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Dangerous drugs, dangerous mothers: Gender, responsibility and the problematisation of parental substance use

## **Abstract**

If, as many would have it, the 'drugs problem' is among the more perilous and uncompromising challenges of our times, parental substance misuse represents one of its most insidious expressions. The last 15 or so years has seen a concern for the 'hidden harms' experience by the children of drug users emerge as a principal concern for national policy actors and local service provision. However, there has been relatively little critique of the assumptions and epistemological foundations underscoring this policy shift, or of the preoccupation with the 'family' in drug policy in general. Through examination of seminal policy documents relating to parental substance misuse, and using Carol Bacchi's 'What's the Problem Represented to Be?' (WPR) approach, the purpose in this paper is to attend more closely to the formulation of parental drug use as a significant policy problem, and to the family as a principle site for the constitution of drug harms.

Keywords: Addiction, children, drug policy, families, parenting

## **Introduction**

Concern about the risks to children from parental substance use has become a central tenet of social policy in the UK over the last 20 or so years. Although anxieties about psychoactive substances have long centred on fears about the risks to children and ‘youth’ (Courtwright, 2001), this discourse places renewed emphasis on the family as a site of harm, as well as protection. The surge in interest in parents as vectors of the ‘drug problem’ was sparked by a seminal report called *Hidden Harm*, published in the UK by the Advisory Council on the Misuse of Drugs (ACMD)<sup>i</sup> in 2003, in which the authors warned that “parental problem drug use can and does cause serious harm to children at every age from conception to adulthood” and that “Reducing the harm to children from parental problem drug use should become a main objective of policy and practice” (ACMD, 2003: 3). The release of the report followed the publication of a number of influential, and much cited, research papers by contributors to *Hidden Harm*, with titles such as ‘Discovering Parental Drug Dependence: Silence and Disclosure’ (Barnard and Barlow, 2002), ‘Paying the Price for their Parents’ Addiction’ (McKeganey, Barnard and McIntosh, 2002) and ‘Living with an elephant’ (Kroll, 2004). The emphasis was on the ‘silent’ damage caused by parental drug and alcohol use to children, and the need for further research and improved services. The phrase ‘Hidden harm’ has since entered policy parlance as a metaphor for the damage to children from substance use. Drug workers are required to monitor clients and report evidence of risk to child services, and local authorities routinely employ Hidden Harm workers (PHE, 2013; Comic Relief, 2012; Barnardos, 2014).

Despite the significance of the family to the representation of the ‘drug problem’, the ways in which parental drug use has emerged as a key policy objective in the UK have been subject to limited scrutiny.<sup>ii</sup> This is perhaps surprising, since drug policy and parenting have, independently, been the focus of considerable critical policy scholarship (valentine, 2009; Watson, 2013; Drake and Walters, 2015; Cain, 2011; Gillies, 2011, 2014; Dermott and Pomati, 2015). It does, however, reflect a reluctance to challenge the privileged position of child protection exigencies in drugs (and other) discourses; images of children and childhood have, for example, considerable rhetorical force in debates about drug law reform and serve to intensify punishments for drugs offenders (Flacks, 2017, 2018). The purpose of this paper is to consider the representation of parental problem drug use in key policy documents in

order to attend more closely to its development as an important site for concern and intervention. It should be stressed that the intent here is not to dispute claims about the harm caused to children due to parental substance use, but rather to consider the formulation of parental drug use as a significant policy problem, and to the family as a principle site for the constitution of drug harms. Using Carol Bacchi's 'what is the problem represented to be' (WPR) approach, the discussion is based on discourse analysis of both the *Hidden Harm* report itself and its follow-up, *Hidden Harm: Three Years on* (hereafter *Three Years On*), as well as all UK governmental drug strategies since 1995. It begins with a short exploration of the centrality of both childhood and motherhood to anxieties about drugs and alcohol since the 19<sup>th</sup> century in order to historically situate the 'discovery' of parental problem use. It is suggested that, while it is tempting to assume that this simply emerged from the dissemination of new evidence, attitudes towards drugs and alcohol have long been shaped by, among other things, moral and political anxieties about women, class and the family. At the same time, the recent turn towards parenting as an instigator of, rather than protector against, drug harms within successive drug strategies has dovetailed with an increasing political preoccupation with the ideologies of parental responsabilisation and individualism. The paper subsequently explores how parental substance use is represented within the key policy documents identified, drawing attention to its characterisation as a particular *kind* of problem; one that is primarily concerned with motherhood, and one that is *causally* and singularly responsible for family harm.

### **Family governance and problem substances**

'Victim' children hold a privileged position within public imaginaries concerning drugs (Flacks, 2014, 2018) although, as the brief historical overview below suggests, anxieties about the threat to 'the young' correspond with more general concerns about the family, nation and morality (Courtwright, 2001: 171). The family unit emerged as particularly fundamental to the governance of the population during the eighteenth century (Foucault 1991:100), when 'the problem of children', including their survival and moral development, became a key governing mentality. As a consequence, an 'infrastructure of prevention' was built around the child along with a raft of measures to protect him or her, and a new set of obligations bestowed on parents in order to address the problem of childhood (Donzelot

1979: 97). These included the control of bodily hygiene, so that the “health and principally the health of children, becomes one of the family’s most demanding objectives” (Foucault 1980: 280).

Drugs and alcohol, and especially their use by mothers, featured in this turn towards childhood as a focus for governing technologies. In the UK, for example, public health interests were mobilised against the use of opium in the mid-1800s (and beyond), leading to the passing of the 1868 Pharmacy Act, due to concerns about the doping of children with opiates (Berridge and Edwards, 1981). According to Melissa Bull, the concerns about child dosing could

be understood within the broader frame of the governmental relationship between the child, the family and the population. Rather than being simply another example of class conflict it was a measure concerned with the responsabilisation of parents. It amounted to an expression of anxiety regarding the apparent failure of the family unit to fulfil governmental ends in relation to the health and wellbeing of the population by jeopardising the survival of children into adulthood (Bull, 2008: 16).

Mothers who worked were particularly blameworthy, either because they left their children with childminders who dosed infants, or because they selfishly dosed their own children in order to evade responsibilities. Campaigns against the ‘gin craze’ in 18<sup>th</sup> century London were similarly infused with gender and class prejudices, and expectations about ‘proper’ motherhood. Chas Critcher (2011: 174) writes that:

Anti-gin propagandists claimed that gin-swilling mothers and nursemaids were neglecting children and thus the next generation of soldiers, sailors and labourers. Solving the gin problem would restore the hierarchies of class and gender.

Alcohol was key to fears about ‘degeneration’ at the turn of the 19th century, with an “enduring” focus on women as mothers and the impact of alcohol on children (Berridge, 2013: 92). Female insobriety was increasingly associated with infant mortality by a group of anti-drink doctors who linked alcoholic abuse with racial deterioration (Gutzke, 1984). The

campaign resulted in the introduction of hygiene and temperance instruction in elementary schools and, eventually, legislation prohibiting children under-14 from pubs.<sup>iii</sup> According to Berridge (2013: 93-4), this clause could be seen as

...part of the Edwardian response to disturbing social changes, reflecting upper and middle-class fears of an alien and threatening working-class culture, but also of women's changing role in society. It was women's greater freedom outside the home which evoked fear, together with the declining birth rate, marriage property rights, and suffrage.

A governmental report in 1904 concluded that consumption by fathers alone did not lead to degeneration, but "if the mother as well as the father is given to drink, the progeny will deteriorate in every way, and the future of the race is imperilled" (Berridge, 2013: 92). There were campaigns in the United States against parental drinking as part of temperance movements, which advocated total abstinence from alcohol as a necessary constituent of probity, focusing on the damaging effects on children and the future of the race. Children were also of principal interest to the social purity movement, led by an international network of social reformers, predominantly in English-speaking countries, in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries (Valverde, 2015; Berridge, 2013).

Concerns about the effect of drugs and alcohol on parents, especially mothers, and children, fuelled by moral precepts and normalising objectives as much as medical studies, are thus not especially new, and they continue to shape contemporary social policy. Every drug strategy since 1995 has positioned children, young people and families as prime beneficiaries (Home Office, 1995, 1998, 2002, 2008; 2010; 2017). However, other rationalities and ideological concerns have influenced the development of policy on drugs and alcohol in addition to, say, nineteenth and early twentieth century concerns with the moral deterioration of the race. A marked social and political investment in the welfare of children, particularly by the New Labour government, and a greater understanding of the child as an individual rights-holder, have heavily informed all areas of social policy over the last 20 or so years (Lister, 2003; Gillies, 2008). Although the role of the family was also central to pre-1997 Conservative governments' visions of a socially-cohesive and

responsible society, they prioritised, in the wake of the so-called 'permissive' 60s and 70s, the preservation of the nuclear family. New Labour, on the other hand, emphasised a balancing of individual rights and social responsibility within non-traditional family structures, allowing for gay and single parents, for example, but nevertheless maintaining a vision of the 'moral' family. According to Val Gillies, "the primary role accorded to family as the protector of civilisation was preserved in this account, but significantly through a focus on children as its principle constituents" and "an almost evangelical faith in the power of good parenting to compensate for social disadvantage" (Gillies, 2014: 206-210; Koffman, 2008). Since children have become more important within a market-based society, parents are seen as primarily responsible – to the exclusion of structural variables such as poverty and class – for guaranteeing their future as economically-productive citizens (Gillies, 2014; **Burman, 2016**). Working class or socially excluded mothering practices have, in particular, been "held up as the antithesis of good parenting" (Gillies, 2008: 111), making more disadvantaged children ripe for 'early intervention' (McVarish, Lee and Lowe, 2015). For Erica Burman (2018: 1600), the drive within policy discourses towards 'psychologisation', or "the explanation of socio-political issues within exclusively individualist psychological terms," has helped to inform discourses of parent blaming, thus rearticulating "familiar classed and misogynist strategies of blaming the poor for their poverty". In mainstream psychology, the child is thus portrayed as abstracted from its social relations and disproportionate responsibility is afforded to the under-performing or 'bad' (female) parents. As discussed further below, these developments have dovetailed with an increasing emphasis on parents as principle constituents of, rather than guardians against, the 'drug problem'. It is suggested that adopting Carol Bacchi's poststructural approach to policy analysis provides the opportunity to further scrutinise the precepts and presumptions underpinning the development of policy on parental drug use.

### **Approach and methodology**

Bacchi's method is based on the premise that policies and proposals actually *constitute* or produce those problems that they are ostensibly supposed to resolve. A researcher's task is thus to critically consider what, exactly, the "problem is represented to be" (Bacchi, 2009)

and, for example, what assumptions precede this representation, and what is left unsaid or unproblematic. The focus of analysis is not on the intentions or strategic designs of policy actors or legislators, but on conceptual logics and the circumstances in which policy is developed. This approach is also not concerned with the governance or management of problems, since such analyses tend to assume such problems are 'real' and pre-existent, but with the importance of attending to role of taken-for-granted categories of analysis (Bacchi, 2015). For Bacchi (2016: 63):

In this way, rather than looking for explanations (or rationalizations) for problems that are presumed to exist, genealogies of practices demonstrate how the categories of analysis (e.g., "alcohol problems", "drug problems") were *made* under specific circumstances, and hence, can be *unmade* [author's emphasis].

Bacchi's perspective is rooted in a Foucauldian preoccupation with 'problematizations', which is not concerned with being 'for' or 'against' particular programmes or proposals, nor with revealing the 'truth' about certain objects or practices, but with the modes of thought that result in specific effects or debates. He writes that:

Problematization doesn't mean the representation of a preexisting object, nor the creation through discourse of an object that doesn't exist. It is the set of discursive and non-discursive practices that makes something enter into the play of the true and the false and constitutes it an object for thought (whether under the form of moral reflection, scientific knowledge, political analysis, etc.) (Foucault, 1988: 257)

Bacchi's approach broadens Foucault's agenda by invoking questions that attend to conceptual premises and the genealogy of specific problematizations. It does not seek "crisis" points but argues that any policy proposal relies on problematizations which can be interrogated (Bacchi, 2009). This is not a relativist position since there is an emphasis on the implications or effects of problematizations. This approach, or iterations of it, have been applied to drug law and policy by a variety of researchers (Seear and Fraser, 2014; Fraser and Moore, 2011; Lancaster, Duke, and Ritter, 2015; Lancaster & Ritter, 2012), who have paid particular attention to the forms of knowledge that imbue the biomedical premises informing solutions to the 'drug problem'. Bacchi proposes that a number of interrelated questions be asked about the problem that is being represented with the aim of promoting



means of 'thinking otherwise'. These include considering what the problem is represented to be in a specific policy(ies), how this representation of the problem came about, what presumptions necessitate this representation, what is left unproblematic and what effects are produced by this particular framing (Bacchi and Goodwin, 2016: 20). It is acceptable to draw selectively on these questions, and it is not necessary to respond to each one, "as long as a self-problematizing ethic is maintained" (ibid., p.24).

As suggested above, the discussion below is based on analysis of *Hidden Harm, Three Years On*, and all governmental drug strategies since 1995. The reason for choosing the *Hidden Harm* reports, despite at the time of writing being up to 15 years old, was both their enduring influence on both national and local drug policies, and also because of the relative lack of scholarly scrutiny of the ways in which the problem of parental drug use is framed in the documents. The ACMD, which commissioned the reports, is an advisory non-departmental public body, funded by the UK Home Office. Governmental drug strategies, in contrast, are not research reports but give a flavour of the government's intentions in respect of policy development. It should thus be acknowledged that other national and local policies may deviate from the broad strokes of the guidelines. It is argued that analysis of both sets of documents provides considerable epistemological value by helping readers to attend to the ontological politics of producing knowledge about drugs and parenting (Mol and Law, 2002). Given the combined length of the documents, there is a large amount of material to dissect, and the discussion does not claim to provide a comprehensive analysis, or to have problematised every assumption or supposition. In asking what meanings needed to be in place for the proposed versions of 'parental problem drug use' to emerge (Bacchi & Bonham, 2014), particular attention was directed towards the nature of problem drug use, the question of causality in respect of drug effects, and the ways in which visions of correct and capable parenting were gendered. In attending to how the turn towards parental substance misuse (or 'problem use') came about, it is suggested that this was partly the result of the social and political context, rather than an ahistorical 'truth' informed, simply, by the generation of new research evidence about child harm.

### **Representing the problem: from parents-as-victims to parents-as-perpetrators**

The publication of *Hidden Harm* in 2003 (ACMD, 2003) marked an important moment in the genealogy of the drug problem in the UK. Widely cited and disseminated, the report demanded greater recognition for the needs of children of drug users and, along with *Hidden Harm Three Years On* (ACMD 2007), continues to influence policy on health, drugs and child protection. The release, in 1995, of the first overarching, cross-governmental drug strategy (Home Office, 1995), was also significant. Stressing the criminal consequences of drug use, it arguably represented a departure from the political emphasis on health and harm reduction that dominated responses to the HIV crisis of the 1980s (Monaghan, 2012; Shiner, 2013). In the strategy, there is no mention of parental substance use, although access to public health services is promised for the families of drug misusers (Home Office, 1995: unpagged). In the next strategy, published in 1998, in which it is explained on the first page that “drugs impact on all of us, our lives, worries and aspirations”, it is emphasised that “whatever other influences affect young people, the role of parents throughout this process is crucial” (Home Office, 1998: unpagged). However, the emphasis on crime as the defining characteristic of the drug problem remains; the word ‘family’ is only used twice in the 32-page document and, in addition to young people (‘aim (i)’), a primary focus of the strategy is on protecting communities from drug-related criminal activity (‘aim (ii)’). In the 2002 strategy, the suffering of parents as a consequence of their own, presumably older children’s ‘addiction’ is repeatedly referenced (Home Office, 2002: 4, 7, 8, 23), but there is only passing mention of the children of drug users (ibid., p.18).

However, by 2008 – and the publication of the first strategy since *Hidden Harm* was released (Home Office, 2008) - there is much more emphasis on the damage to younger children’s welfare from parental substance ‘misuse’. There is repeated reference to ‘drug-using parents’ and readers are assured that there will be a more ‘individualised’ response (p.5) ensuring “that the needs of the children and families of drug users will be given a greater priority than...previously received” (p.11). In the 2010 strategy, the priority afforded to the children of drug users continues with, for example, the claim that “a third of the adult treatment (drug or alcohol) population have parental responsibility for a child” (p.6). Much importance continues to be placed on parents’ role in preventing drug or alcohol ‘misuse’ among children (p.11). Parents are described as “the single most important factor in a child’s wellbeing”, evidenced with a think tank report entitled “Parents are the principal

architects of a fairer society,” (Lexmond and Reeves, 2009), thus placing parental responsibility at the heart of resolving the ‘drug problem’. In the 2017 strategy, substance misusing parents are first to be mentioned under the section on ‘families’ (Home Office, 2017: 12) and it is stressed that “parental drug misuse can have a significant impact on children’s outcomes” (ibid., p.57). Although families have thus played a key role in successive strategies, earlier documents emphasised the harm caused *to* parents *by* (older) addict children, whereas from 2008 there was a preoccupation with the harm done *by* parents *to* (younger) children.

As indicated above, this shift in emphasis was not merely the consequence of the ‘discovery’ of new evidence about parental drug use. The emphasis on the needs of ‘individuals’ and parental responsabilisation coincided with attempts by New Labour governments to place special emphasis on the ideologies of individualism and responsibility in policy development. This involved the positioning of children’s interests as increasingly separate from those of his or her family (Gillies, 2014: 207-208). In general, post-1997 Governments, as well as resolving to address the pervasiveness of the drug problem, have been more interventionist on child welfare policy than their predecessors (Little, Axford and Morpeth, 2003; Fawcett, Featherstone and Goddard, 2004). This has involved heavy investment in children’s welfare programmes while attempting to address youth ‘social exclusion’ by way of the criminal justice system (Muncie 2009: 302). Recent Conservative/coalition governments have, argues Gillies, remained committed to blaming social problems on poor parenting, reflecting the (neoliberal) reconstitution of our understanding of personal and family relations through the economic reasoning and ideologies of individualism and responsibility. The policy focus on parental responsibility has, it has been argued, helped extend the reach of social workers into “ever-increasing new areas”, leading for example to the reconstitution of child obesity as a child protection (rather than health) concern (Clapton and Smith, 2013: 806).

### **Drugs and parental ‘misuse’**

Terms such as ‘misuse’, ‘addiction’ and ‘problem use’ are contentious and unstable, particularly when applied to different pharmacological substances, although they tend to be

used uncritically (Room, 1998, 2001; Fraser, Moore and Keane, 2014). In the strategies, 'drug misuse' is the favoured term in 1995, but the terms 'problem drug user', 'addict' and substance 'misuser' all appear at various points in the 1998, 2002 and 2008 strategies, and by the 2010 and 2017 strategies, 'drug misuser' has again largely displaced other categorisations. Such labels are summoned in order to distinguish between those individuals who merely consume for experimentation and/or recreation, and those whose consumption has been problematized. "In this sense", write Moore et al. (2015: 422), "drug use becomes a practice that must be characterised and explained rather than being seen as 'normal', widespread and unremarkable". Whereas the 2002 strategy clearly emphasises the challenges of drug 'misuse', 'dependence' and 'problem drug use' as distinct from mere use or consumption, the 2008 document sees the terms 'use' and 'misuse' deployed interchangeably. It is explained, for example, that drug users "have a responsibility to engage in treatment" (p.5), and that

parental drug use can cause children a wide range of health and developmental problems. It also limits the capacity for effective parenting, and many of the impacts of parental drug use, such as emotional insecurity, irregular school attendance and lack of suitable role models, can be drivers for other problems, including involvement in youth crime or low educational attainment (p.10).

Perhaps as a result of the renewed value placed on the welfare of young children, this frames *all* consumption as problematic.

In *Hidden Harm*, it is emphasised at the outset that "Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood "(p.3). Moreover, the authors suggest that "Reducing the harm to children from parental problem drug use should become a main objective of policy and practice" and "The number of affected children is only likely to decrease when the number of problem drug users decreases" (ibid.). Child harm is thus inextricably linked with problem drug use, and a reduction in such use is determined to be both achievable and necessary. The authors go on to frame 'problem use' as follows:

While there is probably no drug that is entirely harmless in all circumstances, the Working Group accepts that not all drug use is incompatible with being a good parent...Our Inquiry has thus focused squarely on parental *problem* drug use and its actual and potential effect on children. By problem drug use we mean drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them (p.7).

It is not clear how this definition is arrived at (no references are provided), although it is asserted as if final and unproblematic. Yet whether the social or psychological effect of a particular substance on a person can be defined as 'negative' will depend on a subjective judgement, and not on neutral criteria (Room, 1998). It is also not clear whether problem use must involve all of the 'negative consequences' described, or just some (or even a single one) of those factors. Hart and Moore (2014: 398) observe that when effects are determined to have been caused by alcohol or other substances, the "systems for the definition and measurement of effects are as much a precondition for these effects as alcohol itself". It is notable, for example, that binge drinking and recreational drug use by parents has been incorporated into estimates of the number of children living with parental substance misuse (Manning et al., 2009). Rhodes et al. (2010) further warn that knowledge may be structured according to those 'problem' families already involved in social services.

The authors of *Hidden Harm* make the claim that "Twenty-five years ago, there were relatively few problem drug users in the UK. Since then, the numbers have increased dramatically, with no part of the country being spared" (p.7). They go on to suggest that "there were few children of problem drug users in the late 1970s. Now, as our report will demonstrate, there are several hundred thousand, yet they have received relatively little attention" (ibid.) The problem is thus framed as neglected, devastatingly large (both in terms of geographical breadth and numbers affected), relatively new and imminently threatening. However, while 'problem use' warrants explanation, the definition of 'drug' does not. It is explained that the report only considers 'drug use', and not alcohol or tobacco, in order to 'do justice' to the topic (ibid.). The focus of the report is really on illegally-obtained psychoactive substances; heroin and other opiates, benzodiazepines (which can only be taken in large quantities if obtained off-prescription), cocaine and

amphetamines are identified as the chief drugs of concern (p.6). The importance of 'doing justice', or what precisely this might entail, is not explained further and, at the time of writing, the AMCD has not released any further reports on parental alcohol or tobacco use. However, the ostensibly strategic choice to exclude licit drugs – presented as a necessary but perhaps reluctant decision - nevertheless suggests that illegal substances require more immediate or significant attention. 'Drugs' were thus constituted as primarily illegal (and thus, arguably, 'immoral') substances whose ability to do harm took precedence. The point here is not to rehearse the well-established complaint that alcohol and tobacco are subject to less stigmatised treatment than other drugs, but to interrogate some of the seemingly pre-existing 'problems' on which the report is based, and to consider the ways in which policy helps to make the very problems that it is ostensibly aiming to resolve. For example, 'thinking otherwise' about this particular constitution of the problem might involve comment on how excluding alcohol, tobacco and other substances from the 'drug' category enables a particular history of the drug problem to be enacted.

### **Causality and harm**

Whereas earlier drug strategies do mention the importance of parents and young people, as discussed above, the 2002 strategy deploys more arresting language to stress the disruptive and invasive nature of drugs and its effect on the family specifically. In the foreword, Home Secretary David Blunkett writes that: "The misery [caused by drugs] cannot be underestimated. It damages the health and life chances of individuals; it undermines family life, and turns law-abiding citizens into thieves, including from their own parents and wider family" (p.3). Although the document goes on to explain that "Where children are involved there is the danger of abandonment and neglect", there is no other allusion to parental consumption. Nevertheless, it is argued that drug 'misuse' "contributes enormously to the undermining of family and community life - more, some may say, than any other single commodity or social influence" (ibid.). The reader is therefore left in no doubt as to the insidious and powerfully destructive effect of drugs, or of the direction of causality between drugs and a – seemingly unlimited – range of social harms (poverty, unemployment and so on) that may in themselves have been factors in the development of problems relating to drug use (Stevens, 2011). This causal linearity is reasserted under the section on 'young

people', where it is emphasised that "The impact of drug misuse on the parents, siblings, partners and children of drug misusers can include violence, neglect, mental illness, as well as all the side-effects arising from the poverty associated with drug misuse" (p.18). Family members are identified as the first line of defence, being "usually the first to spot that a young person is having problems and the first to provide support, and [able to] influence the success of any drug intervention their child receives" (p.23). There is some suggestion in all but the latest drug strategy that, for example, drug problems "do not occur in isolation," (Home Office, 1998; 2010: 2) are "tied in with other social problems" (Home Office, 1998), and occur in the "most deprived areas" (Home Office, 2002: 5; 2008: 8). However, there is nevertheless an overwhelming emphasis on family deprivation and poverty as causal *consequences* of drug misuse in all strategies, as well as largely individualised and 'behaviourist' solutions to drug problems centring on treatment, education, self-control and abstinence (Monaghan, 2012).

*Hidden Harm* also begins with the suggestion that the harms from drug use are associated with various other social influences, and are not reducible to the agency or direct effect of the drug itself.

Problem drug use in the UK is characterised by the use of multiple drugs, often by injection, and is strongly associated with socio-economic deprivation and other factors that may affect parenting capacity. It is typically chaotic and unpredictable. Serious health and social consequences are common (p.10).

Contextual factors such as deprivation, or perhaps level of education, social support or mental health, and the relationship with drug use, are not considered elsewhere in the report, however. The ability of drugs to *cause* certain effects, irrespective of environmental or other factors, is privileged in an ensuing paragraph.

After birth, the child may be exposed to many sustained or intermittent hazards *as a result of* parental problem drug use. These include poverty; physical and emotional abuse or neglect; dangerously inadequate supervision; other inappropriate parenting practices; intermittent or permanent separation; inadequate accommodation and

frequent changes in residence; toxic substances in the home; interrupted or otherwise unsatisfactory education and socialisation; exposure to criminal or other inappropriate adult behaviour; and social isolation (p.10) [my emphasis].

As in successive drug strategies, the suggestion that children may be exposed to poverty and other structural, economic and social disadvantages, such as inadequate housing and social isolation, 'as a result' of problem drug use represents the relationship between drug use and harm as causal and primarily one-way. The role of disadvantage itself as a potential factor in the development, or exacerbation, of problems relating to drug use is thus elided (Stevens, 2011). The adverse consequences of parental problem substance use for children are further described as including:

failure to thrive; blood-borne virus infections; incomplete immunisation and otherwise inadequate health care; a wide range of emotional, cognitive, behavioural and other psychological problems; early substance misuse and offending behaviour; and poor educational attainment. These can range greatly in severity and may often be subtle and difficult to detect.

Since they may be 'hidden', this opens up the possibility that a seemingly limitless range of markers of child harm can be reducible to parental problem drug use, which is in turn represented as broadly defined, far-reaching and unambiguously harmful to children. In Recommendation 37, it is further stipulated that: "The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, nonaccidental injury or accidental drug overdose". The value of linking this array of harms to substance misuse is not explained, but it is determined to be wide-ranging enough to include, for example, the sexual abuse of children.

To reiterate, the aim here is not to prove that the authors' version of reality is false, or to insist that there are no risks to children from parental substance use, but to consider whether alternative versions or realities of the relationship between parental 'problem' consumption and child harm are possible. For example, in the documents surveyed, factors which may mediate the effects of parental substance use, such as financial circumstances or



social support, are mentioned as merely incidental rather than potentially important forces in shaping how substance use is experienced by both parents and children (Shaw et al., 2007). The focus on parental substance use as an indicator of wellbeing in its own right, and divorced from social and structural correlators, is consistent with the framing of health harms as matters of individual responsibility within neoliberal rationalities (Guthman and DuPuis, 2006).

### **The burdens of motherhood**

Since 2008, and the establishment of parental drug use as a key concern for national drug strategies, recommendations for resolving the problem have included the promise to “ensure prompt access to treatment for parents who are problem users” and to “Support parents with substance misuse problems so that children do not fall into excessive or inappropriate caring roles” (Home Office, 2008: 21). In 2010, it was stressed that professionals must act to ensure the safety of children at risk “including where necessary by taking court action” (Home Office, 2010: 21), while in the 2017 strategy, there is an emphasis on taking an “integrated and co-ordinated whole family approach” and on reviewing evidence on improving children’s outcomes (Home Office, 2017: 12).

In *Hidden Harm* and *Three Years On*, solutions are – as might be expected – considerably more detailed. In the latter publication, there is also more of an emphasis from the outset on repressive and punitive solutions. On the opening page, a number of messages for the government are extrapolated from the testimonies of children. They include:

- “Our parents frighten us! You frighten them about going to prison and maybe they’ll stop.”
- “Destroy all drugs and alcohol. Stop them from being made, get rid of them.”
- “I wish they weren’t created - that they weren’t doing it and that they weren’t selling it.”

Presenting the ‘messages’ as coming from children themselves, although their selection by the authors is not methodologically explained, enables them to be framed as neutral and authentic. Nonetheless, they carry a normalising message. Abstinence, punishment through

prison, and 'law and order' solutions in general are privileged as logical responses to parental problem use.

Almost all the policy recommendations in both *Hidden Harm* and *Three Year On* relate to mothers. The reports have very little to say about fathers, even though statistics are included to indicate that twice as many men in treatment had dependent children (69 per cent) compared with women (31 per cent) (AMCD, 2003: 20). Women's drug and alcohol use is generally represented as more problematic than men's, particularly in the context of caregiving and reproduction where women are burdened with special responsibility towards the 'citizens of tomorrow'. Campbell and Ettore (2011: 186) write that:

Women are both viewed as more at risk and as themselves 'riskier' and more potentially 'harmful' to others. Greater incursions into women's bodily integrity have been tolerated in the name of society's investment in 'families' and 'communities'. The notion 'hidden harms' itself masks the extent of these incursions.

An emphasis in both *Hidden Harm* and *3 years on* is on the early identification of problem use, and intervening at the earliest possible stage, including pre-birth. It is suggested that this is because drug-using mothers are much more likely to have responsibility for, and particularly carry or live with, children, but this nevertheless naturalises women as children's primary carers and maintains mothers as primarily responsible. In *Hidden Harm's* list of 48 recommendations, nine relate specifically to mothers and none refer to fathers. Two further recommendations relate to contraceptive services, and these are specifically targeted at women. According to Recommendation 24, GPs who 'accept' problem drug users as patients should ensure they have access to contraception and planning advice, including "information about and access to services for emergency contraception and termination of pregnancy". Although providing abortion literature to pregnant substance users raises important questions for women's reproductive rights, there is no further advice or qualification about how such interactions should be managed. Recommendation 25 suggests that drug agencies should have links with contraceptive services, particularly "specialist family planning services able to advise on and administer long-acting injectable

contraceptives, contraceptive coils and implant.” Including examples of female, but not male, contraceptive devices privileges women’s responsibility for birth control.

In recommendation 3, it is suggested that antenatal clinics should record problem drug or alcohol use in order to ‘link’ these data to those on...

stillbirths, congenital abnormalities in the newborn, and subsequent developmental abnormalities in the child. This would enable epidemiological studies to be carried out to establish relationships between maternal problem drug use and congenital and developmental abnormalities...

The proposal to ‘establish’, rather than, say, investigate, relationships between ‘abnormalities’ and drug and alcohol use again presupposes that causal links already exist. There are also proposals relating to ‘non-judgemental’ identification and surveillance within maternity units (p.12), and it is asserted that:

The foundation of a child’s normal development is a good relationship with a well parent or primary care giver, usually the mother, who is consistently able to provide nourishment, stimulation and protection from danger and give the child a sense of well-being and security. Much of the potential for parental drug use to damage the child in these early months lies in the way it can obstruct or corrupt this relationship (p.37)

The report goes on to warn that the impact of withdrawal symptoms experienced by newborns whose mothers consumed drug during pregnancy may deeply affect bonding between mother and child (ibid.) Feminists have long challenged the assumption that women are responsible for childcare, but psychological and attachment theories have been particularly influential in supporting claims that children experience harm if not in the full-time care of their mothers (Burman, 2016). For Erica Burman (2016: 142), there is link between maternal presence and the maintenance of the social-political order since “Mothers were, and still are, positioned as the relay point in the production of ‘democratic citizens’, that is, adults who will accept the social-political order by imagining that their concurrence is through independent choice rather than coercion” (ibid.).

In other areas of the report, women's reproductive role and responsibility for protecting children are similarly emphasised. There is a specific section devoted to 'woman and child-centred services' (p.83) but there are no recommendations or sections specifically related to fathers. In the section of the report on 'children's voices', all but one of the case studies relate to the difficulties experienced by children as a result of their mother's drug use. Whereas in both *Hidden Harm* (p.41) and *Three Years On* (p.35) it is acknowledged that almost all research has focused on drug-using mothers rather than fathers, and in *Three Years On* that the vast majority of services attend only to the needs and responsibilities of mothers (p.70), there were no recommendations for redressing these imbalances.

## **Conclusion**

The importance of socio-political constructions of drug-related crime to the formulation of policy has been the subject of a rich vein of important scholarship (Hunt and Stevens, 2004; Seddon, 2006; Stevens, 2007; Shiner, 2013), but there has been relatively little scrutiny of the importance of the family to the constitution of the drug problem. The purpose in this paper has been to make visible the assumptions and political work involved in the problematisation of parental substance use in the UK. In doing so, it has relied on the premise that governmental practices, rather than simply addressing stable, pre-existing challenges, actually "produce 'problems' as particular kinds of problems" (Bacchi and Goodwin, 2016: 14). Focusing on seminal reports authored by the ACMD, as well as governmental drug strategies, it has been argued that, whilst the family has long been positioned as the bedrock of drug policy, concerns about parental substance 'misuse' have recently displaced those about the harm caused *to* parents *by* (older) children. This has corresponded with increased investment in, and recognition of, young children's rights and welfare, and the reconstitution of the family in terms of individualisation and responsabilisation. Moreover, the framing of problem parental substance use as one which primarily concerns mothers naturalises drug use by women as especially troubling, and potentially authorises incursions into women's bodily integrity under the auspices of child protection.

It has also been suggested that crime control and child protection rationalities share some common ground when it comes to formulating drug policy; they both tend to propagate

causal claims about drug effects. However, isolating the role of drugs as causally responsible for family harm risks minimising the complex assemblage of social and political factors that are enmeshed in the ways drug use affects families (Duff, 2016). The result may be that the specificity and complexity of family (and social) problems end up obscured by the identification of drugs as the principle originator of harm. Given that drug problems tend to coalesce in disadvantaged communities (Stevens, 2011), isolating them as matters of personal responsibility risks further pathologising working class and poor peoples' parenting. Moreover, since societal responses to drug use are structured by class and identity-based assumptions and prejudices, it would be surprising if assessments of the 'dangerousness' of parental substance use were not themselves imbued with gendered, raced and classed biases. The analysis presented here thus fits within existing literature that has examined the ways in which working class or socially excluded mothering practices have been subject to particular scrutiny (Gillies, 2014; **Burman, 2016**).

The attempt in this paper to better understand and contextualise representations of parental drug use has resonance for other countries and jurisdictions in which consumption is similarly problematised in reductive ways. In the United States, for example, parental drug use is framed as 'child abuse' on the federal department of health's 'Child Welfare Information Gateway',<sup>1</sup> whereas Australia's national drug strategy describes 'heavy alcohol use amongst parents' as "a significant cause of child neglect" and "one of the major cause of unhealthy early childhood development for many children" (ADH, 2017: 35). Given the thin line between concern for *troubled* and *troubling* families, future research might further scrutinise the ways in which apparently neutral determinations of risk and harm to children within drug policy can involve moral and normative concerns about drugs, gender, and the family, both in the UK and other policy spheres. It might also examine whether the very tools used to determine 'problem parental use' might also be laced with gendered, raced and classed prejudices.

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<sup>i</sup> The ACMD is an advisory non-departmental public body funded by the Home Office. Visit: <https://www.gov.uk/government/organisations/advisory-council-on-the-misuse-of-drugs>

<sup>ii</sup> Although see Bancroft and Wilson (2007).

<sup>iii</sup> Children Act 1908