

Women, Drug Use and Parenting in Dublin: The Views of Professional Workers in the Drug Treatment and Social Work Fields

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Abstract

A brief overview of some of the emergent findings from interviews with professional workers in the drug treatment and social work fields in Dublin is presented here. This is part of a qualitative study in progress which focuses on female drug users' experience of parenting. These interviews highlight the issues of poverty, deprivation, community activism, sexism and stigma and how these may impact on the experience of parenting and the perceived necessity for the women to "perform" "for the services, families, children and communities. This article concludes that while drug treatment and social work activities are conservative and reforming in nature, there is a need to develop a range of services that recognise women's roles as mothers; that there is a need to promote mainstream and specialist services for women drug users and their children that avoid an adversarial approach; that services need also to acknowledge women drug users' interests and aspirations for involvement in the world of "work" beyond that of parenting in the domestic sphere.

1 Introduction

Whereas much has been written in recent times about women's drug use, there has been little discussion of women, illicit drug use and parenting. Several inspirational ethnographic studies describe the life of the woman drug user and refer in varying degrees to the participating women's reproductive histories and involvement in parenting (Mahan, 1996; Maher, 1997; Rosenbaum, 1981; Sterk, 1999; Taylor, 1993), but this experience has been largely reviewed and discussed in the context of their careers in drug use.

On the other hand there has been controversial interest in drug use and pregnancy. While prenatal chemical exposure, women's experience of pregnancy and the social and psychological needs of the children of drug-using parents are important issues, there is however a serious danger of forgetting the woman drug user as a parent, as a mother, and throwing her, rather than the baby, "out with the bath water". With the exception of a few compelling texts (Baker & Carson, 1999; Boyd, 1999; Keamey et al., 1994), a vacuum exists in the literature with regard to studies of women drug users' lived experience of parenting. Professional workers' experience of this issue has yet to be explored.

This article presents emergent findings from a study in progress in an inner-city area in Dublin characterised by social and economic disadvantage. This qualitative study aims to elicit the views and opinions both of the women affected by illicit drug use and the professional workers who impact on their lives. Its major concerns are the accounts of women drug users' experience of parenting, their interactions with generic and specialist services and their views on the services required to support them in their parenting role. It also engages in semi-structured in-depth interviews and focus groups with professional workers in the drug treatment and social work fields in order to examine their perceptions of women drug users' experience of parenting, their views of the women's competency as parents and the dilemmas which they as workers encounter.

Presented here are some of the emergent findings from fifteen interviews and two focus groups with professional workers²⁵ who provide support to women drug users, particularly in their role as parents²⁶. Although this is a small selective sample of professional workers, it should be emphasised that interviewees work in either governmental or non-governmental drugs services or social work agencies in Dublin, which have contact with thousands of drug users, male and female, each year.

A brief focus on the backdrop against which this issue is unfolding will be followed by a discussion of three major topic areas arising out of the study – Social and Economic Disadvantage; Women Drug Users – Their Experience; and Parenting and Drug Use – Gendered Expectations. Extrapolating from interviews with professional workers, literature reviews and consultations with women drug users in Dublin, a discussion of the implications for drug treatment practice is offered in conclusion.

2 Background and Context – Drugs in Ireland

Since 1979, the emergence of opiate use, particularly intravenously, became apparent in certain areas and neighbourhoods in Dublin. Prior to the advent of AIDS/HIV in Ireland, services generally espoused a rigid, authoritarian, punitive and total abstinence perspective (Butler, 1991). However the effects of HIV during the 1980s led to the adoption of less punitive public health and harm reduction perspectives and impacted considerably on the development of services, including low-threshold responses. Currently the development of services appears to be influenced by “public nuisance” issues and a necessity to reassure communities about resolutions to problem drug use.

The number of drug users who live in Dublin is uncertain. Various estimates have been made over the years. A recent study suggests that the figure could be higher than 13,000 (Comiskey, 1998). The Health Research Board collated information about those individuals who had *received treatment* for problem drug use from the range of services in the Greater Dublin area between 1990 and 1994. Over this five year period the majority were young unemployed men who started using drugs during their teens, had left school before the official school leaving age of fifteen years and lived with their families of origin (O’Higgins, 1995). The national report in 1996 indicated that 86% of all treated drug users were resident in the Eastern Health Board area, while almost a quarter of those receiving treatment in Ireland lived in the inner-city areas of Dublin (Moran et al., 1997).

On closer examination it was found that in 1996 31% or 1,046 of those who received treatment for their heroin use in Ireland were women (Moran et al., 1997). With the increase in services there have been significant changes in the numbers of drug users presenting for treatment. By the end of 1996 almost a third, or approximately 267 of those drug users who had tested HIV antibody positive in the Republic of Ireland, were women. Drug users accounted for 46% (approximately 800) of the total figure, which was 1,731 HIV positive individuals (Foreman & Mulcahy, 1997).

Regrettably there are no official data gathered with regard to the children of men and women who attend agencies for treatment in the Dublin area. However a glance at some Irish research is revealing. In a profile of one hundred and twenty of their clients, 65% of whom were male and 35% female, one Dublin based non-governmental drug project – the Merchants’ Quay

25 Four social workers, four addiction counsellors, one of whom is managing a drug project, two drug workers, one psychologist, three community development workers, one of whom is managing a drug project, and one nurse working within a drug treatment service. Further interviews will be conducted with medical personnel, social work managers and community representatives.

26 Participant observation with women drug users at a number of sites, such as drug agencies and on the “street” in Dublin, also informs this article.

Project – discovered that nearly three quarters of those surveyed, or 86 individuals, had 186 children in total. They also found that an “extraordinarily high” number of children, 86 of the 186, were not living with their biological parents (McKeown et al., 1993: 40). A survey of women attenders in 1992, conducted by another non-governmental drug agency, the Ana Liffey Drug Project (Woods, 1994; Woods & Daly, 1995), reveals that of the 186 women attending, 142 (76.3%) were the parents of 280 children collectively. Eighty-nine of the 142 women (63%) were caring for their own children while 26 women had children living with other family members, nine women had children in foster or residential care and 18 women had children in combinations of the above. More recent figures revealed in a report of the same Project, dated 1998, suggest that as many as 533 of the 627 drug users attending Eastern Health Board drug treatment services in a specific community care area of Dublin are parents with an average of two children each (Ana Liffey Drug Project/Eastern Health Board, unpublished document).

In the Republic of Ireland, unlike in the United States, where criminalisation and punitive measures have proliferated, there are no automatic penalties for drug use in pregnancy and no mandatory removal of children from the care of their drug-using mothers. It has been suggested that in practice drug use by a parent does not automatically indicate child abuse or neglect and that drug use per se is not automatically regarded as evidence of unfit parenthood (Clarke, 1994: 9). Indeed it has also been suggested that social workers in their work with drug-using mothers in Dublin “have striven to carry out balanced assessments of the parenting/child care situation” and do not engage in the negative stereotyping of such parents (Butler, 1996: 152).

3 Emergent Findings

Some of the emergent findings of this research project are presented tentatively, as they reflect work in progress. The data generated in these recent interviews draw attention to some of the pressing challenges which are facing women drug users and their children. They focus on the professional workers’ views of the social and economic disadvantage experienced by women drug users, of their experience at the hands of their partners, families, communities and the criminal justice, social work and drug treatment systems, and of their involvement in parenting.

3.1 Social and Economic Disadvantage

“I mean primarily there is a whole background and backdrop of poverty, social deprivation, long-term unemployment, low educational attainment—That would be true of nearly 98% of the people I was working with...It was one of the first issues that would hit you in the face.” (Interview with a Social Worker, Transcripts, 1999)

This comment from a social worker employed by a non-statutory drug project points to the issue of poverty which is an overwhelming theme emerging from the interviews. Although the terms “marginalisation” and “exclusion” have been used more frequently in recent years, probably as a direct result of European Union funding initiatives, all fifteen professionals utilise the term “poverty” without prompt.

There is a consensus that poverty predates drug use, that many of those involved in drug use have been affected by poverty across generations, that they hail from communities which have been impacted upon by long-term unemployment and trans-generational educational disadvantage. Within the communities where the majority of these workers’ clients live, drug availability and opportunities for exposure to illicit addictive drugs are high and trans-generational problems with alcohol and psychoactive substances, licit and illicit, are common. In a telling quote, an addiction counsellor who manages a non-governmental project significantly couches this issue in terms of gender roles. “I think that the way women are responded to in those areas is predominantly as child carers, is predominantly as ... secondary to the men and that the responsibility of men in the home is all but nil... But the men are, will always be the ones who are served and I think that’s handed down from the working mothers with the drinking husbands who

are in general the parents of the client group that we work with.” (Interview with Addiction Counsellor, Transcripts, 1999)

All respondents espouse a definition of “relative poverty”, that is that the experience of poverty is relative to the society and the wealth of the society in which it occurs. Despite EU membership and the current so-called “Celtic Tiger” economy, a development worker in a drug project describes her view of the situations, housing, heating and general facilities for living, in which the women drug users live, as similar to those she had witnessed in Central America ten years before. She remarks that these conditions are “... totally extreme ... I’m amazed because the last time I would have experienced poverty like this would have been in Guatemala and you think that’s Central America, sure we know about that. But it’s here in the city, it’s here in Dublin City ... extremes ...” (Interview with Development Worker, Transcripts, 1999)

Poverty is regarded as a female experience, or at least one which women have to manage and one which is more pronounced for the woman drug user. Women are managing poverty which predates drug use. They are often, in the eloquent words of an addiction counsellor, “making a home in the hovel”.

There is a strong view that poverty is also linked with powerlessness. This may then account for the discussion in many interviews of “citizenship” issues, democratic rights, access to services, to respectful treatment and dignity. There is also a powerful sense in the transcripts of the visibility and resulting vulnerability and powerlessness of the working class drug user in receipt of methadone maintenance treatment. Respondents comment on the oppressive style of local anti-drugs activism and emphasise the dangers of this for women drug users and their children. Women’s experience of the Housing (Miscellaneous Provisions) Act 1997, described variously by respondents as an “anti-woman law” and as an “anti-family law”, are perceived as negative²⁷. This legislation has introduced measures, estate management and other community activities which are designed purportedly to address problems arising from anti-social behaviour on housing estates. Those interviewed recount numerous cases where drug users have been and are being offered the ultimatum to submit to treatment or else move away from their communities. The professionals express strong views and anger about this situation. They believe that this could only happen to the most powerless and voiceless users. A drugs worker suggests that drug users attending for treatment “... seem to be at the bottom rung of a power hierarchy that then is at play within a scenario where there is poverty, where there is low self-esteem, incredibly low self-esteem.” (Interview with Drug Worker, Transcripts, 1999)

Poor housing, nutrition and access to care relating to their physical, emotional and reproductive health, marginalisation, lack of education and literacy and general lack of supports are referred to throughout. The “poverty of experience and opportunity” is mentioned, described as the inability to do simple things like leaving the city for a day out in the country, going out for a meal in a restaurant or even going shopping in preparation for Christmas. These experiences are seen as being denied to their clients because of their history of drug use and their criminal records.

Many respondents note the extreme difficulties and problems which clients experience in terms of educational attainment and literacy. This echoes the findings of a range of studies in the Irish context with regard to the reported early school leaving of those who are in contact with the

²⁷ This is substantiated by conversations with women during fieldwork. During a women’s group in one centre, the discussion was dominated by their fears of evictions, local community representatives, and the housing authority. One woman receiving treatment had been served notice to quit her flat because her common law partner, her children’s father, was visiting her regularly. One of the conditions of tenancy was that she would live alone with her children. An encounter with several people while doing fieldwork revealed that a married couple had been forced to live apart. The man is now either sleeping rough or staying in hostels. He however spends each day with his partner and the children in the city centre.

drug treatment services. In 1996 58% of those in receipt of treatment in Ireland left school before the official school leaving age of fifteen years (Moran et al., 1997). Another respondent, a social worker, states that "... they have never stayed in school, not all but I mean the vast majority of them would have left school early and that even in the schools that they've gone to have wanted rid of them anyway because they were problematic." (Interview with Social Worker, Transcripts, 1999)

Throughout the interviews emphasis is placed on the poverty of experiences of these users in their childhood. Respondents express the view that many had an unhappy childhood in which there was much adversity to be faced. References are made to the women's experiences of violence, parental involvement in alcohol use, and separation from parents through being placed in residential or foster care. The experience of childhood bereavement arose for a large number of women. Sexual abuse is also mentioned regularly and refers to the unspoken histories of many of the women concerned. One addiction counsellor, working in a drug treatment clinic, identifies sexual abuse as a central issue in the lives of almost all the female clients. "Again it got to a point that if a woman came to me who was an injecting heroin user, I would be waiting for when the issue of sexual abuse would arise ... I don't think I met a woman drug user who was an injector who hadn't been abused or raped somewhere in their career. They may not have been abused as a child but they'd certainly had been abused as a woman over the age of eighteen." (Interview with Addiction Counsellor, Transcripts, 1999)

The vast majority of respondents hold the view that the women's parenting skills are affected less by drug use and by the drugs which they use and more by their experience of poverty and by their apprenticeship in parenting, that is, their own experience of having been parented. In fact many respondents make it quite clear that it is their considered opinion that poverty rather than drug use is the major issue in the lives of the parents and children they encounter. Significantly their ambivalence with regard to this issue is evident in other findings, some of which are discussed below in section 3.3 "Parenting and Drug Use – Gendered Expectations".

3.2 Women Drug Users – Their Experience

"Women drug users who aren't mothers ... they're like tough tomboys, at it with the lads or being one of the lads. And maybe that's OK to be like that for a while when you're in the height of and the flight of your drug use and you're being streetwise and you're able to do the robbing and you're able to do all those things that the men are able to do." (Interview with Social Worker, Transcripts, 1999)

Although respondents distinguish between women drug users who have children and those who have not, the majority acknowledge that it is rare to meet a woman drug user who is not a mother. Some attribute this to the importance attached to being a mother, which in Irish society is synonymous with being a woman. As an addiction counsellor comments "... women in those communities are not on an equal footing with men ... and they're predominantly seen as being women only really when they've given birth ... in (an area in Dublin) certainly the way to get a flat was to be a single mother. The way to get respect of other women was to be walking along the road pushing a pram ... I don't think I worked with any of them who didn't have children." (Interview with Addiction Counsellor, Transcripts, 1999)

According to respondents there are some younger women drug users who are unaffected by the child care issue as yet. These women are able to "run with the lads", commit the crimes, raise the money for their drugs, use their drugs and serve their time in prison as well. "But I think when it comes to children or mothers I think it's ten times worse and even amongst drug users as well there can be huge moral vilification of the pregnant drug user". (Interview with Psychologist, Transcripts, 1999)

When respondents discuss women's experiences, they generally assume that they are mothers and are involved to some degree in parenting and childcare. In the words of a nurse working in drug treatment, women drug users are "doing the devil and all. Everybody else came first, the kids, the partner, whatever else and that they were kind of down the list". When women become mothers they have to deal with a lot of additional difficulties. They have to then take care both of the business of child caring and the business of raising funds for their drug use and often that of their partners.

The professionals, without exception, believe that women drug users face a set of norms and standards differing from those of the male user. It appears that the stigma is greater and society's views about women users harsher: "Women drug users have a particular set of circumstances that are very different, I suppose, from the male drug user. People ... would see women drug users as probably the lowest of the low – 'How could you be a mother, the kids should be taken off you, how could you be a mother and you couldn't love your kids and be on drugs?' (Interview with Community Worker, Transcripts, 1999)"

Women's role in the economy, formal or informal, is referred to also and the gender differences in terms of the division of labour acknowledged. Within the Irish context, respondents note that in the past many women drug users would have been involved in and proud of their acumen as shoplifters or in pickpocketing. Due to high levels of security in Dublin shops and services this appears to be changing. It is acknowledged that many women drug users and women in treatment are working in prostitution in order either to support drug use and survive, or simply to survive. Other means of surviving in the drug scene, such as dealing, fraud, making one's home available to dealers and/or users, are discussed by many respondents. As mothers, the women find it more difficult to deal with the "hard times" dealt out by the criminal justice system and this may limit their involvement in some criminal activities and make sex work a more attractive option. Whereas the chivalry of the criminal justice and the drug treatment systems is noted by those interviewed, they also suggest that harsh responses from these systems towards women are frequent.

On the basis of these interviews with professional workers, the scenario for women drug users appears to be bleak and grim. They must contend with the double standards operating within their own community of drug users and often witness that their male partners receive more family support despite relapses. The respondents suggest that women drug users "get one or two chances and then they're out" of their family homes. It is argued that some families and communities treat women drug users more harshly than their male counterparts, as is demonstrated by the following quote from a psychologist. "In terms of families and in terms of how that woman drug user is viewed within the other systems I think then it's much different – they're viewed as much more devious, or their behaviour, I think, is examined more than a male drug user's behaviour is ..." (Interview with Psychologist, Transcripts, 1999)

The women must also contend with the attitudes of their partners and almost all the professional workers express the opinion that male partners are not supportive of the women in their parenting role. They describe the responsibilities which the women have for the household in terms of housekeeping, raising funds and managing the finances, for child care and sometimes the total responsibility for acquiring money in order to purchase drugs for themselves and often their partners. However some women encountered on the street during fieldwork, while critical of their male partners, are not so disparaging with regard to their involvement with them. They also acknowledge the sometimes crucial role that their partners play in parenting. Here there is interesting divergence between the opinions of the workers and the women.

The respondents recognise that their women clients must also deal with attitudes of other women, other women drug users, women family members, even their female children, community women, women in the treatment services, women providing antenatal care and women social workers. Attitudes within services, either drug treatment, social work services and antenatal services appear to vary, as does the quality of services which women receive. Women

drug users' perceptions of the services' attitudes and functions also have an impact. A nurse working in the treatment field identifies "trying to access support" as a major difficulty experienced by women drug users "... because of the way the drug users themselves perceive, say, social workers, that they're in the business of taking their kids rather than maybe supporting them to keep their kids... They don't tend to access those services because of the fear that because they're a drug user the kids are going to be lifted." (Interview with Nurse, Transcripts, 1999)

Asked for their opinions of women's experience as drug users, in treatment or in the criminal justice system, respondents express many views and attempt to highlight the differences between the male and female experience. When the issue of women's experience of antenatal care is raised, criticisms of this system are offered. It is hardly surprising that when women's experience of child care and parenting issues enter the discussion, the workers highlight the gendered nature of these issues. This will be discussed below.

The professional workers mention the notion of performance at many points throughout. Performance, as defined by one social worker, involves users telling "awful tales about how chronic, and how awful and how out of control their drug use is". Another respondent, a nurse, describes this as "what they might have to do in order to get an ear even from a worker". It involves telling the appropriate stories, telling workers what they think they need to hear and providing urine for screening. While this may sound humiliating, workers recognise that those who perform well get what they want or need from the system and are perceived by other users as having status as a result. This is offered as an explanation for some drug users' unwillingness to leave the treatment system behind. Another respondent describes women drug users' approach to services as "acquisitive", which echoes descriptions of "acquisitive" crime in street life. The work of taking care of business on the street may be transformed after entry into treatment into an acquisitive approach to a range of services. Others believe that women give information about their lives too readily and perform in the learned helplessness role which the "voyeuristic" treatment and social work system demands. The women are always watched and monitored and they "play to the gallery", which includes treatment providers, families, partners, children, social workers, community. Regarded as a learned way of survival in the services, almost all respondents are impressed by their clients' ability to survive and to "hustle" their way through life. Playing the "victim" is necessary in many situations, while on the street the "villain" role may be useful.

3.3 Parenting and Drug Use – Gendered Expectations

On the basis of the workers' accounts, nowhere is the notion of performance more useful than in commenting on the experience of women drug users as mothers. Currently there is increasing interest in the needs of the children of drug-using parents. However it would appear that for the workers the words "parenting" and "mothering" are interchangeable and this is stressed in interviews. Respondents highlight the gendered nature of the drug treatment and social work responses in identifying the notion of involving fathers, particularly drug-using fathers, in care plans and the like as "almost comical". This is also the case with other male family members. In the event of the need to find alternative care arrangements or support for the woman drug user and her children, it is other women within the kinship system – aunts, sisters, mothers and even grandmothers – who are called upon by workers.

Women drug users spend a lot of time with their children, while using drugs and while in treatment. Significantly, although practitioners express concern about children's exposure to drugs or drug-related lifestyle, there are few facilities offered to women with regard to childcare. One community worker States her view. "As I see it, the biggest barrier ... not just to these women but to women anywhere, is the issue for the millennium – is the issue of child care, child care and child care – there's nothing new in this ..." (Interview with Community Worker, Transcripts, 1999)

It is also suggested that the absence of child care prevents the women from training, participation in further education, mainstream training courses or university courses. Women reportedly have many aspirations in this regard and do not see full-time parenting or mothering as their sole aim or role in life. They also receive very contradictory messages about child care. Many of the professional workers are involved in dual career activity and their children are placed daily in creches or child care facilities. Yet there is an acknowledgement by respondents that there is an expectation that women drug users will spend most of their time caring for their children. One community worker highlights how their need for drug treatment and their attendance at a range of services forces them out of their homes, from the private to the public arena, where they are visible and that they are then regarded as “streeting their kids along the street with them”. Expectations of female relatives to provide support and alternative care, often without acknowledgement and additional resources are noted. One respondent, a community worker with responsibility for managing a drug project, observes how many of the women who would be called upon to step in and provide unpaid care giving – “love labour” – for a whole range of children within their kinship system are now simply too tired and worn out both from their roles as caregivers, and in their work in the formal and informal economies. She regards this as an “ominous” development and muses about the future role for professionals as they must increasingly step in to take over. “There isn’t a family focus, there are a few small services (addressing) issues like poor parenting and support around that, but there are very few and far between ... There are no family services to speak of ...” (Interview with Community Worker, Transcripts, 1999)

Alongside the gendered experience of the women drug users and their mothers, the gendered experience of the girl children is also emphasised. “We see kids watching their mothers ... Definitely the girl kids take on an awful lot and they become the minder and the watcher ... You’ll often witness them sticking with the mother, watching and moving the mother away ... They’re actually trying to move them away from situations or move them on or just create a diversion or something because they’re not comfortable about what they are seeing ... They try to mind and they try to fix it.” (Interview with Drug Worker, Transcripts, 1999)

Workers are concerned about the issue of parenting. In interviews they outline their concerns and identify incidents and issues which cause them concern and dilemmas. They consistently attempt to be professional in their judgements, to contextualise the experiences of the parents and children, to balance the needs and to evaluate in a relative manner the impact of the care and experiences of the children. They are also extremely aware of the importance of the children in their parents’ lives. Concerns are expressed about the values associated with parenting. Dressing a child perfectly is crucial in certain communities, whereas inappropriate discussions may take place in front of children or indeed highly inappropriate comments may be made directly to children. One community worker notes: “Most of them are parenting alone, love their kids absolutely, completely and utterly... Their experience is - you have to provide the best for the kids, that usually what’s on display is clothes and stuff like that ... There’s a huge element of keeping up with the Jones’ in this area ... That’s what happens in this community.” (Interview with Community Worker, Transcripts, 1999)

The workers believe that children’s awareness of their parent’s drug use, their difficulties and their depressions is heightened by the fact that they attend clinics and centres and witness their parent’s interactions with medical, counselling and social work staff. Children are often aware of and concerned about their parent’s health and wellbeing.

However, whether or not parenting and drug use are mutually exclusive activities in the views of professional workers is debatable. Although all are very positive in general about women drug users and their involvement with their children, when they were asked specific questions about competency while using drugs they became visibly uneasy. Many experience dilemmas in this regard and do not wish to be seen as apologists for poor child care and child

rearing practices. Others are quite clear that “stable” drug users in treatment are the “best people to be with their children”. There is however ambivalence about this issue.

Several respondents, however, are clear that the two activities, involvement in drug use and parenting, are not mutually exclusive. They emphasise the fact that the illicit nature of the use and the lifestyle associated with it are the reasons for a lot of the difficulties. They view the parenting work as quite satisfactory and competent in many situations, even if it is challenged by poverty and lack of resources.

With regard to the impact of a parent’s drug use on children, one respondent, a social worker, says: “I’m not saying it doesn’t have an effect on children but I think there are a lot of other factors,... are a lot of other situations and other parents maybe whose parenting capacity isn’t as much under the microscope.” (Interview with Social Worker, Transcripts, 1999)

Another, a nurse, suggests that “There’s a perception because you’re a drug user you’re a bad parent, I suppose that’s the major one and that a lot of the supports maybe that people could have accessed were prejudiced by that initial notion.” (Interview with Nurse, Transcripts, 1999) She later says that while “there are drug users that are bad parents ... it’s not necessarily because they are drug users”.

The workers focus on the experience of children, the love the women have for the children but they raise issues about inappropriate parenting practices whereby children are treated as adults and with no clear boundaries or limits. The number of alternative carers involved in caring for children as a result of hospitalisation, imprisonment, movements, different placements, inconsistency or separation and loss is also a concern. “Separation and loss... are specific to drug-using parents because of things like imprisonment or ill health as a result of drug use ... I think they’re quite specific probably to the drug-using population but mightn’t be specific to other members of the community maybe who suffer from similar disadvantage ... So I think that those needs need to be looked at in terms of supports for the children.” (Interview with Social Worker, Transcripts, 1999)

Against a backdrop of poverty and deprivation in late 20th century Dublin, “the image of the woman drug user and the baby in the buggy” or “the woman drug user, a mother, lying in a lane somewhere with a syringe in her arm” are powerful images and symbols for the women drug users, their families, communities and the professional workers to challenge. The constant self-questioning and examination that many of these workers subject themselves to on a regular basis reveal the difficulties and dilemmas involved.

4 Conclusion

“Reactions toward female drug users are based on accepted tenets of the ‘proper place’ and behaviour appropriate to women. Their unpaid labour in the home is subject to neither market forces nor even public control, but rather to moral exhortations to exercise self-control and responsibility.” (Perry, 1979: 4)

Perry’s comments, written twenty one years ago, seem to be as relevant today for the woman drug user in Dublin. A remarkable consensus appears to exist among the professional workers about the lives of the women with whom they work and their experiences as parents. Some of these accounts mirror earlier findings in an Irish context (Butler & Woods, 1992), and internationally (Rosenbaum, 1981; Sterk, 1999; Taylor, 1993). While women take care of the business of child rearing they are simultaneously involved with taking care of the business of drug use. Their dual career status, often unacknowledged because of their involvement with the “informal economy”, is evident. Parenting involvement is highly gendered in terms of the division of labour and this, too, supports the findings of the above-mentioned studies of women drug users.

These emergent findings have implications for the drug treatment and social work system. There is a clear need for a policy focus which acknowledges women’s existence and special

needs, including their needs as mothers. These findings also indicate the rigid gendered nature of parenting and of the practice in drugs and social work agencies. These practices perpetuate the gendered experience of women drug users, particularly in their work as mothers. The reforming zeal concerns itself with returning the woman drug user to a full-time position in mothering alongside drug treatment. Drug treatment often focuses on encouraging women to adhere to or conform to what is viewed as their “appropriate” gender and social roles.

In conclusion, while drug treatment and social work activities are conservative and reforming in nature, there is a need to develop a range of services that recognise women’s roles as mothers. The provision of mainstream and specialist services for women drug users and their children that avoid an adversarial approach is also indicated. However services need also to acknowledge women drug users’ interests and aspirations for involvement in the world of “work” beyond that of parenting in the domestic sphere.

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