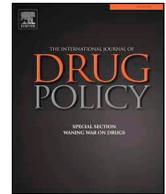




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Editorial Essay

Parents and substance use



Parents who use substances are the focus of governmental concern and moral opprobrium internationally, and their children are specifically targeted for social services intervention. Policies that inform practice for parents who use substances are complex and contradictory. There is widespread concern regarding the impact of parental substance use on the welfare of children, but little scientific/clinical consensus regarding what aspects of substance use represent risk or harm to children. This is despite an increasing emphasis on evidence-based policy and practice. Similarly, there is wide variability in how far poverty, poor housing or domestic violence are understood to mediate in child welfare outcomes in families with multiple and complex needs.

Previous social scientific research on the topic of parenting and substance use has tended to focus on the experiences of pregnant women and mothers who use illicit, “non-recreational” drugs. The earliest studies sought to challenge and resist pervasive assumptions and stereotypes about this group, highlighting their relentless stigmatization, and the particular struggles they face as a result of various institutional barriers to care, and common experiences of socio-economic deprivation (Boyd, 1999; Maher, 2000; Murphy & Rosenbaum, 1999; Taylor, 1993). These studies, drawing primarily on concepts from the symbolic interactionist, left-realist or feminist materialist perspectives, represented an important development in a field previously dominated by clinical research centred on the wellbeing of children, and the portrayal of women who use illicit drugs as pathologically incapable of fulfilling their “natural” role as mothers.

More recently, social scientific literature has begun to engage with the experiences of both substance-using fathers and mothers and to draw on additional theoretical perspectives (Chandler et al., 2013; Du Rose, 2015; Knight, 2015; Leppo & Per, 2009; Radcliffe, 2011). Many of these studies are set against the backdrop of contemporary neoliberalism, characterised by the de-institutionalisation of health and social care, what Rose (2000) describes as strategies to “govern at a distance,” and the influence of expanding scientific and medical knowledge about substance use and addiction (Campbell & Ettore, 2011; Fraser, Moore, & Keane, 2014; Vrecko, 2010). A number of studies demonstrate the resulting hybrid strategies used to govern substance-using parents, who are at once regarded as capable of taking responsibility for their own and their children’s care – by seeking drug treatment and/or parenting support, for example – and subjected to increased expert and state surveillance, intervention, and coercion.

Another strand of scholarship has highlighted that although parental substance use is often framed as the *cause* of a number of problems, such as poor child development and family functioning, it rarely occurs in isolation (Banwell & Bammer, 2006; Boyd, 1999; Broadhurst & Mason, 2013; Campbell, 1999; Dawe, Harnett, Rendells, & Staiger, 2003; Olsen, 2014). These studies establish that the causes and consequences of parental substance use are multifactorial, inter-related and

often cumulative. Poverty, low educational attainment, unemployment, housing instability, mental health problems, blood borne viruses and other physical health problems, criminal justice involvement, and the effects of intergenerational disadvantage feature prominently in this literature.

This special issue marks an attempt to build on and consolidate current research on the topic of substance use and parenthood. The papers in this issue focus on the core themes of techniques of surveillance, how substance using parents become problematised, and the biopolitics of drug use in young people. What follows offers a brief summary of each paper, highlighting their key contributions, and goes on to highlight new directions for future research in the field. In the final section we suggest that research in the area of drug using parents may benefit from new theorisations that shift our focus away from drug use per se to the ways in which drug using parents are governed as *parents*. These include the increasing uses of biological markers and neuroscience in social policies that target marginalised parents, the range of processes through which parents are made responsible for their children’s moral, social and physical health, and the varying ways in which drug-using parents’ experiences are shaped by temporarily and culturally-specific understandings of personhood, child development and/or family life.

Parents who use drugs, and techniques of surveillance

Harwin et al.’s paper addresses the therapeutic and judicial model underpinning Family Drug Treatment Courts (FDTs) and their historical development in the United States, Australia, England and Northern Ireland. These are hearings for parents whose drug and alcohol use are the focus of child protection concerns and where parents’ demonstration of abstinence (via negative toxicology tests) tend to be the condition upon which decisions about the custody of children hinge. The authors argue that FDTs provide a potentially innovative approach to adversarial and ineffective systems of care which result in unacceptably high numbers of child removal from parents (primarily mothers) who use alcohol and drugs and where the interests and needs of children are too readily considered to be in opposition to that of their parents. Central to the concept of the FDT model is that parents will, “become empowered and will learn to take on responsibility for their actions” in response to the treatment services and support offered under the supervision of the court. The authors describe the many socio-political, economic, legal, organisational and operational factors which have played a role in both enabling the introduction of FDTs and limiting their sustainability and roll-out.

Susan Boyd’s paper highlights another contemporary practice used to govern parental substance use: the testing of hair samples to determine parental consumption of alcohol and drugs. She describes the

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use of such tests during the 1990s and 2000s by the Motherisk Drug Testing Laboratory (MDTL), which is housed in one of Canada's largest research and teaching hospitals, The Toronto Hospital for Sick Children (SickKids). Boyd's paper details the findings of an independent review of the MDTL undertaken by the Ontario government and a subsequent official inquiry, the Motherisk Commission of Inquiry (MRC), both of which were established in response to complaints by parents and family lawyers about the use of MDTL results in criminal cases and child protection proceedings. Highlighting the conclusions drawn by the independent review and the subsequent MRC, Boyd demonstrates that both were in some ways unprecedented, insofar as they recognized that a disproportionate number of pregnant women and mothers subjected to hair testing through MDTL were poor, Indigenous and/or African-Canadian. In addition, they acknowledged that the drug test results introduced by child protection agencies as evidence in court were unreliable and pointed out that courts and child protection workers often uncritically relied on the results as proof of parenting capacity and harm to children. Boyd points out that neither the Ontario government review nor the MRC recommended banning the practice of hair-testing, however. Nor did they explore the benefits of harm reduction-based services for pregnant women, mothers, and their children or address the question of whether reforms to child protection practices might be necessary. Boyd discusses the implications of these omissions, linking them to the ways in which problematic assumptions about maternal drug use routinely justify the infringement of (poor and racialised) women's basic reproductive, parenting and human rights.

Problematising the 'problem' of drug using parents in policy and parents' accounts

valentine and Smyth's paper takes up the theme of parents who use drugs seeking to mitigate the impacts of their substance use on their children. In interviews, parents described attempts to protect children from knowledge of their drug use and talked of managed drug use so that their ability to care for children was not impaired. valentine and Smyth argue that parents resisted attributions of guilt and shame associated with substance use. Rather, where parents did refer to feeling guilty, this was distinct from shame and was not always connected to substance use. For instance, some parents suggested they felt guilty when working full-time and less able to spend time with their children. valentine and Smyth suggest that while their research resonates with previous studies concerning the stigma attached to parental drug use, parents in their sample appeared to successfully reject shame, though they reported feeling guilt occasionally. That feelings of guilt attached to a specific act or behaviour may be easier to manage or respond to than feelings of shame, which are associated with a 'spoiled identity', offers some hope for drug-using parents. The authors are clear that their sample is distinct in being engaged in peer-support and advocacy programmes, which may have enabled their success in navigating away from shame. This offers important insights for policy and practice, in terms of enabling similar opportunities for advocacy and peer support for drug-using parents. Parents in the study nevertheless also described 'systemic risks' that parents who use drugs contend with, that are beyond their control and which are generated both as a result of the expansion in multidisciplinary child protection scrutiny, and because of the illegal, criminalising, nature of illicit drugs.

While child protection policies and the surveillance of drug-using parents dominate the field of drug policy in Australia (and many of the other countries discussed in this special section), more direct and disciplinary governmentalities are exercised over drug users and their families in the Philippines. Using a risk environment approach (Rhodes, 2002, 2009) in which a variety of interacting factors are considered to increase the chances of drug harms occurring, Yusay and Canoy examine the narratives of children of substance-using parents in Filipino barangays (poor neighbourhoods). An aggressive 'war on drugs' in which suspected drug users are at risk of extra-judicial killings and

where public shaming of drug use is encouraged, shapes the experiences of the children of parents who have engaged with abstinence programmes. Narrative analysis suggests that young people's shame regarding their parents' drug use and fear that their parents may be arbitrarily killed are constructed by young people as domestic problems to be dealt with by them alone. This resonates strongly with findings from other contexts, where responsibility for drug harms is centred on individuals, rather than enabling attention to the range of factors that interact to make communities vulnerable to these harms (Wincup, 2016). Crucially, this paper contrasts starkly with that of valentine and Smyth, demonstrating the important role of policy contexts in shaping the affective experience of families impacted by drug use.

Drugs, children and biopolitics

Haines-Saah, Mitchell and Jenkins' paper differs from others in this themed collection insofar as it focuses on the ways in which parents are being tasked with preventing the harms associated with their children's substance use rather than their own. They address Canadian parents' perspectives on their adolescent children's cannabis use as new drug prevention and education materials are being developed in response to the legalisation of cannabis. The authors note that debates concerning legalization have drawn heavily on neuroscientific research which frames the adolescent brain as developmentally "at risk." Drawing on the work of Foucault (1991) and Nadesan (2008), the authors consider drug education and prevention materials targeting parents as a biopolitical "technology of responsabilization," contending that insofar as they frame risk in individualized and medicalized terms, they ignore the social, political and economic determinants of drug-related harms for young people. The authors demonstrate that discourses of parental responsibility for mitigating the effects of cannabis on "young brains" were adopted by most of the parents in their study, arguing that these discourses ultimately obscure the ways in which social context shapes adolescent health and substance use outcomes. The authors note that the focus of resources and information made available to Canadian parents is less about how to prevent the harms associated with cannabis use, than how to prevent adolescent substance use altogether. They conclude that while developments like cannabis decriminalization seem to signal the beginning of prohibition's end, responsibility for preventing use by young people has, in effect, been moved away from the legal system on to parents, who in turn, increasingly come to judge themselves – and others – as "good" or "bad" parents, depending on their ability to prevent their teenagers' cannabis use.

Whittaker et al.'s paper examines how Neonatal Abstinence Syndrome (NAS) is understood and responded to by parents and professionals in Scotland. The authors attend to the "socio-material arrangements" (Fomiatti, Moore, & Fraser, 2017) through which NAS is produced in practice (via discourses of risk and addiction recovery). They use Mol's (2008) concept of 'logics of care', to interrogate the principles and contradictions inherent in accounts of Neonatal Abstinence Syndrome. The authors demonstrate the uncertainties that surround NAS as an object of risk management, where the appearance or severity of NAS symptoms are neither linked to the amount of opioid replacement medication prescribed during pregnancy nor necessarily a sign that mothers have or have not used illicit opioids in pregnancy. Professional accounts illustrate the difficulty of establishing whether NAS symptoms are, on the one hand, signs of a mother's recklessness, or on the other, of an infant who is predisposed to developing NAS symptoms. The complexities and uncertainty surrounding NAS therefore trouble logics of care that are founded in risk-based decision making and judgements concerning a mother's commitment to recovery from opioid use. The authors argue that such logics of care obscure alternative ways of representing the baby with NAS, such as focusing on the care needs of the infant, supporting mothers to care for their babies, or by promoting family support.

Future directions for research, practice and policy

In her commentary, Martin notes that despite the development of rich theoretical and empirical sociological work about changing attitudes towards parenting, this literature is less often taken up in social science writing that addresses parenting in the context of drug use. Work by Boltanski (2013), Lawler (2000), Thornton (2011) and others on expectations for ‘intensive’ parenting, and parenting as a form of ‘self-actualisation’ are cited as providing new insights to research in this area. In particular, Martin highlights the relevance of recent work around the professionalization of parenting, especially via interventions from various neuro disciplines and intensive parenting practices designed to ‘get the best’ from children’s potential. She also explores the relevance of the idea that the parent-child relationship represents one of the only enduring relationships one might expect to have in late-modern, ‘fractured’ societies. Martin argues that future research addressing motherhood and parenthood in the context of drug use would benefit from drawing on these more recent theorisations to examine both the implications of new developments for policy and practice regarding parents who use drugs; and to support a closer examination of perspectives and accounts of ‘everyday parenting’ among parents. In this special collection, there are encouraging signs of this proposed move. For example, valentine and Smyth’s paper in this volume may also be seen as an example of research with parents who use drugs that successfully engages with this ‘turn to parenting’ (Daly, 2013). Their analysis shows that parents who use drugs may successfully reject the stigma of spoiled drug user identity in their accounts, and narratively reposition themselves with the *normal* guilt of contemporary parents who seek to balance working life with the increasing demands of the ‘intensive’ parenting role. This focus on parents who use drugs as *parents* is an important corrective to existing work which may serve to reinforce and over-emphasise the difference between parents who use drugs, and those who do not (or whose drug use is not problematized).

Martin’s paper makes a number of specific suggestions for future research, notes of which can be drawn out of the papers in this special collection. In particular, the role of psy or neuro approaches to parenting are implicated in the findings of a number of papers. Future work could attend more directly to the impact of the ‘biologisation’ of parenting on policy and practice regarding parents who use drugs and/or critically examine the increasing use of invasive and technologies, such as drug toxicology screening, the results of which are open to interpretation, to measure parenting capacity. Such approaches should also attend to the impact of this way of understanding parenting and child development on parents’ own accounts of their parenting practices. Indeed, there is an interesting resonance between contemporary critiques of the ‘biologisation’ of parenting and some of the policy and practice responses to parental drug use analysed in this collection. Gillies, Edwards, and Horsley (2016) use the evocative term ‘somatic markers of truth’ to refer to the use of biological research to bolster a policy focus on ‘early intervention’. In papers by Harwin and Boyd we see biological markers being used quite literally as ‘truth’ regarding parental substance use, being drawn into related policies oriented towards ensuring children get the ‘best start’ in life (in some cases via child removal). In contrast, in the paper by Whittaker and colleagues, the babies of mothers who use drugs are themselves somatic markers, with signs of neonatal abstinence syndrome taken as biological evidence of maternal drug misuse.

There is also a clear space for careful, theoretically informed research with parents (and particularly mothers) who use drugs, regarding their experiences and interpretations of ‘being a mother’. This topic is certainly touched upon in existing work, most recently in the compelling ethnographic work of Knight (2015) with poor, marginalised women who use drugs. However, as Martin points out, most existing research tends to focus on experiences of stigma, which – while undoubtedly important – may perversely reinforce parents who use drugs as ‘deviant’ and ‘different’, eliding substantial shared cultural and

social narratives around parenting. Indeed, as valentine and Smyth’s paper suggests, examination of the experiences and accounts of parents who use drugs may offer important correctives to theoretical work addressing parenting.

Another important arena for further research which is opened up by this collection of papers, is the importance of cross-cultural comparative examinations of policy, practice and experiences relating to drug use in the context of parenting. From the distinct repercussions of the drug-surveillance technologies addressed in papers by Harwin and Boyd; to the locally variable responses to Neonatal Abstinence Syndrome highlighted by Whittaker et al., these papers highlight the importance of context and the wider caregiving environment in which families live: writ large in policy and played out in subtly – and not so subtly – different ways in practice, with equally variable manifestations in the accounts and experiences of parents themselves. Social understandings of the ‘problem’ of parents who use drugs are connected to policies, and these – as our papers show – contrast in important ways, with some assumptions shared and others not. Further research must attend more closely to the impacts – of the diverse and multi-layered nature of policies, practices and experiences relating to parenthood in the context of drug use.

Declaration of interests

None.

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