This viewpoint is reflected in the increasing number of children of drug using parents who are being placed in the care of the state.

It appears that many professional workers providing services to drug using mothers hold assumptions regarding motherhood and drug use. There is a definite need to consider a strong development of knowledge in regard to drug issues. Thus, women clients are further disadvantaged if professional workers they come in contact with are uneducated. Training and education should include topics such as drug addiction, gender, identity development and stigmatisation as there appears to be a lack of knowledge around the underlying problems that drug using mothers experience. Continuous training on drug use needs to be incorporated into all professional workers occupations in order to deliver best practice to such a marginalised group. These would facilitate the delivery of best practice and would help in minimising stereotypical attitudes. Training has been linked with improved attitudes (Cartwright, 1980).

The study presented the clearly ambivalent view of professional workers regarding the issue of custody. The community drugs workers advocated that custody should remain with the mother where possible and recommended for supports to be put in place. On the other hand, the remaining professional workers argued that the mother should not have custody of her children until she had overcome her drug

use. The need for workers to adopt a strengths based perspective is necessary and it is also clear that the childcare act (1991) is not being incorporated into their work and the need to apply this relevant policy to practice is crucial.

It is clear that the approach and perceptions that varying groups of professional workers have is not consistent. An inter agency approach needs to be adopted in order to meet the complex needs of the drug using mother. Cross disciplinary conversations and mutual respect by the varying professions would be extremely beneficial. Professional workers are advocates for these women in order to change the perceptions and myths that exist in society. The way women are socialised and the way that society views women must shift in order for there to be any real change. Taking an individualistic approach alongside a strengths based perspective to empower this marginalised group would be beneficial as drug using mothers are not a homogenous group. As noted in the literature, there has been an alarming increase in the number of babies taken into state care because they were born to drink or drug addicts. In effect, this is reflected throughout the research findings as many professional workers felt that children should not be in the care of their mother when using drugs. Again, services need to assist the mother and provide services as outlined by the Childcare Act 1991.

This study provides professional workers with a tool in differentiating between what is reality and what is a myth. Promotion of more positive attitudes in agencies that work or come in contact with mothers who use illicit drugs. This could be done through greater awareness of the obstacles that mothers are faced with.

As suggested in the research, the gender gap is closing among younger women and more and more women are entering services with drug issues. These figures obviously give rise to concerns about the future health and well being of women and suggest that drug issues will be more of a problem for women in the future. Therefore, services need to take a gender differentiation approach as women and men have very different needs. The literature pointed to the many differentiations between male and female and drug users and these gender issues need to be developed into policy to effectively meet the needs of mothers.

The problems and obstacles that mothers face is an ongoing problem and appropriate childcare facilities are limited. This has been an ongoing issue since drug use became apparent in the 1980's. There is only one residential treatment centre in Ireland that incorporates childcare and participants voiced their concerns around this and the major barrier it is for mothers in overcoming their drug problem. Specialised and supportive residential services need to be introduced.

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Appendices

Appendix A

Summary of the effects and use patterns of the most frequently used illicit drugs

Opiates

- Heroin is derived from morphine, a naturally occurring substance extracted from the seed pod of the Asian poppy. Mainly taken by injection, it is a fast acting drug, resulting in an initial feeling of elation followed by a longer period of drowsiness. Heroin is highly addictive and chronic users can experience intense cravings for the drug even years after last use.

- Methadone is a synthetic drug that is widely used as a controlled substitute for heroin, but may also be used on a non-prescribed basis. It does not cause the kind of euphoria associated with heroin and relieves both the craving for heroin and the symptoms associated with withdrawal. It also actively blocks the euphoric and sedating effects of heroin, thus reducing the incentive to take it. In Ireland, prescribed methadone is administered orally.

Non opiates

- Cannabis which is generally smoked induces a relaxed feeling and mild hallucinations. It can influence mood and concentration, cause panic attacks and aggravate depression and schizophrenia.

- Cocaine gives users a sense of confidence and can cause heightened aggression. Routes of administering the drug include sniffing, smoking and injecting.

- Crack cocaine is derived by heating ordinary cocaine powder in a solution of baking soda until the water evaporates and crystals are formed. Crack cocaine vaporises at a low temperature so it is very short lived. After effects may include anxiety, depression, irritability and paranoia.

- Stimulants such as ecstasy and amphetamines, even in small doses, affect the body in much the same way as natural adrenaline.

- Hypnotics and sedatives such as benzodiazepines are drugs which depress or slow down the body's functions with their effects ranging from reducing anxiety to inducing sleep. They can cause both physical and psychological dependence.

Appendix B

Proposal of research study

Profile

I am currently undergoing a Masters in Child, Family and Community Studies in the Dublin Institute of Technology. As part of the programme, I am conducting a piece of research which is around mothers who use drugs and professionals who work with these women on a daily basis. It is an area that I am keenly interested in and this is one of the main reasons for choosing the research topic. I am hoping to conduct a series of semi structured interviews on professionals who work in the area of drug use and also conduct participant observations. I have outlined an overview of my research study and I have also discussed the various ethical considerations that I will adhere to when carrying out the study as I am aware of the sensitivity of the topic.

Title:

The practice carried out by professionals who work with mothers who use drugs.

Aims and Objectives:

- How professionals interact with mothers on a daily basis.
- The views that professionals hold of mothers.
- The varying roles/backgrounds of professionals working with mothers.
- How different professionals approach mother's needs.

Overview of Study

The paper will begin by introducing my research topic outlining how previous research sparked my interest in the area of mothers and drug addiction. Following

on from this, the literature such as psychological and sociological theory will provide a greater insight into mother drug addiction issues. An understanding of attachment theory, Erving Goffman's theory on identity and Brofenbrenner's ecological approach are all theories which can be applied. Additionally, many reports such as those drawn up by the Women's Health Council and drug treatment organisations will help in the exploration of the barriers. An outline of the typical profile of a drug addict is also necessary. For the purpose of this research it hopes to use qualitative measures to explore the practice carried out by professionals. I hope to carry out an ethnographic study which would include participant observations in an agency over a four to six week period for three hours each week. This will allow me to obtain rich and powerful data and also gain an insight into the practice carried out by professionals. It would allow me to observe the routine activities of professionals and the relationship that they have with mothers who use drugs. I also hope to conduct a series of eight interviews on professionals working in the field to gain an insight into the work that they do with mothers and their views around maternal drug use.

Introduction

The prevalence of drug addiction is growing in contemporary Ireland and more and more families are faced with this growing social phenomenon. I previously carried out a piece of research on young offenders when they were released from prison and one of my main findings was that their families were in absolute turmoil. They were victims of the drug industry and many parents were suffering with heroin addiction. An article published by the Irish examiner also caught my attention as it discussed the alarming increase in the number of babies taken into care because they were born to drug addicts. These have sparked my interest in the area and I am keen to uncover why mothers specifically find it increasingly difficult to escape from a life consumed with drug misuse.

Literature Review:

The literature review will include various topics that are relevant to my research question. To date, I have found many studies done on women and drug

addiction (Farrell, E. 2001; The Women's Health Council. 2009; NACD & DAIRU, 2008b). Firstly, I hope to examine the profile of individuals who are typical to drug addiction. There have been many studies done in Ireland and Fagan et al 2008 did a recent study on young opiate users and found that several came from dysfunctional families. Heroin addiction correlates strongly with socio economic status. Fagan et al. (2008) also found that early school leaving is a common pattern among female drug users. Thus, this can be one of the main reasons for high levels of unemployment. Furthermore, Farell's (2001) research on women, children and drug use found similar findings. Farell (2001) found that the majority of opiate addicted mothers that she studied had left school by the age of sixteen. A Socio demographic profile of thirteen of the fifteen opiate addicted mothers indicated that the majority were twenty years of age, half were unemployed and only one had completed post primary education. The profile of the opiate addicted mothers would be relative for this piece of research as it shows the many barriers outside of their addiction that they are faced with.

A recent paper published by the Women's Health Council (2009) provides in-depth and up to date research on women and drug misuse in Ireland. This document will provide me with much of the knowledge on the structural barriers that women are faced with. It discussed the problem of childcare as mothers find childminding an issue when seeking treatment. Moran (1999) also noted that mothers do want to fight their drug problem but are unable to do so because they do not have access to regular childminding. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2005, 2006 and 2008 will be useful in obtaining literature on drug misuse amongst mothers. For eg, overall in Europe, women only make up 20% of the population availing of services (EMCDDA, 2005). Thus, this could be because of the barrier to childcare availability. Furthermore, Moran & Pike (2001) have provided detailed accounts of mothers and drug misuse and discussed the issue of social exclusion.

Ethical Considerations

As noted by Patenaude (2004, p.73) "research ethics are concerned with the notions of harm, consent, privacy and the confidentiality of the data." With this in mind the researcher made the following safeguards. The participants of the agency will be informed of the study. Participants consent will be informed, they will be provided with an explanation of the researchers intended study, what their own contribution

would be; what would happen to the information they provide and again that their participation is voluntary. Interviewees will informed that they will maintain their anonymity through name changes in the data; the destruction of any audio material and the non disclosure of the location of the agencies. The participants will be informed that their contribution would be used for research purposes only and would not be passed onto a third party.

Contribution of the study:

Apart from my own genuine interest in how mothers cope with drug addiction, there has been very little research into mothers and the practice carried out by professionals. I have no experience in the field and therefore, I will be entering the field with no pre conceptions and open to everything I encounter. The study will examine policies and it will be use in exploring how various pieces of legislation have contributed to both positive and negative outcomes for mothers who use drugs. This will contribute to all those involved in policy making and may provide an insight into the changes that need to occur. The results of this study will interest many people from people working in the field of drug treatment to family support services.

Apppendix C

Consent form:
I _____ give my informed consent to participate in the proposed research project.

I have read the information sheet provided by the researcher and understand the research and my role within.
Yes /No
I have been provided with opportunity to ask any questions I have in relation to the study and these questions have been answered to my satisfaction.
Yes /No
I understand that there is no obligation for me to partake in the research and that I may withdraw at any time without any consequences.
Yes /No
I also understand and believe that all information received will be kept in confidential except in the event of; child protection concerns being raised, or the threat of harm to myself or others.
Yes
/No
I agree to have the interview recorded via a digital recording device. I understand that no identifying information will be transcribed and that the recording will be destroyed once it has been transcribed.
Yes
/No
Signed: _____
Date:_____

Julieann Lane
School of Social Sciences
DIT
Mountjoy Sq
Dublin 1
Julieann.lane@student.dit.ie

Dr. Matt Bowden
School of Social Sciences
DIT
Mountjoy Sq
Dublin 1
matt.bowden@dit.ie

Appendix D

Sample Interview

Services

- How do you think services view mothers who use drugs?
- Do you think services view women who use drugs with no children different to those who have children?
- How do you see women who use the drug services?
- Mothers who use drugs-What do you see as being their main needs?
- It is evident that mothers with drug problems avoid using both voluntary and statutory agencies. What is your understanding of this? Why do you think this is the case?

Care of children

- Mary is a mother to two children, one aged 4 and one aged 6. She is using heroin regularly and has friends around to the house occasionally who are using heroin also while the children are in school.
  - What do you think of Mary's parenting capacity?
  - What impact do you think the drug use is having on Mary's parenting role?

- Do you think that children born to mothers who use illicit drugs are being cared for appropriately?
- Do you think there is a general belief in society that mothers with drug addiction constitute abuse/neglect?
- Norah Gibbons (director of advocacy for Barnardos) said it was their experience that the drug addict parent was often only able to focus on their next fix and not their child's welfare. Would you agree with this from your experience?
- The mothers that you have worked with, can you think of any of their children that were taken into care of the state and how this happened?
- Do you see mothers who use drugs as fit or unfit mothers? If unfit, Why?
- Are agencies more responsive to fathers than mothers? What factors do you think influence this outcome?
- What qualities do you view as being one's that are a 'fit' mother?
- What qualities do you see as being important for 'fit' fathering?

Motherhood and drug use

- Do you think motherhood and drug use can be combined?
    - Can the mothers meet the child's developmental needs?
    - Is it possible that a mother can be a 'functional' drug user?

Appendix E

Draft letter to gate keeper

Date:

To: _____

I am currently studying a Masters in Child, Family and community Studies in Dublin Institute of technology. As part of my course, I must carry out a research project on an area of interest in a field relative to the course. I hope to carry out this research in your service and I am writing to you seeking permission to do so.

The area I have chosen is concerned with professional workers who come in contact with mothers who use illicit drugs. I am hoping to investigate how professionals interact with mothers on a daily basis and explore the views that professionals hold of this group. To do this, I hope to carry out participant observations in an organisation that works with this client group.

If you chose to allow me to carry out the research, when the data is collected I will type up the observations and ensure that these are safely stored. The analysis of the data collected will be presented in the findings chapter of my research project. I will arrange with the proposed research participants that they can contact me at any stage during the research and discuss any issues they have about their involvement in it. I am happy to provide feedback of my findings to any of the participants, if they wish, on an agreed date and time.

The name of your service and the names of participants will be kept anonymous. I will use false names and this will be stated in the methodology chapter of my thesis. All participants will be provided with a form of consent which will outline their rights and I will go through this verbally before research commences. I will ensure that each participant who is involved in the study will receive a copy of the

research study on completion which is on the 24th September, 2010. I have attached a copy of my research proposal.

Thank you for taking the time to read this letter.

Yours Sincerely,

Julieann Lane