

LETTER TO THE EDITOR

Dear Sir,

There are a number of critical points which I would like to make arising from your recent publication of Keenan, Dorman and O'Connor's follow-up study of 45 pregnant opiate addicts in Dublin.¹

While the authors obviously recognise that illicit drug use is not merely a medical problem, they fail, in my view, to deal explicitly with the important social policy issues which arise in this context. I believe, specifically, that their paper would have been more interesting and more useful if they had presented their findings against the background of a fuller discussion of both Irish drug treatment policy and Irish child care policy.

In general, the outcome study confirms the difficulties involved in helping such clients to either abstain from illicit drugs or to stabilise their lives while on a methadone maintenance programme. What I find questionable, however, are the two conclusions which the researchers purport to draw from their findings; the first of these is a recommendation that future work with such women should aim at detoxification and rehabilitation after pregnancy, while the second argues for greater use of child protection or 'at risk' registers in promoting the welfare of the children of these drug using mothers.

The first conclusion is presented in the very last paragraph of the paper and reads

The authors believe that future treatment programmes should concentrate more directly on detoxification and rehabilitation after pregnancy while not ignoring, the important areas of individual lifestyle and social circumstances. (Keenan, Dorman and O'Connor, p 255).

It might reasonably be expected that the authors would spell this out in a little more detail and show how this conclusion flows logically from the research findings, as it stands, it is presented as a *belief*.

The decision to offer help to drug users through the prescription of maintenance drugs or by other harm reduction methods - as opposed to the traditional Irish insistence that drug users must be detoxified and must thereafter remain drug-free - is ultimately a policy decision, one which is influenced by values as much as by science. Alternative conclusions, which are as plausible as that reached by the authors, are that the service offered to these women has failed to become as customer-driven or user-friendly as it might, that it should strive to offer more flexible methadone programmes and that its approach to counselling - particularly in the area of fertility - should become more nondirective and less authoritarian.

It is reasonable to assume² that the subjects of this research are socially and economically deprived (although Keenan, Dorman and O'Connor make no reference to socio-economic status) and that not all of their problems may be attributed to drug use. Hepburn³, who is cited by the authors, is emphatic that agencies which offer help to pregnant drug users should recognise the wide range of difficulties which these women commonly endure, that the women's views should be given serious consideration in developing the service and that the overall ethos of the service should be non-judgemental. I have argued elsewhere⁴ that the lack of a credible policy-making body on drug issues has greatly hindered the transition from the total abstinence model to a harm reduction model in this country. The general tone of Keenan, Dorman and O'Connor's paper suggests to me that the National Drug Treatment Centre has not yet made this transition to the kind of agency which is espoused by Hepburn.

The authors' concern for the welfare of the children of these drug-using women is understandable and laudable. However, their attitude towards the mothers seems unduly negative and stereotyped. The sentence which begins, 'In, Ireland it appears that opiate dependent women are determined to keep their children' (Keenan, Dorman and O'Connor, p. 154 invites the response that in Ireland most mothers are determined to keep their children: opiate dependent mothers, are, of course, basically the same as other mothers.

I believe that this section of the report, to some extent, misrepresents the British situation by suggesting that British social services routinely place the children of drug-using parents on Child Protection Registers. The *Advisory Council on the Misuse of Drugs*, a statutory body in Britain, has concluded⁵ that drug use *per se* does not automatically lead to inadequate parenting, and the guidelines drawn up by the *National Local Authority Forum on Drug Misuse*⁶ has accepted this principle and recommended that children of drug-using parents should not automatically be put on a Child Protection Register or made the subject of a case conference.

Rather than decrying the fact, as they appear to do, that opiate mothers wish to keep their children and that the courts are reluctant to make care orders, the authors could have interpreted their findings on child care in a radically different way: they could have viewed the fact that in more than 70% of cases the children of these women were being cared for by their mothers or other family members as vindication of

the support provided by the National Drug Treatment Centre and by other health and social service agencies.

Finally, the proposal that there should be 'some review of an "at risk" register' (Keenan, Dorman and O'Connor, p. 254) suggests that the authors are not familiar with Irish child care policy and practice as they might be. There is no statutory basis for such a register either under the Children Act 1908 or under the Child Care Act 1991, which is being introduced on a phased basis. There is, admittedly, a recommendation in the *Child Abuse Guidelines* that the Director of Community Care should maintain a 'list of suspected and of confirmed cases of child abuse in his [sic] area'⁷, but there is no evidence available on a national basis to show whether or how this recommendation has been implemented, and it is difficult to see how all children of drug using parents could be categorised in this way.

Perhaps future research on this topic from the National Drug Treatment Centre would include a more explicit social services perspective?

Yours sincerely,

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References

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