



Substance, structure and stigma: Parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods



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ABSTRACT

Background: Parenting and pregnancy in the context of drug use is a contentious topic, high on the policy agenda. Providing effective support to parents who are opioid dependent, through early intervention, access to drug treatment and parenting skills training, is a priority. However, little is known about opioid dependent parents' experiences and understanding of parenting support during the antenatal and postnatal periods. This paper focuses on the position and impact of opioid substitution therapy (OST) in the accounts of parents who were expecting, or who had recently had, a baby in the UK.

Methods: Semi-structured qualitative interviews were held with a purposive sample of 19 opioid dependent service users (14 female, 5 male). Longitudinal data was collected across the antenatal and postnatal (up to 1 year) periods, with participants interviewed up to three times. Forty-five interviews were analysed thematically, using a constant comparison method, underpinned by a sociologically informed narrative approach.

Results: Participants' accounts of drug treatment were clearly oriented towards demonstrating that they were doing 'the best thing' for their baby. For some, OST was framed as a route to what was seen as a 'normal' family life; for others, OST was a barrier to such normality. Challenges related to: the physiological effects of opioid dependence; structural constraints associated with treatment regimes; and the impact of negative societal views about drug-using parents.

Conclusion: Parents' accounts of OST can be seen as a response to socio-cultural ideals of a 'good', drug-free parent. Reflecting the liminal position parents engaged in OST found themselves in, their narratives entailed reconciling their status as a 'drug-using parent' with a view of an 'ideal parent' who was abstinent.

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Introduction

Parental drug misuse is recognised as an important concern with regard to child welfare (ACMD, 2003; HM Government, 2010; The Scottish Government, 2008). Policy in the UK recommends parenting interventions – particularly those that involve early intervention, access to drug treatment and 'whole family' approaches (Cabinet Office, 2008; HM Government, 2010). However, with some exceptions, evidence remains scarce regarding how effective parenting interventions are for substance using

mothers and fathers in the UK (Forrester et al., 2008; Niccols et al., 2012; Templeton, 2012). Similarly, little is known regarding parents' views of substance use services more broadly, and how they might support or hinder their parenting practices. In particular, what constitutes 'parenting support' is rarely examined from the perspective of drug-using parents themselves.

This paper contributes to a growing literature discussing the role of Opioid Substitution Therapy (OST) in the context of parenthood (Banwell & Bammer, 2006; Banwell, 2003; Leppo, 2012; Radcliffe, 2011; Richter & Bammer, 2000). Our approach maintains the importance of wider social contexts and processes in mediating the ability of drug-using parents to be 'good-enough' (Rhodes, Bernays, & Houmoller, 2010). Such contexts include the provision and use of health and social care services. With some

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exceptions (Lund et al., 2012; Rhodes et al., 2010), many existing studies have focused upon the accounts of mothers. These have highlighted the problems encountered when attempting to maintain an identity as a 'good mother' in the face of wider societal views which frame any drug use (including OST) as incompatible with mothering (Reid, Greaves, & Poole, 2008). OST represents a possible strategy for drug-using mothers to reduce potential harm to children (Hogan & Higgins, 2001; Richter & Bammer, 2000). However, work by Banwell (2003) has demonstrated the intensely ambivalent nature of OST for mothers: while OST was in some cases described as helping women to engage in 'normal' family life; conversely it tied the user to a stigmatised, deviant identity. Further, participants highlighted ways in which OST obstructed their daily lives: through troubling bodily symptoms such as excessive sweating or fatigue; to having to organise life around daily prescription collection.

The management of illicit drug use around parenting has been explored in a number of studies. These highlight a range of strategies through which parents seek to minimise harm to children (Hogan, 2003; Klee, 1998; Rhodes et al., 2010; Richter & Bammer, 2000). As well as entering drug-treatment, this can include attempting to hide drug use from children; ensuring that children's basic needs are met before attending to drug use; and using different types of drugs (e.g. cannabis) to manage withdrawal symptoms and continue to provide care. Such studies emphasise the morally charged character of parental accounts of drug use. This is evident in Rhodes et al. (2010) accounts of drug-using parents regarding the harm or damage drug use might pose to children. Participants in the study were largely current users of illicit drugs, and their accounts addressed harm in different ways: accepting, qualifying or resisting the extent to which their own drug use had caused harm to their children. Frequently participants 'shifted between' these different types of accounts, and Rhodes et al. suggested there is a need for services to facilitate opportunities for drug-using parents to talk about parenting and family life, and for the creation of wider 'enabling environments' to encourage earlier help seeking, so that harm reduction approaches could focus upon families and relationships, rather than individual drug users (2010: pp. 1496–1497).

The time around the birth of a baby is frequently framed as a 'crucial' point at which interventions may be particularly efficacious, and when substance using mothers in particular might be particularly motivated to 'turn around' their lives (Hall & van Teijlingen, 2006; Klee, Jackson, & Lewis, 2002; Radcliffe, 2011). However, longitudinal research that is able to examine these changes over time has been limited. Studies that have used longitudinal approaches have highlighted the importance of social support (both from services and interpersonal networks) in shaping substance use and parenthood trajectories (Klee et al., 2002; Lund et al., 2012; Radcliffe, 2011). Research carried out by Skinner, Haggerty, Fleming, Catalano, & Gainey (2010) in the US that used long-term follow up reported poor outcomes for drug dependent parents and their children. These findings highlight the complex and enduring contexts of disadvantage in which much drug dependence occurs, with Skinner et al. reporting that of the 130 families they located after 12 years, 24% of the drug dependent parents had died; and of those still surviving, 52% were unemployed and 54% had been incarcerated in the previous 10 years. They concluded that both parents and children would likely require extra support in order to attempt to counter such negative outcomes.

The research reported upon here examined the ways in which drug-dependent parents accounted for their experiences of both parenting and parenting support, with a focus on the antenatal and postnatal periods. In particular we examined the narratives parents generated regarding the impact of problem drug use, including use of OST, on parenting.

Methods

This study was carried out in Scotland, and comprised a qualitative exploration of service user and service provider accounts of the provision of parenting support for drug-using parents during the antenatal and postnatal periods. This paper reports on the service user data only. Service users were recruited through NHS services in South East Scotland, a location incorporating several densely populated urban centres with surrounding rural areas. We aimed to recruit participants during their or their partners' pregnancy, with the first of three longitudinal interviews planned at around week 28 of the pregnancy. Subsequent interviews were planned at 2–3 months and 6–9 months postnatal. The timing of the interviews was designed to coincide with times where services might be expected to alter or intensify. Additionally, carrying out repeat interviews with participants across approximately one year enabled analysis of the ways in which narratives might alter over time in response to changing parenting needs and often rapidly changing life circumstances (e.g. the birth of a child; child protection involvement; a relapse). A purposive sampling strategy was used, designed to maximise diversity within the sample and the comparative potential of the data. We sought to include male and female participants, both younger (under 25) and older (over 25) parents; first-time and experienced parents; injectors and non-injectors, and those with different patterns of service use.

Recruitment and sample

Although recruitment was challenging, we interviewed nineteen service users, five men and fourteen women (not couples, therefore participants were from different families). While we had hoped to use snowball sampling to recruit parents who were not using services, this approach was unsuccessful, resulting in our sample being comprised only of people engaged in OST, although some were recent attenders. Of the nineteen participants, we interviewed ten at all three stages (three men, seven women) with seventeen interviewed on at least two occasions. A total of seventeen antenatal and 28 postnatal interviews were conducted. Participants were offered a £20 voucher for each interview to cover expenses for taking part in the research.

Participants were aged between 23 and 39, with a median age of 29. All were unemployed, and the majority lived in areas of deprivation. Five participants were first-time parents, seven had resident older children and seven had non-resident older children (older children were aged between 2 and 19). At the time of the first interview, all participants were engaged with drugs services and prescribed opioids. This was mostly methadone, though one participant was prescribed buprenorphine, and one dihydrocodeine. During the course of the research, several participants' prescriptions altered, and in two cases ceased. Participants reported a range of experiences with drug use. While some presented themselves as being engaged with drug treatment and prescribed opioid-substitutes for some time (up to 13 years); others had only recently engaged, or re-engaged with drug treatment. Most participants reported a history of poly-drug use including prescribed and illicit benzodiazepines, cocaine and crack cocaine, cannabis, amphetamines, ecstasy, illicit opioids and mephedrone. Some reported on-going illicit drug use (and 'relapse') during the study period, primarily using illicit opioids and benzodiazepines. Problematic alcohol use was also described by participants; with two women reporting this during their pregnancy. All participants smoked cigarettes, ranging from 5 to 30 per day.

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