

Respite and repair: How mothers of incarcerated long-term problematic drug users make prison work for them.

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Abstract

This article considers the way a group of mothers experienced the incarceration of their problematic drug using offspring. The offspring had been imprisoned for a range of offences including theft, burglary and drug dealing with the root cause of their incarceration being connected to their long-term problematic drug use. Much of the existing literature on imprisonment identifies the separation of offenders from their family as a source of strain both for the offender and family, with separation being one of the pains of imprisonment described in the literature. However, in contrast to this, the evidence gathered during the research that this article is based upon, highlights how the mothers of problematic drug users sought to use the periods of time their offspring were in prison as respite from their difficult and time consuming caring responsibilities. Furthermore, the time their offspring were incarcerated was used to repair fractured relationships.

Key words

Incarceration, Motherhood, Relationships

Introduction

The family has increasingly been identified in UK government policy proposals, strategy documents and guidance notes as a resource that can be drawn upon to change the behaviour of problematic drug users (see for example, Home Office, 2010; Patel, 2010; Youth Justice Board, 2006). There is also a wide body of empirical literature that supports this notion (see for example, Velleman and Templeton, 2002; Copello and Orford, 2002; Copello et al, 2005). This paper examines this proposition by focusing on the everyday lived reality of a group of women (mothers) with offspring that had been incarcerated for a range of offences including burglary, theft and supplying controlled substances. The underlying cause of the offsprings' imprisonment was long-term problematic drug use. The focus here is on the way the research participants experienced their offspring's detention.

This paper then, considers an area that is under-researched and may be of importance to a wide range of professionals including; social workers, family support workers, probation officers and prison officers. Barnard (2007: 11) suggests '[p]roblem drug use hits families like a tidal wave, leaving those involved floundering in a sea of anger, frustration, fear and isolation.' Moreover, Stack (2010: 41) highlights the 'entirely negative influence drug use has in permeating

every aspect of family life.’ It is therefore important to consider problematic drug use and its effects on families as this will potentially improve the support that is available to this service user group and will inform the interventions that are on offer to this under-research population.

Background

It is important to consider social policy from the perspective of members of society that are directly affected by policy developments. In this case it is the mothers of long-term heroin users and the notion that they are able to provide support and assistance to a service user group that has entrenched difficulties. Copello and Templeton (2012: 2) suggest that ‘1.4 million adults [are] significantly affected by a relatives drug use.’ Many of these individuals will be the mothers of problematic drug users. The voice of mothers and other family members is largely absent from the existing research literature. Nowinski (2012: 205) highlights the social consequences of problematic drug (and alcohol) use connecting ‘destroyed’ relationships to an ‘inventory’ of loss. Furthermore, Nowinski and Baker (2013: 98) suggest problematic drug use can be framed as a ‘family illness.’ It is important then to include the voice of the wider family when considering the issue of problematic drug use.

Within the most recent UK government drug strategy, families of problematic drugs users are identified as a group that can be utilized during a drug user's recovery journey:

Evidence shows that treatment is more likely to be effective and recovery sustained, where *family*, partners and carers are closely involved (Home Office, 2010: 21 emphasis added).

This paper does not seek to identify methods that can be used to engage families in the treatment process or indeed whether or not the use of families is appropriate. Rather this paper highlights how the participants in this research used the periods of time their offspring were incarcerated as a space for respite from the often chaotic lifestyle of their offspring. This paper offers evidence of the families' understanding of this emotive situation.

Methodology

The data collected for this research were gathered during a series of one-to-one unstructured interviews. The approach described by Charmaz (2006: 26) as 'intensive interviewing' was utilised during the data collection phase of this study. Interviews were 'loosely guided exploration[s]' of the participants lived experiences (Charmaz, 2006: 26). Grounded theory methods were used to analyse the data with the use of theoretical sampling being central to the process applied here. Glaser and Strauss (1967:45) describe theoretical sampling as a

method that is used when generating theory 'whereby the analyst jointly collects, codes, and analyses his data...' This approach enabled the questions asked of participants to develop during the data collection phase of the research with this supporting the collection of rich detailed data that provided significant insight into the participants every day lived reality.

The participants were the mothers of adult problematic drug users. In addition to this participant group, support workers employed by a charity that offered help and assistance to the parents and carers of drug and alcohol users were also interviewed. The support workers were able to offer an alternative narrative to the experiences described by the mothers of problematic drug users. The support workers had worked with this service user group for a sustained period of time. Furthermore, they were able to offer insight into changes over time and in response to developments in the way problematic drug use has been dealt with by the state. The charity that employed the support workers offered a mix of one-to-one solution focused interventions and weekly group meetings that were designed to encourage peer support by developing networks of individuals and families that had similar lived realities.

The participants' offspring were long-term heroin users with 69% of the participants' offspring being aged between 30 and 39. All the offspring had used heroin since their mid-teens. In common with other recent research findings; for example, the British Crime Survey (Home Office, 2012) the majority of the problematic drug using offspring referred to in this paper were male (only 12.5% of the participants' offspring were female).

The offspring had all been in contact with the criminal justice system on multiple occasions and had experienced a range of interventions that were designed to tackle their offending behaviour and their problematic drug use. For example, the offspring had received community-based sentences that included a requirement to engage in treatment for their problematic drug use and curfews to limit the opportunity the offspring had to offend. When custodial sentences were used, the offspring were most often imprisoned in what the Ministry of Justice describe as local prisons, that house a mix of remand, sentenced and convicted adult offenders (Ministry of Justice, 2012). The custodial sentences that were given to the offspring ranged from short terms (for example, one of the offspring was sentenced to 4 months) to longer periods of between 3 and 4 years.

Of significance to this paper is that a group of problematic drug users were identified by the National Treatment Agency¹ (NTA) that is very similar in a number of ways to the offspring of the participants in this research. This group of problematic drug users displayed difficulties that were connected to their very long-term use of heroin and older age including health problems and a 'greater risk of dying from an overdose' (NTA, 2010: 5). Furthermore,

[d]ata from treatment providers shows that the heroin using population is ageing, with fewer young people becoming dependent upon the drug. Those aged 40 and above now make up the largest proportion of those newly presenting for treatment (Home Office, 2010: 6).

This research then, provides some insight into the everyday lived reality of the mothers of this group of problematic drug users. The findings may be of relevance to both the research community and professionals working with problematic drug users and their families.

The participants all identified as being white British. They came from a diverse range of backgrounds and included individuals reliant on state benefits, professionals such as nurses and both homeowners and tenants (renting from private landlords and social housing providers). All the participants had sought

¹ In April 2013 the NTA became part of Public Health England.

assistance from a charity that offered support to the parents and carers of problematic drug and alcohol users.

Ethical approval

The School of Social Sciences at the University of Hull granted ethical approval for the research. All names and locations have been changed to protect the anonymity of the participants and the details provided here about their background has been limited, again to ensure the participants cannot be identified.

Results

It is important to first acknowledge the role played by many mothers within the family in terms of emotional labour and caring responsibilities (Alsop et al., 2002; Smart, 1999). Analysis of the data that were collected during this study, demonstrate that it was the women or rather the mothers within the family that carried out most (often all) of the emotional labour and caring within the family. Indeed many of the participants described how fathers were less emotionally involved than were the mothers:

I think mums are more sort of open and they can feel comfortable and talk more about their problems...Where dads don't tend they tend to be a little more I don't know whether it's through I don't think its

embarrassment erm but its just they can't talk the same...But realistically it is down to the mums the majority of the time cos they feel a bit more comfortable and its always the mums who will cry for help and can engage better with the services than the dads (Emma, support worker).

This first point is significant as government documents refer to the involvement of families, yet this research demonstrated that it was mothers within families that were most closely involved in the day-to-day management of the problematic drug using offspring.

Furthermore, in addition to the emotional burden carried by the participants they also described a sense of responsibility for the actions of their offspring:

Julie: He never actually hurt anyone he just relieved them of, liberated them of their goods.

Researcher: *And you felt obliged to pay the neighbours?*

Julie: Of course, of course I did, yeah. I did feel very much obliged to. But that was very much the same for everything. The village shop if we got a video out, he would be like I'll take it back for you mum and you think, they never got it. It went to the fences or whatever. So we used to spend half our time going round paying people so it was hell it was hell.

Not only did the participants articulate a sense of responsibility in terms of dealing with their offsprings offending behaviour, the participants also continued to provide support (emotionally and financially) well into adulthood:

I'm I don't know I just feel sorry for them and like I might text them and

say your dads gone to work so if you want me to do some washing I'll do it but don't be telling your dad, you know what I mean (Doreen).

So I helped him get a flat, paid the deposit... (Shirley).

It is within this context that periods of incarceration are considered. The participants had worked tirelessly for a sustained period of time trying to help their offspring deal with their problematic drug use and the participants framed imprisonment in a particular way and emphasised certain aspects of the period of incarceration. This paper offers one view of a very complicated set of social interactions.

The prison population in the UK is expanding and it is argued that 'imprisonment is sweeping in more and more people, and harming their families too' (Codd, 2008: 163). However, the participants in this research articulated the notion that periods of incarceration were positive:

When they took him into [prison] they saved his life you know swear to god. When I saw him when I went to visit, he was clean cos he had lice and that. He was clean and he had clean clothes on proper shoes on, pair of jeans and his hair was short and all that. It was brilliant the way they'd looked after him (Julie).

The benefits of imprisonment were also frequently connected to longer prison sentences:

I think the longer he's and I know this sounds awful cos I love my son and how he is now he's lovely. But I hope he stays there as long as possible. He's got two years but he'll come out in a year. Which is like

about August to October. If he's good he'll come out in August but he should come out in October. He could come out on a tag in August but saying that I hope he stays in as long as possible. As long as he's there, he's not here. He's not mixing with them (Ruby).

Prison then, from the perspective of the participants was positive as it offered protection from self-harm in the form of preventing continued problematic drug use and also stopped the offspring from mixing with individuals that may facilitate continued drug use.

Many of the participants described how they experienced the time their offspring were in prison as a time when they could have some respite from their offspring and the chaotic lifestyle that they engaged in:

Margaret: Respite for me, you know I knew where he was, that he was being looked after and he was not using, the only [other] time I felt like that was when he went into rehab and when he went I just cried with relief cos someone else was taking over.

Researcher: So it was giving you a break from your caring responsibility?

Margaret: Yes it was, I could sleep, I could eat. My stomach wasn't churning. I knew where he was and I knew he was doing ok.

Put it this way I've been free for once in a long time. I can leave the house without thinking well it's going to be emptied, there's going to be no nasty at the door, no weirdo hanging about you know. And I can leave the window slightly ajar walk up [the] street without knowing oh it's being burgled. And I can leave the house knowing [he] hasn't done something so it's nice like that I can relax a bit (Ruby).

This in turn enabled the mothers to start to repair strained relationships and plan for an improved future:

Cos they believe that it will be rehabilitation of them [going in prison], they will get the treatment they need and hopefully that transition from prison to community, you know, they'll settle down (Helen, support worker).

Discussion

The mothers that participated in this research had all made significant commitments to supporting their offspring and continued to provide a high level of practical and emotional support well into what would be considered adulthood. The participant group cannot therefore be considered to be representative of all mothers of problematic drug using offspring. What this research can do is to provide a degree of insight into this often difficult and emotionally stressful experience.

The dominant perspective within the literature that examines imprisonment (in British criminology) is that prison is damaging and counterproductive. Sykes (2007) offered an analysis of imprisonment and identified five aspects of being incarcerated that many offenders find difficult to deal with: 'deprivation of liberty; deprivation of (heterosexual) relationships; deprivation of security; deprivation of autonomy and deprivation of goods and services' (Sykes, 2007: 63-83).

However, these 'pains' are all considered from the perspective of the offender. Research into the impact of imprisonment on the family of offenders can be traced back to the 1960s with Morris (1965) perhaps offering the first insight into the affect incarceration has on family relationships. The findings presented here highlight a different understanding of imprisonment.

Codd (2008) argues that imprisoning problematic drug users is counter productive. However, when viewed from the perspective of the mothers in this research the imprisonment of their offspring can be understood as beneficial to the family. There is a focus on the strain that periods of imprisonment can place on relationships in much of the existing literature (Codd, 2008; Coyle, 2005). However, for the mothers in this research the incarceration of their problematic drug using offspring offered respite from caring responsibilities and also a break from the constant anxiety about the harm their offspring may come to.

The participants' perception of the custodial setting was that their offspring were controlled and protected from harm. Furthermore, the participants were able to use the time to rebuild fractured relationships. Although the mothers understanding of the prison setting is not reflective of the realities described in much of the literature (Crew, 2012; Liebling and Maruna, 2011) it is perhaps

important to locate the participants' experience within their wider lived reality. Their offspring engaged in behaviour that carried significant risk; for example, overdose. The prison setting appeared to offer some protection from these behaviours and it was within this understanding that the participants were able to begin repairing relationships.

Conclusion

Although prisons can be hostile and violent places where drugs are often available (Crewe, 2009) the mothers' experience of their offsprings' incarceration was of relationship building and a reduced sense of responsibility for providing day-to-day care. This understanding of the imprisonment of problematic drug users is important for a number of professionals that offer support to the families of problematic drug users. Furthermore, White and Graham (2010: 248) identify the importance of including families in 'collaborative alliances' when working with offenders. By understanding terms of imprisonment as a possible new beginning, social workers and family support professionals may be able to promote the rebuilding of family relationships (when appropriate) and this may in turn support the UK government's stated aim of including families in the recovery journey of problematic drug users.

To build on the findings outlined here, future research in this area is needed to develop a deeper understanding of the benefits to families of the respite that custodial sentences may provide. This will enable interventions to be developed that support the rebuilding of broken or strained relationships with this in turn potentially leading to lower levels of reoffending and reduced drug use.

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