Mothering and Substance Use

Info Sheet 1

Background

This information sheet reflects the discussions of a group of Canadian researchers, policy advocates and service providers from the child welfare and substance use fields who “met” in a virtual community over a four-month period from January to September 2007. Participants in the online community reflected upon how the child welfare and addictions treatment systems respond to mothers who use alcohol, tobacco, prescription drugs, and illicit drugs. The virtual community was sponsored by the British Columbia Centre of Excellence for Women’s Health and co-sponsored by the Canadian Women’s Health Network and the Canadian Centre on Substance Abuse.

A Paradigm Shift Needed

Mothers with substance use problems are often failed by the health and social service systems that are intended to assist them and their children. This failure arises from the stigma pregnant women and mothers with substance use problems face because they are regarded as “bad mothers” who willfully abuse substances and deliberately harm their children. This stigma is furthered by the additional perception that pregnant women and mothers using substances are incapable of, or not trying to, change [1-3].

A paradigm shift from prejudice to support is needed to support both mothers using substances and their children. This paradigm shift must be marked by concerned practitioners unifying in collaborative practice guided by common goals.

Media Representations of Substance-Using Mothers

An analysis of 2002 Canadian newspapers illustrated how substance-using mothers were routinely presented in a negative manner by the press [3]. Two recent media examples illustrate how this stigmatizing continues:

“A 22-year-old pregnant woman is appealing a three-month jail sentence given to her by an Ottawa judge who decided she needed a ‘wake-up call’ and overruled lawyers’ recommendations she be given six months of house arrest. Judge Lajoie pointed out that Ms. [X] had smoked marijuana in the first three months of her pregnancy, and that she had re-offended while still on probation.”

Judge rejects lawyers’ advice, sends pregnant woman to jail April 5th 2006, Ottawa Citizen

“Often the babies’ mothers won’t accept what their addiction has done to another human being. They’re almost always in denial about any impact to the baby.”

Rescuing infants from the depths of Victoria’s crystal meth crisis, Globe and Mail, Friday January 19, 2007

In spite of the evidence and efforts to challenge such harmful views of substance-using mothers, media portrayals, and often policy and service responses, continue to reflect prejudicial attitudes toward women who use substances.
Facts about mothers who use substances and the impact on children

Occurrences/Prevalence

- It is estimated that 18% of mothers engaged with the child welfare system have alcohol problems and 14% have solvent or other substance use problems. (For fathers the comparable rates are 30% alcohol problems and 17% solvent or other substance use problems.) In fact, domestic violence (51%), lack of social support (40%) and mental health issues (27%) were more often factors related to child welfare involvement for mothers than substance use problems.[4]

- 12% to 14% of women reported that they used alcohol in their last pregnancy [5]

- First Nations mothers in Canada are much more likely to lose custody of their children than other mothers: First Nations children are placed in care at a rate of 1 in 10 whereas non-Aboriginal children are placed in care at a rate of 1 in 200.[10]

Barriers to Support

- Mothers report that they have not felt able to access treatment for their substance use problems because they are afraid that their children will be apprehended (62%), and that service providers will treat them prejudicially, given that they are mothers using substances (60%) [8].

- Mothers have also reported being disheartened by how the child welfare system uses child removal as a primary response to substance use”

  “We’re slipping through the cracks and everything else, and when you push and shove and take away the children and stuff, I mean, we’re losing mothers in droves here, you know, so there’s a flaw in the system.” mother in treatment from Mothering Under Duress study [9]

Implications for the Child

- Some children of substance-using parents develop no significant problems related to their parents’ substance misuse. The risks of adverse effects are higher if co-factors are also operating, such as: domestic violence, both parents being substance misusers, exposure to criminal activity, and witnessing someone injecting drugs.

- It has been found that certain actions can make children more resilient to the potential negative effects of parental drug or alcohol misuse. These actions include helping parents to improve their parenting skills; helping children learn to disengage from negative situations; and receiving support from school, family and other networks [11].

- The Sheway program in Vancouver has found that when supported, 58% of mothers with substance use problems were able to retain custody of their children [6]. Yet both Sheway and the comparable Breaking the Cycle program in Toronto note that the overall lack of services for mothers with substance use problems puts great stress on such women’s capacity to parent [7].

Responding effectively to mothers, their children, their partners and their support networks remains a challenge for substance use treatment, child protection, and other related fields. Health and social services providers are in critical positions to support mothers facing the many challenges of having substance use problems and raising children. In order to maximize the potential support of mothers and children and affect the most positive outcomes for all involved, a paradigm shift from prejudice and pressure, towards support for pregnant women and mothers who use substances is needed.
The information sheets in this series on mothering and substance use describe how this paradigm shift needs to be characterized by:

- profound attitudinal and value shifts;
- increased attention to supporting early mother-child attachment and support for both mothers and children;
- integrated, cross-systemic support, cross-sectoral leadership; and
- involvement of mothers, child protection workers, alcohol and drug service providers, and system planners in developing and defining improvements in the response to substance using women and their children [12-14].

References


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