A Descriptive Study of Women With Children Who Participated in the Western Australian Methadone Program in June 1989

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1. Introduction

This is a report describing female clients who participated in the Western Australian (WA) methadone program in the month of June 1989. It looks at the number of women with children, the number and ages of the children, the drug using status of partners of the women and their main regular sources of income.

2. Data Collection

A list of all the females who participated in the methadone program in June 1989 was obtained from the William street Clinic (WSC) methadone treatment database. Social work staff were asked to identify women on the list who were conclusively known to not have had any children. The case records of the remaining women were examined and the following information obtained:

- number of children;
- ages of children;
- if the woman had a regular partner;
- the partner's drug using status (ie abstainer or opiate user);
- if the woman was pregnant; and
- the woman's principal regular sources of income.

Each woman's current duration of methadone treatment was extracted from the WSC methadone program database.

3. Findings

3.1 Number of women with children

There were 500 persons who participated in the methadone program in June 1989, of whom 216 (43.2%) were women. Of these women 127 (57.8%) had one or more children. Two of the women who had already had children were pregnant at the time of the survey; a further six women who had not had any children before were pregnant. The mean age of these 133 women was 29.71 (SD = 4.44) - the youngest woman was aged 20, the oldest aged 45.

3.2 Number of children

The total number of children was 245. The size of the families cared for by these women appears in Table 1.

Size of family unit (number of children)	Number of women	%
0 (pregnant)	6	4.5
1	56	42.1
2	42	31.6
3	15	11.3
4	10	7.5
5	4	3.0
Total	**133**	**100.0**

Table 1: Number of children per woman

3.3 Age distribution of children

Table 2 indicates that a majority of the children were of a young age nearly 40% were aged less than 5. There were 177 (72.2%) children aged less than 10. Table 3 is a breakdown of the size of family units, as number of children, by age group of children.

Age group (years)	Number of children	%
0 - 4	94	38.4
5 – 9	83	33.9
10 – 14	41	16.7
15 – 19	20	8.2
20+	7	2.8
Total	**245**	**100.0**

Table 2: Age distribution of number of children

Size of family unit (number of children)	Age group					Total
	0 - 4	5 – 9	10 – 14	15 – 19	20+	
1	35	20	1	-	-	56
2	34	34	10	5	1	84
3	10	15	14	5	1	45
4	9	11	11	7	2	40
5	6	3	5	3	3	20
Total	**94**	**83**	**41**	**20**	**7**	**245**

Table 3: Distribution of number of children by age group & size of family unit

3.4 Partners' status as a drug user

It was found that 94 (70.7%) women had a partner who was an opiate user. Data was not collected on whether the partner obtained any form of treatment in relation to his/her drug use. Table 4 presents the results of a cross tabulation of partner's status and the size of the family unit (ie number of children the women had). pregnant women were most likely to have a partner who is an opiate user.

	Size of family unit (number of children)						Total	%
	0	1	2	3	4	5		
No partner	-	10	15	1	4	-	30	22.5
Partner user	5	45	25	11	5	3	94	70.7
Partner non-user	-	1	1	3	1	1	7	5.2
Not known	1	-	1	-	-	-	2	1.5
Total	**6**	**56**	**31**	**15**	**10**	**4**	**133**	**100.0**

Table 4: Partner’s status as drug user by size of family unit

3.5 Principal regular sources of income

A pension or benefit, principally the Supporting Parent's Benefit, was the most significant form of income; 83 (62.4%) of the women received income from this source. It was found that 22 (16.5%) of the women were regularly supported by their partner, 12 (9.0%) regularly worked as prostitutes and 16 (12.0%) were in legitimate employment.

It is to be noted that while 101 (75.9%) women had a partner, only 22 (16.5%) were reported as being supported by him/her.

3.6 Duration of methadone treatment

The mean treatment duration of the 133 women was 17.34 months (SD = 18.52). Women with partners who were non-users had the shortest duration of treatment. Women with a partner who was an opiate user had the longest duration of treatment. The mean duration of treatment of the eight pregnant women was 12.67 months (SD = 8.90).

	N	Mean months of treatment	SD
No partner	30	11.79	14.03
Partner user	94	19.80	19.51
Partner non-user	7	9.59	16.42
Not known	2	11.72	6.33
Total	**133**	**17.34**	**18.52**

Table 5: Mean duration of treatment by partner's status

4. Discussion

Historically women have been regarded as a minority group amongst the population of heroin users. Clinical case studies in the literature and expositions on the causes of heroin use/addiction have been almost wholly based on the male heroin user. If women have been considered it has often been from the perspective of their role as mothers, but as indicated in this study, 133 women in the month of June 1989 met this criteria.

Though this study has adopted a focus on women with children this does not mean that this is the most valid kind of study of women heroin users. Our intention has been to develop a greater understanding of these women, and to develop a tentative case that they constitute a group with special needs.

It is pertinent to observe that the methadone program has identified some groups of clients with special needs, in particular persons with AIDS and persons under court orders.

If the 245 children of women who participated in methadone were regarded as clientele of WSC in June 1989 there would have been 745 persons cared for by the WA methadone program.

This paper is not concerned with making out a case that heroin users who have children are ipso facto incompetent parents. But it is our contention that there is considerable evidence to justify vigilance and concern for the welfare of children and their adequate social and psychological development, when they grow up in households where one or both parents use heroin.

The methodology adopted by this study, data collection by analysis of case records, does impose limitations on the strength of conclusions that may be drawn. Ongoing treatment records do not always consistently collect data and information gained from such a source does not always readily lend itself to research purposes. For this reason we sought a limited amount of information of a categorical form from the case records.

The most reliable data was that of the numbers of children and their ages, and whether any women were pregnant, information about partners' drug using status was not consistently recorded; source of income was generally poorly recorded.

The agency's practice in the past has been to obtain at the time of admission from all clients, male and female, a comprehensive social history through social work interview. This has meant that while at entry to the methadone program there is a comprehensive set of data, subsequently only small portions of it may be updated. It would seem justifiable to obtain on an annual basis subsequent comprehensive social histories. As well as there being sound clinical reasons for such a procedure it also could form a set of measures of evaluation of client treatment progress.

Pregnancy of clients whilst a subject of brief mention in most case notes, seems to us to be significant for the future management of a client. Up to the present there has not been a separate record kept apart from individual case notes, of clients who are pregnant and the outcome of their pregnancies. Such a deficiency prevents the methadone program from developing an accurate picture of the kinds of services needed to manage clients in this situation.

It is difficult on the basis of the findings about regular source of income to draw firm conclusions. At the best it can be said the results support the impression from clinical contact with the client group, that the majority of women rely on social security payments as their most consistent form of income. Many of the women, it appears, supplement income through either 'straight work' or from income derived at times from drug dealing, stripping/dancing, prostitution and petty crime (eg 'shoplifting').

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Accurate measurement of income would also need to incorporate income derived from other sources, eg family assistance in kind or money, savings, ·borrowings and realised assets.

Many of the women's heroin use is intimately connected with that of their partner. The impression from clinical practice is that heroin use of a woman and her partner continues in a parallel fashion, punctuated by episodes of abstinence such as when one partner is jailed or attempts a lifestyle change.

5. Recommendation

It is essential that social histories contain adequate details about children of clientele on the methadone program, such as their names, date of birth, living circumstances, extended family supports, sources of income of parent(s), etc.

We would also recommend an annual comprehensive social history review of all clients on the methadone program. This would include matters such as pregnancy or birth of children, partner status, place of abode, sources of incomes, employment, etc.

It is our belief that the methadone program needs to develop a sense of mission about their client group in the widest sense. Children of heroin users in treatment need to be regarded as one of the targets of harm reduction through the methadone treatment. To enhance parent functioning, adequate resources need to be developed in conjunction with the Methadone Program to cater for groups like the women described in this paper. For instance, respite care such as school holiday programs, would seem to be appropriate for parents with older children. Parents with younger children may be advantaged by concessional arrangements, such as less restrictive program admission criteria, access to supplies of low cost products for children, or a one day per month crèche/child minding service at WSC to facilitate medical and counselling appointments.

6. Bibliography

Bauman PS & Dougherty FE (1983)
'Drug-addicted mothers' parenting and their children's development.' *International Journal of Addictions*, 18: 291-302.

Bauman PS & Levine SA (1986)
'The development of children of drug addicts.' *International Journal of Addictions*, 21: 849-63

Bernstein V et al (1984)
'A longitudinal study of offspring born to methadone-maintained women. II. Dyadic interaction and infant behaviour at 4 months.' *American Journal of Drug and Alcohol Abuse*, 10(2):161-193.

Black R & Mayer J (1980)
'Parents with special problems: alcoholism and opiate addiction.' *Child Abuse and Neglect*, 4: 45-54.

Chan LS et al (1986)
'Differences between dropouts and active participants in a pediatric clinic for substance abuse mothers.' *American Journal of Drug and Alcohol Abuse*, 12: 89-99

Collins E (1982)
'A hospital-based drug screening program.' *Australian Alcohol/Drug Review*, 1: 52.

Fraser AC (1976)
'Drug addiction in pregnancy.' *Lancet*, 2:896-9.

Green M et al (1979)
'Outcomes of pregnancy for addicts receiving comprehensive care.' *American Journal of Drug and Alcohol Abuse*, 6:413-429.

Jacobs PE et al (1983)
'Coordination of services to methadone mothers and their addicted newborns.' *Health and Social Work*, 8: 290-298.

Lawson MS & Wilson GS (1979)
'Addiction and pregnancy: two lives in crisis.' *Social Work in Health Care*, 4: 445-458.

Lief NR (1985)
'The drug user as parent.' *International Journal of Addictions*, 20: 63-97.

Marcus J et al (1984)
'A longitudinal study of offspring born to methadone-maintained women. I. Design, methodology and description of women's resources for functioning.' *American Journal of Drug and Alcohol Abuse*, 10(2): 135-160.

Marcus J et al (1984)
'A longitudinal study of offspring born to methadone-maintained women. III. Effects of multiple risk factors on development at 4, 8 and 12 months.' *American Journal of Drug and Alcohol Abuse*, 10(2): 195-207

Rosen TS & Johnson HC (1982)
'Children of methadone-maintained mothers: follow-up to 18 months of age.' *Pediatrics*, 101: 192-196.

Rosenbaum M (1979)
'Difficulties in taking care of business : women addicts as mothers.' *American Journal of Drug and Alcohol Abuse*, 6: 431-46.

Rosenbaum M (1979)

'Getting on methadone: the experience of the woman addict.' *Contemporary Drug Problems*, 11: 113-143.

Suffet F & Brotman R (1984)
'A comprehensive care program for pregnant addicts: obstetrical, neonatal and child development outcomes.' *International Journal of Addictions*, 19: 199-219.

Suffet F et al (1981)
'Pregnant addicts in a comprehensive care program - results of a follow-up survey.' *American Journal of Orthopsychiatry*, 51: 297-306.

Waldby, C (1988)
Mothering and addiction: Women with children in methadone programs. Canberra, National Campaign Against Drug Abuse.

Wilson GS et al (1981)
'Follow-up of methadone treatment and untreated narcotic-dependent women and their infants: health, development and social implications.' *Pediatrics*, 98: 716-722.

Wilson GS et al (1979)
'The development of pre-school children of heroin-addicted mothers in a controlled study.' *Pediatrics*, 93: 135-141.