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A qualitative study of barriers and facilitators in treating drug use among Israeli mothers: An intersectional perspective

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ABSTRACT

Rationale: Despite the benefits and availability of drug treatment in Western countries, research has shown low utilisation rates, especially by mothers. Studies have indicated internal barriers (e.g., shame) and external/structural barriers (e.g., poverty) to women's utilisation of drug treatment, but little is known about the interrelated axes of marginalization that create such barriers and, even less, facilitators of treatment. A promising avenue for examining this path may be the theoretical perspective of intersectionality, which has often been used to illustrate how women's experiences are shaped by gender in conjunction with other factors, including class, age, and race.
Objective: The purpose of the study was to obtain a deeper understanding of the barriers and facilitators of drug-abuse treatment among substance-abusing mothers, including practical implications.
Methods: In-depth interviews were conducted with 25 Israeli-born and immigrant mothers known to child protection and welfare agencies. A critical feminist theoretical perspective informed by intersectionality was adopted to examine the barriers to and facilitators of their enrolment in drug treatment.
Results: Thematic analysis revealed three themes in the interrelationships of different factors and treatment utilisation. First, the threat of losing child custody was interrelated with lack of social and family support, immigration status, being post-partum, and economic hardship to shape barriers to treatment. Second, a set of coping resources originating in their marginality was interrelated with opportunity for treatment. Last, the participants suggested changes that would encourage treatment utilisation, with focus on non-judgmental referral procedures.
Conclusions: The findings indicated that barriers and facilitators are interrelated and co-constructed, reflecting the interlocking of power and oppression across the axes of class, gender, and ethnicity. Focusing on social inequality and gender in policies and research on women's drug treatment, the findings may inform the development of strategies to overcome treatment barriers.

1. Introduction

Extensive international research has shown that the treatment of substance use is effective in reducing drug and alcohol use and associated health and social problems (Laudet et al., 2009; MacArthur et al., 2014). However, despite the numerous benefits and availability of treatment centres in Western countries, utilisation rates are low: Only about 10% of those suffering from substance dependence receive specialized care (Neale and Tompkins, 2007; Substance Abuse and Mental Health Services Administration [SAMASHA], 2012). Tucker and Simpson (2011) argued that 'remediating this gap depends on understanding influences on care seeking that operate across individual, social, organizational, and economic levels' (p. 375). Based on the lower rates of women in treatment facilities compared with gender ratio of prevalence of drug use disorders in the population, it is estimated that men are more likely than women to seek formal treatment (Greenfield et al., 2007, 2010). In Israel, Lev-Ran et al. (2014) found a clear predominance of men among treatment seekers for addiction, similar to reports from high-income countries. Specifically, men constituted 80% of the people treated for drug dependence. According to the authors, this may represent not only the gender differences in the prevalence of substance dependence but also gender differences in treatment seeking. Research has indicated that among women, the gap is due to internal barriers to treatment, such as shame and denial of their substance abuse that are

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associated with gender violations (Grella, 2008). In addition, external barriers to treatment, which are shaped by structural inequalities, such as poverty, and gender-related characteristics of treatment programs (e.g., lack of child care) have also been identified (Grella, 2008; SAMASHA, 2012). While previous research examined the internal and external barriers, no studies to date have focused on the interrelationships between multiple axes of marginality reflected in women's drug use, motherhood status, poverty, and utilisation of treatment.

Intersectionality theory highlights the interaction of social identities that operate within multiple social contexts at the individual, relational, and institutional levels, which ultimately play out at the individual level (Collins, 2015). Therefore, research conducted from this perspective is likely to shed light on the dynamics of the intersections among problematic substance use, social identities, and different forms of oppression associated with structural contexts, thus elucidating the complexities of help-seeking behaviour. Furthermore, intersectionality research to date is often focused on race, class, and gender, obscuring other types of experiences that emerge from the intersections of age, geography, and immigration (Hankivsky, 2012). In addition, although research has reported numerous barriers associated with poor rates of drug treatment usage among mothers, little attention has been paid to the facilitators of their utilisation.

The present research sought to fill a current gap in the knowledge by identifying factors that Israeli mothers themselves identify as barriers and facilitators to drug treatment. Most of the published research regarding barriers and facilitators was conducted in North America (Neale and Tompkins, 2007). The Israeli sociocultural setting may have unique effect on barriers and facilitators of drug treatment among mothers. In Israel, it is estimated that women account for 10%–30% of the population of about 25,000–30,000 drug dependent individuals (Isralowitz et al., 2007).

Israel is a highly family-oriented society, characterised by close relationships between children and their parents (Lavee and Katz, 2003), where motherhood is perceived not only as a woman's primary role, but also as an indicator of moral identity (Remennick, 2001). Not surprisingly, therefore, motherhood discourses have been found to affect the experiences of Israeli women (e.g., Gueta et al., 2016). In addition, Israeli society is a society of immigrants. Immigrants from the former Soviet Union (FSU), account for approximately 13% of the Israeli population (Yakhnich and Michael, 2016). In comparison, FSU immigrants comprise 25%–30% of the clients of Israeli drug treatment facilities, and nearly 50% of those in therapeutic communities (Ranz et al., 2012). Research has shown that FSU immigrants are reluctant to seek help with their addiction, due to the punitive character of such programs in the FSU and lack of reliable information regarding treatment in Israel (Yakhnich and Michael, 2016).

Furthermore, most of the literature is based on quantitative data provided by researchers and policy makers, rather than information from drug users (Neale and Tompkins, 2007). Qualitative accounts grounded in women's experiences allow drug-dependent mothers to be regarded as experts and thus hold promise for improving intervention outcomes (Orford, 2008). Qualitative research is particularly suitable for examining the complex intersectionality of race, class, gender, and deviance (Trahan, 2011). Last, the double focus of barrier and facilitators, which are not necessarily mirror images of one another, could enable an integrated approach to this issue (Browne et al., 2015).

1.1. Barriers to and facilitators of drug treatment among mothers

Research has indicated that women demonstrate low levels of drug treatment utilisation considering particular barriers (Greenfield et al., 2007; Grella, 2008), defined as 'events or characteristics of the individual or system that restrain or serve as obstacles to the person receiving health care or drug treatment' (Xu et al., 2007, p. 321). These barriers stem from different sources. First, for decades, treatment centres ignored gender-specific needs, such as mental health problems and domestic violence, thereby hindering women from seeking therapy (Bungay et al., 2010; Grella, 2008). Second, the view of substance abuse by women as a violation of the gendered social order generates social disapproval and stigma, which in turn hinders women's help-seeking behaviours (Covington, 2002; Stringer and Baker, 2015). Last, substance-abuse literature has indicated barriers to treatment that are shaped by structural inequalities associated with poverty, racism, housing insecurity, and unemployment among women (Grella, 2008).

Mothers experience several additional barriers to treatment. Those most often cited are related to the mothering status, centring on both fear of forfeiture of parental rights and childcare responsibilities (Davis and Yonkers, 2012; Greenfield et al., 2007; Roberts and Nishimoto, 2006). Evidence shows that the approach of deterrence by means of threats is counterproductive in motivating help seeking; in fact, it creates 'flight from care' (Jessup et al., 2003, p. 296). This is especially relevant among women of colour, who are more likely to be shouldered with childcare responsibilities and more concerned about losing custody of their children because of seeking treatment (Bell-Tolliver et al., 2012; Zemore et al., 2009).

In contrast, some studies indicate that the fear of losing child custody and recognizing the damaging consequences of parental drug misuse may also motivate women to seek treatment (Neale and Tompkins, 2007; Virokannas, 2011). Little is known about the experience of external and legal pressures to enter treatment from the perspective of the women they affect (Davis and Yonkers, 2012). In addition to those concerning motherhood, the facilitators of help-seeking behaviour among substance-abusing women also include gender-responsive treatment models that address the multiple needs of women, such as trauma intervention delivered in a supportive environment (Covington, 2002; Davis and Yonkers, 2012; Grella, 2008).

Despite the importance of research on specific barriers and facilitators to treatment among women, a focussed approach to gender and motherhood as barriers or facilitators may obscure their intersection with other variables such as poverty and race (Lundgren et al., 2001). To date, there has been no empirical research on the interplay of gender and others axes of marginalization with help-seeking behaviour among women. In light of Neale et al.'s (2014) finding that initiating recovery is associated with the dynamic of tangible and intangible personal attributes, physical and socio-environmental structures, and cultural dispositions, a critical intersectional approach focused on the dynamic between gender and structural inequities could inform research and policymaking, to improve health services for women (Bowleg, 2012).

1.2. Intersectionality as a key to advancing women's health

The intersectional theoretical framework is founded on recognition that multiple interlocking identities at the micro level reflect multiple interlocking structural inequalities at the macro levels of society (Bowleg, 2012; Crenshaw, 1991). Recently, Collins (2015) defined intersectionality as 'the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities' (p. 2). Crenshaw (1991) criticised gender theories for promoting 'essentialist' definitions of femininity that mainly reflect the experiences