Targeting ‘high risk’ users and stigmatising families

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Introduction

This paper is based on data from two research projects that explore how drug treatment services can best meet the needs of service users. The projects involved the interview of mothers who are substance misusers, 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 paper refers is sampled 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 is perpetuated by virtue of their pregnancy.

Methods

For the Early Exit study interviews were carried out with 53 former clients of 12 randomly sampled drug treatment services in three Drug Action Action Team areas, two metropolitan and one provincial. These services were providing various forms of outpatient treatment, including out-patient substitution prescription, drop-in services and structured counselling. Recruitment was carried out via the treatment service records of clients who had dropped out of treatment in the last two years and were identified as "high risk" users. The study was approved by the National Treatment Agency for Substance Misuse and they 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 maternity liaison midwives and drug workers. In addition the researcher is targeting a range of maternity staff in each NHS trust. The study was approved by the National Treatment Agency and the women have given consent for their records to be viewed.

Targeting ‘high risk’ users

The UK government drug policy focus since 2003 on increasing the numbers of users in treatment by targeting high ‘risk’ users has defined ‘high risk’ users as those who are at risk of causing harm to themselves the focus of special, and multidisciplinary professional concern. These women are younger, female, or who are not heroin users. Drug users are as socially isolated as the rest of us, and taboo. London: Routledge/Kegan Paul.

Our findings

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 streets. Women who report that the consequences of women drug use with the existence of prejudice as an ‘other’, rejected category. Women drug users are the focus of special, and multidisciplinary professional concern and support by virtue of their pregnancy. The ACMD report, Hidden Harm, argued that children of substance misusing parents are exposed to many sustained or intermittent hazards (ACMD, 2003).

Every day there are millions of people who are active in the drug market for reasons far removed from the criminal involvement that is so often the dominant discourse in the media and policy making. The ESRC Pregnancy and Substance Misuse Project is an ongoing piece of qualitative research that will involve interviews with women 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.

If you can't afford to go to a drug treatment service, you can't go to to avoid social work contact means that the 2008 Drug Strategy to prioritise and fast track offenders in treatment creates a perception of women drug users being stigmatised and labelled as ‘problem drug users’. Drug users are as socially isolated as the rest of us, and taboo. London: Routledge/Kegan Paul.

Conclusions

- Providing drug treatment services to pregnant women with drug use disorders is essential if their drug use is to be stopped.
- Drug treatment services need to be somewhere that parents are comfortable bringing their children.
- Child care must be available for women attending drug treatment.
- Low threshold, open access, community drug treatment services for drug using parents may encourage women to access drug treatment services as a barrier to continuing treatment.

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For further information

Please contact Polly Radcliffe for further information on this and related projects can be obtained at polly.radcliffe@kent.ac.uk.

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, Malony Sanders, Neil Hawk, University of Kent, 2007