

Drug dependent parents: Childcare responsibilities, involvement with treatment services, and treatment outcomes

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Abstract

Relatively little is known about the treatment of drug dependent parents. This study of drug misusers ($n=1075$) investigates the involvement of parents with treatment services, childcare arrangements before and during treatment, and outcomes at 1-year follow up. Almost half the sample (46%) were parents. Women were more likely to be responsible for the care of children. Parents, and especially women, who looked after children, were less likely to receive residential treatment. Illicit drug use and psychiatric symptoms were reduced at 1 year. Outcomes did not differ by gender or parenting status, but there was an interaction effect for psychiatric symptoms: for women, looking after children during treatment was associated with less improvement in psychiatric symptoms at follow up. Such women face special difficulties in access to services and would benefit if treatment services were able to offer improved access and childcare support.

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1. Introduction

The processes associated with the development, progression, and recovery from drug dependence, occur within a social context. Although the majority of studies of drug addiction focus upon the individual drug taker, drug dependence affects, and is affected by many others, including family, friends, employers, as well as agencies such as health care and social care providers. One group which is seriously affected is

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the immediate family of the dependent drug user. Most dependent drug users are young adults and many of them have children. Up to 300,000 children in England and Wales and more than 1.5 million children in the US are estimated to have a parent with serious drug problems ([Advisory Council on the Misuse of Drugs, 2003](#); [Office of Applied Studies, 2003](#)).

Many children who are raised in families with drug misuse problems do not exhibit problem behaviours either as children or as adults ([Garnezy, 1985](#)), but adverse family circumstances experienced during early childhood increase the probability of developmental and behavioural problems among children ([Nurco, Kinlock, O'Grady, & Hanlon, 1998](#)). Indeed, a substantial research literature has documented the effects of poor family functioning upon the development of substance abuse and other problem behaviours among the children of drug misusers ([Clark, Cornelius, Wood, & Vanyukov, 2004](#); [Fals-Stewart, Kelley, Cooke, & Golden, 2003](#); [Kolar, Brown, Haertzen, & Michaelson, 1994](#)). These potentially adverse effects are often recognised by drug misusing parents ([Barnard, 2003](#)), but relatively little is known about how the demands of parenting and childcare are related to parents' own problem behaviours and recovery. In a UK study, drug misusing parents whose children were not living with them were particularly likely to have unstable accommodation, share injecting equipment, report regular stimulant use, live with another drug user, or to have been referred to treatment through the criminal justice system ([Meier, Donmall, & McElduff, 2004](#)).

Perhaps unsurprisingly, the responsibility for looking after children among drug misusing populations tends to fall disproportionately upon women ([Grella, Scott, Foss, Joshi, & Hser, 2003](#)). [Richter and Bammer \(2000\)](#) found that mothers used a variety of strategies to protect their children from the effects of their heroin use, including maintaining a safe and stable domestic environment, reducing their level of drug consumption and seeking access to drug treatment services. Concern over their children's welfare can be a major motivating force for entering treatment ([Swift, Copeland, & Hall, 1996](#)), but many women fear their children being taken into care and often believe that social services regard them as unfit mothers on the basis of their drug use, and regardless of their parenting capabilities ([Taylor, 1993](#); [Wilke, Kamata, & Cash, 2005](#)). [Powis, Gossop, Bury, Payne, and Griffiths \(2000\)](#) found that opiate dependent mothers were afraid that by approaching treatment, this might expose their problems and possible failings and increase the risk of their children being taken from them. Among a sample of female methadone patients, [McMahon, Winkel, Suchman, and Luthar \(2002\)](#), found that women with a greater number of children were less likely to have approached treatment services previously, although this relationship was moderated by other factors, including whether patients were living with a partner.

Where treatment programmes provide childcare services, improved retention in treatment, better drug use outcomes and lower levels of depression have been found ([Marsh, D'Aunno, & Smith, 2000](#); [Sun, 2006](#); [Wobie, Davis, Conlon, Clarke, & Behnke, 1997](#)). Residential programmes specifically tailored to the needs of women drug misusers with children have shown promising results in terms of reduced drug use and improved psycho-social functioning ([Brown, Melchoir, Waite-O'Brien, & Huba, 2002](#); [Connors, Bradley, Whiteside-Mansell, & Crone, 2001](#)). Parents may also be prepared to allow their children to participate in family orientated interventions, although many drug misusing parents are likely to resist this, particularly fathers ([Fals-Stewart, Fincham, & Kelley, 2004](#)). [Catalano, Gainey, Fleming, Haggerty, and Johnson's \(1999\)](#) evaluation of the Focus on Families programme demonstrated that it is possible to engage methadone patients and their children in family orientated interventions by combining family training with case management home visits. Interestingly, parents randomised to the intervention reported lower levels of drug use and family conflict at 12 months than those who received standard methadone treatment. Despite these generally positive results, however, there is evidence that provision of childcare

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