Targeting ‘high risk’ users and stigmatising families

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Introduction

This poster is based on data from two research projects that explore how drug treatment services can best meet the needs of service users. The Department of Health funded Early Exit Research Project[1,2,3] involved interviews with drug users who had dropped out early from treatment services in three Drug Action areas, and interviews with drug treatment staff. The ESRC Pregnancy and Substance Misuse Project is an ongoing piece of qualitative research that will involve interviews with women with drug or alcohol problems who are pregnant or who have had babies in the previous two years in addition to interviews with maternity services staff in one provincial and two urban NHS Hospital Trusts.

The interview data to which this poster refers is analysed in conjunction with critical analysis of UK drug policy. In particular a critical lens is placed on the emphasis in UK drug policy on the link between crime and drug users which has concentrated offenders in drug treatment and focused upon the harm that problematic drug use present to the local retail economy rather than the broader social harms for individuals and communities affected by substance misuse.

Methods

For the Early Exit study interviews were carried out with 53 former clients of 12 randomly sampled drug treatment services in three English Drug Action Team areas, two metropolitan and one provincial. These services were providing various forms of outpatient treatment, including opiate substitution prescriptions, day services and structured counselling. Recruitment was carried out via the treatment service records of clients who had dropped out of treatment before three months recommended as optimal by the National Treatment Agency for Substance Misuse and who had given consent for their records to be viewed.

For the Pregnancy and Substance Misuse Study, interviews are currently being carried out with patients in three hospital trusts. Recruitment is being carried out via maternity services and drug treatment services with the assistance of substance misuse liaison midwives and drug workers. In addition the researcher is targeting a range of maternity staff in each NHS Trust for interview.

Interviews are recorded using a digital recorder and transcribed. All interview data are anonymised. Transcripts are coded using adaptive coding and entered onto Nvivo, a computer programme for the management of qualitative data.

Targeting ‘high risk’ users

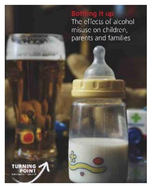
The UK government drug policy focus since 2003 on increasing the numbers of users in treatment by targeting ‘high harm causing users’ has defined *harm* narrowly in relation to acquisitive crime rather than in terms of the harm caused to the health and well being of users and their families. The prioritisation and fast tracking of offenders in treatment creates a perception that services are for a profile of drug users who are typically male, opiate-users in their thirties.

The Advisory Council on the Misuse of Drugs estimated that there are between 200,000-300,000 children in England and Wales with one or more parents who have serious drug problems. The Alcohol Harm Reduction Strategy for England estimates that there are up to 1.3 million children affected by parental alcohol problems (Prime Minister's Strategy Unit, 2004). The ACMD report, Hidden Harm, argued that children of substance misusing parents are 'exposed to many sustained or intermittent hazards' (ACMD, 2003).

Successive studies have found that:
• lack of childcare acts as a barrier for women to access drug service treatment
• there is need for treatment services to take parents' childcare needs into account.
• women with children fear that drug treatment services will alert social services to their drug use has been highlighted by previous research studies

Such well founded fears on the part of families, and the lengths that they will go to to avoid social work contact means that the 2008 Drug Strategy to provide 'family-friendly' treatment services is to be welcomed but the focus on *targeting* parents whose drug use may put their children at risk for 'early intervention and support' needs to address parents' fears and the stigma associated with identifying as a problem drug user.

Midwives are expected to identify women in need of additional ante-natal care at first or booking appointments, some of whom will be known substance misusers, so that their substance misuse can be monitored during the pregnancy. Ante-natal services for substance misusing women are on the whole provided in mainstream services with extensive partnership and multidisciplinary working between health and social services.



Advisory Council on the Misuse of Drugs, 2003, *Hidden Harm: Responding to the Needs of Children of Problem Drug Users*, London: The Stationery Office.

Home Office, 2008, Drugs: protecting families and communities. The 2008-2018 drug strategy, London, HM Government.

Prime Minister's Strategy Unit, 2004, *The Alcohol Harm Reduction Strategy for England*, London: The Cabinet Office.

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Our findings

Our data indicate that drug treatment services collect their diverse service users under a category which is particularly problematic for drug users who are younger, female, or who are not heroin users. Drug users are as socially conservative as the rest of us. They want jobs, homes and to care for their children.

> I just went “Okay, please just get me into rehab. I can’t carry on like this anymore, I just want to be normal and with my kids”.

They are often able to accommodate the apparent contradiction of their own drug use with the existence of junkies as an ‘other’, rejected category (Douglas,1966) with whom they are keen not to associate and with whom they do not wish to be identified. Several of the respondents interviewed for the Early Exit project reported the fear of *being seen* using drug treatment services as a barrier to continuing treatment.

> everyone looks down especially on heroin. And that’s the way it is, isn’t it? And it’s true because most junkies are dirty, smelly and really, most of them are because that’s what it does to you

Drug workers stated that women drug users generally make themselves less *visible* than their male counterparts and although they may for example be homeless, they are less likely to be on the street. Workers indicated that the experience of domestic violence and male-domination of services may also mean that women feel intimidated by drug treatment services. Thus while there is a growing awareness that women generally have been under-engaged as service users, patterns of gender inequality and disadvantage may be reproduced in treatment services.

For parents, stigma combines with a fear that their children may be removed from them if they present for treatment or identify that substance misuse has become a problem in their lives. This fear works as a particularly motivating factor for pregnant drug users. Midwives refer to pregnancy as a window of opportunity for entrance into and compliance with treatment. For some drug users, pregnancy holds out a hopeful promise of a normal and better life. The normalising status and public approval that pregnancy provides is described by patients and maternity staff as providing a stark contrast to the stigmatising category of the ‘dirty’ junkie. Female drug users report finding themselves the focus of special, and multidisciplinary professional concern and support by virtue of their pregnancy.

Our interviews indicate that the sorts of services offered once they have had their babies can differ radically even within the same local authority ranging from foster placements for mothers with their babies, intensive social work assistance in the home to complex service packages that require new mothers to attend multiple appointments for the surveillance of their drug use and support of their mothering skills.

> But yeah I did have to prove myself, I had to jump through a lot of hoops and hurdles, I had to go through a lot to actually get these children back, it’s not been an easy ride.

The focus of professional concern can appear to shift dramatically away from the support of the woman to the protection of the child. Local authorities vary in the rate that they support women with their babies and the sorts of care orders they seek, with for example differential use of concurrency arrangements.

Conclusions

•Providing drug treatment services in generic health and social care settings may encourage women to access drug treatment.

•Drug treatment services need to be somewhere that parents are comfortable bringing their children.

• Child care must be available for women seeking drug treatment.

•Low threshold, open access, sign-posting services for drug using parents reduces the stigma of seeking help.

•Women's particular experience of exploitation and violence in drug markets needs to be adequately taken into account in the planning of services. This may include women only sessions as well as dedicated women only services.

•Providing specialised services for hard to reach and vulnerable drug users needs to take stigma and fear into account.

•Services for substance misusing women and their babies need to balance support with surveillance and need to be coordinated so that women are not being ‘set up to fail’.

Related Articles

1 Early Exit: Estimating and Explaining Early Exit from Drug Treatment. Report prepared for the Department of Health Drug Misuse Research Initiative (Routes), Alex Stevens, Polly Radcliffe, Melony Sanders, Neil Hunt, University of Kent, 2007

2 'Early Exit: Estimating and Explaining Early Exit from Drug Treatment', *Harm Reduction Journal*, 5, (13), 2008, Alex Stevens, Polly Radcliffe, Melony Sanders, Neil Hunt

3 "Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities', *Social Science and Medicine*, 67, 1065–1073, 2008, Polly Radcliffe and Alex Stevens

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For further information

Please contact *P.C.Radcliffe@kent.ac.uk*. More information on this and related projects can be obtained at http://www.kent.ac.uk/eiss/projects/earlyexit/index.html