

# The University of Hull

Where do all the spoons go? Perceptions of parents of adult  
heroin users.

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## **List of abbreviations**

ADFAM	Alcohol, Drugs and Family
ASBO	Anti-Social Behavioural Order
ASRO	Addressing Substance Related Offending
ARISE	A Relational Intervention Sequence for Engagement
BCS	British Crime Survey
BEST	Behavioural Exchange System Training
CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CBT	Cognitive Behavioural Therapy
CJS	Criminal Justice System
CPS	Crown Prosecution Service
CRAFT	Community Reinforcement and Family Training
CRI	Crime Reduction Initiatives
DAO	Drug Abstinence Order
DAR	Drug Abstinence Requirement
DAT	Drug Action Teams
DIP	Drug Interventions Programme

DRR	Drug Rehabilitation Requirement
DTTO	Drug Treatment and Testing Order
GP	General Practitioner
IDTS	Integrated Drug Treatment System
NOMS	National Offender Management Service
NTA	National Treatment Agency
OSAP	Offender Substance Abuse Programme
PACE	Police and Criminal Evidence Act
PHE	Public Health England
SBNT	Social Behaviour and Network Therapy
SSO	Suspended Sentence Order
UFT	Unilateral Family Therapy
UKDP	UK Drug Policy Commission

*For Kezia and Taylor*



## Chapter 1 Introduction

### Introduction

A number of strategy documents, policy proposals and guidance notes issued by both the current government and the previous administration encourage the use of families as a resource that can be drawn upon to change the behaviour of their problematic drug using offspring (see for example, Home Office, 2010a; Patel, 2010; Youth Justice Board, 2006). The most recent of these documents, the current government drugs strategy, suggests that more should be done to involve the families and carers of drug users in their offspring's recovery journey as "[e]vidence shows that treatment is more likely to be effective, and recovery to be sustained, where *families*, partners and carers are closely involved" (Home Office, 2010a: 21 emphasis added). Furthermore, a body of research literature highlights the benefits that can be achieved when families are involved in the treatment process (see for example, Velleman and Templeton, 2002; Copello and Orford, 2002; Copello *et al*, 2005). It is important then to shine a light on the notion that families can be used in this way.

The reason this is important is that a large number of families are impacted by problematic drug use. Copello and Templeton (2012: 2) estimate that "1.4 million adults were significantly affected by a relative's drug use" with many of the individuals identified by Copello and Templeton (2012) being parents of problematic drug users. Barnard (2007: 11) describes the problematic drug use of a family member as hitting "families

like a tidal wave, leaving those involved floundering in a sea of anger, frustration, fear and isolation.” Furthermore, the nature and scope of the ways families are affected by problematic drug use are wide ranging and can be significant (Copello and Orford, 2002; Copello *et al*, 2005). Narrowing the focus from families to parents of problematic drug users, Barnard (2007: 13) suggests that the parents of problematic drug users can experience “high levels of physical and psychological morbidity.”

Another reason why it is important to research the notion that families can be used as a resource to promote recovery in problematic drug users is that since the early 1990s the criminal justice system has increasingly been utilized to encourage drug using offenders into treatment (Hunt and Stevens, 2004). The UK Drug Policy Commission (UKDPC, 2008) has reported that the treatment options available have been developed and enhanced, with the level of funding to the criminal justice system to provide treatment increasing significantly since the criminal justice system started to be used more systematically to encourage entry into treatment (UKDPC, 2008). The three documents highlighted at the start of this thesis (Home Office, 2010a; Patel 2010; Youth Justice Board, 2006) all advocate the use of the family as a resource that can be drawn upon to support problematic drug users through the treatment process. In light of this (coupled with the evidence that suggests problematic drug use has a profoundly negative impact on families and particularly parents within families), it is important that research is conducted that can help to shed

light on the *experiences* of parents with problematic drug using offspring who have been treated within the criminal justice system.

### **Research questions**

This thesis answers a set of inter-related questions around parents' experiences of drug treatment for their adult offspring that is mandated by the courts and provided in the community and treatment in prison settings.

The research questions are:

- How do parents of drug using offenders view and understand court mandated drug treatment?
- Do parents' views of court mandated treatment shift and change along the course of their offspring's 'career' as a drug using offender?
- What impacts do court mandated treatments have upon family relations, family integrity and parent-offspring bonds?
- How do parents view prison and treatment in the prison setting as opposed to treatment in community settings?

### ***Research aims and objectives***

This thesis aims to discover what sorts of tensions (if any) were created for parents when their problematic drug using adult offspring were mandated into drug treatment programmes in the community, and when their offspring engaged with treatment in the prison setting. In addition, this research aims to develop an understanding about whether or not these types of intervention were welcomed by parents as a positive development towards addressing the problematic drug use of their offspring. Alternatively, did the involvement of the criminal justice system in drug treatment lead to additional or different difficulties for the parents?

The objectives of the research are to analyse and interpret how the research participants (the parents of problematic drug users) *experience* the involvement of the criminal justice system in treating the problematic drug use of their offspring.

This research does not consider whether or not the involvement of families in the treatment process of problematic drug users is effective, but rather this research investigates the application of policies that seek to involve parents in the treatment journey of problematic drug users. Moreover, this study does not attempt to offer an explanation for problematic drug use, or offer suggestions about how to encourage the parents of problematic drug users to become involved in the treatment process, or what alternatives exist for those without parents.

### **Research themes**

In addressing the research questions and in order to meet the aims and objectives of the study, three themes are utilized within this thesis. As the main subject area of this research is the involvement of families in the treatment journey of problematic drug using offenders (specifically when the courts mandate treatment as part of a wider sentence in the community, and when offenders engage with treatment in the prison setting), the main theme considers the role of the family in government policy. There are a number of policy interventions that have been implemented by successive governments since the Thatcher administration of the 1980s that seek to involve families to encourage

desistance from behaviours that are considered to be harmful to society. The most recent of these policy initiatives is contained in the current government's drug strategy document which seeks to enlist the support of families in the recovery journey of problematic drug users (Home Office, 2010a). Policies that attempt to involve the family to encourage desistance from drugs draw on normative understandings of the family as being a site of positive social control and as a benign positive institution that supports its individual members both for the good of the family and of the state (Chambers, 2012). This theme is used to offer a critical analysis of this proposition.

The second theme considers power and identifies the forms that power takes within the families involved in this research. By understanding the power relationships that exist between the participants in this research, their offspring, and state actors (such as police and prison officers), symbolic meaning can be given to the action of the participants in this study. This theme is used to offer an understanding of the way the participants experience the involvement of the criminal justice system in the treatment of their offspring's problematic drug use. The third theme considers the techniques of neutralisation that appear to have been utilized by the parents in this study. In subsequent chapters of this thesis this theme will be used to explain how some of the actions taken by the participants were deployed to resist some aspects of the responsabilisation that government policies tacitly confer upon the parents of problematic drug users. It is suggested by Maruna and Copes (2005) that utilising

techniques of neutralisation is a strategy used by individuals to make sense of their lived reality. Sykes and Matza's (1996) theory therefore supports the exploration of the participants' experiences and will help fully address the research questions. In other words, Sykes and Matza's (1996) techniques of neutralisation (in common with the other two themes that run throughout this thesis) will be used to provide explanations for the social action of the participants and the meanings these individual actors give such action.

### ***Symbolic interactionism***

The three themes identified above and the analysis offered in this thesis reflects a symbolic interactionist tradition that can be traced back to theorists such as Blumer (1969). It is therefore important at this early stage in the thesis to be explicit that this research considers the participants' *experience* of the situation that they found themselves in. The study considers the participants' perceptions of the actions taken by other actors and their understanding of the processes and procedures of both state officials and state institutions (such as the prison and the courts). Many of the explanations (given by the participants) for the action they took may appear to be contradictory, and their understanding of the action taken by state actors is not necessarily reflective of reality from the standpoint of others but is in fact a construct based upon their lived experiences. The participants' explanations and understandings are filtered through their subjective life history and the expectations that they have (that stem from their life experiences) of actors such as the police

and prison officers. This is an important feature of this research and by providing an analysis of the participants' experiences in this way it is suggested that a greater depth of understanding can be offered about the application of government policy. That is to say, adopting this approach to the research can highlight a gap between the intention of policy and the way policy is experienced. As Blumer asserts:

The fact that the human act is self-directed or built up means in no sense that the actor necessarily exercises excellence in its construction. Indeed, he may do a very poor job in constructing his act. He may fail to note things of which he should be aware, he may misinterpret things that he notes, he may exercise poor judgement, he may be faulty in mapping out prospective lines of conduct, and he may be half-hearted in contending with recalcitrant dispositions. Such deficiencies in the construct of his acts do not belie the fact his acts are still constructed by him out of what he takes into account (Blumer, 1969: 64).

### **Chapter outline**

Having outlined the research questions, aims and objectives, and described the themes that are used throughout this thesis, this final section of the introductory chapter will provide a brief chapter outline. The next chapter (**Chapter two**) is the methodology chapter and includes a description of the participants, their offspring and the composition of the family unit that each of the participants was part of. In addition, key terms that are used throughout this thesis are defined. This chapter also offers a discussion about the ontological position that was taken during the study. This discussion naturally leads to the epistemological stance adopted during the research being fully explained. Having outlined these critical aspects the techniques applied during the data-gathering phase of the

research are outlined and arguments are developed that support the use of the methodology and methods utilized during this study. Following this, the process used to recruit participants is described. This chapter is then used to explain how this study developed a substantive theory that accounts for the ways in which the participants behaved and the meaning they attach to their interactions with state actors such as police officers. This chapter is also used to describe the ethical issues considered during the research process.

**Chapter three** is a literature review with a focus on the ways in which the family can be understood and the use of the family as a site of (positive) social control. The second section of this chapter will then examine the existing literature that outlines how parents can become involved in the treatment journey of problematic drug users, the barriers that may exist to their involvement, and the benefits that may be offered by adopting an approach to dealing with problematic drug use that includes drawing on the resources parents may have to support their offspring into and through treatment.

**Chapter four** outlines the context in which this research was undertaken. This chapter describes the development of legislation and government policy since the early 1990s. In essence this chapter summarises where we are now in policy terms. Included within this chapter is an investigation into the way problematic drug use has been viewed by the state and how this understanding has changed over the last twenty years. The purpose



of this chapter is to offer descriptions and analysis that help support arguments made in subsequent chapters of this thesis. This chapter is used to contextualise the research.

**Chapter five** is the first of the three substantive chapters that draws on the research data gathered during this study. Quotations from the participants are used to highlight salient points and to offer examples of how the participants experienced the involvement of the criminal justice system. This chapter has two main areas of focus: family and gender.

**Chapter six** considers the forms of power deployed by the participants in this study and utilises the three concepts of power that Wrong (1979) describes as force, manipulation and persuasion to frame the arguments offered. **Chapter seven** provides an analysis of the sentences imposed by the courts from the perspective of the participants. Following this, the chapter will focus upon the use of imprisonment of the offspring. The pains of imprisonment literature is drawn upon to help contextualise the arguments made. Finally, **Chapter eight** is the concluding chapter and the three themes that run through the thesis (the role of the family in government policy, power within families, and techniques of neutralisation) will each be considered and the strands of argument offered in the three substantive chapters of this thesis will be drawn together. Finally, the last section of this chapter is a reflexive account of the research process as a whole, including an analysis of the ways in which the research could be developed and built upon in the future set alongside aspects of the study, which with the benefit of hindsight, could be improved upon.

## **Chapter 2 Methodology**

### **Introduction**

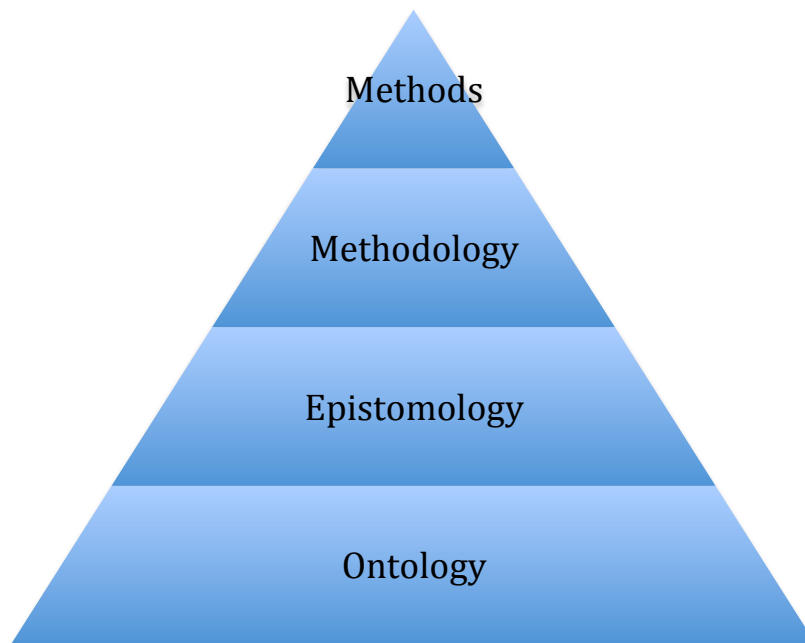
Having introduced the research, its importance, the research questions and the aims and objectives of the study, this chapter will begin by discussing the ontological and epistemological position taken during the project. This discussion will lead to the methodology and methods that were utilized during this study being fully outlined. Within this first section of the chapter the participants in this research will be introduced, as this will help bring the research to life and will offer the reader an early insight into the everyday lived reality of the participants. Moreover, in order to illustrate and account for how knowledge of the social world was developed during this study, it will be necessary at times to write in the first person. This will help demonstrate why the methodology and methods were appropriate, both for the research undertaken and for the researcher's understandings about the nature of the world and what may count as knowledge.

The second section of this chapter will outline the ethical considerations that arose before the research began, during data collection, and following completion of the fieldwork. Within this section of the chapter, some significant life events that the participants experienced during the short period of time data were being gathered for this research will be discussed to highlight the sometimes difficult ethical decisions that were made during the research.

## Ontology and epistemology

To justify and account for the methodology and methods used, this chapter will now outline the ontological and epistemological position taken during the study. **Figure 2.1** (below) illustrates how the foundation of good research design starts with the researcher reflecting on their ontological position (Jonker and Pennink, 2009; Mason, 2002). Once the researcher is clear about the nature of reality – what the essence of things is – it is then possible to consider what for them counts as facts and what the character of knowledge may be. Following this intellectual process, decisions can be made about which methodology can be adopted that will account for the needs of the proposed study and the researcher’s ontological and epistemological stance (Jonker and Pennink, 2009).

**Figure 2.1 Research pyramid**



**Adapted from Jonker and Pennink (2009: 23)**

To put the ontological position adopted during this research into context it may be helpful to start by outlining some of the components that different ontological understandings can be made up of, the properties that social reality can include. **Table 2.1** is not a comprehensive list of all potential ontological components but has been included here to illustrate some of the possibilities. Furthermore, some of the differences between the elements (listed in **table 2.1**) and the relationship between them are contested. For example, a 'subject' can be understood to be an actor whereas an 'object' can be thought of as an article (Mason, 2002: 15). However, it has been argued by Cunliffe (2010) that subject and object are connected. So although subject and object are separate, each one can have influence over the other. This on-going debate within the social sciences between positivists/interpretivists and other research traditions means that "[t]here is no longer a clear subject-object distinction" (Cunliffe, 2010: 5). There are other similarly contested areas such as 'thought' and 'feeling' with doubt being cast over whether it is possible to differentiate between these (and other) ontological facets (Mason, 2002: 15). This highlights the importance of clearly defining the researcher's ontological position.

**Table 2.1 Ontological elements**

words, texts, discourse, subjects, experiences, objects, languages, feeling, nature, thought, social relations, cultural practice, belief systems, time, social actors, emotion, memory, consciousness, instincts, motivations, individuals, social constructions, institutions, societies, social process, consumers, regularities, disorder, connectedness, patterns and objective reality

**Adapted from Mason (2002: 15)**

It is also necessary to explain the researcher's ontological understandings so that the methodology and methods that were chosen can be seen as appropriate to both the needs of the research and the position taken by the researcher. To do this it will be helpful to outline the way in which two paradigms – positivism and interpretivism – understand social reality. These two traditions have been chosen as they sit towards each end of the continuum of how reality can be defined in the social sciences (D'Cruz and Jones, 2004). For the positivist researcher, behaviour can be seen to be deterministic and explained in terms of cause and effect. Furthermore, behaviour follows patterns and reality is a solid structure (Cuncliffe, 2010). Empirical knowledge is drawn from the observation of brute data. For the positivist, these data must not be besmirched by interpretation. Collected data alone will reveal the facts and these facts can be used to articulate a truth or reveal knowledge (McLaughlin, 2007).

Towards the other end of the spectrum is the interpretivist research tradition. For this research perspective human behaviour can be

explained but is not necessarily predictable. Actors shape their own reality that is situated in a particular context, time and place. As Giddens (1987: 67) argues “[i]n modern societies we also all live in specific contexts of larger cultural totalities.” Within the interpretivist tradition once data have been collected the researcher completes an analysis to interpret the phenomena being investigated. This interpretation is then used to give meaning to the social world and can be used to construct theory to explain what is happening (D’Cruz and Jones, 2004). Reality during this research was taken to be a construct that was shaped by a range of inputs including time and place. As Young (2007: 3) asserts, “...the social construction of reality [is] glimpsed particularly poignantly in everyday life...” In other words, “how participants experience, give meaning to, interpret, and make sense of their lives...” (Cunliffe, 2010: 10) was central to this research. Ontologically this study can be understood to favour the view that

...humans are autonomous, give meanings to their surroundings, and are creative; that knowledge is personal and experiential; and therefore research methods need to explore individual understandings and subjective experiences of the world (Cunliffe, 2010: 3).

This relativist ontology understands there to be multiple realities, with each reality being created by an individual actor and with each actor constructing their own understanding of their social world (Lee, 2011).

### ***Epistemology***

Having explicitly explained the ontological stance taken throughout this research, this chapter will now explore what can count as knowledge and in doing so outline my epistemological position. This section of the chapter will explore “[w]hat can be known, and what criteria such

knowledge must satisfy in order to be called knowledge...” (Blaikie, 1993: 7). Using the same two perspectives as above (positivism and interpretivism) it will be possible to describe two ways in which knowledge of reality can be gained. First positivism: for the positivist researcher knowledge is derived from experiments that are replicable; knowledge is uncovered and that knowledge is *the* truth (D’Cruz and Jones, 2004). Data exist and the researcher finds them to generate theory or test a hypothesis. A positivist outlook understands there to be an external reality that can be discovered. Knowledge is based on hard facts. The positivist researcher observes social facts and records them without bias as an objective independent scientist (Charmaz, 2006).

An alternative view is that of the interpretivist researcher. Interpretivists understand knowledge to be created. Knowledge is an interpretation or insight into the social world; “there are “truths” rather than *the one truth*” (Cunliffe, 2010: 10 emphasis added). What counts as evidence within the interpretivist tradition includes a wide range of sources and can be based on research participants’ thoughts and feelings. The character of knowledge that interpretivists create takes into account the way understandings are constructed. Theory and knowledge are developed and created out of how and why research participants construct meaning in their social world (Giddens, 1987). Knowledge, then, is in part a social construct created by social actors, with this knowledge being bound by time and place. Within the interpretivist tradition it is important to

understand the context in which data are gathered as this can influence the symbolic meaning given to social action (Charmaz, 2006).

This research was conducted from the perspective that a number of truths exist and that knowledge is *made* rather than discovered. Knowledge of the social world is interpreted by researchers when they

...explore how participants experience, give meaning to, interpret, and make sense of their lives in multiple ways, and are written from the perspective of a “room with a view” (Cunliffe, 2010: 11).

The researcher plays a central role as a lens through which knowledge can be focused and theory can be generated. This epistemological stance reflects a subjectivist view of the way knowledge is generated and flows naturally from a relativist ontological worldview (Lee, 2011).

### **Methodology**

Given the nature of the research and my ontological and epistemological stance the most appropriate methodologies for this research were qualitative. As stated earlier, the aim of this research was to develop an understanding of the way the participants *experienced* particular aspects of their offspring’s problematic drug use. Of concern was the way these participants experienced interventions from state actors and institutions such as the courts and drug treatment providers. It was therefore important to choose a methodological approach that would enable the development of an original analysis of the data that could assist in the formulation of theory. The developed theory could then be used to



account for, or explain, these interactions (the interactions between the research participants and the criminal justice system).

Furthermore, any theory developed from the research, given my epistemological position, needed to come from the data and the interpretations made of them. How the participants understood their lived reality and how these participants interacted with or used state actors and institutions was central to the research endeavour. Grounded theory was identified as meeting the needs of the research. The literature describes grounded theory as both a methodological approach to interpretive social research (Corbin, 2009; Saldana, 2009) and a set of methods (Morse, 2009; Charmaz, 2006). Within this research, grounded theory was taken to be a methodological approach to qualitative investigation.

The grounded theory approach was developed during a historic period when quantitative research (particularly in sociology) was becoming increasingly dominant. The qualitative approaches of scholars such as George Herbert Mead and Herbert Blumer were giving way to complex quantitative methodologies (Charmaz, 2006). These approaches were developed and based on positivistic understandings of knowledge of the social world. As a result of this growing trend towards quantitative research, qualitative researchers focused on testing hypotheses with this approach at the time “seldom [leading] to new theory construction” (Charmaz, 2006: 5). However, in *The Discovery of Grounded Theory*, Glaser and Strauss (1967) challenged this prevailing understanding and

outlined strategies that could be applied for developing new (grounded) theory. In this work Glaser and Strauss explained how it is possible to develop theories from collected data rather than starting out with a testable hypothesis. Furthermore, it was argued by these theorists that this approach could support the creation of new theory and new knowledge. Grounded theory is now “generally regarded as one of the first methodologically systematic approaches to qualitative inquiry” (Saldana, 2009: 41).

### ***Substantive or formal theory***

Grounded theory can be used to develop both substantive and formal theory. Substantive theory can be thought of as a theory that can be applied to one specific area, social group or particular situation. It is theory at a “conceptual level” (Glaser and Strauss, 1967: 79). In contrast, formal theory can be applied to a wide range of situations and social settings. However, substantive theory may be used towards the development of a formal theory “by taking analysis to higher levels of abstraction and conceptual integration in a variety of contexts and groups...” (Lempert, 2007: 247). With substantive theory being a “...strategic link in the formation and generation of grounded formal theory” (Glaser and Strauss, 1967: 79). As this research aimed to develop an understanding of how the research participants experienced a particular set of circumstances in one geographical area, this study developed a substantive theory. As was highlighted in the introductory chapter to this thesis, this research was not aiming to offer explanations for the causes of the offspring’s problematic drug use or suggest any

changes or improvements in the way treatment is provided to problematic drug users through the criminal justice system. The substantive theory offered in this thesis aims to account for the actions of the participants in response to their offspring's problematic drug use once the criminal justice system became involved.

There are a number of strengths associated with grounded theory that made the choice of this methodology compelling; for example, enabling the researcher to “represent the studied phenomena as faithfully as possible, representing the ‘realities’ of those in the studied situation in all their diversity and complexity” (Bryant and Charmaz, 2007a: 51). Furthermore, by adopting a grounded theory methodology, it was possible to follow the data and not be constrained by an attempt to validate a hypothesis or confirm an existing theory (O'Reilly, 2009). This was particularly important as there is a lack of research into the areas this study seeks to investigate (Barnard, 2007; Copello and Templeton, 2012). Since the publication of *The Discovery of Grounded Theory*, Glaser and Strauss (1967) further developed and refined grounded theory as a methodology. These researchers moved in different directions and developed slightly differing versions of how grounded theory can be understood and applied in social research (O'Reilly, 2009). It is important then to explain the type of grounded theory methodology this research adopted.

### ***The development of grounded theory***

Since the seminal work that introduced grounded theory, Glaser maintained the position that grounded theory was one of discovery, seeing categories emerge from the data. It was important to follow the data and focus on what surfaced from the studied phenomena. Grounded theory was best used to analyse a social process (O'Reilly, 2009). Strauss however, developed methods that can be seen in part to verify or test an existing theory or hypothesis (Strauss, 1987). Developing this trajectory further, Strauss produced a number of co-authored works with Juliet Corbin, which built on this alternative direction for grounded theory (Corbin and Strauss, 2008; Strauss and Corbin, 1994). However, as well as understanding that researchers using grounded theory can start out with preconceived ideas, the work of Strauss and Corbin can also be seen to move towards a greater acceptance of the role of the researcher in the process of theory development. Researchers adopting Strauss and Corbin's approach to grounded theory are encouraged to "draw on [their] own experiences" (Corbin, 2009: 94). In response to this development Glaser argued that the procedures advocated by Strauss and Corbin would result in data being forced into "preconceived categories and, thus, contradict fundamental tenets of grounded theory" (Charmaz, 2006: 8).

The work of Strauss and Corbin significantly influenced the selection of a methodology for this research. However, the most important development within grounded theory for this project was the work of Charmaz. The methodology adopted here closely follows Charmaz and her constructivist approach to social research and grounded theory methodology. Charmaz

(2006) argues that grounded theories are constructed and that the researcher's experience of, and engagement with, the social world shape how research is conducted and the theories that are subsequently developed. Furthermore, this version of grounded theory acknowledges the "importance of recognising that social actors' understanding of the world is socially constructed, but not in any arbitrary or ad hoc fashion" (Bryant and Charmaz, 2007a: 37). As already outlined in this chapter this research was undertaken with an epistemological position that understood the role of the researcher to be in part to construct (substantive) theory from the data gathered. This theory would be developed in the understanding that these data represent the participants' interpretation of their situation at that time and place.

Adopting a grounded theory methodology that reflected the developments made by Charmaz was the most appropriate approach to take as this form of grounded theory enabled a suitable investigation of the research aims and objectives. For example, one of the objectives of this research was to interpret how the participants experienced the involvement of the criminal justice system in the treatment of their offspring's problematic drug use. By adopting this version of grounded theory methodology an investigation into the relationship between the police (and other state actors) and the participants was included within the analysis undertaken during this study. These relationships were influenced by a number of factors including the participants' interpretation of action taken by state actors. These relationships were crucial to the way participants perceived the treatment

their offspring received at the direction of the courts, and the approach taken to grounded theory during this study enabled a full exploration of these relationships (discussed in subsequent chapters of this thesis). In other words it was possible to account for the participants' understanding of the situation being socially constructed (Bryant and Charmaz, 2007a).

Another factor that supported the selection of grounded theory here was the influence of symbolic interactionism on this methodology (Charmaz, 2006). Symbolic interactionist researchers are interested in, and provide explanations for social actions and the meanings individual actors give such actions. These meanings are constructed out of a process of interaction both with other individuals and wider society (Blumer, 1969). Grounded theory when viewed from this perspective allows "...symbolic interactionists to assume a relativist position where reality is constantly reformulating as a fluid construction of individuals and, in turn, their social reference groups" (Birks and Mills, 2011: 51). The adoption of a constructivist approach to grounded theory here, similar to that advocated by Charmaz, met the needs of the research as clearly demonstrated above. It also reflects my ontological and epistemological position:

The constructivist paradigm assumes a relativist ontology, [and] a subjectivist epistemology (knower and respondent cocreate understandings)...(Denzin and Lincoln, 2005: 24 cited in Lee, 2010: 4).

Having demonstrated a strong rationale for the methodological approach to the research, this chapter will now describe the key terms that are used throughout this thesis. Following this, the methods that were applied during this study will be fully outlined.

### **Key terms**

Gossop (2007: xiii) argues “[t]he words that we use to talk about drug taking confront us with a terminological minefield.” It is therefore necessary to outline and describe three key terms that will be used throughout this thesis. The first of these (and perhaps the most crucial to contextualise) is **problematic drug user**. Many terms are used in the literature to describe actors who use drugs such as addict, substance abuser and drug misuser (Pycroft, 2010). The term “problem drug misuser” was first used (by the last Labour administration) in the 10-year drug strategy published in 1998, *Tackling Drugs To Build a Better Britain* (Home Office, 1998: 23). This description was used to identify individuals engaged in criminal activity; “[t]hey are responsible for a substantial amount of crime” in addition to being “drug misusers” (Home Office, 1998: 23). While the phrase ‘drug misuser’ is not precisely the same as ‘drug user’ the important aspect here is that the Labour government were connecting crime with drug use and identifying the issue as a problem.

It is also possible to detect in the language used in the 1998 drug strategy a move away from a disease model towards a more social understanding of the issue; “they [problem drug misusers] are often disruptive and make disproportionate demands on law enforcement, medical counselling and social services” (Home Office, 1998: 7). Furthermore, this policy document stated that problem drug misuse caused “hidden social problems – in homes and schools, on the roads and in the workplace” (Home Office, 1998: 6). The phrase problematic drug user appears to have entered academic discourse in the UK during the mid 1990s (see for

example Hunter and Judd, 1998: 269) and is used to represent the same population identified in the 1998 drug strategy document.

The term problematic drug user has been selected here to represent individuals who ingest heroin. Heroin is one of a number of substances that are classified in section 2 of the Misuse of Drugs Act 1971 as class 'A' drugs (others include cocaine and crack cocaine). Heroin, along with other substances such as cocaine and crack cocaine, are the substances typically tested for by drug treatment providers and other agencies such as the police to determine whether or not an individual is a drug user and which substances have been recently used (Bean, 2004). The use of these drugs is a crucial aspect of gaining access to many of the current criminal justice led interventions referred to in this thesis. The phrase problematic drug user then conceptualises the issue of drug use in a particular way. Rather than drawing on notions of disease, the phrase problematic drug user suggests an understanding of drug use that reflects a social model.

The disease model (that organisations such as Narcotics Anonymous subscribe to) conceptualises what proponents of this perspective describe as uncontrolled drug use as an illness. Individuals that engage in this form of behaviour are sick (Tiger, 2011). This model draws on research that considers issues such as biological predisposition and places the cause of what advocates of the disease model would describe as addiction as being beyond the control of the individual (Harris, 2011). Contrariwise the



social model, rather than individualising the issue, considers drug use more holistically by identifying factors such as economic deprivation and relationship difficulties in addition to the impact on wider society (Barber, 2002).

The second term of significance that is used throughout this study is **offspring**. The word offspring is used to describe the progeny of the participants in this research. All the offspring are adults (in so far as they are over the biological age of 18) and this term was therefore chosen for clarity. The participants themselves, however, frequently refer to the problematic drug users as 'kids' or 'children', perhaps reflecting the ambiguity that surrounds how adulthood can be measured with biological age having priority in terms of social norm, popular custom as well as in law. Finally the term **participant** has been selected to describe the individuals that were interviewed for this study. This term was decided upon to reflect the "engagement with the research project" that the mothers and support workers in this research displayed (Iphofen, 2005: 26). Furthermore, describing the participants as respondents or subjects is suggestive of "the kind of objectification of people one finds in more experimental or quantitative forms of research" (Iphofen, 2005: 26). Having described the key terms used throughout this thesis, this chapter will now outline the methods that were applied during this research.

## **Methods**

A range of methods can be employed to create a grounded theory and it is possible to adopt both quantitative and qualitative techniques within a

grounded theory study (Charmaz, 1995). However, only qualitative methods were used during this research. The procedures chosen helped to develop and deepen what was known about the situation being studied. There are several key stages involved in developing a grounded theory (data collection, coding, memo writing, developing categories and theoretical sampling). These stages will all be described in the following section of this chapter. Although presented in a linear fashion here, the actual approach adopted during this research was one that moved back and forth between the stages. For example, it was necessary to move from coding to memo writing and back to coding. As Charmaz argues:

Grounded theorists stop and write whenever ideas occur to them. Some of our best ideas may occur to us late in the process and may lure us back to the field to gain a deeper view (Charmaz, 2006: 10).

During this research it was important to use methods that would help create understandings of the social situation from the perspective of the research participants. It was essential to choose methods that would develop a full understanding of the complex social processes at work within the family and how these processes affected their interaction with the wider social world. As the topic investigated involved activities viewed as deviant by society it was essential to select methods that would help gain the trust of the participants. As Jordan *et al* (1994: 26) argue; “a research interview is both a public account by an interviewee to a researcher, and a piece of social interaction.” By promoting a relationship of trust a greater depth of information was offered by the participants that in turn led to better and more informed analysis. The way these

relationships were developed is described in the next section of this chapter along with the first method used to operationalize the methodology - how participants were identified for this research project.

### ***Sampling***

The participants in this research were purposefully chosen (Hood, 2007). Purposefully chosen here means the participants were selected with the needs of the research in mind (Coyne, 1997). Unlike quantitative studies, qualitative research demands that the social scientist search for participants with relevant experience of the phenomenon being investigated, in other words “researchers seek the best examples of whatever it is that they are studying” (Morse, 2007: 234). The necessary life experiences that potential participants needed to have for this research included having offspring who had used heroin. In addition, the participants’ offspring needed to have accessed drug treatment in England with the treatment being mandated by the criminal justice system. The “[p]articipants [were] therefore experts in the experience...under investigation” (Morse, 2007: 231). As Morse (2007: 233) goes on to clarify, “...researchers should recruit intentionally (purposefully) from wherever these people may be: from support groups, classrooms...or wherever they may gather.”

### ***Support meetings***

The participants in this research were recruited through a charity that advertised one of its services as supporting parents and carers of problematic drug users. This organisation was selected as a good source

of potential participants as it had a long standing presence in the area in which it was located and it only operated in one probation and police force area (the importance of this is highlighted in chapter 8). Contact was made with the Chief Executive of this organisation and after meeting with him and outlining the research proposal it was agreed that I could attend a support meeting in each of the locations the charity operated from. The purpose of attending these meetings was so that I could meet the parents and carers the charity offered support to and explain the proposed study. In total, four of these support meetings were attended during the whole of the data-gathering phase of the research.

The purpose of the support meetings that were convened by the charity was to provide an environment where parents and carers could offer each other mutual support and seek advice and assistance for particular difficulties they were experiencing. Copello and Templeton (2012) define two types of support that is offered to what they describe as family members of problematic drug users. The first form of support is working “jointly with drug users and family members” (Copello and Templeton, 2012: 14). This type of support is typically designed to utilize the family as a site of social control to help persuade the problematic drug user into treatment. Once this has been achieved the family is then used to encourage the problematic drug user to remain within the treatment regime until such time as they are deemed to no longer need support (Copello *et al*, 2005). The charity that facilitated access to the participants in this research provided the second form of support, assistance to

parents and carers or what Copello and Templeton (2012: 14) describe as “support for family members in their own right.”

The charity organised their support meetings at its own premises in the city where the research was conducted, and hired a range of meeting rooms in the market towns in the surrounding area to provide support to parents who lived in more rural locations. The charity offered its services to any parent or carer affected by the drug and/or alcohol use of a family member. The sample initially sought for this research was restricted to the parents of heroin users. When I attended the group meetings hand written notes were taken as not all participants at these meetings wanted to be interviewed individually for this research but they all consented to notes being taken during the meetings. However, when interviewing participants individually the meetings were digitally recorded.

The recruitment process that was utilized for this study enabled a rapport to develop with the participant group that was drawn upon during subsequent data gathering activities such as one to one interviews (that are described later in this chapter). For example, by attending the support meetings I was able to engage in some of the social aspects of the group such as making tea and coffee and sharing (with what at the time were potential participants) some of my own personal history and the reasons for my academic interest in researching this area. By developing relationships with potential participants at this early stage in the fieldwork the support group attendees who became participants talked more openly

about their experiences and offered highly personal accounts of what were often described by the participants as private family matters. After presenting my research proposal to prospective participants at the support meetings the two support workers who worked for the charity (and organised the meetings and offered one to one support to members of the groups) agreed to participate in the research and also agreed to collate the names, addresses and telephone numbers of individuals who expressed an interest in taking part in the study.

### ***Participants***

In total the support workers passed on the contact information of 15 individuals who had volunteered to take part in the study. Therefore a total of 17 participants took part in this research including the two (female) support workers. The support workers were enlisted as they had worked with parents of problematic drug users for a sustained period of time and were able to provide insight into the issues being investigated. For example, the support workers, as holders of significant specialist knowledge (that had been acquired through practical experience of working with parents and carers of problematic drug users) were able to offer examples of action taken by parents outside of this study thereby expanding the range of evidence that could be drawn upon in this research. The support workers were also able to offer an overview of some of the problems and difficulties that the participants in this research experienced.

Having described the recruitment process **tables 2.2** and **2.3** provide some basic biographical information about the participants, including: number of offspring the participant had, age when the participant suspected their offspring had first used drugs and the participants' marital/relationship status. This information is provided as it offers support to arguments made later in this thesis and provides the reader with some initial insight into the everyday lived reality of the participants. The same information is listed for each of the participants. **Table 2.3** provides a summary of the data offered in **table 2.2** in an alternative format. The order that the participants are listed in **tables 2.2** and **2.3** is the order in which they were first interviewed.

## Table 2.2 Participants

**Edna:** Had two male offspring, ages 24 and 30. The older offspring was the drug user and had been using drugs since the age of 14 or 15. Edna lived with her younger offspring and had no partner although a number of 'boyfriends' had lived with Edna in the past.

**Shirley:** Had three male offspring, ages 38, 37 and 33. The two eldest offspring were the drug users and had been using drugs since the age of "about 14." Shirley lived with her long-term (male) partner and was divorced from her offspring's biological father.

**Ruth:** Had two offspring: one male age 19 and one female age 21. The female offspring was the drug user and had been using drugs for three years. Ruth lived with her 19 year old son after divorcing her offspring's biological father "about 5 years ago"

**Barbara:** Had three offspring: two males ages 31 and 40 and a daughter age 39. The youngest offspring was the drug user and he had been using drugs since the age of 12. Barbara was widowed and lived on her own.

**Diane:** Had one offspring, age 42, who had used drugs "since he was a teenager". Diane lived with her long-term (male) partner and had never been married.

**Doreen:** Had four offspring, all male, ages 30, 32, 35 and 37. The middle two were the drug users and had used drugs since they were 14. Doreen lived with her husband of 40 years.

**Jane:** Had one offspring, a male age 37 who had used drugs since he was "about 15." Jane lived on her own after divorcing the biological father of her offspring.

**Rose:** Had three male offspring, ages 21, 23 and 24. The 23 year old was the drug user and had started using drugs aged 13. Rose lived with her long-term (male) partner and was divorced from her offspring's biological father.

**Nancy:** Had seven offspring, five male and two female. The drug user was male and 35 years old. Nancy was widowed and lived on her own.

**Ruby:** Had one male offspring, age 30, who had used drugs since the age of 14. Ruby lived with her offspring and was separated from her husband who was the biological father of her offspring.

**Grace:** Had two offspring, a daughter age 15 and a drug using son age 19 who had been a drug user for "about two years." Grace lived with her daughter and was divorced from her offspring's biological father.

**Emily:** Had two female offspring, ages 17 and 23. The eldest offspring was the drug user and had used drugs since she was 16. Emily had never been married and lived on her own.

**Margaret:** Had three offspring: two males ages 39 and 27 and one female aged 35. It was Margaret's eldest offspring who used drugs and had so done since the age of 18. Margaret had been married twice but lived on her own when the data were being gathered.

**Laura:** Withdrew from the research

**Julie:** Had two offspring, a female age 30 and a drug using male offspring age 31 who had been using drugs since the age of "16 or 17." Julie lived with her husband who was her offspring's biological father.

**Information correct at the time of data collection (August 2011). The names of the participants have been changed.**



**Table 2.3 Participant summary**

Name	Number of offspring	Ages of all offspring	Ages and gender of drug using offspring	Participants marital status
Edna	2	24, 30	Male 30	Single
Shirley	3	33,37, 38	Male 37, 38	Co-habiting
Ruth	2	19, 21	Female 21	Divorced
Barbara	3	31, 39, 40	Male 31	Widowed
Diane	1	42	Male 42	Co-habiting
Doreen	4	30, 32, 35, 37	Male 32, 35	Married
Jane	1	37	Male 37	Divorced
Rose	3	21, 23, 24	Male 23	Divorced now co-habiting
Nancy	7	-	Male 35	Widowed
Ruby	1	30	Male 30	Separated
Grace	2	15, 19	Male 19	Divorced
Emily	2	17, 23	Female 23	Single
Margaret	3	27, 35, 39	Male 39	Divorced
Laura	-	-	-	-
Julie	2	30, 31	Male 31	Married

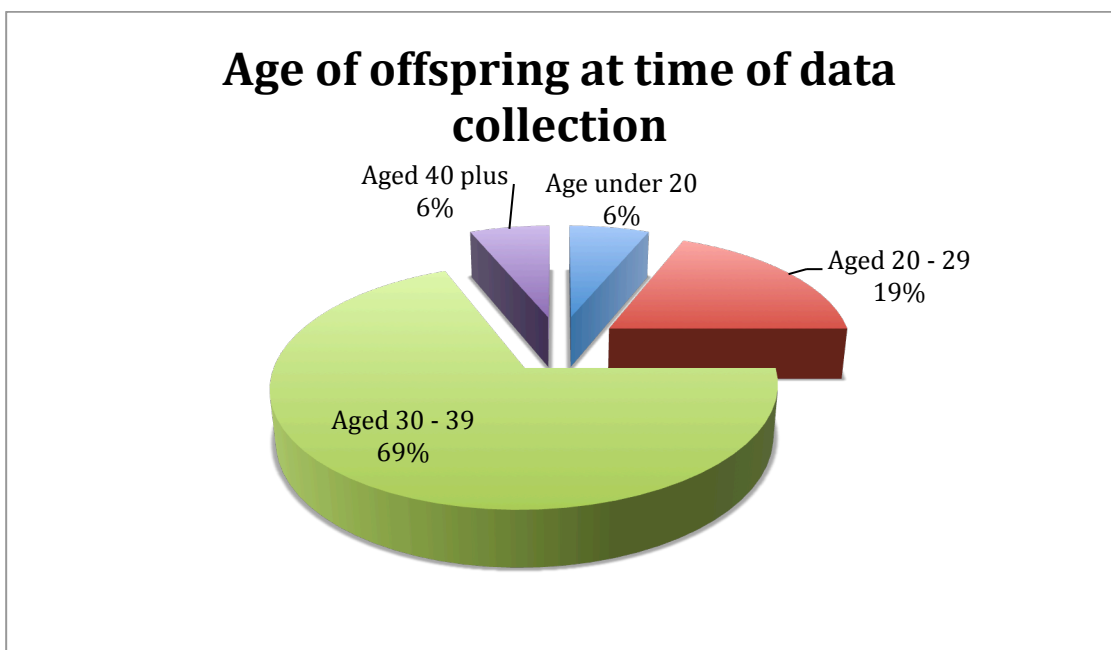
Although the research initially started out seeking to recruit *parents* of problematic drug users, all the participants that volunteered for this study were mothers. This feature of the research is analysed in chapter 5 and again in chapter 8. While providing biographical information about the participants, it is worth noting that the offspring appear to be representative of a more general population of heroin users in England and Wales:

Data 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, 2010a: 6).

The UK Drug Policy Commission (2012) also argue that there is a group of older problematic drug users who have different needs to younger drugs users with these needs being associated with long-term drug use coupled with a chaotic life style that has persisted over a sustained period of time.

It is this population that is represented by the offspring of the participants in this research: generally older individuals with long histories of problematic drug use. For example, 11 of the participants' offspring were in the age group 30 to 39 as highlighted in **figure 2.2** below. Although the offspring of the participants in this study appear to be representative of a wider population of heroin users in England and Wales, this is a coincidence as there was not a deliberate search for a group of parents who had offspring fitting a particular profile other than the participants' offspring needed to have been engaged with treatment provided by the criminal justice system.

**Figure 2.2 Age of offspring**



Another feature of problematic drug use is that it is not evenly split between men and women, with significantly more men reporting the use of illicit drugs than women. For example, in 2011/2012 the British Crime Survey identified that “men were more than twice as likely as women to have used any drug” (Home Office, 2012b: 24). The British Crime Survey has highlighted the difference in drug use between the genders since this information was first collected in 1996. In this research only two of the 16 drug using offspring were female. The difference in the gender of the population of drug users identified in the British Crime Survey (a self report survey) is also present in the population seeking treatment through the National Health Service (NHS), with the National Treatment Agency (NTA) reporting in 2010/2011 that 54,776 women were in contact with structured treatment and in the same time period 149,697 men sought support (NTA, 2011: 7). The offspring in this study then reflected two aspects of the more general heroin using population in England and Wales: they were similar in age and predominately male.

### ***Data collection***

A central feature within grounded theory is the application of a constant comparative method. Analysis of data begins as soon as the collection of data commences. As data are gathered the process of data collection is refined:

Qualitative researchers have one great advantage over our quantitative colleagues. We can add new pieces to the research puzzle or conjure entire new puzzles – *while we gather data...*The flexibility of qualitative research permits you to follow leads that emerge...With grounded theory methods, you shape

and reshape your data collection and, therefore, refine your collected data (Charmaz, 2006: 14-15 emphasis in the original).

It is clear that data collection is approached in a particular way when using grounded theory methods. In this research, as participants were interviewed their responses were used to inform later interview questions and the areas discussed with the participants (the interview strategy is outlined in more detail later in this chapter). This constant comparison is also described as theoretical sampling and is the process “of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data...” (Glaser and Strauss, 1967: 45). The methods applied during the analysis of the data (the coding process and so on) will be outlined later in this chapter. What will be described next are the methods used for data collection.

Birks and Mills (2011: 66) list possible sources of data that can be used when constructing a grounded theory to include “transcripts of interviews and focus groups, fieldnotes, memos, diaries, policy documents, novels, images, artwork and music.” To promote the collection of rich data that captured the lived reality of the participants, a technique described by Charmaz (2006: 25) as “intensive one to one interviewing” was employed. The use of intensive interviewing within a grounded theory project supports a detailed investigation of the social situation being researched. Using this method enabled research participants to describe their experience in great detail. The detail was then analysed to develop a grounded substantive theory.

Charmaz (2006: 26) suggests that “[t]he structure of an intensive interview may range from a loosely guided exploration of topics to semi-structured focused questions.” As this study explores “individual understandings and subjective experiences” (Cunliffe, 2010: 3) and reflects a relativist ontology, the most appropriate approach to take when interviewing participants was unstructured interviews that were as Charmaz (2006) suggests an investigation of areas relevant to the research endeavour. **Appendix 1** is an early version of an interview guide used during the data gathering process. The approach taken to the first meeting with the participants (that is evident from the interview guide shown in **appendix 1**) was a “loosely guided exploration” (Charmaz, 2006: 26).

The use of intensive interviewing during this research facilitated:

- Full exploration of the experiences described by the participants
  - The ability to ask for greater detail or further clarification
  - The investigation of participants’ actions, feelings and thoughts
  - The use of social skills to promote detailed conversations
- (Charmaz, 2006: 26).

This method of data collection also ensured “research participants [were asked] how they experience time, place, and progress (historicity)...” (Cunliffe, 2010: 10). This was important as the research aims and objectives demanded that the way the participants’ experiences changed and altered over time was captured within the analysis of these data. Problematic drug use changes over time, partly as a consequence of societal attitudes developing, with societal views often being influenced by a government’s response to drug use.

Each interview began with gathering descriptive data. For example, each participant was asked how their family was constituted, how many children they had, their age and where they lived and so on. This opening question was sufficient for some of the participants who went on to provide a full and detailed account of their experiences since their offspring started using drugs up to the present time. Most participants though, needed several follow up questions such as 'tell me about how you first became aware that your son/daughter was using drugs?' This strategy allowed in-depth explorations with each participant about their lived experiences. It also enabled the participants to move at a pace they were comfortable with. It is suggested that

[t]hinking qualitatively means rejecting the idea of a research design as a single document which is an entire advance blueprint for a piece of research...This is because qualitative research is characteristically exploratory, fluid and flexible, data-driven and context-sensitive (Mason, 2002: 24).

The interviews that were undertaken during this study, as described above, were fluid. However, what was decided before the data gathering began was that there was to be more than one meeting with each participant where possible. It was therefore essential that the participants felt comfortable with the research process. The two meeting interview schedule was used to try and account for and mitigate bias from the participants (for example saying what they thought I wanted to hear).

The interview timetable provided a period of six months between each interview. The period between the first and second interviews was used to complete analysis of the initial data. The second interviews were then

used to enable the confirmation of some data and also to facilitate the collection of information by way of more targeted questioning following the initial analysis of the data. This approach supported the simultaneous collection and analysis of data. Not only were data analysed following each individual interview but also the period of time between the first and second interview with each participant allowed analysis of the initial data to be completed before the second round of meetings began. The analysis was then used to inform the second set of interviews. This ensured as Mason (2002: 24) suggests that the process was “flexible, data-driven and context-sensitive.”

### ***Data analysis***

As already described, the constant comparison method allowed me to develop the process of data collection throughout the research. As data were collected they were also analysed. This data analysis continued until theoretical saturation was reached. Theoretical saturation is achieved in grounded theory research when new data fail to offer or reveal fresh insight into the specific area being researched (Charmaz, 2006). Before theoretical saturation is attained there are key stages in the analytical process and these will be described next and the approaches adopted during this research will be highlighted.

The central analytical device in grounded theory method is coding. As shown in **table 2.4** a number of terms have been used in the literature to describe the coding process in grounded theory. Glaser and Strauss (1967: 105) for example describe the process as “coding each incident in

his data into as many categories of analysis as possible...” These grounded theorists outline a process of coding and comparing incidents. These incidents can be thought of as concepts that are in the data. **Table 2.4** plots the evolving nature of grounded theory since the original framework was developed during the 1960s. It highlights the changing language used to describe the various phases in the coding process (Birks and Mills, 2011).

**Table 2.4 Coding stages**

	Early coding	Intermediate coding	Advanced coding
Glaser and Strauss	Coding and comparing incidents	Integrating categories and properties	Delimiting the theory
Glaser	Open coding	Selective coding	Theoretical coding
Strauss and Corbin	Open coding	Axial coding	Selective coding
Charmaz	Initial coding	Focused coding	Theoretical coding

**Birks and Mills (2011: 116)**

Initial coding will be used here to describe the procedure used to break the data down into incidents. Initial coding is the term used by Charmaz



(2006) and involved interrogating the data and considering questions such as:

- What is the data suggesting?
- What is being investigated?
- What perspectives are data being analysed from?
- What is happening in the data?

(Charmaz, 2006: 47)

This early analytical phase was used to break the data down to uncover actions in each piece of information. During initial coding, data were reviewed and analysed over and over again. The constant interaction between the researcher and the data enabled new directions to be revealed that went beyond what may have initially been seen or even anticipated. As the empirical world was seen through both the lens of the participants' and that of the researcher, meaning was attached to the language being used and also the "silences from [the] research participants" (Charmaz, 2006: 46).

Language and the way participants articulated their experiences played a critical role in the way initial codes were recorded; "coding impels us to make our participants' language problematic to render an analysis of it" (Charmaz, 2006: 47). Furthermore,

agents can sometimes express their reasons for what they do in verbal or discursive form...But this by no means exhausts what they know about why they act as they do. Many most subtle and dazzlingly intricate forms of knowledge are embedded in, and constitutive of, the actions we carry out. They are done knowledgeably, but without necessarily being available to the discursive awareness of the actor (Giddens, 1987: 63).

It was therefore important to account for this "practical consciousness" during all stages of the analysis (Giddens, 1987: 63). As an example of

this, the codes that were developed during this research reflected both the language of the participants and that of the researcher: “the analyst will discover two kinds [of code]: those that he has constructed himself...and those that have been abstracted from the language of the research situation” (Glaser and Strauss, 1967: 107).

The first attempt at coding started by designing and utilising an analytical matrix. **Appendix 2** is a sample of a section of the first matrix produced as part of the analytical process. Microsoft Excel was used to create the matrix that was designed to list the codes as they emerged from the data. By representing the codes within the matrix a visual representation of the data was created. This tool helped reveal key themes across the data without relying on my own (perhaps faulty) memory. The next stage required more detailed scrutiny of the data therefore line-by-line coding was used to build upon the work started with the analytical matrix. This very detailed approach (line-by-line coding) helped inform later interviews and subsequent data collection. Furthermore, this tactic helped with the identification of more subtle themes. The line-by-line coding supported the “prolonged and intense engagement with the data” which in turn led to a deeper level of analysis (Birks and Mills, 2011: 97). It also helped me to become closer to the data and become fully immersed in the process.

As can be seen in **table 2.4** (on page 40) the next stage in the coding process (the intermediate phase) was focused coding. The initial use of the analytical matrix followed by line-by-line coding supported the

development of what Charmaz (2006: 57) describes as 'focused codes.' Focused coding was the phase of analysis when the most frequent and significant codes were identified. During this phase of the analysis, "groups of codes [were] collapsed into categories" (Birks and Mills, 2011: 94). It was during this stage in the analysis that conceptual patterns began to emerge from the data. Once categories began to emerge from the codes it became necessary to write memos to develop them further.

### ***From codes to memos***

The writing of memos further supports the researcher with the move towards translating data into theory. Memos helped to conceptualise the data making it more abstract and less descriptive (Lempert, 2007). The writing of memos during the analysis helped to capture a complex mix of what had happened both in the data and ideas about what it meant or represented (Birks and Mills, 2001). A good example of this was the concept of responsabilisation that is central to many of the arguments offered in this thesis. The participants did not necessarily describe their actions in terms of being responsible or as being a response to a responsabilisation agenda such as that offered by Garland (1996). Nevertheless, the analysis offered in this thesis demonstrates that the mothers felt a weight of responsibility and this became apparent through the writing of memos. **Appendix 3** is an example of some early ideas about treatment and illustrates some initial thoughts about responsabilisation. The example given is one of the first memos written and is therefore exploratory and was refined and developed as the analysis progressed and as my ideas became more focused.

As the analysis undertaken during this research was an interpretation of the data the use of memos enabled questions to be asked of the interpretations made and moved the analytical process towards developing a substantive theory (Birks and Mills, 2001). The memo as a device was used to develop ideas and was essentially an analytical conversation about the research data that allowed a full exploration of the data (Lempert, 2007). As has already been articulated in this chapter, the procedures employed in this grounded theory were not used in a linear fashion. Rather, there was a process of moving back and forth between phases. This was particularly the case with memo writing. As the coding process developed, ideas also started to surface. This approach to memo writing helped to develop my reflexivity and the ability to think critically about any assumptions made and the patterns initially seen in the data (Saldana, 2009).

### ***Secondary data collection***

As outlined earlier in this chapter a purposeful sample was chosen for this research. However, the concept of sampling in grounded theory also relates to the process during the analysis of

...sampling to test, elaborate and refine a category and further sampling is done to develop the categories and their relationships and interrelationships. This could involve changing the interview questions as the study progresses (Coyné, 1997: 626).

This type of sampling is described in the literature as theoretical sampling and is closely related to the final phase in the coding process. This last type of coding is labelled 'advanced coding' in column 3 within **table 2.4** (on page 40). As already described in this chapter the approach taken

during this research was to include a second round of interviews with the research participants. This second set of interviews enabled me to be more focused in my data collection. Having created several categories from groups of codes the second interviews were used to develop these categories further. In other words I collected “pertinent data to elaborate and refine categories in [the] emerging theory” (Charmaz, 2006: 98).

Eight of the participants were interviewed for a second time including both of the support workers. When I began gathering data from individual interviews I had anticipated a need to interview all the participants twice. However, once the second meetings started to take place it became apparent after meeting with five of the participants that new properties were not emerging from the data. After the eighth participant was interviewed the decision was made to stop gathering further data from the research participants. The interviews that were carried out supported saturation of the categories that had been identified after the first set of data had been collected and analysed. During the second round of interviews it was possible to gather “statements, events, [and] cases that illuminate[d] the categories” (Charmaz, 2006: 103).

As with the first set of interviews as data were collected they were simultaneously coded and analysed. The analysis from each interview was used to further inform subsequent meetings with participants. This enhanced questioning also highlighted issues that required the patterns that were originally identified to be reconsidered, with this leading to

further analysis of the data (Coyne, 1997). As the secondary interview process progressed, the newly acquired data were used to test the emergent theory. During this final stage in the coding procedure, data were then integrated into the developing theory. By revisiting the earlier stages of coding it was possible to make sure the developing theoretical understandings were fully grounded in the data (Kelle, 2007). The final stage in the process adopted here to develop a grounded theory further highlights the way data collection and analyses are not completed sequentially. As the research developed and theory emerged from the data, it became increasingly necessary to move back and forth between stages to test and recheck the theory being created from the research data. Having saturated the categories and tested the emergent themes, the data gathering phase of the research stopped. The newly collated data was then fully integrated into the coding schema and the core themes were then theorised and developed.

Having fully outlined the methodology and methods used during this research, the next section of this chapter will describe and outline the ethical approach to the research and some of the ethical dilemmas that were encountered during the study.

### **Ethics**

Ethics is the general term used to describe how humans conduct themselves. Fundamentally it is about morality; “[i]t is concerned, in essence, with perspectives on right and proper conduct” (Wahidin and Moore, 2011: 288). Within any research project there are a variety of

ethical considerations that need to be made. However, researchers are able to approach ethics from a range of standpoints. The literature on ethics outlines three outlooks or positions that can be taken to address ethical considerations when conducting research: legalistic, antinomian and situational. These three traditions are considered to cover a wide range of ideals (Wahidin and Moore, 2011). Legalistic is at one end of the continuum and argues that researchers must follow a set of rules or professional codes of conduct such as those provided by the British Society of Criminology. For the legalistic outlook issues such as informed consent, anonymity and the right to withdraw from the research are of key concern. At the other end of the continuum are the antinomians. The search for knowledge is paramount for antinomian researchers and research should not be held back by codes of practice or other devices that may impede the discovery or creation of new ways of understanding the social world (Wahidin and Moore, 2011).

In between these two positions or extremes are researchers who, while understanding the need for codes of conduct and the protection of research participants, make informed decisions about how closely to follow these rules. This view of ethics is described as being situational. Ethical considerations are made throughout the research process and decisions are made in light of the situation presented at the time. It is not necessarily the case that rules or codes of practice will not be followed but rather situational researchers are flexible about when and to what extent codes of conduct and so on are adhered to (Wahidin and Moore, 2011).

For this research an approach to ethics was taken that had a legalistic outlook. This approach was selected as it reflects my own views that participants should be protected from harm and that individuals have the right to make informed decisions about being involved in research projects. These views are in part the product of my own personal history, what Bourdieu would describe as the first of the three forms of bias that “may blur the sociological gaze” (Bourdieu and Wacquant, 1992: 39). However, and perhaps significantly, as a neophyte researcher there was a level of (perceived) pressure to conform to the expectations of my supervisors. Whilst my own stance matches that of the dominant culture within my university it is possible to see how the adoption of the legalistic approach to ethics in research could serve to have a chilling effect and place barriers to the development of new knowledge in some areas (Mullard and Cole, 2007).

The starting point for addressing the ethical aspect of the research involved thinking about what sorts of issues needed to be considered and then dealt with. Following this intellectual thinking phase, ethical approval for the research was requested from my department’s Research Ethics Committee. Obtaining the committee’s consent to proceed involved addressing a range of issues including how participants would be recruited, what risks were involved both to the participants and the researcher, and how confidentiality of data would be ensured. The approach adopted by the research ethics committee was also closely



matched to the legalistic outlook on ethics with importance being given to issues of risk and data protection.

As described, ethically this research project adopted a legalistic outlook. For example, importance was given to informed consent. Once participants were recruited, contact was made with them by telephone to arrange an initial one to one interview. At this first meeting (and at the start of any subsequent meetings) an information sheet was given to the participants (see **appendix 4**). This information sheet described the research process, confirmed how data were to be used and the way participants' anonymity was to be ensured.

This document was read to each participant and participants were encouraged to ask questions before the interview began. Signed consent was also obtained from each participant that confirmed they had understood the information sheet and that they had had an opportunity to ask questions about the research project (see **appendix 5**). Of key concern to many of the participants was the issue of confidentiality. For this research, participants were offered assurances that their personal information was to be held securely and that when the research was written up names and locations would be changed to ensure that the participants could not be identified. In addition, it was made clear to all participants that they could withdraw from the research at any time and without giving a reason for their withdrawal. As part of the recruitment process it was agreed that a meeting would be arranged with the

participants at the end of the research once the findings had been written up to describe and explain the research outcomes and to answer any questions that the participants had. This reflected an understanding that the researcher creates knowledge from the subjective data gathered from participants. I therefore had an ethical responsibility to the research participants to describe and explain that new knowledge and how it may be disseminated. It also demonstrated the value attached to the research participants, their emotional investment in the study and also their time.

### ***Significant life events***

During the course of the data-gathering phase of the research some significant and life changing events were experienced by some of the research participants. These events affected how and when data were gathered. For example one participant (Laura) was admitted to hospital suffering from extreme stress that she was experiencing as a consequence of her offspring's problematic drug taking behaviour. As a result of the mental distress Laura experienced, it was decided not to follow this potential participant up as it was felt that this might have further damaged her mental health. Another mother, Ruby, following the first interview with her in the summer of 2011, accompanied her son to court just before Christmas in 2011 where he was sentenced to two years imprisonment for aggravated burglary. For the research this presented an opportunity for me to gather data about how she felt about the custodial sentence while the experience was still fresh. However, it was also necessary to respect Ruby's need for some time to reflect on what had happened and to adjust to her new reality. I did interview Ruby for a

second time and met with her just three months after her son had been sent to prison. Another of the participant's offspring overdosed and died during the fieldwork stage of the study. I did go on to meet with Nancy but only after liaising with Helen (Nancy's support worker) to make sure that it was appropriate for me to do so.

Whilst these events form part of the research findings (and as such are included in the analysis offered in chapters 5, 6 and 7) they serve to demonstrate how difficult day-to-day life can be for mothers of long-term problematic drug users. Moreover, they also highlight the on-going and difficult ethical decisions that were made during the data-gathering phase of the research. These mothers at times were very vulnerable and it was necessary to account for this vulnerability when arranging meetings and also during interviews. For example, leaving adequate time between the death of Nancy's offspring and going out to interview her. Another method used to account for the potential vulnerability of the participants was to change the topic of conversation if it became apparent the area being talked about was causing emotional distress. As the matters discussed when data were being collated were sometimes highly emotive it was important to finish interviews with the participants on a positive note thereby making sure that the participants were not left in a distressed state (D'Cruz and Jones, 2004).

Furthermore, I had agreed with the support workers before starting the interview phase that should any of the participants become distressed I

would contact them and they would offer support to the participants following their meeting with me. In addition, the support workers helped me to avoid this situation by communicating issues such as those detailed above so that informed decisions could be made about whether or not to include volunteers in the research and when it was appropriate (or not) to contact the participants. These tactics worked well and after the data had been gathered for this study I had a meeting with both the support workers and at this meeting they reported that the participants had all talked about their meetings with me in positive terms during support meetings.

### **Summary**

As the fieldwork progressed, meetings with the participants yielded more pertinent data as the interviews became more focused (driven in part by the methodology adopted). This improvement in the quality of the data gathered also reflected the improvement seen in my own interviewing techniques and my development as a researcher. As I became more confident the interviews yielded better data. With better focus came rich data that were used to develop a grounded substantive theory. Chapters 5, 6 and 7 in this thesis are centred on the core categories identified following the initial data collection interviews that were tested during the secondary data collection phase. Moreover, quotations from the participants are used in chapters 5, 6, 7 and 8 to highlight pertinent points and to provide evidence to support the arguments made in this thesis. The next chapter is the literature review and considers ways in which families can be conceptualised and how a problematic drug user's family can be part of their recovery journey.

### **Chapter 3**

## **The family and how it can be used to support the recovery journey of a problematic drug user**

### **Introduction**

The current government drug strategy suggests that families ought to become more involved in the recovery journey of problematic drug users. It is argued by the government that by involving the family “treatment is more likely to be effective, and recovery to be sustained...” (Home Office, 2010a: 21). Moreover, the latest drug strategy states the government will “encourage local areas to promote a whole family approach to delivery of recovery services” adding that the government also wants to “*consider* the provision of support services for families and carers in their own right” (Home Office, 2010a: 21 emphasis added). There is also a wide body of literature that examines the benefits that can be achieved when the family of problematic drug users are supportive and involved in the treatment process (see for example Velleman and Templeton, 2002; Copello *et al*, 2005). This chapter will offer a critical analysis of this proposition.

To facilitate this analysis it will be helpful to first examine the ways in which the constitution of the family may have changed since the 1950s. The 1950s is the period when functionalist understandings of the family first became prominent and governments started to draw on this model of the family when designing and then implementing social policy initiatives (Millett, 1970). By contrasting the functionalist understanding of the family with an alternative view offered by radical feminist theorists, it will be

possible to highlight how not all families necessarily have the resources needed to support their offspring in their recovery journey, thus problematizing the notion that families can become involved in the recovery journey of problematic drug users. Moreover, functionalism is being contrasted with the radical feminist perspective as these two traditions sit towards each end of a spectrum of how the family can be theorised.

Having outlined the changing structure of the family, the second section of this chapter will then examine the ways in which it is suggested that families can become involved in the treatment journey of problematic drug users. The literature describes three ways that families can be involved with treatment (Copello *et al*, 2005). The first approach is that the family can be used to encourage problematic drug users into treatment. The second approach is that the family can be utilized in the treatment process itself. The final method is aimed at addressing the needs of the family. Rather than focusing on the problematic drug user, interventions of this type focus on the family and “the needs of the family as a result of the problematic drug use [of] a family member (Copello *et al*, 2005: 369).

### **Family**

It is important to first highlight that ‘family’ can mean different things and meaning can be “determined by use in particular contexts” (Jordan *et al*, 1994: 25). What a family is and who may be included within a family unit

is socially constructed with dominant understandings about the family being influenced by political ideology, social practice and media representations (Gilbert, 1999). A number of actors can be included when describing the composition of a family unit. For example, some families are intergenerational with grandparents living with parents and offspring while other families may consist of just a father and his children. The participants in this research represented a number of different family formations (see **tables 2.2** and **2.3** in the previous chapter on pages 32 and 33). However, to support the analysis made here it will be helpful to define and describe two ways in which the family can be theorised; first the functionalist perspective will be considered with this outlook then being contrasted with the radical feminist tradition. These two paradigms offer opposing views of the family and can therefore be used to frame the analysis within this chapter.

Furthermore, the reason for starting this chapter by describing these two ways in which the family can be understood is that the latest government drug strategy argues that the involvement of the family in the treatment process frequently leads to better outcomes for drug users (Home Office, 2010a). The idea that the family can work towards developing recovery capital draws on a normative discourse about strong families and communities that has been perpetuated by governments since the 1950s (Silva and Smart, 1999). However, there is more than one way to understand families and their structures. Furthermore, family structures have become increasingly complex and a wide range of family

composition is now defined in the literature, as will be described in this chapter (Silva and Smart, 1999). The literature also outlines how, within academic research, there has been a move away from viewing the family as an institution towards a more inclusive understanding that groups together a set of social practices that can be used to explain the actions of individuals who *practice* family (Morgan, 1999). It is argued here that although the changing nature of families has been recognised and detailed in the academic literature, government policy initiatives continue to promote an idealised understanding of the family with this affecting the way that family is experienced and practiced by some sections of society.

As part of practising family it is necessary for the groups of individuals that form family units to *display* being a family. Displaying family is described as

the process by which individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute 'doing family things' and thereby confirm that these relationships are 'family' relationships (Finch, 2007).

The reason that display is important to families is that it demonstrates to others through what Goffman (1969) would describe as performances that the family is both in existence and successful. For the participants in this research, displaying family was particularly important as "the need for display becomes more intense as a result of changed family circumstances" (Chambers, 2012: 44). The participants in this research experienced significant and wide-ranging 'changed family circumstances' as will become clear in chapter 5. In order to fully explain how the



mothers dealt with the circumstances they found themselves in it will be helpful to place their lived reality within the context of how families are frequently framed by social policy. The concept of display will then be utilized to support the explanation offered for the actions of the participants in subsequent chapters of this thesis.

### **Functionalism**

The first perspective to be explored is functionalism and the configuration of individuals this tradition describes as being necessary for a family to fulfil its purpose in society. The reason for describing the functionalist outlook is that

[s]ome of the principal foundations of the ideology of familialism prevalent in western Anglophone nations today can be found within a functionalist model that became dominant during the mid-twentieth century (Chambers, 2001: 49).

Functionalists such as Parsons argued that the family fulfils two purposes:

First, the primary socialization of children so that they can truly become members of the society into which they have been born; second, the stabilization of the adult personalities of the population of society (Parsons and Bales, 1955: 17).

During the 1950s and 1960s a family was understood to include an adult female (mother), adult male (father) and one or more children with the adults being married to one another. This configuration of the family is often referred to in the literature as the nuclear family (Muncie and Sapsford, 1995). However, although the functionalist perspective promotes this configuration as being the one which fulfils the purposes that families exist to meet, patterns of family composition have changed significantly since the rise to prominence of the functionalist tradition (Rodger, 1996). **Table 3.1** offers a 'snapshot' of patterns of family

composition and exemplifies some key changes that have taken place over the last 40 years.

**Table 3.1 Changing family compositions**

**Single mothers (never married i.e. not widowed or divorced)**

1971	1981	1991	2011
1 per cent	2 per cent	6 per cent	10 per cent

Office for National Statistics (2013: 4)

**Births outside marriage**

1970	1980	1990	2005
8 per cent	12 per cent	28 per cent	43 per cent

Callan (2006: 33)

**Cohabiting couples**

1979	1991	1996
400,000	1,100,000	1,500,000

Callan (2006: 29-30)

Furthermore, although the functionalist perspective promoted the nuclear family as being the most desirable family formation, within many communities extended networks consisting, for example, of intergenerational families were (and still are) a feature of family composition. For example, in 1950 24.7 per cent of women over the age of 65 in the United States of America lived with their adult offspring with the offspring providing care to their elderly parent (Mindel, 1979: 458). More recently, the 2001 census identified that in England and Wales 2.3

per cent of families were multigenerational with this figure increasing to 14 per cent of families with a Bangladeshi, Indian or Pakistani ethnic background (McConnell and Wilson, 2007: 9). The functionalist perspective failed to account for this type of variance:

This 'modern functional family' legitimated the male 'breadwinner' model within an asymmetrical patriarchal structure...the approach neglected and was unable to explain family forms that deviated from the nuclear model (Chambers, 2012: 22).

Moreover, the prominence given to the functionalist outlook led to other family forms being viewed as being less effective at socialising children:

Having found traditional behaviour functional, functionalists could now prescribe it: having found the status quo operable, they could proceed to find it "natural" hence biologically "necessary" (Millett, 1970: 221).

Millett (1970: 222) further asserts that functionalists would argue that "nonconformist behaviour is in fact deviant," a view that arguably still exists today.

In the functionalist understanding of the family the adult members of the unit must socialise their offspring (especially when the children are very young and have not been exposed to influences such as schools and friendship groups) into appropriate and acceptable ways of behaving. This is referred to as primary socialization and is the first (basic) function of the family (Parsons and Bales, 1955). Secondary socialization occurs when the offspring get older and spend time away from immediate family. Social institutions such as school and social groups such as the Scouts and other clubs play a key role in developing the capabilities of children and also in socializing them into appropriate ways of behaving:

...as the child grows older, influences from the neighbourhood, then the school and beyond become increasingly important (Parsons, 1965: 36).

The second function of the family from the functionalist perspective is the “stabilization of the adult [personality]” (Parsons and Bales, 1955: 17). Functionalism places importance on institutions such as marriage as a way of creating an environment that encourages stable family life. The functionalist model can also be seen to fit the needs of the state by promoting a family model that enables the (male) breadwinner to be economically active and at the same time act as a role model to offspring (Millett, 1970). This premise has been developed in the last twenty years and what could be described as ‘new functionalism’ has evolved that promotes the idea that both mother and father can be economically active and that the division of labour in the family (domestic chores, child care and the care of elderly relatives) will be evenly divided between an equal partnership that is created between the adults within the family (Irwin, 1999). The functionalist outlook of the 1950s promoted the premise that the modern family was a site of positive social control (Millett, 1970). The family when constituted as a nuclear unit was safe and nurturing. The family could be relied upon to socialise children and produce the productive economic workers that modern capitalist societies needed to operate effectively and create wealth (Delphy and Leonard, 1992).

Functionalism in the late twentieth century context continued with the same premise, that the family is a benign institution that supports its individual members both for the good of the family and of the state

(Chambers, 2012). However, both the last Labour government and the current coalition administration have sought to develop and adapt 1950s functionalist ideas to account for the changing reality of family life. For example, double income families and step families do not necessarily conform to the functionalist ideal (in its purest sense) but these family forms can be framed as fulfilling the same functions, the socialization of children and the stabilization of the adult personality (Parsons and Bales, 1955), as the traditional nuclear family.

A significant development within family structures over the last twenty years, that has perhaps developed to accommodate the growth in divorce rates, is the increase in the number of stepfamilies. That is a family that consists of some parts of two families blended together with Callan (2012: 36) asserting, “stepfamilies are the fastest growing family type.” However, the first time specific data were collected about stepfamilies by the census in England and Wales was in 2001 and statistics about stepfamilies are described as being “sparse” (McConnell and Wilson, 2007: 5). However, “recent demographic changes and research suggest that the proportion of stepfamilies has increased” with the 2001 census identifying 700,000 such families in England and Wales (McConnell and Wilson, 2007: 5).

Data about divorce are available from a number of sources including the Office for National Statistics (2012: 2), with this organisation reporting that the number of divorces in 1951 was 28,767 rising to 143,818 a year by 2001. As the population in England and Wales has increased since the

1950s and this could, in part, account for the increase in the *number* of divorces **Table 3.2** below highlights the growing divorce *rate* in England and Wales.

**Table 3.2 Divorce per thousand marriages**

1960-1969	1970-1979	1980-1989	1990-2003
1.47	4.37	6.08	6.68

Callan (2006: 148)

Allan (2002) suggests stepfamilies can be viewed as being part of the answer to the problem that is created for the state as a result of divorce and single parenthood. As such, stepfamilies are not conceptualised as being problematic in the way that other categories of family (such as single motherhood) are (Allan, 2002). From the functionalist perspective when two families join together in this way the adults within the newly formed unit are able to carry out their respective roles and the unit is once again able to produce the economic actors of the future. Out of what functionalists may consider to be deviant and damaging behaviour (divorce) stepfamilies correct that problem and the resulting family unit is once again able to fulfil the functions seen as being core responsibilities. Furthermore, the promotion of double income families as desirable in turn supports economic growth and higher levels of consumption.

The functionalist perspective of the 1950s in part supported the economic model of the time in which “the father is normally away from the household at work...” (Parsons, 1959: 253). The optimum family structure of wife, husband and children facilitated economic growth: “family structure [could be] explained by the needs of capitalist economy” (Chambers, 2012: 22). The economic aspect of the functionalist model was adapted in the late twentieth century to encourage double income families as this model better suited the needs of the capitalist economic model that has developed since the late 1980s.

### ***Power***

The traditional functionalist perspective failed to recognise power differences within relationships (including within the family). The use of force (a form of power that is discussed in chapter 6) to maintain the dominant position in society of men is not referred to in the functionalist literature (Millett, 1970). Furthermore, gender expectations arrive from a gendered social structure that rests on hierarchy and division (Jackson, 1996). The consequence of this is that

inequalities between men and women have not only been rendered invisible by the category of familyness but have been represented as natural, legitimate and even as positive features of it (Chambers, 2001: 50).

Functionalism when drawn upon to develop social policy in the early twenty-first century attempts to remove the problems identified in the quotation above by promoting ideas of egalitarian gender roles. Furthermore, developments such as the introduction of civil partnerships have in part sought to widen what constitutes a family in social policy

terms. It is contended here that this new functionalist understanding of the family has been adopted by the current (and previous) government and is embedded within the latest government drug strategy.

By promoting the family as a source of potential recovery capital and by encouraging problematic drug users to draw on family relationships to support recovery (Home Office, 2010), the government has accepted an understanding of the family that is closely aligned in outlook to that of the functionalists of the 1950s and 1960s, but with this outlook being framed in the language of inclusion that is relevant in the twenty-first century. By suggesting that problematic drug users should draw on their *family* for support during their recovery journey, the latest drug policy is built on the tacit premise that families consist of two parents and draws upon functionalist understandings of the family. This family formation allows for the division of labour within family households to be equally spread between the adults with responsibility for the socialization of their offspring. However, it is repeatedly found that women continue to bear the bulk of domestic work including childcare and, importantly for this research, emotional labour (Delphy and Leonard, 1992). Furthermore, not all families conform to the functionalist ideal of the nuclear family unit.

The acceptance of the functionalist model as being normal and homogeneous is not limited to the current administration but has been a central theme in New Right ideology since the 1980s (Muncie and Wetherill, 1995). The renewed interest in the family by the New Right was



driven in part by the perceived threat posed by a rise in radical feminism that was critical of functionalist ideas about the positive nature of the family. Radical feminist scholars during the 1970s started to highlight weaknesses in the functionalist ideal:

The debilitated patriarchy which functionalists describe when they turn their attention to sociosexual matters operates with enormous waste and friction. But when functionalists recognize the latter as “conflict”, they tend to put the burden of responsibility for it upon the individual who experiences it (Millett, 1970: 220).

The New Right, however, perceived increasing female participation in the (economic) workforce as being in part to blame for falling moral standards and increasing levels of dysfunctional and anti-social behaviour. This demoralisation argument proffered the view that the increased level of participation in paid work outside the family by women contributed to increasing divorce rates, with the children of divorced parents being damaged “socially, emotionally and educationally” (Williams, 2005: 19). It was argued that the normal functions of the family were being disrupted, with this leading to lower levels of socialization of the offspring from within the families affected (Muncie and Sapsford, 1995). The rise of the double income family (and other changes in society such as increasing divorce rates see **table 3.2** for example) supported a dilution of this view. Consequently there was a move towards the promotion of the need for stability of marriage with this encouraging the development of a range of family policies that supported women into the economic workforce (Ejrnaes and Boje, 2013).

Although there was renewed interest in the functionalist family model during the 1980s, this way of understanding the nature of families has been detectable in social policy since the welfare state was developed and enhanced during the 1940s:

The underlying model of 'the family' at the heart of British social policy has been well established particularly since Beveridge, and it has served as an instrument of social control since the 1940s (Rodger, 1996: 124).

The current drug strategy can be seen to continue this existing approach. Moreover, by encouraging "local areas to *promote* a whole family approach to the delivery of recovery services" (Home Office, 2010a: 21 emphasis added) the government is also able to maintain another traditional approach to social policy. Historically governments have made efforts to

claim that they are not interfering in family life, whilst at the same time sustaining boundaries of those obligations which are thought to be important (Muncie and Wetherill, 1995: 42).

Recent evidence of this approach to social policy can be found in the 2010 Green Paper *Support for All* that states, "parents and families bring up children, not governments" (Department for Children, Schools and Families, 2010: 56). This is a document that can be understood to promote the family ideal of children living with two parents, preferably heterosexual parents who are married to one another:

Marriage is an important and well-established institution that plays a fundamental role in family life in our society...The Government supports couples who choose to get married: for many families marriage offers the best environment in which to raise children, and remains the choice of the majority of people in Britain...The evidence is clear that stable and loving relationships between *parents* and with their children are vital for

their progress and well-being (Department of Children, Schools and Families, 2010: 3 emphasis added).

Through the current drugs policy the government is able to maintain the position that family life is a private matter that governments should not involve themselves with, yet at the same time be seen to base policy on solid research evidence that suggests families should (when appropriate) be included in the treatment of problematic drug users (Home Office, 2010a).

### **Radical feminist perspective**

Although government policy appears to be based on functionalist ideals about family life, radical feminist theory articulated a different understanding of the family. This perspective recognised how the family was not necessarily a benign positive institution but could in fact be the site of significant harm (Delphy and Leonard, 1992). The functionalist model was straightforward and the nuclear family was easily utilized by government policy. However, the radical feminist approach incorporated a range of ideas about what family *could* mean and how families *could* be organised. For example, as women became more able to gain paid employment, relationships between men and women *could* become more equal, in an economic sense. Women would no longer necessarily be financially dependent on men and relationships such as marriage would no longer be held together by a sense of duty or tradition but could be based on mutual satisfaction and the pursuit of happiness (Williams, 2005).

In addition to offering an understanding of what family *could* mean, the radical feminist perspective attempted to account for a range of structural issues within society that affect men and women differently and act as barriers to fully equal partnerships. For example, although women started to be represented more widely in the paid workforce, their access to high status roles that commanded higher levels of compensation was (and still is) restricted. These limitations were frequently blamed on issues such as gaps in employment history that occurred during periods of maternity leave (Rodger, 1996) rather than structural issues that act as barriers for women. Radical feminists would argue that “family and sexual relationships” lead to the subordination of women and are therefore “key sites of oppression and in need of radical change” (Delphy and Leonard, 1992: 14).

Moreover, Millett (1970) highlighted how biological differences between men and women, are translated by functionalists into predetermined roles within the family for women, arguing that

while childbirth and breast-feeding are biological, child care itself is only culturally assigned to women...studies in cultural anthropology...prove that there [is] a nearly infinite variety in the division of roles and of labor (sic) (Millett, 1970: 224).

Millett (1970) also suggests that the role of caregiver that is ascribed to women by the functional tradition leads to greater and “more continuous responsibility than do tasks carried out by men” (Millett, 1970: 224). The notion that the nurturing role is long lasting and confers responsibility on women (mothers) is of significance to this research and will be further explored in chapter 5.

It is further argued by radical feminists that young girls are socialised into the caregiving role from an early age and that conversely boys are encouraged to engage in activities outside of the household in preparation for adulthood (Millett, 1970). The radical tradition suggested that “[i]n a non-patriarchal society there would be no social distinctions between men and women” (Jackson, 1996: 119). This would then mean, that an individual’s identity would not be mainly driven by biological difference (Jackson, 1996). This in turn, could mean that the long lasting responsibility that is currently experienced by women may be more evenly distributed within the family.

Furthermore, the radical feminist perspective, rather than presenting the family as a benign positive institution that could be relied upon to produce the next generation of productive economic actors, explored another side of family life. This alternative view described the family as being a source of violence and a site of power that was deployed negatively for the benefit of individual actors within the family, particularly men (Segal, 1995). The radical feminist literature that was produced during the 1970s and 1980s highlighted issues such as gender oppression, domestic violence (including rape within marriage) and child abuse – “the horrors of family life” (Millett, 1970: 342). This alternative view of the family highlighted problems with relying on families to appropriately socialise their offspring. Not all families are nurturing and conflict can be the central feature of some family units. When conflict is present in this way the tension that

exists within the family unit can manifest as physical or mental violence in addition to the behaviours outlined above (Segal, 1995). Where conflict is central to the everyday reality within a family in this way, the power inequalities that exist can lead to a family structure that is oppressive and non-supportive (Millett, 1970).

From this view of the family (as a potentially negative institution) the radical feminist tradition highlighted a number of alternative ways that families *could* be organised. For example, in contrast to the functionalist perspective that promoted the most appropriate family organisation as being the traditional nuclear family, some feminist theorists asserted the view that single parent households could offer children a nurturing and safe (free from violence) environment in which both parent and child thrive (Mann and Roseneil, 1999). Since the body of literature that was introduced by radical feminist theorists during the 1970s and 1980s that challenged the accepted structure of families (based on a patriarchal model) the reality of family constitution has altered significantly (Delphy and Leonard, 1992). However, the functionalist presentation of how families *should* be made up became so dominant that the reality of how families *have* been constituted became blurred. For example, extended family networks, multi-generational households and single parent families have long been significant constituents of a wide range of ways that family is experienced and practiced (see **tables 3.1 and 3.2** on pages 58 and 62). However, the prominence given to the nuclear family in the post war

era led to other family forms being perceived as un-natural and/or less effective (Wright and Jagger, 1999).

### **Changing family**

Although single parent families and multi-generational households have always existed, **table 3.3** lists some of the changes to families and their lived reality in the last 30 years, with these changes pointing towards women exercising greater freedom and choice than was commonplace in the post war period. These changes also highlight the altering nature of family life in England and Wales over the last 30 years.

**Table 3.3 Changes in family life**

<b>Changes in family life since the mid 1970s</b>
The number of couples cohabiting has trebled;
Average number of offspring in each family reduced from 2.9 to 1.6 children;
5 times more children born outside marriage;
Average age when women have their first child has increased by 5 years;
Male employment has reduced by fourteen per cent;
Divorce rates have doubled;
Full-time employment of women with dependent children has trebled;
Self-report studies have identified that parents spend significantly more time with their children (up to three times more).

Williams (2005: 15).

Although the lived reality of many families reflects these significant shifts in family life, a number of government policies still draw on the functionalist understanding of how families are constituted. The current drug strategy is a good example, with this policy document promoting ideas that rest on the premise that the family is an institution that can be used to support recovery. Other government documents also seek to promote and support the nuclear family. For example, the current government's coalition agreement states:

We will also ensure that provision is made for Liberal Democrat MPs to abstain on budget resolutions to introduce transferable tax allowances for married couples without prejudice to the coalition agreement (Cabinet Office, 2010: 30).

This part of the coalition agreement reflects the importance of 'traditional family values' that have been a central theme of Conservative party politics since the 1980s when the New Right came to prominence.

In addition to the radical feminist critique of the functionalist understanding of the family, Donzelot (1979) presented a view of the family as being fluid and altering over time to fit the needs of "the relations it maintains" (Donzelot, 1979: xxv). Donzelot explained:

Methods which make the members of a society relatively safe from the effects of economic fluctuations by providing a certain security – which give their existence possibilities of relations that are flexible enough, and internal stakes that are convincing enough, to avert the dislocation that divergences of interest and beliefs would entail (Donzelot, 1979: xxvi).

This is perhaps why the current government drug policy promotes the idea that the family is a source of strength that can be drawn upon by problematic drug users to support their "recovery journey" (Home Office,



2010a: 19) in addition to understanding the family in functionalist terms. The family is imagined by the public to be a positive institution, something that can be drawn upon in times of need. It is important for the state to promote this idealised view of family, as it is crucial to avoid a divergence of interests within society (Donzelot, 1979). Cohesion within communities is straightforward to manage, and encouraging homogeneous ideas about family supports cohesion. Moreover, by promoting treatment for problematic drug users that encourages families to be closely involved in the process, families are being given responsibility for dealing with the issue.

### ***Responsibilisation***

This understanding of government policy can be linked to the responsabilisation agenda described by Garland (1996). The responsabilisation approach to social policy understands family to be a primary site of social control. The family can be used to ensure the offender engages with the prescribed interventions (drug treatment) in order to bring about change that leads to the offender being reformed and behaving in a way that is considered, by society, to be acceptable (Muncie, 2006). The idea of responsabilisation is linked to neo-liberal notions of governance that encourage a wide range of agencies to become involved in matters of social control:

Central government seeking to act upon crime not simply in a direct fashion through the established state agencies of police, courts, prisons, probation and social work, but instead seeking also to directly involve non-state agencies and organisations and the forces of civil society. The key message was (and remains) that property owners and manufacturers as well as school

authorities, *families* and individuals all have a responsibility to reduce criminal opportunities and increase informal social controls (Muncie, 2006: 773, emphasis added).

Overall then, the responsabilisation of the family reflects the desire of neo-liberal governments to divert accountability towards families, with this helping to deliver what the Conservative party would describe as small government.

However, one reason offered in the literature for the cause of problematic drug use (described as being a socio-environmental explanation) highlights a connection between problematic drug use and factors such as unemployment and poor housing. Moreover, the socio-environmental explanation also implicates the family as a possible influence in the cause of problematic drug use:

It is suggested that family process in the form of effective parenting and characterised by warmth, affection, consistency and parental supervision is more important than family structure in relation to deviant conduct (Petersen, 2002: 25).

So although the New Right ideology of the 1980s sought to place blame for issues such as problematic drug use on the breakdown of the traditional nuclear family (and the more recent promotion of family values highlighted above that encourage marriage also suggesting the same), the socio-environmental explanation for problematic drug use is more concerned with the internal workings of families than the constitution of the family unit. The socio-environmental outlook can be seen to understand the family not necessarily as a site of positive influence, but as a place that can create the conditions that can lead to problematic drug use. When

socio-environmental factors are understood to be the driving force in the causation of problematic drug use, promoting the family as a source of support is perhaps counter-productive.

### **Gender roles**

Traditional gender roles are an inherent part of the functionalist outlook on the family. The dominant understanding during the 1950s and 1960s was that women married men, became fulltime housewives and then mothers. Men would fulfil their function by marrying and working hard to provide for their family. The male partner in the marriage would provide for the family economically and would offer security. Ultimately men would become fathers (Wasoff and Dey, 2000). The continued acceptance of the traditional nuclear family as being the model that represents the most appropriate approach to family life may also have been driven by the desire for the state to reduce its economic intervention in dealing with societal issues:

[T]he rhetoric of traditional family values helped smooth the way for the state to back away from some of the fiscal responsibilities it had previously shouldered. It was acceptable to do so because 'the family' could be called upon to pick these up; indeed it was deemed healthier for society all round if family rather than state provision was relied upon (Wright and Jagger, 1999: 25).

However, it was frequently women within families who then filled much of the support gap that arose when the state backed away from providing assistance. These areas can be identified as involving caring roles such as looking after elderly relatives and caring for disabled children (Wright and Jagger, 1999).

Furthermore, at the same time as the state started to promote more family responsibility, expectations of women and the roles that they fulfilled also started to expand. For example, in addition to being good wives and mothers, women were also expected to contribute to the economic wellbeing of the family. Increasingly women work both in the home (housework and child care) and outside the home in paid employment (Wasoff and Dey, 2000) as highlighted in **table 3.3** on page 71. In other words women were expected to engage in both emotional and economic labour with this helping the state to retreat from providing support to those in need, with the added benefit that women would also contribute to government finances through the taxes paid from their economic activity. One possible consequence of the rise of the double income family is a weakening of the informal social control that families are given responsibility for providing.

### **Models of family involvement in treatment**

Having described the changing nature of the family and the way (it is argued here) that the family is conceptualized in current social policy, this chapter will now consider the literature that offers an analysis of involving the family in the recovery journey of problematic drug users. It is contended here that the current drug policy attempts to make the family responsible for the actions of its members and a resource that can be used as a source of treatment:

[E]vidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved. We will encourage local areas to promote a whole family approach to the delivery of recovery services...(Home Office, 2010a: 21).

While the government advocates that local services promote a “whole family approach” to treatment, they only recommend, “consider[ing] the provision of support services for families...” (Home Office, 2010a: 21). The provision of services for parents and carers (that is now being *considered* by the current government) was first suggested by the National Treatment Agency (NTA) in 2002, and a number of guidelines have been disseminated that “provide support for commissioners and providers on setting up family and carer services” (NTA, 2008: 9). The inclusion of a statement of intent in the current drug strategy about considering providing services for parents and carers, despite this being an explicitly stated policy of the NTA since 2002, may highlight a lack of understanding from central government about the importance of supporting this group. Particularly if, as the government suggests, the family is to be involved in the treatment journey of problematic drug users.

### ***Three models***

The literature describes three ways that families can be involved with treatment:

- Enlist family support to encourage the problematic drug user into treatment
- Involve the family in the treatment process

- Interventions that are designed to respond to the needs of the family as a result of the problematic drug use by a family member

(Copello *et al*, 2005: 369).

However, although much of the literature refers to families being involved, close examination of the participant groups included in papers that offer an analysis of the effectiveness of the three forms of intervention described here identifies that in fact it is parents who are most likely to become involved. Moreover, mothers dominate many of the participant groups in the studies referred to below. This characteristic of the profile of participants involved in the treatment process lends support to the contention made earlier in this chapter that it is women within families that carry the burden of caring for family members when the state retreats from providing assistance (Wright and Jagger, 1999).

The first of the three approaches of involving the family in treatment can be seen as drawing on an understanding of the family as a site of social control. The family is used to develop within individual actors an understanding of what is socially acceptable and how to behave in order to comply with social norms. The reason individuals comply with societal norms is that they do not want to disappoint parents, intimate partners and/or other important family relations. It has been argued that:

It would seem that the sanctions imposed by relatives, friends or a personally relevant collectivity have more effect on criminal behaviour than sanctions imposed by a remote legal authority (Braithwaite, 1996: 432).

The influence that the family may be able to use to drive problematic drug users into treatment is widely recognised within the literature (see for

example, Meyers *et al*, 1999; Copello *et al*, 2005; Copello and Templeton, 2012). Copello *et al* (2005) completed a review of the evidence base that offers support to working with the family of problematic drug users to promote entry into treatment (with this review being cited as evidence in the latest government drug strategy). Two methods of working with families with this aim in mind are highlighted in the review carried out by Copello *et al* (2005: 371 - 372): the “Community Reinforcement and Family Training (CRAFT)” approach, and “A Relational Intervention Sequence for Engagement (ARISE) method.” Both these forms of intervention were developed to be used with the families of what Copello *et al*, (2005: 371) describe as “treatment resistant substance users.”

Meyers *et al*. (1999) first developed the Community Reinforcement and Family Training approach with this method being designed to improve parental psychosocial functioning and help parents to learn the techniques needed to encourage problematic drug using offspring into treatment. Waldron *et al*. (2007) conducted research that investigated the development of the Community Reinforcement and Family Training method. This study recruited 42 participants with the large majority of these (83 per cent) being mothers of problematic drug users (Waldron *et al*, 2007: 135). The findings from this study suggest parents can significantly influence the entry of problematic drug users into treatment. Moreover, this research also highlighted the difficulties these researchers experienced recruiting fathers of problematic drug users with this being

cited as a limitation to the study and an area for future investigation (Waldron *et al*, 2007).

The second approach highlighted by Copello *et al* (2005) in their review of involving the family of problematic drug users to encourage entry into treatment was the ARISE method. The main difference between the two interventions discussed here is that the ARISE approach seeks to support the problematic drug user and the family member through the whole treatment journey, rather than focusing on the first step of initial entry into treatment. As with the Community Reinforcement and Family Training method, there is empirical evidence in support of this approach and the notion that the family of problematic drug users can be a positive influence in terms of encouraging problematic drug users into treatment.

### ***Involving the family in the treatment process***

The second group of family based interventions highlighted in the literature review carried out by Copello *et al* (2005) is the involvement of the family in the treatment *process*. Rather than supporting the family during the recovery journey, these approaches actively involve the family *in* the treatment process. Again two approaches will be highlighted here as examples of this way of working with problematic drug users and their families. The first of these methods, used to involve the family in the treatment process (unilateral family therapy), adopts a systemic approach to working with families. This form of intervention seeks to restore a normal balance to the functioning of the family unit. By working towards reinforcing positive behaviours, negative actions (drug taking) are reduced



(Velleman and Templeton, 2002). However, rather than working with all family members in group sessions, it is argued that this intervention can work even if the problematic drug user is not present (Velleman and Templeton, 2002). As an approach to working with families, interventions such as this are also used in a range of social work settings as they have been found to be effective in changing patterns of behaviour, such as problematic drug use, that are damaging to the family unit (Beckett, 2006). These approaches are described in the social work literature as being solution focused and, in the case of problematic drug users, this type of intervention can be used to address all the behaviours that are negatively impacting on the family (Beckett, 2006).

The second way of involving the family in the treatment process to be discussed here is the “social behaviour and network therapy (SBNT)” approach (Copello *et al*, 2005: 375). This form of intervention in addition to enlisting the family of problematic drug users also involves the development of what are described as “positive social network[s]” (Copello *et al*, 2005: 375). During treatment the family is encouraged to become involved in any therapeutic sessions that the problematic drug user attends. Both these types of intervention are, however, (as with the first set of methods described here that are designed to encourage problematic drug users into treatment) focused on using parents as a resource (Velleman and Templeton, 2002). The family is understood to be an institution that has positive benefits to offer its individual members,

something that the radical feminist understanding of the family may find problematic.

### ***Responding to the needs of the family***

The final types of intervention to be discussed here are those that are intended to offer support to the family. Again two types of approach will be outlined. The first model to be described here used by agencies designed to support parents affected by the problematic drug use of their offspring is the stress strain coping support model (Orford, 1998). In this approach, problematic drug use is conceptualised as a chronic condition. The focus of this model is on the family and supporting them to deal with the extremely distressing situation that they face (Orford, 1998). This approach follows a five-step programme:

1. Giving the family member the opportunity to talk about the problem
2. Providing relevant information
3. Exploring how the family member responds to their relative's substance misuse
4. Explore and enhance social support
5. Discuss the possibilities of onward referral for specialist support

(Copello *et al*, 2005: 376)

The second intervention designed to support the family of problematic drug users is the Behavioural Exchange System Training (BEST) method. This approach was developed by Toumbourou *et al*, (2001) and aims to improve parents' mental health while at the same time enhancing their parenting skills. Toumbourou *et al* (2001: 292) identified in their empirical analysis of the BEST approach that "for many parents awareness of adolescent drug problems is associated with extreme feelings of distress."

Furthermore, (in common with many of the studies referred to here) 85 per cent of the participants in this study were mothers of problematic drug users (Toumbourou *et al*, 2001: 296).

Finally, Alcohol, Drugs and Family (Adfam, 2009), a charity that supports families affected by drugs and/or alcohol, suggest that although interventions such as the stress strain coping support model are offered in some locations in England and Wales they are not widely available. Therefore, the most common first point of contact for the families of problematic drug users is often the family doctor. The assistance offered by individual General Practitioners (GPs) varies from practice to practice. In part it is dependent on the training and experience each doctor has had. The supports on offer can range from good quality counselling through to medication. Typically if a family doctor prescribes medication, it is to help alleviate the symptoms of stress and anxiety that the parents may experience (Velleman and Templeton, 2002).

Adfam suggest that existing provision in England and Wales for families both for support in their own right and as agents working towards recovery for family members is “patchy” (Adfam, 2009: 3). It is further suggested by this organisation that the services currently in existence in England and Wales are “informal and peer-led” (Adfam, 2009: 3). The latest drug strategy states the government will “encourage local areas to promote a whole family approach to delivery of recovery services” adding that the government also wants to “*consider* the provision of support services for

families and carers in their own right” (Home Office, 2010a: 21 emphasis added). This would seem to be an acknowledgement that the service provision currently available to families is inconsistent and needs to be developed especially if families are to be used as a source of strength to be drawn upon to support problematic drug users into recovery.

Recent research by Copello and Templeton (2012) supports this contention made by Adfam (and the inference in the government’s drug strategy) and has identified that support for families varies across England and Wales with help and assistance often being provided by small local charities. It is argued that “[t]he system of support for adult family members appears to be underdeveloped. Monitoring is inconsistent and weak...” (Copello and Templeton, 2012: 11). This may create difficulties going forward if families are to be fully involved in the recovery journey of problematic drug users. It is contended here that the new drug strategy conceptualises the family as a point of support. The family unit is there to protect and nurture. The suggestion is that if the problematic drug user draws on the resources of the family they can and will conquer their problematic drug use (Home Office, 2010a). Conceptualising the family in this manner may be problematic as this way of understanding the family fails to account for dysfunctional families or relationships. Some families may find it difficult to socialise children in a way that supports the development of social capital (Coleman, 1988).

If the family unit is not functioning in a way that wider society deems appropriate how can the state expect problematic drug users from within these families to be supported by them? Social capital is described by the government in the drug strategy as “the resources a person has from their relationships (e.g. family, partner, children, friends and peers)” (Home Office, 2010a: 18). The radical feminist literature reviewed earlier in this chapter draws attention to the notion that not all family relationships provide this positive benefit. Furthermore, if the families of problematic drug users are to be utilized as a positive influence and encourage conformity with treatment regimes the quality of support the families receive in their own right may have a significant impact on their ability to offer support and influence problematic drug users. With this in mind Copello and Orford (2002) highlight the need to recognize the burden of care that exists within families where one or more members are problematic drug users.

A further difficulty with understanding families as being strong and involving positive relationships is that it implies the cause of problematic drug use is not the family or relationships within the family unit. In other words the problem does not rest with the family but elsewhere. This may create further difficulties as if problematic drug use is understood in terms of biological difference or psychological<sup>1</sup> difficulties the drug user may be excused from responsibility, as they cannot control their actions, they are

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<sup>1</sup> For descriptions of biological and psychological causes of problematic drug use see for example, Petersen (2002); Pycroft (2010)

not considered to be fully rational actors (Pycroft, 2010). Furthermore, if biological or psychological causes of problematic drug use are given priority it is possible that there will be a reduced impetus to provide support for the families who become involved in the recovery journey of their offspring. The focus of state resources may then be on offering medically based interventions (such as methadone prescribing) perhaps at the expense of dealing with problematic drug use more holistically with state resources being spent on other forms of intervention such as talking therapies and support with housing.

### ***The evidence base***

As highlighted earlier in this chapter the latest government drug strategy draws on research conducted by Copello *et al* (2005) to support the view that families can be used as a resource to help in the treatment of problematic drug users. Indeed, the conclusion to the literature review carried out by Copello *et al* (2005) cited as evidence by the government in support of its strategy asserts:

Evidence strongly supports the notion that family involvement at various points in the treatment process can lead to improved outcomes for both the substance misuser and the family members affected by the substance misuse (Copello *et al*, 2005: 380).

However, the same article cited by the government in the latest drug strategy document that offers support to the involvement of families in the treatment process, also highlighted weaknesses in the current literature. The most significant limitation identified in the current literature is the reliance on quantitative studies with a lack of qualitative research being

conducted in this area (Copello *et al*, 2005). Moreover, the article cited by the government in support of the need to involve families in the treatment process also outlines how support for families is conspicuously missing from policy responses that attempt to address problematic drug use. The strategy document appears to echo both the benefits of family involvement in the treatment of problematic drug use, and the need to address the lack of involvement families have in treatment services that is called for by Copello *et al* (2005).

### **Recovery**

Although the government has called for more involvement of families in the recovery journey of problematic drug users the concept of recovery is essentially a contested one:

The idea of recovery has always tended to have deeper, more overarching, meaning for the families of drug users than for the public or policymakers. Recovering from a drug or alcohol problem is more complex than not having a substance in your system anymore (Adfam, 2009: 3).

The main areas of contention about what recovery means and how it might be measured revolves round the issue of abstinence and whether or not an individual prescribed methadone (or any other substitute substance) is recovered or still *in* recovery. In recognition of the lack of consensus about what recovery is, DrugScope and Adfam endorsed the following statement as offering a wider more inclusive description of what recovery from problematic drug use can look like:

The process of recovery from problematic substance use is characterised by voluntarily-sustained control over substance use which maximises health and well-being and participation in

the rights, roles and responsibilities of society (Adfam, 2009: 2-3).

The overarching aim of the current drug strategy is stated as being to “enable individuals to become free from their dependence” (Home Office, 2010a: 18). Ultimately then, the government is promoting an abstinence-based agenda:

We will create a recovery system that focuses not only on getting people into treatment and meeting process-driven targets, but getting them into full recovery and *off drugs and alcohol for good* (Home Office, 2010a: 18 emphasis added).

Although the concept of recovery is complex and contested, the current government strategy is focused on promoting abstinence and understands individuals who have completed their recovery journey as being drug free. This is not the only understanding of recovery, with some arguing for example that individuals on long-term methadone maintenance programmes can be considered to be recovered, as their drug use is under control and many of the related behaviours that they engaged in (such as criminality) may have ceased (Adfam, 2009: 3). When supporting the families of problematic drug users, issues such as recovery and what that may mean are significant and may create barriers to including families in the recovery journey of problematic drug users in whatever form the inclusion of families may take. Furthermore, it will become apparent in subsequent chapters of this thesis that the participants had particular understandings about recovery and of substitute prescribing.



## **Summary**

This chapter has described two outlooks on the family (functionalism and the radical feminist perspective) and has highlighted the possible difficulties that may arise if the family is utilised as a resource that can be drawn upon by problematic drug users during their recovery journey. As Copello *et al* (2005: 371) assert, “family members suffer biopsychosocial stress” when living with a problematic drug user. Moreover, this chapter has identified a number of approaches that can be deployed to use the family during the treatment process. However, it was also noted that whilst there is empirical evidence to support the use of the family much of the literature is focused on quantitative measures of outcome and there is a gap in the qualitative knowledge base (Copello *et al*, 2005). However, it is contended that “family involvement at various points in the treatment process can lead to improved outcomes for both the substance misuser and the family member affected by the substance misuser” (Copello *et al*, 2005: 380). This is a view that is mirrored in the latest government drug strategy.

This chapter provides some of the background in which the participants’ experiences can be framed, the ways in which the family is understood in social policy terms and examples of some of the family based interventions that are available. This research explores the experiences of the participants and does not seek to investigate the effectiveness of families as recovery agents or the efficacy of the current drug policy, but it is necessary to describe the types of family intervention that are available

and the ways in which the family is understood, so that the participants' experiences can be contextualised and to support the arguments that are made in subsequent chapters of this thesis. Building on the descriptions offered in this chapter, the next chapter will further contextualise the analysis provided in this literature review and will consider the legislative framework and the ways in which this structure have developed over the last 20 years.

## **Chapter 4**

### **Context: legislation and policy**

#### **Introduction**

Having described two ways in which the family has been outlined in the literature and the approaches that have been taken to utilise the family as part of the treatment process, this chapter will now summarize the development of the legislative framework and government drug policy since the early 1990s. The analysis offered in the first part of this chapter will provide the background in which the research participants' experiences can be framed. This analysis will include an investigation into the way problematic drug use has been viewed by the state historically and how this 'understanding' has altered over time. Furthermore, this chapter will highlight the development of the system in England and Wales that has been used to deal with problematic drug using offenders in the criminal justice system since the early 1990s.

The second section of this chapter will focus on the current drug strategy and provide an outline of where we are now in policy terms and the potential implications of the current approach for populations, such as the participants in this study, drawing on the analysis made in the previous chapter. Moreover, an investigation into why the government are suggesting greater involvement of the families of problematic drug users in their recovery journey will be included in this section of the chapter. Encompassed within this analysis will be an examination of the theoretical underpinnings of such an approach.

### ***Government drug policy and legislation***

The reason for starting this chapter with a review of drug policy and legislation from the early 1990s is that:

[At] the end of the 1980s and into the 1990s, UK drug policy had been influenced by the view that certain kinds of drug use, particularly those involving intravenous (IV) administration, had the potential to contribute to the vigorous proliferation of life-threatening viral infections such as HIV/AIDS. Consequently, a significant treatment- focused 'harm reduction alliance' emerged. Consisting of various actors, mainly external to government, they lobbied for a more pragmatic drug policy, involving giving problematic drug users (PDUs) access to needle exchange schemes, making health education more available, supplying free condoms and introducing flexible prescribing of methadone (Monaghan, 2012: 30).

However, the Criminal Justice Act 1991 signalled the beginning of a move away from the approach described in the quotation above. Through the Criminal Justice Act 1991 the government was able to increase the number of problematic drug users entering treatment via the criminal justice system. With hindsight this can now be understood to be the start of a move towards a "crime phase" in terms of the way problematic drug use was to be dealt with in England and Wales (Hunt and Stevens, 2004: 333). This change of direction away from a "health-phase of UK drug policy, where drug related problems equated to issues pertaining to individual and public health" (Monaghan, 2012: 30) accelerated in 1993 when Michael Howard, the then Home Secretary, gave his extensively quoted 'Prison Works' speech at the Conservative party conference and outlined his 27 point plan for improving law and order in England and Wales (Cohen, 1994).

The Criminal Justice Act 1991 was designed (in part) to increase the use of community-based interventions. Although section 3 of the Power of Criminal Courts Act 1973 had enabled the courts to sentence drug using offenders with a Probation Order (that included a condition of psychiatric drug treatment), this option was underutilized (Bean, 2004). The Criminal Justice Act 1991 was devised to encourage the use of community-based interventions by discouraging incarceration in favour of non-custodial penalties (Easton and Piper, 2005). Before the Criminal Justice Act 1991 the term 'alternative to custody' (Ashworth, 1997) was used to describe requirements that are now referred to as community orders that can include elements such as community payback (unpaid work such as removing graffiti). When introducing this new range of community based requirements phrases such as 'punishment in the community' started to be used to try and persuade the general public that community sentences (as they were known at the time) were not an easy option. The government of the time were keen to promote the notion that community based sanctions were a true form of punishment, and not an easy 'alternative to a custody' (Ashworth, 1997).

From a theoretical perspective the central feature of the Criminal Justice Act 1991 was proportionality (Wasik, 2008). Proportionality, when used in a criminal justice context, can be understood to mean that the sanction for a given offence will appropriately reflect the seriousness of the crime (Easton and Piper, 2005). However, as well as calculating punishments in

a proportional way, the idea of just deserts was also incorporated into the 1991 Act. Just deserts as a punishment philosophy includes a calculation about the culpability of the offender and includes this within the sentence given. In summary, the Criminal Justice Act 1991 made the “primary criteria for sentencing just deserts and proportional sentences” (Easton and Piper, 2005: 66).

Of particular interest to this research is section 9 of the Criminal Justice Act 1991 that could be used to demand compliance with requirements that the court decided would lead to the offender’s rehabilitation. In the case of problematic drug users, the legislation was used to impose a community-based punishment that was linked to treatment. This treatment was designed to rehabilitate the offender by addressing (or attempting to address) their problematic drug use (Easton and Piper, 2005). The link to rehabilitation that was reinforced by the Criminal Justice Act 1991 remains evident in the approach currently adopted within the criminal justice system for dealing with problematic drug using offenders.

Moving from legislation to policy the next significant development during the 1990s was the launch of a national drug strategy *Tackling Drugs Together* in 1995 (Home Office, 1995). This document introduced the concept of Drug Action Teams. These teams were originally designed to be multi-agency forums:

Drug Action Teams will be established in 1995-96, comprising a small group of senior representatives from health and local authorities and the criminal justice agencies (Home Office, 1995: 29).

Drug Action Teams were established to deal with local drug related issues through the delegated responsibility passed to them by central government. Furthermore, these teams were designed to act as a bridge between national strategy and local implementation (Home Office, 1995). As part of the cross-departmental strategy that introduced Drug Action Teams, the Department of Health launched the first National Drug Help Line that still operates today but has been re-branded since its introduction in 1995 (Barton, 2003). Currently the national phone service is called 'Frank' and it is accompanied by a website [www.talktofrank.com](http://www.talktofrank.com). Whilst this service is designed for both drug users and non-drug using individuals (such as parents and carers) it has been argued by Velleman and Templeton (2002) that the most common resource used by families of problematic drug users, in the first instance, is in fact the family doctor. This perhaps offers evidence that families identify with a health related outlook for dealing with problematic drug use and therefore seek out support primarily from health professionals.

### ***Arrest referral schemes***

The 1990s was also the period when, in addition to the use of legislation to increase the numbers of problematic drug users entering treatment through the courts, arrest referral schemes started to be developed to further increase the range of targeted interventions that were offered through the criminal justice system. Arrest referral schemes were (and still are) used as a device to assist drug using offenders tackle their problematic drug use (Seddon, 2010). The schemes available during the

1990s included a wide range of interventions. A national evaluation of arrest referral schemes was completed during 1997 that outlined three types of scheme that existed at the time: information, pro-active and incentive (Edmunds, *et al*, 1998). The information scheme could be described as a sign-posting service offering arrestees leaflets or verbal descriptions of how to access help and support. The pro-active schemes saw drug workers employed in police stations. These workers were then available to make assessments of arrestees as needed and encourage drug using offenders into treatment. The third approach, the incentive scheme, was used to target those who had been arrested for possession of a controlled substance. In exchange for agreeing to obtain treatment the charge against the alleged offender could be dropped (Edmunds *et al*, 1998). Unlike the arrest referral scheme that exists today, these schemes were all essentially voluntary in so far as the offender needed to agree to receive treatment (Edmunds *et al*, 1998).

### ***Drug testing***

In terms of legislative developments during the 1990s the next significant step in England and Wales was the introduction of the Drug Treatment and Testing Order (DTTO). This device was introduced by the Crime and Disorder Act 1998. Since this Act received royal assent the testing of drug using offenders for heroin, cocaine and crack cocaine has become the cornerstone of treatment at the direction of the criminal justice system (Bean, 2004). A DTTO was a community-based sentence that required the offender to be tested for drugs (heroin, cocaine and crack cocaine) and to attend an intensive treatment and rehabilitation programme.



Offenders initially attended these programmes for 20 hours a week and the court reviewed their progress through treatment at regular intervals (Ministry of Justice, 2008a). The tracking of problematic drug users by the courts enabled the DTTO to be adapted, if required, to account for test results and the progress being made in treatment. This was the first time an English court was able to review an order after sentencing but crucially before a breach of the requirements had occurred (Bean, 2004). This was an important improvement to the sentencing framework that in part recognised the complicated nature of problematic drug use and the way in which problematic drug users can relapse several times during their recovery journey.

Part of the reason testing has become central to the interventions developed by the criminal justice system is that testing is seen to provide a scientific approach to understanding what substances have been used and also what the pattern of drug use may be. In other words, this type of intervention could be described as being evidence-led with tangible scientific procedures being used to shape the development of the order as it progressed. In addition to DTTOs, Drug Abstinence Orders (DAO) were also introduced as part of a developing range of options available to the criminal justice system during the 1990s to deal with problematic drug users (Bennett and Holloway, 2007). A further significant development brought about by the 1998 Act was that actors within the criminal justice system (probation officers for example) were able to more effectively share information with treatment services, leading to a more 'joined up'

approach that could be seen to benefit all the parties involved through greater transparency and efficiency.

In summary, the 1990s saw the government increase funding for drug treatment through the criminal justice system and the introduction of wide ranging drug-testing regimes such as DTTOs (Bean, 2004). During this period, as well as the legislative changes outlined above, two drug strategies *Tackling Drugs Together* (Home Office, 1995) and *Tackling Drugs to Build a Better Britain* (Home Office, 1998) were launched. The strategies developed during this period can be seen to promote the use of a combined health and criminal justice system response to deal with problematic drug use, with the focus moving progressively towards the “crime phase” described earlier in this chapter (Hunt and Stevens, 2004: 333). Furthermore, by appointing a ‘Drug Tsar’ (Keith Halliwell) in 1998, the government raised the profile of drug policy in England and Wales (Home Office, 1998). The criminal justice system can be understood to have developed in ways in which problematic drug use could be identified and treatments could be designed that would assist with the rehabilitation of the offender, with this benefiting both society and the individual drug using offender (Seddon, 2010).

### **Nothing works**

The approach taken during the 1990s also marked a shift away from the 1970s ‘nothing works’ outlook that had undermined rehabilitation programmes and contributed to the under utilisation of Probation Orders

(Bean, 2004). The loss of confidence in rehabilitation was in part a response to a journal article published in 1974 that suggested:

Even in the case of treatment programs administered outside penal institutions, we simply cannot say that this treatment in itself has an appreciable effect on offender behaviour (Martinson, 1974: 47).

A range of treatment programmes including community-based interventions fell out of favour with policy makers, with this lack of popularity persisting until the 1990s (Worrall, 2005). However, the introduction of the Criminal Justice Act 1991 sought to alter this perception, and the idea that well-tailored interventions could promote recovery, rehabilitation and a reduction in crime started to become more popular with policy makers. Treatment programmes started to once again be promoted by politicians as a solution to the rising problem of crime (Home Office, 1998). It was also the period when the link between problematic drug taking and criminal activity started to be promoted, with this leading to problematic drug users becoming increasingly stigmatised. However, although a connection was suggested between criminality and problematic drug use, some refuted evidence of a causal relationship, for example:

There is little by the way of conclusive evidence of a causal link between drug use and criminality. Politicians and policy makers have, however, generally chosen to ignore this. As a consequence, it remains firmly part of the policy making firmament and has been the buttress on which the overarching drug strategies of successive governments since the 1990s have been built (Monaghan, 2012: 32).

Although there may not be irrefutable evidence of a causal link between problematic drug use and criminality, the lived reality of the participants in

this research (that will be described in later chapters of this thesis) highlights how the mothers and wider family of problematic drug users experience significant (criminal) victimisation, with this victimisation flowing from their offspring's problematic drug use. Problematic drug use and the criminality that surrounds problematic drug users is a significant social issue that needs to be investigated from a range of perspectives, including the mothers of problematic drug users. The latest government drug strategy suggests that “drugs cost the UK £15.4 billion each year” with this document further asserting “around 8% of all working age benefits claimants in England are dependent on drugs or alcohol and generate benefit expenditure costs of approximately £1.6 billion per year” (Home Office, 2010a: 3 – 4).

### **Twenty first century interventions**

The National Treatment Agency (NTA) was established in 2001. This agency was a specialist health authority within the National Health Service (NHS) that became part of Public Health England (PHE) in April 2013, as part of a range of changes announced in the latest drug strategy (Home Office 2010a). The NTA was developed to fulfil the Labour Party's commitment to an evidence based approach to dealing with problematic drug use: “our strategy must be based on accurate, independent research, approached in a level-headed, analytical fashion” (Home Office, 1998: 11). The NTA operated through local Drug Action Teams across England and Wales with this approach aiming to account for local needs and priorities (Pycroft, 2010). Although local Drug Action Teams influenced the way services were delivered in terms of areas of priority, the *Models of Care*

*Framework* dictated the range of services that were to be commissioned nationally and be on offer in every part of England and Wales (NTA, 2006).

The NTA listed the services that must be available in all areas as advice and information, harm reduction, community prescribing, counselling and psychological support, structured day programmes, detoxification, rehabilitation and aftercare. The *Models of Care Framework* divides these services into four tiers (NTA, 2006). The framework developed by the NTA can be seen to promote both medical and psychosocial interventions. The *Models of Care Framework* is in the process of being updated to account for the changes described in the 2010 drug strategy document (Home Office, 2010a) and at the time of writing (August 2013) this document is to be replaced with a framework provisionally titled *Building recovery in communities* during the later part of 2013 (NTA, 2012). However, as the offspring referred to in this study experienced their treatment episodes whilst the *Models of Care Framework* was in place, future changes to the approach taken to treatment are not relevant to the experiences of the participants in this study.

### ***Expansion of treatment services***

Since 1998, there has been a significant increase of the resources available for drug treatment throughout the UK, a major growth in the number of people getting assistance for their drug problem and expansion of treatment services both in the community and throughout the CJS (UKDPC, 2008: 16).

The Criminal Justice Act 2003 helped to support some of the expansion of treatment services which the UK Drug Policy Commission (UKDPC) was

alluding to in this statement. This Act replaced DTTOs, DAOs and DARs with the Drug Rehabilitation Requirement (DRR). A DRR is part of a non-custodial sanction and they are intended to provide “support in the community alongside other community based drug treatment services” (Sentencing Council, 2011: 4). The DRR is a requirement that can be included as part of a Community Order or Suspended Sentence Order and can last for up to three years when the DRR is part of a Community Order and two years when attached to a Suspended Sentence Order (National Offender Management Service, 2005b). A significant difference between the DTTO and DRR, that is of relevance to this research, is that before the 2003 Act came into force, courts were given the

opportunity to issue offenders in breach of a community order with a fine or take no action thus allowing the order to continue in its original form...The 2003 Act significantly curtails the courts' power in relation to breach action; courts must now either re-sentence or add additional requirements to an order (Sparrow and McIvor, 2012: 299)

Section 177 of the Criminal Justice Act 2003 lists the DRR as one of 12 requirements that can form part of a Community Order. A number of these requirements can be combined in an attempt to deliver a tailor-made sentence. However, the package developed is *offence* driven rather than *offender* driven. That is to say that the sentencer builds a package of requirements, which fit the needs of the offender. However, under current policy the sentence must be commensurate with the crime and the court therefore has to work within an offence driven framework. There is perhaps a mismatch between developing an offender driven sentence within an offence driven policy. This is significant for this research as it

may help account for some of the experiences of the participants (that are outlined in chapter 7).

To be able to consider a community sentence the court first have to consider the seriousness of the offence committed. How significant and chaotic the problematic drug use may be is not included in the decision making process at this stage. This can be seen to represent a weakness in the approach taken to dealing with problematic drug using offenders in the criminal justice system. However, if the threshold for a custodial sentence has not been reached then a community-based punishment can be considered (Sentencing Council, 2004). Community based sentences are placed in categories described as low, medium and high, that again reflect the seriousness of the offence committed. For example, offences categorised as low (in terms of seriousness) include persistent petty theft and some shoplifting. Offences categorised as being of medium seriousness include handling stolen goods and some cases of burglary. Finally, high-level offences are offences that “just fall below the custody threshold,” for instance “standard domestic burglary committed by a first-time offender” (Sentencing Council, 2004: 9-10). In summary the decisions about the type of community sentence should be guided by:

- The assessment of offence seriousness (low, medium or high)
- The purpose of sentencing the court wishes to achieve
- The risk of reoffending
- The ability of the offender to comply, and
- The availability of requirements in the local area

Sentencing Council (2004: 9)

Community Orders are designed to offer a range of benefits to the general public; for example, reducing reoffending and providing a lower cost option for the taxpayer than imprisonment (Ministry of Justice, 2008b). For problematic drug users the punishment element relates to the requirement to carry out a specific activity “such as community drug centre attendance” (Ministry of Justice, 2008b: 1). Change is brought about through the probation service with the probation officer working to change attitudes and behaviours. The help element of the Community Order is delivered in the form of drug rehabilitation. The final aspect – control – may be achieved by imposing a curfew, prohibiting an activity, or exclusion from certain areas or places (Ministry of Justice, 2008b). However, from the perspective of the research participants, protecting the wider community through reduced offending for example is not necessarily the same as protecting the family. This aspect of the sentencing framework is discussed and analysed in chapter 7 as it is significant in terms of developing an understanding of how the participants experienced the involvement of the criminal justice system in their offspring’s recovery journey.

### ***DRR treatment options***

The treatment options that are described below represent the types of treatments that were experienced by the offspring. It is therefore of relevance to describe what the participants perhaps found to be a confused and complex system of interventions. During the period the DRR is in force, the offender is subject to regular drug testing (at least one test a week) and may be required to engage with other treatment



programmes such as ‘talking therapy’ (often referred to as psychosocial interventions) and/or substitute prescribing (Bennett and Holloway, 2007). The offender may also be required to go into residential rehabilitation as part of the court directed treatment regime (Ministry of Justice, 2008a). The National Offender Management Service (NOMS) confirm that treatment (as part of a DRR) should be structured in the way described by the NTA in their *Models of Care* framework (NOMS, 2005a). The 2006 update to the *Models of Care* confirms that structured day programmes will consist of a fixed rolling programme or an individualised timetable (depending on the offender’s needs and the directions received from the court) (NTA, 2006).

The structured day programme includes all or a combination of the following ingredients: a care plan, individual key worker sessions, group work and psychosocial interventions. The final components of a DRR are education and the development of life skills. Ideally the whole programme is tailored to the needs of the individual problematic drug user as this has been shown to be the most effective approach (NTA, 2006). Residential rehabilitation offers all of the same interventions that are available as part of a structured day programme. However, residential rehabilitation often begins with an inpatient detoxification (NTA, 2006). When hospital settings are used for detoxification it can help reduce the time taken to complete the process. Opioid antagonists such as naloxone can be used alongside other medication to limit the extreme withdrawal symptoms that can accompany detoxification when using antagonists in this way over a

very short period of time. Once detoxification is completed the problematic drug user can be moved to the residential rehabilitation centre where the range of supports such as group work and psychosocial sessions can begin (NTA, 2006).

### ***Court reviews***

Offenders with a DRR lasting 12 months or more are also required to attend court reviews. The court review process is designed to consider a range of indicators. For example, the treatment provider will report the progress the offender is making in treatment and drug test results will be provided to the court. Furthermore, a probation officer will proffer the court their opinion about the offender's attitude to the Community Order (NOMS, 2005a). In addition, the court will be advised of the progress being made with any other conditions/requirements made at the time the Community Order was issued. After considering the information presented, the court can, in certain circumstances, amend the DRR. First, however, the offender must express a willingness to comply with any proposed changes. In addition, the amendment cannot reduce the term of the order below the minimum 6-month term (NOMS, 2005a).

DRRs are split into three levels or bands with each level having been designed to reflect the seriousness of the offences committed (NOMS, 2005a). Again, this can be seen to represent a weakness in the treatment strategy adopted by the courts. The extent of the problematic drug use is not a central aspect of the decision making process, but rather the offence committed drives the nature of the treatment directed by the court. For

example, the band of DRR dictates the intensity of contact the drug using offender will experience. A high intensity DRR requires a minimum of 15 hours contact a week; medium intensity at least eight hours; and a low intensity DRR demands the offender has at least one contact per week. Furthermore, a low intensity DRR could consist of just weekly drug testing (Ministry of Justice, 2008a). How onerous the order is depends on the offence committed and how serious it is considered to be and not the seriousness of the offender's problematic drug use. DRRs can therefore be seen to be offence driven and not offender driven (Sentencing Council, 2004).

Despite this, the *type* of drug treatment the offender receives is tailored to the individual. The DRR can for example include substitute prescribing. In addition to the possibility of substitute prescribing, treatment under a DRR may also include attendance at a structured day programme with these programmes including some of the talking therapies (NOMS, 2005a). The aim or purpose of the DRR is to break the link between drug use and offending behaviour (Ministry of Justice, 2010). Any progress the offender makes is considered as part of the court review process as stated above (Ministry of Justice, 2008a). The court review process has been shown to make a positive difference to the degree to which offenders engage with their drug treatment. However, continuity of sentencer and the approach taken to the review process by all the parties involved is of importance and influences the outcomes for the offender in terms of compliance with the order. This may be because motivation to change is

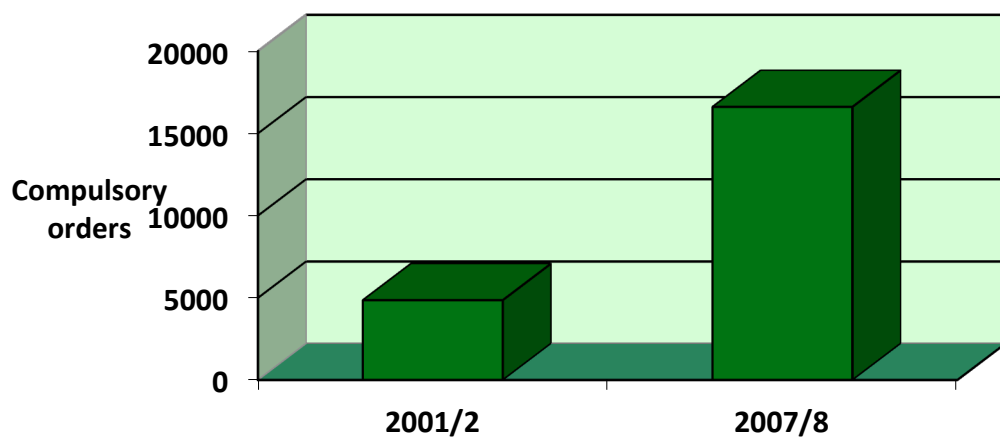
improved by “acknowledging progress and change made by the individual” (McSweeney *et al*, 2008: 45).

Since the DRR was first introduced by the Criminal Justice Act 2003 the order has been improved and courts in England and Wales now have the option of including elements that have been devised to provide offenders with a range of skills that are considered necessary to help tackle their problematic drug use (McSweeney *et al*, 2008). One example of the way DRRs have been developed is the introduction of the Offender Substance Abuse Programme (OSAP). In addition to the OSAP, options open to the courts include other accredited offending behaviour programmes (NOMS, 2005a) such as Addressing Substance Related Offending (ASRO). This includes group work with other offenders and covers topics such as preventing relapse and motivation to change, with these group sessions forming part of the talking therapy approach outlined earlier in this chapter (NOMS, 2005a). OSAP and ASRO courses look to develop skills and increase the possibility of a positive outcome at the end of the sentence both for the offender and the state (UKDPC, 2008). The usual term for a DRR is 12 months as this is considered a reasonable length of time for rehabilitation to take place (Nordat, 2010). By making an order for 12 months or longer the court review process is automatically included. As described above, the court review is seen as a valuable component of the DRR with the court being given the opportunity to gain an understanding of how treatment is progressing and whether or not any amendments need to be made before potential breach proceedings (NOMS, 2005a).

### ***How many offenders are given DRRs?***

To put the use of these orders into perspective **figure 4.1** shows how the number of offenders entering drug treatment at the direction of the criminal justice system has increased significantly in recent years. The number of orders issued rose by 342 per cent between 2001/2002 and 2007/2008. 16,607 orders were issued in 2007/2008 (NTA, 2009: 16). This figure increased still further to 17,642 during 2008/2009 (the most recent figures available at the time of writing in August 2013) (Ministry of Justice, 2010: 19-20). Separate information about the numbers of DRR are currently not being collated by the Ministry of Justice but these data are now grouped together with other forms of community sentences issued by the courts. However, the historical data suggests a trend of increasing numbers of orders being issued. Moreover, the rapid and significant rise in the number of orders seen between 2001/2002 and 2008/2009 demonstrates the degree to which government policy has shifted since the introduction of the Criminal Justice Act 1991 into the 'crime phase' outlined earlier.

**Figure 4.1** Number of community orders issued



Source: NTA, 2009: 16

As well as the DRR, the Criminal Justice Act 2003 also introduced conditional cautions into England and Wales. The conditional caution enables a condition to be attached to a police caution (for example engaging with a treatment service) with the aim being to rehabilitate the offender before their criminal activity becomes an embedded pattern connected to their problematic drug use. Should the offender fail to comply with the conditions attached to their conditional caution, the option to prosecute for the original offence remains open (UKDPC, 2008). Finally, section 19 of the Criminal Justice Act 2003 amended the Bail Act 1976 by removing the presumption of court bail for offenders who have tested positive for heroin, cocaine and crack cocaine “[t]he purpose [for this] provision is to reduce re-offending...” while the defendant is on bail (CPS, 2008: 28). Furthermore, the 2003 Act also introduced the concept of Restriction on Bail (CPS, 2008). Drug using offenders are now required to undergo an assessment and attend follow up treatment (if treatment is recommended) with this being a condition of court bail (Ministry of Justice, 2008a). The NOMS assert the view that this part of the Act was designed to provide a greater degree of flexibility within the sentencing structure and foster improved rehabilitation of problematic drug users (NOMS, 2005a).

### **The Drug Interventions Programme (DIP)**

The participants’ offspring were all involved with the Drug Interventions Programme (DIP) and it is therefore necessary to outline the development of this programme. In April 2003 the DIP (previously referred to as the Criminal Justice Interventions Programme) was established. The DIP was a crucial aspect of the then government’s drug strategy and continues to

play a significant role in the delivery of drug treatment to offenders identified as needing support (NOMS, 2005a). The DIP employs a wide range of methods to identify drug using offenders and then deliver both treatment and support to them (UKDPC, 2008).

Following on from what the Home Office described as 'early success' the DIP has expanded significantly and continues to be developed across England and Wales. Expansion of the DIP accelerated in 2005 as part of the then government's *Tough Choices* project, which was the name given to a range of interventions outlined in the Drugs Act 2005 (Seddon, 2010). The DIP aims to work with drug using offenders from the beginning of their journey through the criminal justice system. Initially in custody suites when they are arrested right through to providing a period of support following release from prison (UKDPC, 2008). The DIP encompasses the idea of multi-agency working (first embedded into the treatment services during the 1990s) by bringing together a range of actors from the criminal justice system including the police, probation service and courts. The core aim of the DIP is to increase the effectiveness of the treatment provided to drug using offenders (Ministry of Justice, 2008a).

### ***The Drugs Act 2005***

The Drugs Act 2005 is the latest piece of legislation that attempts to direct drug using offenders (and alleged offenders) into drug treatment. This legislation can be seen as "the culmination of over two decades of crime focused drug initiatives" (Seddon, 2010: 89). The Act makes significant changes to the way alleged offenders are treated by the criminal justice

system. For example, before this legislation was enacted section 63 of the Police and Criminal and Evidence Act 1984 (PACE) allowed alleged offenders to be tested for Class 'A' drugs once they had been *charged* with a trigger offence. The Drugs Act 2005 changed this to include alleged offenders who have been *arrested* but not charged. Trigger offences include robbery, burglary, handling stolen goods and theft. All these offences are included in the Theft Act 1968. Other forms of criminal activity are also considered to be trigger offences. For example, fraud (Fraud Act 2006) and begging that comes under the provision of the Vagrancy Act 1824 (CPS, 2008).

In addition to the group of arrestees outlined above, the CPS confirm that “a police officer of inspector rank or above, who has reasonable grounds to suspect that the misuse by the person of any specified Class A drugs caused or contributed to the offence...” can authorise an arrestee be tested for heroin, cocaine and crack cocaine (CPS, 2008: 4). ‘Test on arrest’ as it has become known, has developed significantly since first being piloted in the 1990s. This tool is now used extensively as a way of encouraging problematic drug users into treatment (DrugScope, 2006). The Home Office confirmed in March 2011 that “around 230,000 tests” were being completed annually and the requirement for chief constables to *apply* to use the powers contained in the 2005 Act had been dropped (Home Office, 2011: 1). All that chief constables now have to do is simply *inform* the Home Office of their intent to test on arrest. As part of the changes announced in 2011, the Home Office removed the targets



connected to test on arrest and simplified the process of testing arrestees. These changes were designed to increase the number of tests carried out under this legislation (Home Office, 2011).

The Drugs Act 2005 also introduced new police powers. For example, a police officer can now require a person over the age of 18 who has tested positive for heroin, cocaine and/or crack cocaine to attend an initial and follow up drug use assessment (CPS, 2008). The Act also introduced a new offence of failing to appear or stay until the end of the initial and follow up assessments. If found guilty of either of these offences the courts can impose a fine of up to £2500, sentence the offender to a maximum of three months imprisonment, or both (CPS, 2008). It is therefore possible for someone who has been arrested but not charged with a trigger offence to be required to submit to drug testing. If the test is positive for heroin, cocaine or crack cocaine the arrestee is then required to be formally assessed by a drugs worker and attend a follow up assessment with the second meeting usually being carried out in a DIP office. Even if the CPS decides not to charge the arrestee for the trigger offence (the reason why the drug testing was initially undertaken) the arrestee is still required to attend the drug assessment, as non-attendance is a separate criminal offence as outlined above. A number of the participants' reported that their offspring had been tested at the police station following their arrest and had subsequently attended the local DIP office for follow up assessments.

There are however benefits to test on arrest in its current form. For example, the legal guidance document produced by the CPS lists what the drug test results can be used for other than directing an arrestee to have an initial and follow up assessment with a drugs worker. For example, a positive drug test can be used to inform any decision about bail or giving a conditional caution under part 3 of the Criminal Justice Act 2003. The test result can also be used to assist the court in making decisions about sentencing if the alleged offender is charged and found guilty of an offence. Of key importance, however, is that a positive drug test should be used, according to the CPS, “for the purpose of ensuring that appropriate advice and treatment is made available to the person concerned” (CPS, 2008: 6). This statement can be understood as making “appropriate advice and treatment” a right given to arrestees who test positive for certain Class ‘A’ substances (CPS, 2008: 6).

In addition to the various devices that have been implemented or adapted as a result of the 2005 Act, section 25 enables the courts to make an Intervention Order that can be used alongside an Anti-Social Behaviour Order (ASBO). One of the ways in which Intervention Orders are used is when drug use is connected to the behaviour identified as being anti-social (UKDPC, 2008). By linking drug use to anti-social behaviour in this way the state is able to encourage a wider range of problematic drug users into treatment. It is not only individuals coming into contact with the criminal justice system as a result of overtly criminal activity such as burglary or shoplifting. This is because ASBOs and Intervention Orders are civil

orders but with criminal consequences on breach. Therefore, strictly speaking, they are interventions outside of the criminal justice system. This is perhaps a 'net widening' technique designed to maximise the number of problematic drug users entering treatment (Cohen, 1985).

### ***Dedicated Drug Courts***

In February 2005 a Dedicated Drug Court pilot was established (Ministry of Justice, 2008a). These courts utilize the full range of options available but an important feature is the focus on offenders who have been given a DRR as part of a Community Order or Suspended Sentence Order (Ministry of Justice, 2008a). The first drug courts were developed in the United States of America in the late 1980s and what was originally called the 'Miami drug court model' was established (Bean, 2004). Since the first drug courts were set up in the United States of America, the model has been adapted and has spread to a range of jurisdictions including Canada and Australia (Bean, 2004).

The pilot in England and Wales created six Dedicated Drug Courts. These Dedicated Drug Courts were introduced in magistrates' courts with both magistrates and district judges volunteering to be involved in the pilot. The aim of the project was to increase the effectiveness of the criminal justice system in reducing the problematic drug use and criminality of a targeted population of offenders (Kerr *et al*, 2011). There are four important parts to the Dedicated Drug Court pilot in England and Wales:

- Continuity of judiciary at all stages of the process

- Judicial, court staff, probation and treatment providers receive specialist training
- Better coordinated partnership working between the professional groups involved
- Exclusivity – the Dedicated Drug Court only deal with problematic drug using offenders from sentencing through to completion or breach of the order.

(Kerr *et al*, 2011: 3)

Within the framework outlined above, the Dedicated Drug Courts have adopted a culture that is focused on dealing with a range of issues that many problematic drug users face. Problems such as family relationship breakdown and lack of permanent accommodation are considered as part of a wider understanding of problematic drug use. The outlook of the Dedicated Drug Courts is described as being “a move away from an emphasis on punishment towards a more therapeutic approach...” (Kerr *et al*, 2011: 24). The initial findings from the evaluation of the pilot scheme appear to be positive, with the initiatives used supporting offenders to reduce offending behaviour and drug taking.

Following on from what appears to be a number of successes from the Dedicated Drug Court programme the Ministry of Justice, in their Green Paper, *Evidence Report Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders* asserted the view that “[t]here is scope to increase the use of rehabilitative requirements in community sentencing” (Ministry of Justice, 2011a: 34). This report goes on to confirm:

Looking specifically at rehabilitation requirements for both Community Orders and Suspended Sentence Orders...Drug

treatment was only used in five per cent of all community sentences commenced in 2009 (Ministry of Justice, 2011a: 34).

The Howard League have also argued that “sentencers [should] be made more aware of community options” (Howard League, 2010: 7) and that the criminal justice system should be used to help solve problems and community sentences should be used more frequently to this end (Howard League, 2010). Furthermore, the Prime Minister has recently asserted that the government is “engaged in what can only be described as a rehabilitation revolution...If they’re on drugs, use the latest techniques to get them clean” (Cameron, 2012: 1). The evidence presented here suggests that the use of the criminal justice system to address problematic drug use has wide-ranging support.

### **Prison based interventions**

Should the range of options available in the community fail to induce sustained change in the individual problematic drug user (or if their offending is such that the threshold for a prison sentence is passed) and should their offending behaviour continue, the courts will eventually impose a custodial sentence. Within the prison setting several interventions are available that are designed to promote change and encourage offenders who are problematic drug users to desist from their drug taking behaviour, with the aim of reducing or stopping their offending all together (see Patel, 2010 for a full outline of the current interventions that are utilised within the prison service). Moreover, the Department of Health now fund medical interventions in prisons (such as methadone

maintenance and/or detoxification programmes). In 2010, the latest figures available at the time of writing, (August 2013) confirmed “60,067 prisoners had received a clinical drug intervention...36,323 received detoxification and 23,744 received a maintenance prescription for opioid dependence” (Patel, 2010: 25).

In addition to the medical interventions that are available in prisons, the CARAT (Counselling, Assessment, Referral, Advice and Throughcare) service has offered support to offenders within the prison setting in England and Wales since 1999 (May, 2005). The CARAT service offers psychosocial support to prisoners that can include group work with other prisoners and one to one counselling (May, 2005). The prison service offers three forms of psychosocial support that is delivered either by CARAT workers or through local partner agencies. These are Cognitive Behavioural Therapy (CBT), structured therapeutic community programmes, and the 12-step programme (Patel, 2010).

The structured therapeutic community programme is described as being “based on hierarchical treatment and aims to teach new behaviours, attitudes and values, reinforced through peer and TC [therapeutic community] support” (Patel, 2010: 29). The 12-step programme has its origins in the Alcoholics Anonymous movement and is used in more prisons than the structured therapeutic community programme. The 12-step approach is also widely used in community-based settings. This form

of psychosocial intervention understands problematic drug use (as well as other behaviours that can become damaging to the individual and the wider community such as gambling and alcohol use) as being a lifelong problem (Williams, 2002).

Although drug treatment services in prison have developed significantly in the last 10 years access to treatment can involve long waiting times for prisoners. Furthermore, to access some types of treatment in prison certain criteria (such as the offender needing to spend a minimum term in prison) need to be met. This is another aspect of rehabilitation that the current Prime Minister David Cameron has articulated a desire to change so that the whole range of treatments are available to any offender with a problematic drug problem:

Today, rehab just goes to those who have been inside for a year or more. But that misses all those who go in for shorter sentences yet re-offend time and time again. So I want to look at making them part of the rehabilitation revolution too (Cameron, 2012: 1).

In addition to the long waiting times for access to treatment programmes in prison, the quality of psychosocial interventions varies across the prison estate (as it does in community based services) (Patel, 2010). One key development in the treatment offered in prisons in recent years was the introduction of the Integrated Drug Treatment System (IDTS) in 2006. This system was designed to promote a more holistic approach to treatment that integrated the provision of medical interventions (methadone prescribing for example) with psychosocial support.

### ***The family as a resource***

Bringing this back to the focus of this thesis, of how families link in with treatment options, a review of these provisions (in prison) was undertaken in 2009. Following this appraisal a report was produced that made six key recommendations (Patel, 2010). Recommendation number five states:

We recommend that commissioners and local partners focus on increasing the social capital through the identification of Recovery Champions and appropriate community groups – local councillors, business people; *families* and friends of users; ex-drug users. We need to *make more effective use of people* who understand the problem of dependency; those who want to understand more; and those who may have resources to help make recovery a more realistic option (Patel, 2010: 15 emphasis added).

The author of the report further argues that there needs to be “active engagement with users and their families” and that “...the families of drug users can play an important role in articulating ambition, championing routes to recovery and challenging partnerships and services to retain a recovery focus” (Patel, 2010: 16). These recommendations can be understood as an attempt to further encourage the use of the family as a resource that can be drawn upon by the state to rehabilitate offenders.

These recommendations can also be understood to contribute to the responsabilisation agenda that seeks to make the families of offenders (and perhaps particularly problematic drug using offenders) partly accountable for the rehabilitation of the offender. Moreover, it is important to highlight here the link between the treatment strategy in prisons, the latest government drug policy and the premise that families can be used



as a resource to support the rehabilitative aims of the state. These two documents (Patel, 2010 and Home Office, 2010a) perhaps signal the beginning of a greater drive to responsabilize the families (particularly the parents) of problematic drug users. When viewed together these two documents add support to the contention made in chapter 3 that in social policy terms the family is conceptualised as a benign positive institution that can be used by the state, with Patel (2010: 15) explicitly stating the family “may have resources” that can be used to support recovery.

Since the introduction of the latest government drug strategy in 2010 the prison service has opened “[f]ive new Recovery Wings” (Home Office, 2012a: 5). This development offers further evidence of a continuing desire to deal with problematic drug use within the criminal justice system. Moreover, Drug Action Teams also continue to be involved with offenders with Criminal Justice Intervention Teams being utilized to try and provide continuity of treatment during the transition from prison to the community (Patel, 2010). The transition between the prison setting and the community has been identified as a key stage when offenders are at risk of dropping out of treatment and start to use illicit drugs again (Fox *et al*, 2005). To combat this risk the Integrated Drug Treatment System is used to support the development of care pathways between treatment regimes inside the prison and agencies that provide treatment in the community (Patel, 2010).

In summary, since the introduction of the Criminal Justice Act 1991 the state has increasingly sought to promote a link between crime and problematic drug use. Consequently, resources have been channelled towards criminal justice led treatments and interventions both in the prison setting and in the community. The direction of government policy has also encouraged agents of social control such as police officers to deal with problematic drug users primarily as offenders who need to be brought to justice. Having described the development of the legislative framework over the last 20 years, this chapter will now consider the current drug strategy with a focus on the aspects of this document that promote the inclusion of families in the treatment journey of problematic drug users.

### **Current drug strategy**

The latest drug strategy sets out the coalition government's approach to tackling drug use and dependence. This document confirms the government's commitment to dealing with "dependence on all drugs, including prescription and over-the-counter medicines" (Home Office, 2010a: 3). The first important point is that this document is couched in terms that can be understood to support an abstinence based approach to drugs "[p]eople should not start taking drugs and those who do should stop" (Home Office, 2010a: 9). The strategy has also moved away from a focus solely on problematic drug users and seeks to reduce all drug use as the Head of Drugs and Alcohol at the Home Office confirmed:

Previously there was a predominant focus on problematic drug users or PDUs, quite a horrible term, which was defined as heroin and crack cocaine users. This Strategy focuses, not just on dependency, but right across all drug users, and across the range of drugs as well, whether that's heroin, crack cocaine, right

down to the wider issues such as the misuse of prescription drugs. It also covers so called 'legal highs'. Personally, I hate the term 'legal high', I think we've dug ourselves a hole by calling them 'legal highs' maybe we should refer to them as 'toxic highs'? (Jaspert, 2011: 11).

The current policy would appear to be more holistic in the approach taken to dealing with drug use. However, although this latest policy sets out to widen the approach taken to dealing with the problems that drug misuse may cause in society, the main thrust of the latest policy document is still directed at dealing with what has been described here as problematic drug users (Home Office, 2010a).

One key aspect of the latest drug strategy that is important to this research is the suggestion that families can be used as a resource to promote recovery (with this aspect of the latest strategy echoing the recommendations made in the latest review of treatment in prisons described earlier in this chapter). This development in government drug policy is perhaps connected to the drive to be more wide reaching:

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

However, the impetus to include the family in the recovery journey of problematic drug users is perhaps connected to the rise of neo-liberal governments over the last 30 years. Neo-liberalism is associated with individualism, consumption, economic deregulation and a retraction of the welfare state (Lacey, 2013). Furthermore, it is suggested "neoliberalism

has come to be associated with a host of phenomena bearing on both crime and every aspect of punishment” (Lacey, 2013:263). Neo-liberalism is conceptualized as “both a political discourse about the nature of rules and a set of practices that facilitate the governing of individuals from a distance” (Larner, 2000: 6). Connected to this are the increasing number of criminal justice interventions that have been developed, in part, to responsabilize individuals (Lacey, 2013). The current government’s drug policy can be understood to be one aspect of this approach, as it enables the management of what successive governments have identified as problem populations at a distance. Moreover, the current drug strategy also enlists the family to support the management of the problematic drug using population at arms length. In other words the family is being responsabilised by a policy that is rooted in neo-liberal understandings about the role of the state and the family.

This approach (of enlisting the family in the recovery journey of problematic drug users) is perhaps a blend of neo-liberal ideals about individuality responsibility, small government and traditional Conservative values based upon the family (Larner, 2000). Garland (1996: 446) has argued “high crime rates have become a normal social fact...” By connecting problematic drug use to crime (as has been the case since the early 1990s), arguably large numbers of problematic drug users are also becoming a social fact in social policy terms. In describing the responsabilisation strategy relating to crime, Garland (1996: 452) asserts

the main concern of the government is to “devolve responsibility for crime prevention on to agencies, organizations and *individuals* which are quite outside the state and to persuade them to act appropriately.”

Promoting the idea that problematic drug users can build recovery capital by drawing on the “resources [they have] from their relationships” (Home Office, 2010a: 18), the current drug strategy is perhaps attempting to develop an approach to dealing with problematic drug users similar to that identified by Garland (1996) as crime control. Garland (1996) identifies a shift from what he describes as the criminology of the old towards new techniques such as rational choice theory. Of significance to this research is the shift towards the idea that families can be “activated” to “increased informal controls” (Garland, 1996: 453). As was argued in the previous chapter, in social policy terms the family is conceptualized as being a positive nurturing institution that has the ability to influence its members to conform to societal expectations. Moreover, the family is a source of informal social control that can be utilized by the state to elicit change.

By introducing the notion that families can be used in this way, the government are “seeking to renegotiate the question of what is properly a state function and what is not.” (Garland, 1996: 453). Muncie (2006: 773) argues that the central message that can be derived from the responsabilisation strategy is that families (and other institutions) “have a

responsibility to reduce criminal opportunity and increase informal social controls.” Furthermore, the New Right “is linked directly with the shift away from governance through the ‘social’ technologies” while at the same time promoting governance through the family (O’Malley, 1999: 191).

As described in the previous chapter, the New Right ideology of the 1980s had a focus on language about the family unit being a source of strength. This political dogma was further developed during the 1990s and can be linked not only to the responsabilisation agenda promoted by the Labour government that gained ground during the late 1990s ‘no rights without responsibilities’ (Blair, 1998), but also to current ideas of the ‘Big Society’ and to the support given to marriage and family life that was outlined in the current government’s coalition agreement. Furthermore, in a speech given in Liverpool during 2010, David Cameron the current UK Prime Minister argued that people could make a difference “in their homes” and that they could “help themselves” (Cameron, 2010a: 1). The evidence would suggest that the responsabilisation of families is still a central theme in social policy and draws on New Right values about families being self-sufficient and not relying on the state (particularly financially).

### **The policing of families**

In addition to the responsabilisation of families, there are also elements of a social control agenda contained within the policy document, with Donzelot (1979) arguing that there has been a focus on the policing of families for a significant period of time. With this in mind the current drug

strategy, while couched in the language of support and recovery, also contains aspects of monitoring and control that can be described as “moral regulation” (Rodger, 1996: 124). Moral regulation can be linked to a discourse that encourages a smaller state in favour of increasing family involvement in the provision of care. At the same time this approach serves to obfuscate the idea of supporting families with policing families (Donzelot, 1979). In chapter 3, ways in which the family can be involved in the recovery journey of problematic drug users were outlined. The first of the three methods described, enlisting the family to encourage problematic drug users into treatment, can be understood as drawing on the family as a site of social control. By involving the family in the recovery journey of problematic drug users in this way it is necessary to use the family as a surveillance tool. This strategy relies on the family having the ability to positively influence offspring engaged in problematic drug use and work with the treatment agency to encourage conformity with the intervention proposed to deal with the problematic behaviour.

There is a body of literature that considers the influences that may lead to desistance from deviant behaviour. Control theory first outlined by Hirschi (1969) is the work that much of the desistance literature draws upon. The notion that the family can be utilised as a treatment resource appears to place weight on the social bonds that it has been argued can encourage individuals engaged in deviant behaviour to desist from it (Hirschi, 1969). The latest drug strategy is in part seeking to develop the attachment

between the problematic drug user and their family to encourage and promote desistance (Hirschi, 1969).

### **Building recovery and recovery networks**

There are two sections of the latest drug strategy that are significant for this research. The first is titled 'Building Recovery in Communities' with this section promoting the notion that what the government describe as 'recovery capital' can be used to help individuals through their treatment journey (Home Office, 2010a: 18). In the drug strategy document, recovery capital is divided into four distinct elements: social capital, physical capital, human capital and cultural capital. The concept of recovery capital utilized in the latest government drug strategy can be seen to draw on the work of Bourdieu (1983) who outlined economic, cultural and social capital. However, the government's notion of social capital is more narrowly defined than Bourdieu's, focusing only on the close personal relationships problematic drug users have with individuals (Home Office, 2010a). Bourdieu (1983) includes a much broader range of influences that can contribute to social capital. The way the government has defined recovery capital then can be seen to reinforce the responsabilisation of families.

The second section of the latest drug strategy that is of significance to this research relates to 'recovery networks' (Home Office, 2010a: 21). In this part of the strategy document the government promotes the idea that families should be "closely involved" in the recovery journey of problematic



drug users. It is these two aspects of the drug policy that are the focus of much of this thesis and the experience of the participants in this research is analysed in relation to these key policy points to answer the central research questions:

- How do parents of drug using offenders view and understand court mandated drug treatment?
- Do parents' views of court mandated treatment shift and change along the course of their offspring's 'career' as a drug using offender?
- What impacts do court mandated treatments have upon family relations, family integrity and parent-offspring bonds?
- How do parents view prison and treatment in the prison setting as opposed to treatment in community settings?

The following chapters of this thesis utilise the three themes identified in the introduction (the role of the family in government policy, power relationships and techniques of neutralisation) to frame the analysis offered in this study. The next chapter draws on the empirical data that was gathered for this research.

## **Chapter 5**

### **Family, responsabilisation and mum**

#### **Introduction**

This is the first of three chapters that draw upon the data gathered during this study. In chapters 3 and 4 it was contended that the current government are continuing a long-established practice in social policy terms of contextualising the family as a site of positive social control. Moreover, the family is framed as an institution that has the capacity to be used to develop what the government describe as recovery capital in the latest drug strategy document (Home Office, 2010a). This chapter will outline the participants' experiences of living with a drug user with this problematizing the notion that families can be involved in their recovery journey. The first section of this chapter will draw on the discussion in chapter 3 that focused on the family and the changing forms that families have taken over the last 30 years.

The second section of this chapter will focus on the responsabilisation the participants experienced and the methods they employed to resist being held accountable for their offspring's problematic drug use. This will lead to an analysis of gender and the role of mother. The conceptualisation of gender that has been applied here understands gender to be both a socio-cultural construction and also a set of social practices that have material outcomes. "Gender refers to the cultural understandings and representations" with the division of labour within the family being "dependent upon our cultural understandings of men and women being

different” (Alsop *et al*, 2002: 3). By describing how gender can influence the way that families operate, the suggestion that families become involved in the recovery journey of problematic drug users will be further problematized.

Having outlined the influence that gender may have on the participants, the role of mother and the ways in which the participants in this research fulfilled this role and the difficulties they faced reconciling societal expectations of them within their day-to-day lived reality will be explored. There are several issues that need to be investigated to fully understand the ways in which the current drug strategy may impact upon mothers in particular. For example, whether the burden of this responsibility (being involved in the treatment process) is shared between the parents of problematic drug users, or whether it falls predominantly to mothers (and more broadly female carers). Throughout this chapter (and subsequent chapters) the interviews with the participants of this research will be drawn upon to support the arguments made and illustrate some of the potential difficulties that may exist as barriers that hinder the involvement of families in the recovery journey of problematic drug users. First, the participants’ perceptions of the impact that family structure had on their offspring will be explored.

### **Family structure**

Chapter 3 outlined the changing structure of the family and provided the background and context to much of the following discussion. The first issues to be investigated is the organisation of the family as this appeared

to be a significant issue for the participants in this study. This was especially the case for participants who were from families that did not conform to the nuclear ideal that was described earlier in this thesis. These participants expressed concerns that the non-conformity to dominant societal norms may have been a contributory factor in the development of their offspring's problematic drug use. In particular the breakdown of the traditional nuclear family unit that had existed during the offspring's formative years:

Then I think, is some of it their dad, because it all got worse after their dad had gone. Well I thought their father leaving would be the best thing ever because he was so violent to them and to me. We were always getting beaten up. If it wasn't me it was them, if not them, then the dog. I thought well they had to be better off with him out of their lives. But it seemed to go the other way (Shirley).

Cos as a parent you kinda blame yourself don't you really. I think that's the worst bit. You sort of think is it my fault cos we got divorced but then you think well lots of people get divorced and they don't all end up with kids on drugs (Ruth).

Moreover, it was not only the breakdown of an existing nuclear family that was highlighted as a potential contributory factor in the offspring's problematic drug use:

You question your parenting. Was it because I was a single parent at the beginning you know, didn't I do enough activities with them didn't I tell them I loved them you know (Margaret).

Shirley and Ruth both articulated a concern that the breakdown of the nuclear family unit may have been the root cause of their offspring's problematic drug use, drawing on New Right philosophies about the family being a positive institution and functionalist ideas about how families should be constituted. Margaret questions whether it was the non-

conformity to the dominant understanding of family that was the trigger to her offspring's problematic drug use.

This offers evidence that for the participants in this research the nuclear family was understood to be the most appropriate family form. Although Shirley had acted to remove a source of violence from her offspring's everyday lived reality she questioned that action, suggesting that had a different course been taken perhaps her offspring would not have ended up being problematic drug users. Furthermore, Shirley's ambivalence about the possible causes of her offspring's problematic drug use may reflect a wider concern about how she would be viewed by society:

In western societies today, the morality of the mother's behaviour is generally gauged by socially acceptable norms about 'proper' family life which, in turn, continue to be shaped by a nuclear family ideal (Chambers, 2012: 58).

Empirical evidence has highlighted how mothers measure their own performance in this role against dominant social norms. However, radical feminists have argued that

what are defined as universal 'feminine values' are, in fact, a collection of very specific values, which correspond more or less to those of western housewives of the last half century. These 'maternal values' are seen as the positive aspect of femininity (Jackson, 1996: 133).

The examples highlighted above demonstrate how the mothers in this research felt their decisions had perhaps led to the poor choices their offspring had made as teenagers, with these choices still impacting on the family many years later. Moreover, these first quotations drawn from the empirical data offer an early insight into how complex the participants lived reality was.

### ***Family constitution***

In addition to viewing non-conformity to traditional functionalist family structures as problematic (thereby perhaps accepting the functionalist outlook as being protective and nurturing) the participants in this research had a broad understanding of what being a family entailed with their views being much wider than the functionalist ideal that is detectable in the current government's policy strategies:

Your brother will accept you and he'll let you go to his house and everything cos I said you need to look on the lines that if anything happens to me or your dad you're going to have nobody but if you stay as your told if owt happens to me and your dad Neil will take you under his wing and look after you (Doreen).

Doreen in this quotation was describing a conversation she had had with her problematic drug using son. Doreen wanted to make sure that as she got older and less able to cope with the chaos that surrounded her son as a result of his drug use and related criminality that her 'good' son (as Doreen described him) would look after and care for her 'bad' son. Family and family relationships were given priority over other types of relationship such as those with the wider community or friendships formed in the work place (Jordan *et al* 1994). But the definition of the family unit was not restricted to the functionalist nuclear model but included wider family networks. For example, both Grace and Margaret's offspring spent time living with wider family: "he lives with my brother now which is just round the corner" (Grace).

This is something of a paradox, with the participants on the one hand understanding the nuclear family as being beneficial and helping to

prevent deviance in their offspring, yet at the same time suggesting wider family networks could be drawn upon in the future to help sustain any recovery. In addition to the broad definition of family used by many of the participants, the evidence gathered here identified that the most important relationship within the family for the *participants* was between mother and offspring. This may reflect the changing nature of marriage and patterns of family life (some of which were highlighted in **table 3.1** on page 58). Marriage is not now necessarily a lifelong venture (as the escalating divorce rates shown in **table 3.2** on page 62 may demonstrate); however, offspring are permanent and constant and it is therefore worth investing significant emotional effort to support and maintain this relationship above all others (Chambers, 2012).

The acceptance of a functionalist understanding of the family that is inherent in the current drugs strategy may highlight a lack of understanding about the changing nature of the family. Although Donzelot (1979) argued that the family has changed throughout history to accommodate the shifting needs of society, the current drug policy appears to fail to account for the changing composition of the family unit since the 1980s outlined in chapter 3. Even if the family was constructed in the idealised way described by the functionalist perspective the policy of involving families in the creation of recovery capital is not problem free. The following quotation is from a participant who was part of a traditional nuclear family. She was married to the offspring's father who worked full time to support his wife and family. The participant was a full time

homemaker and mother to two children. This family embodied the functionalist ideal:

It was shit or bust yeah it really was. We couldn't have carried on there it was dangerous really when you are a decent person it turns your life upside down it really does. That's it at first when you saw the police my god the shame...but you had to quickly get over that really (Julie).

Julie went on to explain how she felt suicidal at times as a result of the situation that she found herself in:

It can drive you totally mad you know I just used to take the car out cos we lived just the other side of [a major motorway]. Take it up to a hundred and take my hands off the wheel. Just think! I hated it really hated it (Julie).

Being part of a nuclear family did not necessarily provide the family with the resources or abilities to deal with the extreme situation the participants in this research found themselves in. Nor did it offer the protection to individual family members that proponents of the functionalist perspective suggest.

### ***The problem of relying on the family***

In response to the changing nature of families Chambers (2001) develops the notion that families alter and are a fluid concept by arguing “[f]amilialism is something that has to be reinvented and continuously achieved in everyday interactions with others – we *do* rather than simply *have* family” (Chambers, 2001: 169 emphasis in the original). What a family is and what it can consist of has altered to accommodate changes in society as illustrated in **tables 3.1** and **3.2** (see pages 58 and 62). Stepfamilies, traditional nuclear families and single parent families were all represented within this research. However, each of these family



configurations bring particular difficulties and limits each family's ability to deal with an offspring's problematic drug use. For example, one participant described the difficulty being a 'step parent' can bring:

Because they're not Lesley's boys erm Lesley used to get very upset especially because he could see what they were doing to me and that. But I think because they are not his, he did honestly understand how I was feeling but he just backed off in the end because they wouldn't listen to him and there was nothing he could do (Shirley).

Another participant (a single parent divorced from her offspring's biological father) described the communication problems (between her and her former husband) that she experienced when she was trying to deal with her daughter's problematic drug use:

So when I'd locked her out I told her dad what I'd done and she told him she was sleeping in her car at night which I knew she wasn't she was staying at various people's houses. I knew she wasn't. Erm he took pity on her - bearing in mind he didn't believe she was on drugs. He didn't believe she was behaving the way she was behaving. After six months he threw her out too (Ruth).

The evidence gathered during this research suggests that a range of barriers exist that hinder the involvement of some families in the recovery journey of their offspring. Even within families that could be described as representing the functionalist ideal of the nuclear family, problems were present as the quotation from Julie earlier in this chapter demonstrates (see page 136). In the context of this research "the family...can be seen not only as a potential object of government policy, but also as a means of governing the behaviour of its own members" (Hindess, 1996: 134-135). The family is being relied upon as a locus of social control that can be used to produce members of society that understand and work within the

accepted rules of behaviour. However, this was not always an achievable goal for the participants represented in this research as the previous quotations highlight.

Moreover, family formations were not the only barrier that this research identified as potentially limiting the support that families may be able to provide to problematic drug using offspring. The participants described a number of other difficulties that may act as an obstacle to being involved in the recovery journey of problematic drug users:

I'm 64 now and to me, since this stuff though, as you can tell I'm very, I've been stressed so much. I used to black out in [the] street (Ruby).

Cos obviously it's either causing a massive impact on your family and they've come to realise that the rest of the family is suffering from just this one child who is obviously playing up. They realise its breaking down the family erm and I think that's when they make the initial like obviously we can't carry on like this and you're the one that's causing trouble so you're the one who will have to go unfortunately (Emma – support worker).

In these examples age/poor health and wider family concerns limit the support that is available to the problematic drug using offspring. So although the mothers in this research felt responsible for their offspring's behaviour and wanted to provide a wide range of support this was not always possible. When support was provided there were limits to the length of time the assistance could continue for as the quotations above also demonstrate.

In addition, other participants describe parental relationship tensions as a consequence of the on-going difficulties experienced as a result of their offspring's long-term problematic drug use:

Sometimes this causes conflict within a relationship between mum and dad or between mum and partner, even sibling and mum. There is conflict there...There is one couple that I know it almost broke their relationship up, you know their marriage almost fell apart (Helen, support worker).

I'd rather not be here, but I'm in a sorry position where my husband left and it's a case of sorting the house out (Ruby).

Another issue that was described by some of the participants related to the lack of attention given to other offspring in the family as a result of the focus on the problematic drug using offspring:

What you do you forget about your other children you think they are fine, they're coping you need to concentrate and at the time my daughter had lost, she had miscarried and it was like there there you'll get over it lets go back to him. But also they're going through it (Margaret).

A further barrier to be highlighted here, as an example of the difficulties that individuals such as the participants in this research experienced, relates to the health and well-being of individuals closely involved in the everyday reality of living with a problematic drug user. Copello *et al* (2005: 371) describe these difficulties as "biopsychosocial stresses," explaining that they can "impact on physical and mental well-being." As an example of the manifestation of a biopsychosocial stress, Laura (one of the research participants) was admitted to hospital experiencing significant mental distress that was attributed (by mental health professionals) to her son's on-going problematic drug use. As a result of this development (Laura's deteriorating mental health) she withdrew from the study.

The final hindrance to the participants becoming involved in the recovery journey relates to the understanding that the participants had about problematic drug use. The participants had no prior experience of dealing with problems of this type and this frequently led to the mothers not identifying the problem at an early stage:

I'm not that into the world of drugs. The first thing I noticed was my spoons<sup>2</sup> going missing. Nobody ever tells you. Nobody ever tells you where are your spoons going (Julie).

I had no idea at all. He come home and got up to his antics climbing trees, making bonfires in [the] garden these hyperactive things. I just thought it was childhood games but apparently he'd been with his mates in his granddad's shed smoking drugs (Barbara).

The empirical evidence collected from the participants suggests that not all families have the necessary resources to be able to contribute to the 'recovery' that the latest government drug strategy promotes (Home Office, 2010a). A number of barriers were highlighted (such as relationship breakdown, health problems and advancing old age) that serve to limit the degree to which the wider family of problematic drug users were able to become involved in their offspring's recovery journey. Furthermore, as with many families, other problems developed from time to time such as the situation described by Margaret above (page 139). Problematic drug use does not have a linear progression and the majority of problematic drug users experience periods of (relative) control over their substance use, followed by more chaotic problematic times. The ability the family has to support a problematic drug using member is connected

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<sup>2</sup> A spoon is used in the process of making an injectable heroin solution.

to other issues the family may be facing at the time the support is perhaps most needed.

### **Responsibilisation**

Although the analysis of the data collected during this study identified a number of barriers that hindered the participants involvement in their offspring's recovery journey the mothers nonetheless accepted a degree of responsibility for dealing with the consequences of their offspring's problematic drug use. In chapter 4 Garland's (1996: 452) concept of a "responsibilisation strategy" was introduced. A consequence of this strategy is that individuals are persuaded (persuasion as a form of power is discussed in the next chapter) to become responsible for preventing deviant activity. Families are seen to be able to reinforce 'traditional' moral standards or at least the moral standards ascribed to by the New Right political outlook. Responsibility and self-sufficiency are developed in individuals and the family is a site of strength both for the individuals in the family and to wider society (Abbott and Wallace, 1992). This view of the family is similar to that of the social responsibility model that understands the family as a structure that interacts with wider society. Of importance here is that this model supports the view that society should encourage families to be strong and that families should develop strategies that encourage them to care for themselves:

[W]e need to make it possible for people to care for inevitable dependents – that is children and adults who are unable to care for themselves (Eichler, 1997: 5).

It is possible to detect an element of this outlook in the current drug strategy. By involving families in the recovery journey of problematic drug users, the state is promoting the premise that people “care for inevitable dependents” (Eichler, 1997: 5). Families are responsible for supporting their members with this support including emotional as well as practical assistance. This outlook takes little account of whether or not the family has the ability to offer support of this nature. It is a standard that is expected of responsible citizens.

The empirical evidence gathered during this research suggests that the participants felt responsible for the actions of their offspring. This responsibility lasted well into what can be thought of as adulthood:

Half the time the kids can't pay the fines and so the fines are building up and *obviously the parents* are responsible or they feel responsible and the parents take on board the responsibility and pay the fines instead of thinking that you've got to let them learn a lesson cos at the end of the day you are responsible for this (support worker, Emma, emphasis added).

**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.

These quotations demonstrate how the mothers felt a responsibility to deal with the financial consequences of their offspring's problematic drug use. Furthermore, one of the participants paid for her son to receive treatment for his problematic drug use from a private treatment provider. This

highlights a significant commitment to dealing with her offspring's problematic drug use. This action shows how the participant felt responsible for dealing with the problem:

He kept saying I want to detox mum I need to detox I want to get off this stuff but I don't think I can do it. He'd been on methadone programmes and goodness knows what else and he said I don't want to be on 120mls of methadone for x months and then 110mls or however they titrate it. He said I can't do it like that mum. If I have to do it like that I'll never get off this stuff. So he'd heard of this place and he'd really got it in his head that if he went there he could stop...So we paid for him to go to detox and his girlfriend went at the same time they were both in together...and since that day he has not touched a drop (Rose).

The mothers in this research offered a wide range of support to their offspring. This support was in part given as the participants felt a high degree of responsibility for their offspring's behaviour and the consequences resulting from their offsprings' problematic drug use. As argued above the responsabilisation of families (and individuals within them) can be traced back to the New Right during early 1980s and has been built upon by successive administrations (including New Labour with Blair's rights and responsibilities agenda). Moreover, the current Prime Minister, by promoting a "Big Society" that is "a society where the leading force for progress is a social responsibility...it's about enabling and encouraging people to come together to solve their problems" (Cameron, 2010b: 1), has continued this approach. The emphasis is on families dealing with social issues; 'people come together' to tackle difficulties that the community may experience. There is an acceptance that families have the resources to solve issues such as problematic drug use that may in part be created by structural problems in society and may also be

attributed to the nature of families and the internal problems that can exist within family relationships. These difficulties were highlighted by radical feminists such as Millett (1970) and Delphy and Leonard (1992) and were found to exist within some of the families of the participants in this study.

These ideas about how the family as a whole but especially mothers are responsible for the actions of individual family members is reinforced by a range of devices such as Parenting Orders. As with ASBOs, Parenting Orders are civil orders that have criminal consequences should the order be breached. Parenting Orders were introduced in the Crime and Disorder Act 1998 and make parents attend parenting support programmes (commonly known as parenting classes) with these programmes lasting up to three months (Ministry of Justice, 2011a). Parenting Orders were designed to make parents accountable for the criminal activity of their children. These Orders make parents responsible for the actions of their children if they are unable to show that they have taken “reasonable steps to control their behaviour” (Ministry of Justice, 2011a: 1). However, these devices are not deployed against all parents evenly and “[p]arenting orders could well be described as mothering orders, with most orders made against mothers” (Henricson, 2003: 58). Parenting Orders then can be understood to be representative of neo-liberal notions of governance in so far as they divert attention away from state agencies and responsabilize the family. However, in common with the findings of this research, Henricson (2003) found that it is mothers



rather than families that experience the reality in practice of this type of responsabilisation strategy.

### **Gender**

The empirical evidence gathered here demonstrates an absence of male figures within the family such as fathers or male partners of the mother, who were involved in dealing with the consequences of the offspring's problematic drug use. This may have been a key driver for the level of responsibility that the participants experienced in their lived reality. The absence can perhaps in part be attributed to societal expectations of gender roles within the family, with these expectations drawing heavily on traditional functionalist ideas about the role each parent plays within the family:

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).

I suppose, I'm not saying that husbands haven't got the same feelings or care they worry the same but I just think it's a male thing it's a male ego thing. I'm the man of the family I should be able to deal with this and protect everybody (Margaret).

Furthermore, it was the mothers who provided the emotional as well as practical support to their offspring. As described earlier government policy has led to the responsabilisation of the family for the problematic drug taking of individual offspring. The evidence here suggests that it is the mothers that carry the bulk of the burden this creates. This is a key finding for this study that may have significant importance in terms of the way government policy is experienced in practice. The degree of

responsibilisation internalised by the mothers in this study may point towards a gap that could develop between the intended outcome of the government drug strategy and its practical application.

Moreover, this research identified that in addition to the absence of men involved in dealing with the consequences of the offspring's problematic drug use, gendered societal expectation also influenced support for the families affected by problematic drug use. The support workers both articulated reasons why mothers almost exclusively attended the groups they advertised as 'parent and carer' forums:

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).

Mums I think it is a maternal thing, wanting to rescue. When you see your children suffering or in difficulty and I just think it is as simple as that...Mums tend to try and hold everything together (Helen, support worker).

These quotations illustrate how the mothers' were embedded into gender roles with these roles then being expressed in 'emotional' terms. Furthermore, the mothers also proffered their own reasons why fathers did not attend these support groups with the reasons given reflecting the view that it is women who are emotionally involved and carry the burden that creates:

I don't think dads emotionally connect to it. I don't know, I don't know I think mums worry more and are more emotional I mean I don't think a lot of dads I don't think they would I think women

are more open aren't they and we can easily talk about the emotions we are going through etcetera (Grace).

Dads are totally totally different just won't accept what the lads doing erm so yeah...I mean even when they can see for themselves that something's not right they just put the blinkers on, oh it's alright or leave him you're always on the case but they're on the case because they can see what's happening (Shirley).

Gender played a significant part in shaping the approach to dealing with the problematic drug use of the participants' offspring. Many of the participants (including the support workers) articulated a belief that women deal with difficulties such as problematic drug use in a more emotional way than men. The evidence gathered here from both the support workers and mothers would appear to support a functionalist understanding of the responsibility that each parent has, although the composition of the majority of the families involved in this research did not conform to the nuclear family ideal that the functionalist perspective promotes. This shows how entrenched functionalist ideas about family life have become. Even when the participants did not conform to the nuclear family model they articulated support for the functions given to each gender by this understanding of the family, and as described earlier in this chapter some of the participants expressed a concern that non-conformance to the nuclear ideal contributed to their offspring's difficulties.

This finding is also significant. Although the current government drug strategy promotes the idea that it is families that should be involved in supporting problematic drug users during their recovery journey the evidence gathered during this study identified that it was mothers who

accepted responsibility for this caring task. This strongly suggests that government policy is not gender neutral and moves to encourage problematic drug users to draw on support from their family are likely to have a greater impact on mothers (women) than other family members (men and siblings).

### ***The role of mother***

As all the participants in this research were mothers (and as it is being argued here that the latest government drug strategy is not gender neutral) it is appropriate for this chapter to consider in some detail the role of mother and what it represented to the participants in this research. It is important first to acknowledge that the concept of motherhood is socially constructed and is widely understood in a particular way in western society (Arendell, 2000). The dominant understanding of motherhood links the role to a range of activities that include nurturing and caring:

Cos mothers are self-less they want to give, and that's the other thing, you want to give your kids things (Julie).

Mum will as mums do rescue...(Helen, support worker).

Motherhood is “symbolically laden, representing what often is characterized as the ultimate in relational devotion” (Arendell, 2000: 1192).

Added to this is a generally held “belief that mothers are uniquely connected with their children” (Cowdery and Knudson-Martin, 2005: 338).

This was a view expressed by some of the participants in this research:

It's like the old saying a mum's given birth and that's it and you do everything for your child. I'm not saying dads don't but I think there is a little bit of a different relationship I think. A bit of a different bonding (Emma, support worker).

The concept of motherhood is also influenced by ideals of the 'good mother' and the ways in which good mothers behave and the sort of life that they lead (Ferree, 2010). The role of mother is central to many women's identity. For this reason

[w]hen the individual presents himself before others, his performance will tend to incorporate and exemplify the officially accredited values of the society, more so, in fact, than does his behaviour as a whole (Goffman, 1969: 45).

The performance in the context of this research relates to the mothers displaying family and displaying how they fulfil the role of good mother (Finch, 2007). The difference between the 'officially credited' way mothers *should* behave and the way they actually behave is significant here.

The mothers in this research actively wanted to avoid being labelled as being a 'bad mother':

It was almost as though by association I was becoming I was sort of obviously this slack mother, who just didn't have any control over him or whatever, probably sat at home drinking and smoking all day and drawing the benefits or whatever. And it was those sorts of things really and the way they treated me because of him, but I felt that I was being criminalised in a way (Rose).

She had a bit of an accident in the car. They [the police] didn't have to tell me what had happened, just explain to me in more detail to me as a parent and not treat me like I'd done something wrong. It was like you know yeah she's a druggie it's your fault so we're not going to engage that's how it felt to me (Emily).

Rose and Emily both articulated a concern that they had been labelled as being 'bad mothers' because of the actions and choices made by their offspring. There was a high level of anxiety amongst the participants in this research about how others may have viewed them as mothers and

viewed the family as a whole. This was driven in part by the strong messages that politicians and the (tabloid) media articulate about responsibility and family values:

For some of the children who've ended up in this terrible situation [the London disturbances during the summer of 2011] there was probably a failure in their background, in their families (David Cameron, 2011: 1).

**Fix our broken family values** – headline in *The Sun* (Harvey, 2012: 1).

The participants in this research were aware of the emphasis placed on them by society and how they were perceived as being responsible for the life choices that their offspring had made. This view is supported by research about the nature of mothering that suggests that “mothers experience guilt and shame in relation to their roles as mothers [it] is the most prevalent finding in mothering research” (Sutherland, 2010: 310). As a result of this perceived responsibility, the participants in this research initially resisted the label of bad mother by highlighting reasons why their offspring may have started using drugs that were beyond their control. One technique used by the participants was to suggest that the problem arose outside the scope of their or their family's sphere of influence:

She began hanging around with this group of youths in the village (Ruth).

I'd say you shouldn't be hanging around with so and so but they wouldn't have it (Shirley).

People used his vulnerabilities he is someone who wants to please people (Nancy).

Earlier in this chapter it was demonstrated how some of the participants had questioned whether it was non-conformance to a 'traditional' family configuration that was a contributory factor to their offspring's problematic drug use. However, there was a degree of ambivalence displayed by the participants around this issue. Conversely the participants were much clearer about the influence of individuals outside the family as the quotations above show.

By directing attention towards aspects of the offspring's life that the family were not involved in or could not have reasonably influenced the mothers were asserting that the problematic drug use was not a family failing or a parenting problem. The root cause of the problematic drug use was understood by the mothers to emanate from outside the family. From this perspective, it is possible that the notion (promoted by the government in the latest drug strategy) that parents should be involved in the recovery journey of their problematic drug using offspring is entirely appropriate. However, these interpretations about the causes of their offspring's problematic drug use frequently changed over time. That is when the participants were describing their offspring's drug using career the mothers began by outlining how the drug use had started (typically when the offspring were aged between 14 and 16 years old) as a result of influences that were often social in their origin. The mothers during the early phase of their offspring's drug using career framed the problem of drugs as being related to choices that the offspring had made about friendships:

The group he were hanging around with were using alcohol and I know that they were using cannabis and for a while that seemed to be the main thing and then I became aware that he had probably moved on to ecstasy and those sorts of things...and quite large quantities as far as I can make out erm and so between about 16 and 19 he pretty much tried the whole range of things (Rose).

By focusing on possible causes outside the family the mothers were initially able to reject an understanding of their offspring's problematic drug use being the result of individual difference or as a failure of their parenting. As Shirley one of the participants explained it was "just teenage whatsits". The participants were rejecting the "medicalization of social problems" (Rose, 2007: 10). Not to combat "medical imperialism" (Rose, 2007: 10) but to focus attention away from the family to limit the stigma the family faced. The mothers initially needed to refute the idea that the problematic drug use was perhaps a genetic fault and that the family were to blame. As Rose (2007: 176) describes it "the geneticization of identity" or that the problematic drug use was a failing on the participants' part stemming from a problem with their mothering capabilities the participants did not want to be labelled as bad mothers.

### **Reframing the problem**

However, it became necessary to reframe the publically articulated understanding about what was causing the problematic drug use as the issue became longer lasting and appeared to be an entrenched behaviour. The participants during the early stages of their offspring's drug using career framed the issue as one of peer pressure and poor choices during adolescence. When the participants were asked about why their offspring



continued to use heroin several of the participants suggested that the on-going problematic drug use related to depression:

There have been occasions when she has been severely depressed (Ruth).

I know for a fact he's been really depressed. New Years day is normally the worst. Not last New Years but the one before he had to go in ambulance because he was passed out and somebody found him (Edna).

He did go to the doctors...he's depressed nothing to do with the drugs...I do think he has got a bit of depression to be truthful... (Grace).

He's got depression and depressed people don't speak up for what they're entitled to because they don't think they're worth it (Diane).

It became necessary to identify a cause for the problematic drug use that did not implicate the family. The participants were keen to avoid negative labels and being stigmatized by the community. Many of the participants therefore started to focus on depression as a possible causal factor in their offspring's *on-going* problematic drug use.

As the participants' offspring got older it was difficult to maintain that the cause of their offspring's drug use was peer pressure and teenage experimentation. Although the literature identifies a range of possible triggers for depression that include family relationships, genetic predisposition and problematic drug use (Tew, 2005a) the mothers in this research identified the origin of their offspring's depression as being related to the difficulties their offspring had in finding (and maintaining) suitable employment and housing. The participants described causes for their offspring's on-going problematic drug use as being social in origin:

He's been trying to get a flat and I've took him and he rings me and comes here and I take him in the car. But it keeps coming up you need someone who's in full time employment. He's so unreliable with money (Grace).

So I helped him get a flat, paid the deposit. Lesley [the participant's partner] took him up there to look at it and he said to be honest with you, he said, it's beautiful...Yeah so six months and back on the drugs again. Lost the flat, lost the deposit and then he just went on a downward spiral from there really (Shirley).

She had a job at one of the garden centres, which I think she finished her through non-attendance sort of you know that sort of thing, not turning up on time. She's ill when she's not ill stuff like that (Ruth).

The participants' concern about their offspring's inability to find employment and housing and the impact this had on their offspring offers support for the need to assist long term problematic drug users such as the participants offspring in the ways identified in the latest drug strategy. Nevertheless, the focus on depression as the reason for the on-going problematic drug use was utilized by the participants as a device to deflect attention away from the participants and any inference that the family may be in part responsible for the problematic drug use that the offspring engaged in. The participants wanted to be seen to be good mothers and accepted responsibility for the consequences of their offspring's problematic drug use (such as paying fines imposed by the courts) but did not accept responsibility for the cause of their offspring's problematic drug use.

The use of depression as an explanation for the continued problematic drug use was an interesting paradox that emerged from the data. Depression is one of a number of conditions that are generally referred to as mental health problems or illnesses (Webber, 2005). Being diagnosed with a mental health problem was, according to Goffman (1963), the same type of stigma as being a problematic drug user:

There are the blemishes of individual character...being inferred from a known record of, for example, *mental disorder*, imprisonment, *addiction*...(Goffman, 1963: 14 emphasis added).

### **Hierarchy of stigma**

However, since the publication of Goffman's work in the 1960s, the stigma attached to mental health related illnesses has diminished. This is in part the result of public education initiatives that have been delivered by organisations such as Mind. The 'Time to Change' promotion, for example, is advertised as being an "anti-stigma campaign" (Mind, 2012: 1). The use of depression as an explanation for the on-going problematic drug use offers evidence of a hierarchy of stigmatised identities that exists in contemporary society. For the participants in this research, depression was understood to be less stigmatizing than drug use, especially heroin use. The quotations below demonstrate a hierarchy that the participants used to place different types of drug use in a classification system with cannabis being at the very bottom of the mothers' deviancy scale:

It wasn't so bad [him] smoking cannabis in [the] shed that wasn't so bad (Barbara).

I have no harm with this wacky baccy [cannabis] they all do it. You know there's a lot of people that do it. I mean there are a lot of people who work and do it...(Doreen).

This hierarchy of illicit drugs is also described in the wider sociological literature. Parker *et al* (2002) for example, identified differences in the way users of heroin and users of other drugs such as ecstasy were perceived by the participants in their research. In common with Parker *et al* (2002) and their finding about the perception that some forms of drug use are less 'bad' than other types of drug use, the participants in this study also perceived cannabis consumption, for example, as being less stigmatizing than heroin use.

However, some of the participants in this research took this a step further and also sought to differentiate between their offspring's heroin use and heroin consumption by other people. Heroin use was understood by the participants to be particularly pernicious. It was therefore important to set their offspring's heroin use as being different to other people's heroin use:

The ones I really can't stand who won't come off it I call smackheads. There's a difference. Smackheads will never and don't intend to [stop using] and there's the ones desperate to get clean (Ruby).

This offers evidence that the participants also wanted to identify their own offspring (who were heroin users) with a less stigmatized group. This can be linked to the participants' desire to protect their identity as 'good' mothers and direct attention for the causes of their offspring's problematic drug use away from the family. Furthermore, by promoting the idea that some heroin users were worse than others (their offspring) the participants were not only making use of ideas about a hierarchy of stigma they were also highlighting another group (the others) that were more stigmatized than their offspring. Some of the participants were attempting to create a

group of 'others'. This 'othering' is a concept that has been linked to the responsabilisation of individuals and families by successive governments to deal with crime and deviant behaviour.

At a micro level the participants in this research took action that can be understood to validate the connection between what Garland (1996: 461) describes as the "Criminologies of the Other" and the responsabilisation of citizens for dealing with the problem of crime. Macro government policy seeks to enlist the support of citizens in dealing with the issues of crime by responsabilising them:

Property owners, residents, retailers, manufacturers, town planners, school authorities, transport managers, employers, *parents* and individual citizens – all of these must be made to recognize that they too have responsibility...to reduce criminal opportunities and increase informal controls (Garland, 1996: 453).

At the micro level the participants accepted that they had a responsibility and the devices they deployed were designed to increase the informal control they had over their offspring, action that can be interpreted as the participants internalising the responsibility given to them by the state.

### **Alternative support**

However, although the participants took action that demonstrates they had accepted responsibility for the consequences of their offspring's continued drug use, the explanations for the *on-going* problematic drug use can be understood to demonstrate how the participants did not want to accept responsibility for the *cause* of that drug use. From the perspective of the participants in this research, depression was less stigmatizing than

problematic drug use and offered a reason for the on-going problematic drug use that could be framed as having causes that were outside the family. Furthermore, by identifying depression as a causal factor in the on-going problematic drug use, the mothers were able to draw on another source for support. Depression was recognised by the participants as an illness and as such the participants were able to enlist the support of medical professionals to help them deal with their offspring's medical problems, problems that were (from the mothers' perspective) causing their offspring to continue to be problematic drug users. By framing the problem as one of depression an alternative route could be taken to dealing with the problem.

This alternative option involved seeking advice from medical professionals such as the family doctor:

So the normal port of call is the GP because he is a source of everything medical so they always think well they will go there (support worker, Helen).

The family doctor can be understood as being a powerful agent who can exert influence over others especially if the individual has been diagnosed with an illness (Tew, 2005b). The participants not only wanted to protect their own identity from becoming spoilt, they also wanted to enlist the help of others in support of their attempts at addressing their offspring's problematic drug use. Framing the problematic drug use as being a symptom of wider problems including depression supported this endeavour. However, gaining support from the family doctor and other

health professionals was not as straightforward as the participants had expected:

I was quite shocked cos not knowing anything about it [depression] I assumed you would go to your doctor and that the doctor would do something...I was shocked (Diane).

Furthermore, the support offered was often not taken up as the offspring focused on complying with the requirements of court-mandated treatment that focused on structured day programmes and substitute prescribing:

He's meant to see a counsellor once a week at Mind but he forgets what time it is and misses it but he sees the addiction nurse at [the drugs service] (Jane).

The involvement of medical professionals and counsellors brought with it another form of support for the offspring with this support potentially relieving some of the pressure the mothers experienced. However, the participants reported that the offspring failed to engage with interventions from organisations such as Mind. This led to the mothers focusing on the poor outcomes from the treatment offered by the agencies providing the court-mandated drug treatment. The participants did not offer criticism of the counselling their offspring may have had for their depression, as the mothers focused their attention on dealing with the issue that created the most difficulties – the drug use. Rather than attempting to deal with the underlying (possible) causes of their offspring's problematic drug use the participants focused on the problem itself. This approach is the same as the principle that drives community based sentences such as DRRs described in chapter 4.

The participants then showed a willingness to be responsible (at least partially) for providing support to their offspring as long as there was no doubt that the cause of their offspring's difficulties was connected or caused by a deficit in their parenting ability or some dysfunction within the family. In other words, the participants were prepared to accept some of the burden that the latest drug strategy suggests should be shouldered by the family of problematic drug users.

Moreover, the participants resisted the label of bad mother in other ways in addition to diverting attention towards external factors for the cause of their offspring's problematic drug use. This may have been in response to the idea that

[t]reating a person as though he were generally rather than specifically deviant produces a self-fulfilling prophecy it sets in motion several mechanisms which conspire to shape the person in the image people have of him (Becker, 1963: 34).

This meant that the bad mother label was not internalised by the participants. Another way of avoiding the label was to verbalise that they personally had done nothing amiss:

There used to be a crowd of them looking at you every day. I just used to [made a gesture to show sticking two fingers up] with my head held high and thought I've done nowt wrong you can stare at me as much as you like (Doreen).

A lot of people look at you as if to say what did you do wrong? And you do it to yourself where *did* I go wrong? But you know, you didn't go wrong (Julie).

This can be seen to be a device used to refute the idea both that the family is bad and that the mother is responsible (Rose, 2007).



A number of possible causes for problematic drug use are outlined in the literature (see for example Petersen, 2002; Barber, 2002). One of the suggested causal factors is described as being biological. This outlook highlights issues such as genetic difference, with problematic drug use being seen to be a disease with this disease being linked to genetic faults that may be inherited (Petersen, 2002). The mothers in this study needed to highlight the part played by factors external to the family so as to limit the responsibility they may have for contributing to their offspring's difficulties. This is perhaps why when offering explanations for their offspring's on-going problematic drug use, depression was linked to social causes such as lack of employment and housing (Tew, 2005a). The participants felt responsible for the consequences of their offspring's problematic drug use but wanted to limit their responsibility for causing it. This was especially the case for the mothers who had questioned whether the breakdown of the traditional nuclear family unit had been a contributory factor. Shirley for example was keen to give prominence to influences outside the family over the internal family relationship difficulties (domestic violence) that had led to the breakdown of her marriage to her offspring's father.

### **Long-term strategy**

Although the mothers were keen to highlight how the cause of their offspring's problematic drug use was external to the family once the offspring's drug taking had persisted for several years, this explanation became difficult to maintain and hence led to a change in the explanation (excuse?) offered for their offspring's on-going problematic drug use.

Furthermore, once the offspring's drug using career had progressed and became longer term, the mothers needed to deploy more radical solutions to the problems being experienced. One of the commonalities that emerged from the data between most of the mothers was that on one or more occasions the participants had excluded the offspring with problematic drug use from the family home:

On this particular morning I was going off to do her horses that I'd now taken responsibility for on top of a full time job and I'd left twenty quid on the side in the kitchen. And I went off to do the horses about 7.30 came back at lunchtime, she'd had a bath, eaten my food and took my 20 pound note. So I went straight up to Focus [a DIY store] bought a new lock and I changed it. So the first she knew about it was at 4 o'clock that afternoon when she tried to get in and couldn't (Ruth).

This exclusion was either total, the offspring were not permitted by the mothers to be at the family home at all, or partial. During periods of partial exclusion the offspring could visit during the daytime but only when a suitable adult was present in the family home:

So virtually we were at a point where if I was out so was he. If I was going on a 2 o'clock shift I'd give him plenty of warning and I said you know what time Lesley [Shirley's partner] is back you can come back then (Shirley).

Both forms of exclusion prevented the offspring from sleeping at the family home.

During the periods of exclusion however, the mothers maintained high levels of contact with the offspring. One of the reasons for this was that the "mothers took continual responsibility" (Cowdery and Knudson-Martin, 2005: 340) for their offspring and the need to care for them. The mothers had fully internalised and accepted their role as mother (with the accepted

model being based on the functionalist perspective) and this had become their master status (Becker, 1963). In addition, research has suggested that understandings of what is expected in terms of “family obligation” (Dykstra and Fokkema, 2011: 8) are linked to levels of contact between parents and their offspring. This in turn is connected to the on-going care provided by parents to their offspring into adulthood (Dykstra and Fokkema, 2011). It was also important for the mothers to display to the wider community that the family was still functioning and that they were fulfilling their role as mother (Finch, 2007).

The exclusion of the offspring from the family home was an internal family matter and not something that the wider community needed to be made aware of. By encouraging the offspring to visit, knowledge of the exclusion could be limited. The extent of the relationship breakdown between parent and offspring could be disguised. The continued contact also reinforced the view articulated by the support workers that the mothers were more deeply emotionally involved than were the fathers or male figures of authority within the blended families:

There are more grey areas for mum whereas I think for dad it is black and white. If you live here these are the boundaries that you have to abide by and everything. Our rules. If you don't then off you go. Whereas mum will allow a bit of leeway (Helen, support worker).

Furthermore, in the context of this research high levels of contact were maintained in the hope of future reconciliation following the periods when the offspring were excluded from the family home:

Obviously hopefully one day they will come and go through the process and being fully recovered and obviously that is always at

the back of mums mind, you know hopefully one day. Not always in a lot of cases but that's all they can hope for because obviously they don't know cos they've been up down up down it's like being on a yo-yo (Emma, support worker).

I would say initially when they have asked that person to leave the house that something happened it's usually crisis point you know. They've stolen from them or something has gone on within that house where they've asked them to leave and there will be an area where mum will be happy for that respite for a few days. But then the, I think then the maternal thing comes back (Helen, support worker).

This high level of contact between mother and offspring served a range of purposes, not only to support the possibility of a future reconciliation. The on-going contact also enabled the participants to monitor their offspring's general health and wellbeing. In order to be able to have the possibility of a future reconciliation the offspring needed to be kept physically well:

His liver and kidneys are becoming very deteriorated. He's had all the different blood tests to find out what's wrong. When he comes here I'm constantly pushing fluids with him erm I sent him away last night with a bottle of water and a bag of food that he could eat straight away (Jane).

So this particular day he'd come and he'd bring his washing he'd go have a shower and I would go to the wash basket and do his washing...He went I'll come back at tea time for something to eat if that's alright? And I went yeah (Margaret).

The desire to influence their offspring's behaviour and to deal with the problematic drug use at times conflicted with the dominant understanding of how a good mother should behave. This led the mothers in this research to act in ways that did not fully "exemplify the officially accredited values" (Goffman, 1969: 45) that society has of good mothers. Good mothers do not need to exclude family members from the family home to resolve internal family conflict. The role of mother is based on a set of

social practices that shape the way mothers behave and the actions they take when carrying out that role within a family (Smart, 1999). Good mothers are able to fulfil the task set them by society – produce rounded well-balanced individuals that are able to take their place in society.

The participants defined motherhood within the context of this research as conforming to dominant ideas of what being a good mother entails. For example, standing by your offspring no matter how difficult that may be:

I stuck with it like I said to you, see it right through to [the] end (Barbara).

I don't want to give up. For me I want to. I'd love to. I want a life I'm 64 I want a life. I want to live me life but then I think no I've got to see him though this (Ruby).

The mothers were attempting to display their mothering as conforming to the cultural messages that are disseminated through society by powerful sources such as the media (Arendell, 2000). However, actions such as excluding the offspring from the family home contradicted this culturally normalised way of behaving. This caused the mothers a degree of anxiety that was in part a driver for the on-going and often public displays of family even following the exclusion of the offspring from the family home. The mothers felt responsible for their offspring's behaviour and therefore the burden of generating 'recovery capital' fell to them.

### **Techniques of neutralization**

The participants deployed a range of strategies that were designed to enable the mothers to avoid being held responsible for the causes of their

offspring's problematic drug use whilst at the same time dealing (often publically) with the consequences of it. For example, the participants were keen to focus attention away from the family and towards other factors that could be identified as being the root cause of the problem, such as friendship groups. The strategies employed here by the participants in this research are similar to the devices described by Sykes and Matza in their theory of techniques of neutralization:

As a technique of neutralization, however, the denial of responsibility extends much further than the claim that deviant acts are an 'accident' or some similar negation of personal accountability. It may also be asserted that delinquent acts are due to forces outside of the individual and beyond his control... (Sykes and Matza, 1996: 209).

While Sykes and Matza (1996) were describing action taken by the individual 'delinquent', the notion of deploying techniques of neutralisation here is applied to the action taken by the participants. The mothers in this research were keen to neutralise any responsibility for causing their offspring's problematic drug use. To achieve this, the participants were deploying techniques of neutralisation to demonstrate the offspring's "delinquent acts [were] due to forces outside" the family (Sykes and Matza, 1996: 209). Sykes and Matza (1996) described five techniques of neutralization: denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners, and an appeal to higher loyalties. It is the denial of responsibility that it would appear the mothers were utilising by focusing on the cause of their offspring's problematic drug use that could be attributed to factors outside the family. For example, the influence of peers and social disadvantage brought about by a lack of employment and housing.

## Summary

This first chapter based on the empirical data gathered during this study has highlighted a significant finding. Although the charity that arranged and facilitated the support groups that was used to recruit participants in this study was promoted and advertised as being founded to support families and carers, it was almost exclusively mothers of problematic drug users that made use of the services offered by the charity. Furthermore, the government in the latest drug strategy describes the use of families as a resource that can be drawn upon in gender-neutral terms. Although this research initially sought to understand the experience of *parents* of problematic drug users who were mandated into drug treatment by the courts, this research has in fact focused on the experience of the *mothers* from within these families.

The analysis of the data suggests that the burden of supporting offspring who are problematic drug users rested with mothers who took part in this research. This finding, can in part, account for the situation that whilst the charity utilised to identify and recruit research participants runs a service for families and carers it is in fact almost exclusively women (and in particular mothers) that seek out the support of this organisation. Although family structures have altered since the postwar era it is still women who take on the caring role. This finding is supported by other research into the role that families play in the treatment process. For example, a recent study that compiled the findings from research completed over the last 20 years into the involvement of families in

treatment, found that “[c]onsiderably more women than men were included in all the studies and wives/female partners and mothers were the two groups most commonly represented” (Orford *et al*, 2010: 45). The large representation of mothers (compared to men and fathers) within studies that investigate the effectiveness of involving the family in the treatment process was also highlighted in chapter 3 of this thesis.

The current government drug strategy encourages a continuance of this acceptance by women (mothers) of a responsibility to provide care and support. The mothers accept responsibility for addressing the issue as they experience social pressure through their day-to-day interactions with wider society. However, the participants resisted accepting the idea that the cause of their offspring’s problematic drug use was connected in some way to the family. The gendered acceptance of responsibility is driven by the overwhelming dominance of functionalist ideas about family life and roles and responsibilities within families that are disseminated from a range of sources. For example, the prominence of functionalism is driven by political dogma that is promoted in the tabloid media that is in turn then replicated in micro social situations such as the school playground.

To develop the ideas offered in this chapter further the next chapter considers the use of power by the mothers in this research. As part of this analysis the meaning attached to particular courses of action (such as the exclusion of the offspring from the family home) will be further analysed. This more detailed analysis will also consider the relationship between the



mothers and state actors such as the police, and the way the mothers' relationship with state actors changed during their offspring's problematic drug using career. The next chapter will also offer a description of how community based treatment mandated by the courts was perceived by the mothers in this research and how the evolving relationship with powerful state actors such as the police shaped the participants expectations of treatment mandated by the courts.

## **Chapter 6**

### **Power: force, manipulation and persuasion**

#### **Introduction**

In the last chapter it was argued that the mothers in this research fulfilled a caring role and that they invested emotionally as well as practically in supporting their offspring during their recovery journey. It was further contended that the acceptance of this role was in part driven by societal expectations of mothers that stem from a functionalist understanding of the roles that women undertake within families. In other words, there is a gender bias that leads to material outcomes from the suggestion by the government that families be involved in the recovery journey of problematic drug users. This chapter will develop the arguments made in the previous chapter by offering an analysis of the relationship between the participants, their offspring, and powerful state actors such as the police. This will help develop an understanding of how the mothers involved in this study experienced the court mandated drug treatment that their offspring were required to engage with as this is a central aspect of this research.

Wrong (1979) describes 3 forms that power can take in micro social situations: force, manipulation and persuasion. These forms of power will be used as a framework to demonstrate the meaning the mothers attached to their engagement with state actors and highlight what the participants wanted to achieve from their encounters with the police (and other state officials). The main focus of the investigation in this chapter

will be on the use of force and the consequences the use of this type of power had on the relationship between the participants, their offspring and the police. The meaning the mothers attached to their interactions with state officials will be described and an analysis will be provided that can account for the mothers' actions within this highly complex social situation.

By focusing on the use of force as a form of power, the analysis in this chapter will highlight how the deteriorating relationship between the participants and state actors such as the police and community based treatment providers was driven in part by the mothers' failing ability to influence their offspring. Having outlined and described these critical issues it will be argued that the participants' day to day lived reality is significantly disrupted as a consequence of their offspring's problematic drug use and consequently the mothers deployed a range of devices that were designed to limit their offspring's criminal activity and increase the level of control the participants had within their homes. It is contended that the failing relationship with state officials and the tactics deployed to combat their offspring's criminality was a response to the feeling of powerlessness that many of the participants described:

Where an individual feels overwhelmed by a sense of powerlessness in the major domains of his phenomenal world, we may speak of a process of *engulfment*. The individual feels dominated by encroaching forces from outside, which he feels he is unable to resist or transcend. He feels either haunted by implacable forces robbing him of all autonomy of action, or caught up in a maelstrom of events in which he swirls around in a helpless fashion (Giddens, 1991: 193 – 194 emphasis in the original).

## **Power**

As a concept, power is “essentially contested” (Poggi, 2001: 1) within the social sciences. It will therefore be helpful to outline and explain in this chapter the notion of power as it has been applied within this research. By providing examples taken from the interviews with the participants it will be possible to examine the nature of power within the context of this study. One widely held understanding of power within families generally is that it flows from parent to offspring. This flow of power (in ‘common sense’ terms) seems to be obvious and straightforward. Within this model, power is distributed within the family in a hierarchical way (Edwards, and Weller, 2011). However, this understanding of power within the family reflects a particular position that

...paternal power, or rather duty...terminates at a certain season; when the business of education is over (Locke, 1690: 34).

Locke (1690) goes on to describe how parents have the right to exercise power over offspring until such time as they are able to fully manage their own affairs. In the context of this research the mothers acted (exercised power) because they had accepted responsibility for the consequences of their offspring’s problematic drug use and as a result of this acceptance the participants took action in an attempt to deal with the situation. However, Locke (1690) argues this right to exercise power is time limited and can only justifiably be used until adulthood:

Children, I confess, are not bourn in this full state of equality, though they are bourn to it. Their parents have a sort of rule and jurisdiction over them, when they come into the world, and for some time after; but it is a temporary one. The bonds of this subjection are like the swaddling clothes they art wrapt up in, and supported by, in the weakness of their infancy: age and

reason as they grown up, loosen them, till at length they drop quite off, and leave a man at his own free disposal (Locke, 1690: 29).

Power from this perspective is exercised for the benefit of the individual (offspring) and for the good of the family. In chapter 5 it was contended that the mothers acted in ways that enabled them to maintain long-term relationships with their offspring and that this influenced the action the mothers took. However, the participants' action may also reflect the understanding that the mothers had about the offspring's inability to manage their own affairs even once they had become adults.

### ***Limited rationality***

The empirical evidence gathered during this research demonstrated that, rather than being time bound and limited, the mothers attempted to use power well into what Locke (1690) would describe as adulthood. Although Locke (1690) does not describe in precise terms when childhood may be considered over, it is implied that offspring become fully rational adult actors upon attaining a certain age or achieving a socially significant milestone. In criminological terms, Cornish and Clarke (1985) offered an argument that offenders make informed decisions and are rational actors with this proposition leading to the development of early rational choice theory. Building on this concept, the notion of bounded or limited rationality was developed and it was argued that not all actors are capable of making fully informed decisions. Some actors may be impaired in some way, for example as a result of mental illness, and therefore not all actors are necessarily rational (Newman, 1997; Opp, 1997). More recently still and with particular relevance to this research, Exum (2002: 961 cited in

Hayward, 2007: 237-238) has argued “rational choice should also recognize the potential impact psychopharmacological agents such as alcohol may play in the decision-making processes.”

Many of the mothers in this research outlined strategies that they had adopted that were designed to influence the behaviour of their offspring well beyond the age of 18, the age that in England and Wales many services begin to treat individuals as adults (DrugScope, 2010). It is argued in this chapter that the evidence collected during this study demonstrates that the dynamics of power within the families involved in this research (from the perspective of the mothers) changed and altered over time. The use of power started as Locke (1690) described it, as flowing from the participants to the offspring. However, as the offspring entered early adulthood the power the mothers had diminished, with this reduced ability to influence the offspring coinciding with the offspring’s increasingly problematic drug use.

The mothers’ diminishing ability to influence their offspring (to exercise power) became particularly pronounced when their offspring reached the age of 18. Attaining the legally defined age of adulthood was a significant stage in the offspring’s problematic drug using career from the perspective of the participants. This was the threshold that once surpassed led to a change in the approach the mothers took when dealing with their offspring’s problematic drug use. This change in approach was partly driven by the shift in the way the state communicated with the mothers

and dealt with the offspring. The offspring were treated by the state as fully rational (adult) actors. However, it is contended here that the participants did not necessarily view their offspring in the same way and this contributed to the failing relationship between the participants and state actors. Moreover, the reduced ability that the participants had to influence their offspring led the mothers in this research to deploy the techniques of neutralisation that were described in the previous chapter (Sykes and Matza, 1996).

### **Influence**

People exercise mutual influence and control over one another's conduct in all social interaction – in fact, that is what we mean by social interaction (Wrong, 1979: 3).

Blumer (1969) argues that this social interaction between actors is mediated by interpretation. It is contended here that the mothers' interpretation of their offspring's behaviour (their problematic drug use) changed as the offspring got older and as their drug taking career progressed. In response to this changing interpretation, the action the participants took to address the situation altered. To place the analysis offered in this chapter within a framework, the three forms power can take that Wrong (1979: 21) identified as "force, manipulation and persuasion" will be utilized as the mothers in this research deployed all these forms of power. The changing approach taken to dealing with their offspring's problematic drug use was highlighted by the way the mothers' interaction with state officials changed over time. The developing way power was utilised by the participants also took place alongside the mothers changing

perception about the causes of their offspring's problematic drug use that were described in the previous chapter.

### ***Persuasion***

Persuasion was the first form of power utilized by the mothers and was frequently used during the early stages of their offspring's drug taking career:

Well I wasn't going to flip out. I was on the thing if you come down too heavy on kids like my mum and dad did you send them the other way and you know probably I was I don't know but he got the message we weren't too chuffed, you know (Julie).

So we came to this agreement cos she could have left home if she wanted...I thought that way it's the only way I can get her out of that bubble...Cos she could have gone fuck off I'm 18 I can do what I like quite easily (Emily).

I was getting in the situation where I was arguing with him. And I said look if you want me to help you we have to go by the rules (Jane).

The mothers in this research frequently described 'agreements' they had made with their offspring and how they had 'negotiated' rules covering conduct in the home and so on as part of a strategy to change their offspring's drug taking behaviour. Persuasion is a form of power "because it clearly represents a means by which an actor may achieve an intended effect on another's behaviour" (Wrong, 1979: 32). During this early stage in the offspring's problematic drug using career, drug use was perceived by the mothers to be a transient stage and their offspring were experimenting with drugs. Whilst the mothers did not condone their offspring's drug taking behaviour, it was reluctantly accepted (as the quotation from Julie above demonstrates) although this acceptance was only reserved for substances such as cannabis and ecstasy. Several of



the participants recounted conversations they had had with their offspring to make sure they were not using heroin:

I said to him are you using heroin? And he said no don't be ridiculous! (Rose).

I was like I've had your uncle on the phone and he's told me what you told him about using heroin. [He said] it was a one off and that was it. Obviously it wasn't a one off. So you know he said I'm never going to do it again blah blah, but obviously things progressed (Margaret).

He'd be about 17 coming up 18 and he'd done draw<sup>3</sup>, amphetamine but all the time I'd said you touch heroin this is heavy stuff and I'll not stand behind you on that (Julie).

Furthermore, it was shown in chapter 5 that the mothers stressed that the offspring were first introduced to drugs by other teenagers it was “the group he were hanging around with” (Rose). During the early stages of their offspring's drug using career the cause of their drug use was understood by the mothers to be connected to the friendship groups their offspring were involved with. This explanation about what caused the problematic drug use was linked to the offspring being teenagers, frequently between 14 and 16 years old as was also outlined in chapter 5.

Age then played a significant part in both the way power flowed within the families (as the quotation from Emily above shows) and the mothers' perception of what caused their offspring's problematic drug use. Many of the research participants described what happened once the offspring reached the age of 18:

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<sup>3</sup> Draw is a colloquial term for cannabis

All this was happening and we didn't know what to do. They'd got to the age [18] then when they were over the age and they [the police] didn't have to tell me anything at all (Shirley).

I mean they said we can't let you in when we see him now [that he is 18] unless he says so. And I mean at one stage he wouldn't let me go in cos they didn't want me to know and he didn't want me to be telling them if he was telling fibs so he wouldn't let me in (Barbara).

Reaching the age of 18 created a difficult situation for many of the participants. Until the offspring were 18 the mothers had been involved/included in any process or intervention that was implemented by the criminal justice system. The mothers had access to knowledge about their offspring and their activities away from the family home and they were able to use the information they had in an effort to persuade their offspring to stop using drugs. The mothers were also able to hold on to the belief that their offspring's problematic drug use was caused by factors outside the family. One of the support workers also described how the involvement of the mothers in the treatment process was linked to the offspring's age:

I had a mum yesterday whose son was 17 and she thinks he was using M-Cat<sup>4</sup>. As an adult they have to take responsibility for themselves. But for someone who is underage there are other safeguarding issues and other sorts of stuff and I think it's more intense they [the mothers] are more involved you know. I've always had, any that I have referred I've always had feedback in what they've done and the piece of work they've done. It's been quite intense. So I do feel that they [the mothers] are more supported, possibly because the person is underage (Helen, support worker).

By involving the mothers in the treatment process, the treatment providers were able to draw on normative ideas about the influence (power) that

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<sup>4</sup> M-Cat also known as meow meow is a colloquial term for Mephedrone.

mothers were able to exercise over their offspring. The Youth Justice Board for England and Wales issued guidance notes in 2006 for youth offending teams across England and Wales that outlined best practice for working with families and carers of children and young people who were at the beginning of their problematic drug taking career:

Substance misuse services should include the young person's family/carer: and wherever possible, parents, and other relatives and carers should be involved and form part of assessments and interventions. *Parents/carers can be seen as a resource to the young person and staff...*(Youth Justice Board, 2006: 23 emphasis added).

This use of parents (although as the previous chapter highlighted in reality it is not parents but mothers who are involved in the support of their offspring) 'as a resource' draws on the premise that families are sites of informal social control. However, not all families have the necessary capabilities to be a resource that can be relied upon to help deliver change and prevent problematic drug using and criminality becoming long term entrenched behaviours. Furthermore, it is possible that dysfunction within the family unit created an environment which contributed to the cause of the problematic drug use and offending behaviour. By understanding the parents (mothers) as a positive resource that can be drawn upon the Youth Justice Board (in common with the government in the latest drug strategy) is promoting the idea that the family is a benign institution. This may not be the case as has been highlighted earlier in this thesis.

### ***Manipulation***

The next form of power that a small number of the participants in this research used was manipulation. Wrong (1979) describes manipulation as using power in a way that hides the intentions of the power holder:

Manipulation occurs where A alters B's environment in such a way as to evoke a desired response from B without interacting directly with B at all (Wrong, 1979: 29).

There was a degree of manipulation used by a minority of the participants in this research. For example, reporting drug dealing activity to the police but not informing the offspring of the disclosure:

I've actually dobbed her in. There was one time she pulled up at a garage. She said it's not very good when you pull in to the garage and one police goes in front of you and one goes behind you. I didn't let on that I'd dobbed her in (Ruth).

Course he was caught because we let the drug squad know straight away. Cos we thought we're not having this. But he never knew this and erm as I said he got three years (Nancy).

Manipulation is described by Wrong (1979) as being the least effective of the three forms of power used by the participants. The problem with using manipulation is that if the power holder attempts to mask their intent and fails, that is the actor having power used over them detects the duplicity, it may damage any existing relationship and make the use of power more difficult in the future (Wrong, 1979). It was argued in chapter 5 that the mothers recognised and valued the potential long-term nature of the mother/offspring relationship. This was one of the factors that made excluding the offspring from the family home particularly troublesome for the mothers. The participants wanted to maintain a good relationship with their offspring but also needed to find ways to persuade or force their offspring to address their problematic drug use.

## **Force**

Once it became apparent to the mothers that persuasion and (in some cases) manipulation were not working (often but not always following the offspring turning 18) alternative strategies were employed and power in the form of force was used. The application of force, “far from being the fundamental manifestation of power, is evidence of the breakdown of power” (Wrong, 1979: 26). In addition, force is not necessarily the use of physical violence and can include actions that are designed to restrict or constrain behaviour but not completely remove choice (Wrong, 1979). The term force is being used here to signify two different activities: first, the involvement of state actors in internal family matters (state actors in the context of this research that the family used to regain control of their offspring were social workers and police officers); and second, the expulsion of the problematic drug using offspring from the family home.

The majority of the participants described the use of state actors in an attempt to modify behaviour:

I went OK I said I'm ringing the police and he said why? Because the bikes been stolen. Oh right...and all the time I'm thinking you little liar you took it...I got in and I thought no and I rung the police to report what he'd done (Margaret).

Social services would come round and you know...So at one point he went into care for six weeks no four weeks. It made him worse it didn't achieve anything. I felt not bullied into it but...She [the foster carer] delivered him back to me one night and said I can't do anything with him either as he'd stolen all her stuff and her daughters stuff (Shirley).

I rang them [the police] when he damaged my car and they were here within a couple of minutes (Grace).

By involving state actors the mothers were attempting to gain control over their offspring's behaviour. From the mothers' perspective they were *inviting* powerful state actors into the family as their perception was that these actors could help the mothers fulfil the responsibility they had accepted. It was argued in chapter 5 that the mothers in this research accepted responsibility not for the causes of their offspring's problematic drug use but for dealing with the consequence of it. By phoning the police and contacting social workers the mothers were enlisting the support of powerful state actors to help them address the consequences of their offspring's problematic drug use. By adopting this course of action the mothers hoped that the involvement of the state would lead to a cessation of their offspring's problematic drug use. However, as with other types of power, force can be resisted and the outcome is not always successful from the perspective of the individual using force as a method of changing behaviour (Wrong, 1979). The quotation from Shirley above demonstrates this point, as the outcome for her following the involvement of social services was not what she had expected. Shirley anticipated that following a period in foster care her offspring would return to her care having dealt with his problematic drug use. As Shirley states this was not the case and she suggested that in fact being in care had exacerbated the situation.

The research participants reported using state actors as a way of forcing their offspring to change their behaviour. The mothers wanted to regain some influence over their offspring and employed powerful state actors to

support this endeavour. By involving the police or social workers the mothers were trying to shock their offspring into changing their behaviour. This tactic, however, highlights a lack of knowledge and/or understanding that the mothers had in the early stages of their offspring's drug using career concerning the nature of problematic drug use:

I was so naïve and it sounds stupid now but I was so naïve (Margaret).

I found what I thought was chocolate you know like a long brownie and I smelt it I had no idea what it was and it turned out to be cannabis (Nancy).

At this early stage in their offspring's drug using career the mothers still perceived the issue of their offspring's drug taking as teenage experimentation, as a choice the offspring were making about the behaviour that they engaged in. Drug use can be defined as problematic once it impacts on an individual's everyday life; for example, once drug use starts to cause the breakdown of personal relationships or brings the individual into contact with agents of social control such as police officers (Petersen, 2002). By the stage in the offspring's drug taking career that the mothers resorted to using force to manipulate their offspring's behaviour the offspring were displaying signs of having moved from an experimental or recreational stage in their drug using career into what is being described in this study as problematic drug use. The mothers felt the need to involve powerful state actors such as the police in their attempt to change their offspring's drug taking behaviour because the offspring's drug taking was impacting on relationships within the family in increasingly negative ways:

Erm the biggest problem we had is he become aggressive. He started becoming verbally abusive towards me...His aggression got worse I have now got a divit in my car from him last August. Erm and it just progressed his aggression and his verbal abuse just got worse and worse (Grace).

### **Escalating the use of force**

Once the power that the mothers had to influence behaviour was dramatically diminished, the participants needed to find alternative ways of exercising power and of influencing their offspring. The loss of influence could be attributed to the increasing agency of the offspring; however, the more convincing argument is that the offspring's problematic drug use had become progressively more chaotic. Barnard (2007) describes how problematic drug use frequently develops in insidious ways. This was the case for the majority of the mothers in this study, with the participants describing how they had failed to recognise the signs of a developing drug problem. As one of the mothers explained:

So for somebody who is not into the paraphernalia or whatever and I was like where the hell are my spoons<sup>5</sup> going? I used to find them in the bedroom but then you find loads in boys' bedrooms! There are things afterwards that you feel such a bloody fool that you didn't put two and two together, such an idiot...I was right on it and I don't know whether it was just that I didn't want to believe it or what. Then just one day I thought right I'm going to take this bedroom apart. I didn't want to...and I just thought oh shit (Julie).

This offers further evidence of a lack of knowledge about drug use that impacted on the mothers' ability to address the situation.

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<sup>5</sup> A spoon is used in the process of making an injectable heroin solution.



### ***The perceived power of external agencies***

Once the mothers started to recognise that they were less able to influence their offspring, the participants looked for support outside the family. The first agency the mothers approached was often social services. This was an agency with the perceived ability to provide interventions and support that would resolve the family's difficulties. This action was symbolic as it signalled to the wider community that the family was failing. However, social workers are agents of social control and their working practices are placed within a legal framework that is designed (amongst other things) to promote public protection (Parton and O'Byrne, 2000). Although the research participants sought help and assistance from social workers the mothers often described how *even* social services could not do anything to change their offspring's behaviour. By articulating the inability that social services had to deal with this situation the mothers in this research were attempting to demonstrate that if a specialist state function could not intervene and correct the problem, how could they as ordinary individuals be expected to have the skills needed to address the issue:

I stood at half two in the morning crying my eyes out pleading with [social services] to take em but they said they was too old [the offspring were 14 and 15 years old at this time] (Doreen).

Yes central duty team came and he just sat and swore at her and she put that she was intimidated by him...You don't sit and swear at these people they change your life. They did the assessment and basically said you have to choose one or the other child...So it's a hard place to be (Grace).

Grace in this quotation is describing how she had involved social services and the social worker carrying out the family assessment had asked the participant to remove the drug using offspring from the family home to

protect a younger sibling. Rather than providing the help and support that the mother had asked for, social services had from the perspective of the mother broken the family apart. *Even* social services could not help. This example also highlights how the outcome of using power cannot always be known in advance (Wrong, 1979). Grace had expected help, support and guidance from the social worker but had ended up having state power applied against her and her family in the form of force. The social worker had acted in the public interest and to protect another family member and this was not the action that the participant had wanted.

The involvement of social services, as an agency that had the power to intervene, was also significant as it signified the first time that the mothers recognised that they were unable to fulfil their role as mother (their understanding of that role at least). This realisation led to extreme action – involving state actors. It was also an action that frequently led to public displays of failure. If the involvement of social services failed then the next step the mothers often took was to involve the police. Wrong (1979) argues that the use of force escalates as using this form of power is evidence of the failing nature of the power relationship between individuals. Police officers were perceived by the mothers as being more powerful than social workers and this was the reason the police were (from the mothers' perspective) enlisted to help address the situation. The nature of the force being applied was escalated to compensate for its decreasing effectiveness (Wrong, 1979). However, having police cars

outside the family home, for example, was a sign to the community that there was a problem or that the family were a problem family:

Yes the police station here in [market town] know him and they've been knocking at my door a few times but I only know because my neighbours have seen them here I've been at work (Jane).

Neighbours looking curtains twitching - oh yeah (Barbara).

When the state was visible in this way many of the mothers in this research felt the family was stigmatized and as a result would withdraw into themselves:

More and more, it brings about in the hollow of its intimacy, a merging of its members, an affective coalescence designed to resist the destructive temptations of the outside (Donzelot, 1979: 227).

The use of state actors also led to a blurring of the lines and it became difficult to “distinguish the family from the disciplinary continuum of the social apparatuses” (Donzelot, 1979: 227). This difficulty stemmed from the use of the police as a form of force alongside the use of the family as a site of social control. As has been demonstrated in this chapter (and in the previous chapter), a number of strategy documents, policy proposals and guidance notes issued by both the current government and the previous administration encourage the use of families as a resource that can be used to change the behaviour of recalcitrant offspring (Home Office, 2010a; Patel, 2010; Youth Justice Board, 2006). The implied benefit embedded in these documents is that parents are able to influence their offspring in positive ways. This premise draws on normative ideals that understand the family as a site of positive informal social control and

that families are benign and caring. However, the evidence presented in this thesis demonstrates that this is not always the case, even for the families that conformed to the 'model' nuclear configuration. Furthermore, it has been established that it is not families or parents that are utilized by the state but *mothers*.

### **Experience of policing**

The research data suggests that the police were used by the participants in an attempt to force their offspring to change their behaviour. However, the mothers frequently stated that the police over a period of time developed a negative view of the family, about drug users coming from morally bankrupt families and having a lack of self-control that stemmed from a bad upbringing:

The local police would you know they would they knew the trouble causers in inverted commas whatever that means and it felt like every two minutes [that the police would be at the family home]. I remember them coming once at three o'clock in the morning and I was in bed as you would be at that time of day! Erm and they were hammering on the door (Rose).

I suppose they [the police] put them in little boxes they're a dysfunctional family cos they've got a drug user and blah blah blah (Helen, support worker).

The mothers experienced policing in two distinct forms: by consent and by coercion. Policing by consent is a term used to describe policing activities that suggest support for policing practice and that the police offer a service to the community (Clarke, 2010). Policing by coercion on the other hand is the increasing use of force to deliver law and order for the state. In this way the police are understood to be a force. The term force in this instance also includes the use of state mandated violence (Clarke, 2010).

The change in the way the families experienced policing happened over a period of time and as the offspring's problematic drug use became more chaotic:

I always had you know a naïve belief that the police were good and that if you needed help they would help you and you know. If you were in trouble you could go to them like Dixon of Dock Green. I had a Dixon of Dock Green image of policing in my head...My perception of the police altered massively. It's a bit like when you're little and you believe in Father Christmas and then one day you find out there is no Father Christmas and it's just your dad or whatever and it was a bit like that. For me with the police because before I was convinced like I said earlier Dixon of Dock Green (Rose).

I've dealt wit[h] police, people my age you respect policemen. I don't anymore. It's taken me this time to find that out it's a power trip for em (Ruby).

Policing by consent was, from the perspective of the mothers in this research, experienced when they invited the police in to help deal with recalcitrant offspring by reporting criminal activity as described earlier. However, the mothers did not only report their offspring to the police to manipulate them, the mothers also openly reported their offspring to the police letting their offspring know that this was the course of action they had taken:

Lesley's mum's ring went missing when we visited. She couldn't find her ring and alarm bells started ringing...I went upstairs and the jewellery box was open and I thought god and [he] wasn't there...I called the police I went to the police and said it was him [her offspring] and he went to court (Shirley).

When he'd robbed my house and I thought I've got to make a stand here. I can't let him get away with it. I've got to stop it and I thought that's it I've had enough get him to court let him see I'm not gonna play about anymore. I'm not going to let him get away with it. See if it'll change it (Barbara).

Reporting to the police the offspring's criminal activity was seen by the participants as being for the good of the offspring and as the mothers working with the police to change the behaviour of the offspring. As Barbara stated "see if it'll change it." Another action that was perceived to be policing by consent was when the mothers helped the police apprehend the offspring when the police came to the family home:

7 o'clock one morning I got a knock at the door and my daughter was up and I was here you know. As you go [to the door] you can see the shape it was the police and your heart misses a beat. Oh my god, do you know and all of sudden there were four police there. I said he's not living here you know and I sent them round to my brother's which he wasn't very happy about but you know (Grace).

Grace directed the police to her brother's house, as that was where her son was living. Grace was helping the police and wanted their support in return. In the early stages of their offspring's drug using career the participants' perception was that the police were working with them:

I had [the police come here] once cos he spat in my face and they came and removed him from the property because that's all I wanted. I wanted him removed from the property because he was actually still at home at that time (Grace).

Do you know that police officer got us everything back he was marvellous (Doreen).

The initial relationship with the police was seen in positive terms. These state actors were seen as agents who could help the family deal with the offspring to bring about change.

Policing by coercion however was related to the police visiting the family home as a consequence of the problematic drug use on the wider community, when from the perspective of the participants the police were

not supporting the family but rather they were seen as intrusive and heavy-handed. This change in the way state actors were perceived occurred once the offspring's drug taking was established and had entered what is being described in this study as problematic drug use:

I've had police come in looking for him...and they've come and looked round each room they've not accepted what I've said he's not here, they've come and checked (Edna).

[The police came to the house] I went upstairs to look for him they followed me up and they looked as well to make sure I weren't telling lies so yeah they invaded my house (Barbara).

I had my daughter-in-law with me and she was pregnant with my first grandchild and they [the police] just knocked at the door barged their way in. Oh we want Darren and Wayne and all like this. And I said they're not here but they don't care they just barge around your house right (Doreen).

### ***Stop and search***

The other form of police involvement that the mothers felt was heavy-handed was when the offspring attracted police attention outside the family home. Low-level drug enforcement methods (that include policing tactics such as stop and search and test purchase operations) are frequently used by local policing teams in England and Wales (Lupton *et al*, 2002). The purpose of these policing strategies is not to remove or eliminate the supply of illegal drugs "but rather 'managing' it, trying to stop it growing or causing too much disruption" (Lupton *et al*, 2002: 42-43). Once the participants' offspring became known to the police (as problematic drug users) the mothers in this research reported that the police would employ tactics that can be understood as being low level drug enforcement action:

They look for em you know cos they know how to get em they know when they are going to have a weakness...They know they've got an arrest you know what I mean. 'Well at least I've done something today' that's what it's like in small places like this...When they stop him in the street and make him take [his] shoes off. I mean why? What good does it do (Ruby).

This particular night he had well he was older then because he was driving. He'd passed his test and he had a car so I thought alright then. He said I'm trying my best. And I thought ok. So I sat in the back and he had tinted windows so no one knew I was there and I said do what you normally do. Don't do anything different just cos I'm here because you know. No I'm not you'll see. And we hadn't got out of our road and into the village when this police car pulled us over (Shirley).

Police searches of the family home and police attention in democratic public spaces (such as the stop and search described by Ruby above) were a particular cause for concern with many of the participants reporting that their offspring regularly experienced these types of police tactic. The participants had done the 'right' thing and called in the police to deal with the problem, yet the police, from the perspective of the participants, did not acknowledge that the mothers were working towards the same ultimate goal as the police, that is addressing the offspring's problematic drug use and related criminality. The participants expressed feelings of betrayal. Having expected the police to work with them, the participants' perception of the action taken by the police was that they were prioritising the needs of the community over their family. However, the support workers involved in this research had a more pragmatic understanding about the role the police and other state officials played:

Quite frequently erm and especially when they're not in treatment they get into it erm [offending to] subsidise their drug use and mums will say to me bloody police don't understand. I think they have got a job to do and you know...But yeah I think



its recognising that the police aren't just there to I suppose it's about understanding that if your son or daughter does commit a crime there are consequences (Helen, support worker).

The support worker acknowledged the tension that was created when the police "search the house without considering [the mother's] feelings" (Helen support worker). However, it was these tensions and the types of interventions described above such as stop and search that led to a changing view of the police. The damage that was done to the relationship between the mothers and the police as a consequence of the policing methods used to disrupt local drug markets caused a level of distrust to develop that had an impact on the way the mothers felt about the criminal justice system more widely.

The police deployed strategies that the local community had come to expect that were designed to limit "collateral damage" to the local area; that is, the police worked to "inconvenience [drug] users" in a way that was visible to the community with these types of strategy being deployed to disrupt the drug market and also so that the police could be seen to be tackling the drugs problem (Lupton *et al*, 2002: 43). This action can be understood as a state agency (the police) prioritising the community over an individual family. However, the participants in this study interpreted interventions such as stop and search as being counterproductive. The police were perceived to be 'picking' on the offspring and making a bad situation worse with some of the participants suggesting that the public attention from the police led to stigmatization that impacted on the offspring's compliance with drug treatment:

They're trying to get clean for goodness sake. Letting [people] know exactly what they are in the middle of the street is not a good thing. And their shoes and trainers he stands there in his socks and I mean the bastards! That's why I don't like em now (Ruby).

This is of key importance to this research as the breakdown in the relationship between the police and the participants led to mistrust of the wider criminal justice system with this affecting how the mothers perceived treatment at the direction of the courts:

You know it's difficult for the families and I don't think that the [professionals understand] because I think there are all these issues that professionals don't even know about. You know they've got to arrest him because he's broken into Sainsbury's or wherever and he has to go through the system. But if he's tested positive he also has to go to a treatment service and get some support with whatever that may be. Erm so yeah they feel helpless a little bit like it's been taken away from them (Helen, support worker).

This feeling of helplessness, that Helen describes, stems from communication problems that can be traced back to the interactions between the police and the mothers. From the participants' perspective, the relationship with the police and/or social services started off well but rapidly changed, so that the participants felt they were being stigmatised by being blamed for their offspring's behaviour:

It boils down to communication and the lack of communication and I think if like I said people could talk at [the participants] level...Its all parents want, that little bit of people taking on board what they go through erm and a realisation of it. Trying to get a bit of that across rather than putting the shutters across and working against them and I think that would go a long way (Emma, support worker).

### ***Acceptance of a loss of power***

When it was evident to the participants that the police were not going to be able to change their offspring's drug taking behaviour and the criminality that frequently accompanied it, the mothers adopted strategies to protect themselves from the theft that the offspring perpetrated against them:

I went through a phase of sleeping with my handbag under my bed. Isn't it awful what you do? And I had quite a lot of gold jewellery that I never wore never did anything with. So I actually pawned it before she could (Ruth).

He was stealing money off me...So I've now got a safe to keep things in and removed all jewellery. I don't have no jewellery apart from what I wear (Grace).

It's very difficult and walking around continually with your handbag and we had Yale locks on all our doors on the inside yeah. And he still went through the cupboards and into the roof and down to get into my daughter's and take her pocket money yeah. We had Yale locks on the doors and we thought we were going mad. You can't believe he is doing this but yeah he was coming down and through the wardrobes through the loft yeah. Ingenious! But you know I knew one day I'd chuck him out (Julie).

These actions further demonstrated the mothers' increasing powerlessness in what Giddens (1991) described as being their own domain.

### **Problems with treatment**

During the period that the relationship with the police started to deteriorate and the participants began to experience increasing powerlessness over their everyday lived reality, the mothers became disillusioned with the treatment that was offered to their offspring through the criminal justice system; for example, when the offspring were mandated into treatment by the courts. A community order that includes a DRR (as described in

chapter 4) is offence driven and is used to deal with drug use and not the possible underlying causes of problematic drug use (Sentencing Council, 2011). This (perhaps) misdirected focus led the mothers to frequently question the type of treatment the offspring received when mandated by the courts into community-based interventions:

I didn't really want her on methadone cos I thought it was just one addiction for another (Emily).

To me it was a bit useless they didn't really do anything for him. It was DIP [Drug Intervention Programme] then they didn't really do nothing for him. I mean all they wanted to do was keep him on the drugs (Doreen).

He'd come back [from the treatment agency] and you'd think is that the drink why is he behaving differently or is it the drugs? Sometimes you're not quite sure cos when you're taking methadone it changes you and the way you speak changes (Edna).

The treatment the offspring received was often perceived by the mothers to consist of methadone prescribing without other forms of intervention or support being offered. This was a view that was shared by one of the support workers:

One of my carers, her son was using [heroin] for about 6 weeks and got himself in a bit of bother and had to go to a treatment provider. Had to do an assessment and everything and ended up on a methadone script (support worker, Helen).

The disillusionment with the form of treatment their offspring received may also have been influenced by the powerlessness that the participants felt.

### ***Exclusion from treatment***

When the courts mandated drug treatment as part of a sentence, a combination of events led to the mothers being excluded from the intervention with this in turn leading to feelings of powerlessness

(Giddens, 1991). When the offspring were younger and at the beginning of their drug using career, many of the participants described being involved in the treatment offered to their offspring and of both helping their offspring gain access to treatment and attending meetings at the treatment agency:

She had foil<sup>6</sup> in the ashtray but she was still on an order you see. The order was for quite a long time you see. She had quite a lot of support from the youth offending teams erm drugs worker. I was in a lot of contact with her [the drugs worker] she was fantastic (Emily).

I took him to [a local drug treatment provider] the one you went down the steps to it. Yeah so I took him there for some support (Edna).

A recent report commissioned by DrugScope (2010), a charity that aims to help shape government drug policy in England and Wales, outlined their concerns about splitting services simply into young people's services and adult services:

[a] neat line cannot be drawn between the needs of young people under 18 and those aged 18 to 24 who have to access the adult treatment system...young adults do not fit the concepts on which much of the treatment system is based (DrugScope, 2010: 2).

Although DrugScope's report does not advocate treating problematic drug users in their twenties and older as children, what it does allude to is that becoming 18 does not necessarily equate to having the ability to make fully informed decisions (DrugScope, 2010). The language used by the support workers when referring to the problematic drug using offspring also supports the contention made here with words such as 'children' and

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<sup>6</sup> Foil is part of the paraphernalia that is needed when smoking heroin (Lifeline, nd).

'child' used extensively when referring to the offspring rather than son or daughter, indicating that the support workers also perceived the participants' offspring as actors with limited rationality as perhaps childlike.

However, when the courts mandated the offspring into treatment (when the offspring were dealt with as adults by the criminal justice system) the mothers' involvement diminished:

I think there is the shame there initially the families are my god he got himself a record a criminal record. I think they more or less hand things over to the team like CRI [Crime Reduction Initiatives]. I think because it's a legal issue there is the stigma there as well as the drugs stigma. I think there is another stigma that affects them it impacts on them if there are police turning up at their door...So they are more likely to not back off but keep a distance so they don't want to get involved with it. We'll let the legal people deal with him in court we'll let the drug service deal with his prescribing...(Helen, support worker).

The involvement of the courts led to an additional layer of stigma and powerlessness that the mothers found difficult to negotiate. A number of the participants described how they found their offspring's court appearances challenging:

Cos it affects you so much you want to block out how you feel and that (Edna).

You'd never get my husband there if it was like, he sees it as Gareth's failure (Julie).

Appearing in court led to very public displays of alleged wrongdoing by the offspring and not all the mothers went to their offspring's court appearances as the participants also wanted to limit the shame they experienced by avoiding the public spectacle that criminal court hearings can become (Crozier, 1998).

### **Community-based treatment**

The participants articulated a belief that community-based treatment was ineffective. The mothers' perception of treatment in the community as part of a wider range of sanctions imposed by the courts reflected a view that is held about community-based punishments more generally. Maruna and King (2008) have argued that the general public have little faith in the effectiveness of this type of punishment. Furthermore, Burke (2012: 198) asserts attempting "to persuade people that community sentences can compete with incarceration on the grounds of toughness is an extremely challenging strategy." However, the participants' views on community-based treatment were influenced by several factors. The negative perception that is generally held by a proportion of society (and perpetuated by the media) only served to strengthen the participants' opinion of this form of intervention. Moreover, the participants did not appear to have more than a superficial understanding of the treatments available in the community (that are described in chapter 4).

### ***New acquaintances***

One key concern about court mandated treatment in the community stemmed from the offspring's ability to mix with other problematic drug users. This concern is linked to the participants' view that their offspring's difficulties were originally caused by poor choices about friendships that was discussed in chapter 5:

There's people in there [at the treatment provider] and there's dealers in there that wait until they come out and say 'I can get you a couple of bags or whatever you want'. How's that gonna help? So when you actually get someone into the system the

system is not providing or assisting in the way you would have hoped it could (Rose).

He was sitting in the waiting room and I mean he got talking to heroin addicts in the waiting room! (Diane).

Rose and Diane (along with other participants) described how being mandated into treatment in the local community enabled the offspring to maintain and even make new acquaintances that facilitated the continuance of their drug use. Day *et al* (2013) offer evidence to support this view arguing that there is a correlation between contact with other problematic drug users and on-going drug use by individuals in treatment. A body of literature exists that examines the influences that may lead to desistance from deviant behaviour with Hirschi's (1969) control theory being the seminal work that much of this literature draws upon. The latest government drug strategy, by encouraging families to become involved in the drug treatment process, can be understood to also place weight on the social bonds that it is argued influence individuals engaging in deviant behaviour to desist (Hirschi, 1969). By supporting problematic drug users to improve "relationships with family members" (Home Office, 2010a: 20) the government are promoting the concept that by developing a greater sense of attachment between the problematic drug user and their family, delinquent behaviour will diminish (Hirschi, 1969).

However, from the perspective of the participants in this research, by mandating the offspring into community based drug treatment regimes the relationships that could be improved and maintained were those with other individuals who engaged in deviant behaviour. The consequence of this



was that, rather than improve the relationship between mother and offspring, additional tensions were created that lead to further relationship breakdown. It also compounded the ambivalent nature of the wider relationship between the participants and the criminal justice system that had been initiated by the police who (from the participants' perspective) were not supporting the family to deal with their offspring's problematic drug use, but rather the police were seen to exacerbate the situation by victimising the offspring by deploying policing tactics such as stop and search.

Another issue that was highlighted by the participants related to the offspring being referred back to court for non-compliance with the treatment order. Once an offender has been sentenced to a Community Order, compliance with the terms of that order is monitored. For the participants their offspring's compliance with the DRR was of central concern as desistance from drug use was what the participants wanted treatment to achieve. However, Heath (2012: 94) has argued that "enforcement practice is inconsistent, with some areas demonstrating flexibility/professional judgement..." It was this inconsistency that added to the participants' lack of understanding about court mandated treatment. From the perspective of the participants the option of referring the offspring back to the court was utilized too readily:

I said what you upset for? He said the guys just told me I'm not clean, I've been clean, I've been clean for three months and he's just told me erm...one in so many is not often is it? He said do you know mother I'm trying my bloody hardest here to get clean. I've been clean all this time and he told me maybe you are

maybe you aren't. He said it's not often and he put him down straight away (Ruby).

The combination of these two issues (supporting existing drug contact networks and services breaching drug treatment orders) set alongside the strained relationship between the police and the participants led to the mothers perceiving community based drug treatment that was mandated by the courts as being ineffective and offering a weak solution to the problems the offspring faced. Furthermore, from the perspective of the participants, the treatment offered failed to address the problematic drug taking behaviour that was identified by the mothers as being the root cause of the difficulties being faced by the family.

### ***Exclusion from the family home***

The second example of how the mothers deployed force as a form of power perhaps demonstrates that the mothers had started to recognise that their offspring's drug use was more than experimental or recreational. Once the mothers had (from their perspective) attempted to enlist the support of state actors such as the police to change their offspring's behaviour and found this had no impact, the mothers excluded the offspring from the family home. This action was also taken to combat the feeling of powerlessness the participants experienced and followed the use of tactics such as those described earlier in this chapter, for example, selling jewellery and installing security equipment. It was highlighted in chapter 5 that most of the participants had (on one or more occasions) expelled their offspring from the family home. The analysis offered in the previous chapter focused on the way the participants managed the

exclusion of the offspring. The focus in this chapter is on the purpose of the expulsion, to force the offspring to address their problematic drug use and remove the exposure the participants had to the chaos that surrounded their offspring's lifestyle. In the following quotation Ruth describes the events in the weeks that led up to her offspring's exclusion from the family home:

We'd have a row and then she'd clear off. A fortnight later she'd start creeping her way back in. She'd say things are going to change I'd let her make the rules like stay in a couple of nights do your washing...She'd last about two days! What she would do is wait till I was at work and then she'd steal my money (Ruth).

Jane in the following quotation describes a very similar situation again that occurred in the days leading up to the offspring being excluded from the family home:

His eyes were bloodshot and he really wasn't focusing on anything. He kept dropping things and I gave him two cups of coffee...He looked out of it. I was annoyed because I'd got his dinner ready for him. He knows now I don't allow him the keys to my front door anymore (Jane).

The participants had lived in difficult circumstances for a sustained period of time before a decision was made to escalate the way they tried to influence their offspring's problematic drug use. The use of force, as Wrong (1979) argues, offers evidence of a lack of power. The examples used here show how it was the mothers who felt powerless and needed to use what is being described here as force in an attempt to make their offspring address their problematic drug use. It is contended that the current drug strategy in suggesting the family be involved in the recovery journey of problematic drug users does not appropriately account for the

extremely difficult situation families such as those represented in this research experience.

The expulsion of the problematic drug using offspring from the family home often followed a particularly pernicious event:

He stole something that was really precious he stole something...He sat with a needle in his arm and he was sat about where you are with a needle in his arm so obviously I'd not sorted him out. So I said I can't do this anymore and I said leave (Edna).

He had destroyed his sister's bedroom with a baseball bat because she had moved his baseball cap and as a parent you get angry and I said to him why have you done it? He was so angry so I said to him that's it get out (Margaret).

I chucked him out because we'd gone on business to America and we came back and everything was gone, so I chucked him out. I'd had enough (Julie).

Yeah it has a massive impact and causes havoc and they just can't cope anymore. They've come to the end of their tether basically they've sort of chucked them out said I can't go on anymore...(Emma, support worker).

However, the exclusion from the family home was often temporary and during the period the offspring was not living in the family home the mothers would frequently maintain a high level of social contact with their offspring with an analysis of this behaviour being offered in chapter 5. The exclusion of the problematic drug using offspring from the family home represented the ultimate sanction that the mothers could deploy. It also symbolised the final breakdown of the power relationship (Wrong, 1979). There was nothing more the mothers could do to influence their offspring. The mothers had exhausted all the avenues they had in their attempts to deal with their offspring's problematic drug use.

## **Summary**

The mothers involved in this research attempted to enlist support from a range of powerful actors but from the perspective of the participants these attempts failed and the offspring continued with their drug taking. During the early stages of the offspring's drug taking career when the offspring were under the age of 18 the participants reported greater involvement in treatment and better levels of communication between the actors involved in providing the interventions offered. The offspring were legally minors and were treated as such. Once the offspring reached 18 the state agencies and state actors involved with the family started to deal with the offspring as rational adults with the capacity to make decisions for themselves without the need to consult with the mothers. The participants experienced this as exclusionary leading to feelings of powerlessness. If the government's aspirations of including the family in the treatment process are to be realised then the barriers that have been identified in this chapter by the mothers of problematic drug users such as better communication after the offspring become 18 perhaps need to be addressed. Both the mothers and support workers did not view the offspring as autonomous adults with the capability of rational decision-making, and policy interventions perhaps need to acknowledge this.

Moreover, this conflicted with the strategies that were deployed by the participants to address the problematic drug use. From the mothers perspective the offspring were not able to fully manage their own affairs and the criminal justice system and actors such as the police needed to

account for this during their interactions with the offspring. Although the offspring had reached the legally defined age when they were to be dealt with as adults the mothers in this research did not view their offspring (the ones who were problematic drug users) as competent rational actors. This was particularly clear when there were several offspring within the family, with the mothers treating the non-drug using offspring as competent in contrast to the offspring within the family who were problematic drug users:

It wasn't fair on Dylan who hadn't done anything wrong in his life I gave him £1,000. Oscar [one of the problematic drug using offspring] he didn't get the £1,000 because I would pay the rent or the TV licence or something like that...I'd get on to Tesco and all the basics were all delivered and I said there you are, you ain't getting no bloody money I said (Shirley).

The participants dealt with the problematic drug using offspring as actors with impaired rationality and attempted to restrict the choices they had. In this example, economic power was used by Shirley to limit her offspring's ability to purchase drugs.

The difference in the way state agents and the participants viewed the offspring contributed to the failing relationship between the mothers and the police (and wider criminal justice system). The interactions between the police and the participants were complex, with the mothers often describing the relationship in the early stages of their offspring's drug use career as positive. However, over time the relationship became strained and the police came to be perceived as a barrier to successful engagement in treatment. Overall, community-based treatment that was mandated by the courts was, from the participants' perspective, ineffective

as it enabled the offspring to make new acquaintances that helped facilitate their on-going drug use. In addition, by allowing the offspring to remain in the local community, the offspring's existing networks were maintained with this acting as a barrier for any permanent change.

This chapter utilized the three forms of power identified by Wrong (1979). The research data suggests that the first form of power the participants employed was persuasion. The mothers attempted to persuade their offspring to desist from their drug taking behaviour. When this failed some of the mothers then attempted to use manipulation as a form of power. Finally, once it became apparent that the offspring's drug taking had become problematic and entrenched behaviour, the participants used force. In other words, the mothers used power in increasingly oppressive ways. This can be understood to represent both a failing of the power relationship and more broadly, a failing of the mother offspring relationship.

To develop the ideas offered so far in this study, the next chapter will consider the participants perception of the courts and the sentences that were imposed on the offspring. In addition to the court-mandated community based treatment that the offspring were sentenced to, the next chapter provides an analysis of all the sentences the offspring received with a particular focus on imprisonment. As part of this investigation the way the participants experienced the periods of time their offspring were incarcerated will be analysed. Continuing with the theme developed in this

chapter of analysing the relationship the participants had with state actors, the next chapter will consider the relationship between the mothers, their offspring and the prison officers based in the prisons the offspring were sent to. The relationship between the mothers and the prison officers will be contrasted with that between the participants and the police that was analysed in this chapter. This will enable arguments to be offered that account for the actions of the participants during the periods of time the offspring were incarcerated.



## **Chapter 7**

### **Sentencing, community punishment and prison**

#### **Introduction**

In the previous chapter an analysis was offered that demonstrated how the mothers in this research (from their perspective) attempted to enlist support from a range of influential state actors as part of a wider strategy (for example, the use of power) that was adopted to address their offspring's problematic drug use. Furthermore, the on-going parenting of the offspring went well into adulthood, and this was highlighted as a further facet of the participants' strategy to address their offspring's drug use. This chapter will develop these arguments further by analysing the sentences imposed by the courts and considering them from the mothers' perspectives. The courts made use of a number of sanctions including fines, curfews (described by Doreen and other participants as "being on tag"), unpaid work and sentences of imprisonment. An analysis of each of these sanctions will be provided in this chapter. In addition, an examination of how the mothers experienced their offspring's court appearances and the media coverage this frequently led to will be offered.

The focus in this chapter on the use of imprisonment as a sanction, investigates this intervention from the mothers' perspectives and the way they experienced the periods of time when their offspring were incarcerated. The analysis (in common with the previous chapter) will consider the relationship between the mothers and state actors. In this chapter the relationship being examined is that between the participants and actors employed in the prison setting such as prison officers. To

place the analysis in this chapter within a theoretical framework, the pains of imprisonment literature will be drawn upon when considering the participants' experiences of their offspring's incarceration. This body of literature was introduced and developed following an influential study completed by Sykes (2007, first published 1958) that centred on a maximum-security prison. The research that developed following on from Sykes' study is referred to as the pains of imprisonment literature (Liebling and Maruna, 2011). Drawing on this body of work will enable the experience of the participants to be contrasted with the dominant (British) criminological perspective that understands terms of imprisonment to be damaging to families often leading to relationship breakdown (Murray, 2011). Furthermore, prison is understood to destroy social and cultural capital, two of the key elements that the government suggest are needed to support recovery (Home Office, 2010a).

Whilst there is broad recognition that terms of imprisonment can be damaging to families, a number of government policy documents encourage actors involved in offender management to promote "stable family relationships" to encourage desistance (Mills and Codd, 2008: 9). These policy initiatives have been developing for a number of years. For example, within the 2006 five-year strategy document that aimed to support a reduction in re-offending, the government of the time argued that there was a "need to make sure that social and family links are at the heart of offender management" (Home Office, 2006: 29). This premise was building upon the notion (contained in an earlier policy document) that

there was a need for “increased opportunities for families to support rehabilitation” of offenders (Home Office, 2004: 41).

### ***New penology***

Although the current and previous governments have promoted the idea that the family can be utilised as a site of informal social control to reduce recidivism (Mills and Codd, 2008), it is suggested that a new penology has also evolved. It is argued that this new approach has signalled a move away from understanding the “individual [as] the unit of analysis” towards “techniques to identify, classify, and manage groupings sorted by dangerousness” (Feeley and Simon, 1992: 452). Furthermore, new penology can be understood to move away from retributivism – “the theory of punishment which links punishment to the desert of the individual and which matches the severity of the punishment to the seriousness of the crime” (Easton and Piper, 2005: xvi) – and towards crime prevention and incapacitation. In order to achieve this, actuarial techniques are employed to assess the risk posed by offending groups with the focus placed on managing dangerous populations rather than rehabilitating offenders (Simon, 1998).

This appears to be something of a contradiction given the policy initiatives that have developed alongside this new penology (some of which are highlighted above) that have a distinct element that focuses on rehabilitation. However, the use of the family to encourage desistance is central to the notion of rehabilitation contained within these policy documents. As has been highlighted elsewhere in this thesis, the family is

taken to be a positive site of social control that can be utilized to correct deviant behaviour. However, not all families are able to support desistance in the way government policy appears to suggest, and the evidence in this study demonstrates that it is not families but in fact mothers within families that carry the burden this type of policy may lead to. In other words, the perhaps unintended consequence of this approach of involving families is a degree of gender bias that increases the caring responsibilities of women.

Set alongside the notion that families can be used to encourage desistance are popular understandings about the purpose of prison that are dominated by the idea that prison should be 'tough' and that a term of imprisonment should focus on delivering a period of punishment. There is perhaps little recognition or acceptance that what is needed is rehabilitation that brings about sustained change for the benefit of both the inmate and wider society (Codd, 2008). New penology understands crime to be normal and "its goal is not to eliminate crime but to make it tolerable through systemic coordination" (Feeley and Simon, 1992: 455). However, in response to the normalisation of crime that occurred during the late twentieth century, "*the criminologies of every day life* – consist[ing] of theories such as rational choice, routine activity, crime as opportunity and situational crime prevention" were developed (Garland, 2001: 16 emphasis in the original). These theories

begin from a much darker vision of the human condition. They assume that individuals will be strongly attracted to self-serving, anti-social, and criminal conduct unless inhibited from doing so by robust and effective controls, and they look to the authority of

*the family*, the community, and the state to uphold restrictions and inculcate restraint. Where the older criminology demand more in the way of welfare and assistance, the new one insists upon tightening controls and enforcing discipline (Garland, 2001: 15 emphasis added).

With this in mind, although at a local level crime prevention strategies have been developed, political debate at the national level has focused on punitive sanctions that are designed to incapacitate and satisfy the demands made by the public for retribution (Garland, 2001). “Policy measures are [now] constructed in a way that privilege public opinion over the views of criminal justice experts and professional elites” and crime is increasingly perceived to be a normal everyday facet of contemporary society (Garland, 2000: 350). The main political parties want to be perceived by the voting public to be dealing with crime robustly and therefore when describing their punishment philosophies use language that reflects a hard-line position. For example, Michael Howard in the 1990s wanted to make sure prison was seen to be austere. More recently, the government when reviewing imprisonment for public protection, announced that it was going to replace indeterminate sentences with:

A range of consistently *tough* sentences with fixed lengths, which will see more dangerous criminals given life sentences...Dangerous criminals will serve a *tough* extended sentence which includes a long prison term and a long period of supervision when the prison sentence has been served (Ministry of Justice, 2011b emphasis added).

This is likely to mean that many of the offenders who would have previously been sentenced to imprisonment for public protection, will now be given mandatory life sentences (Ministry of Justice, 2011b).

The language used by the Ministry of Justice in their press release about the replacement of imprisonment for public protection sentences is couched in terms that can be thought of as being a form of populist punitiveness (Bottoms, 1995). The government want to be seen to be coming down hard on criminals. Since Tony Blair's 'Tough on crime tough on the causes of crime' speech as shadow Home Secretary in 1993 (BBC, 1993) 'tough' is a word that is repeatedly used by politicians when describing their punishment strategies (Robinson and Ugwu-dike, 2012).

This may be what contributes to the ambivalence in society about what prison is for and how a term of imprisonment should be served. State institutions promote ideas of rehabilitation (Ministry of Justice, 2012) yet the tabloid media describe prisons as being like hotels, inferring that the custodial environment is lacking a strong punishment ethos. A recent *Daily Express* headline highlights this point and proffers a view of prison life that politicians are keen to dismiss as not representative of reality, "I've Got It Nice Says Killer As He Brags Of Easy Life In Jail" (Henderson, 2012: 1). These tensions in popular discourse about punishment make it difficult for rehabilitation to be promoted by politicians as being a central aim of all sentencing policy including custodial sentences.

However, the current coalition government has supported the notion of a "rehabilitation revolution" (Clegg, 2013: 1). It is suggested that interventions such those offered in drug recovery wings should be made

available to all offenders identified as having a “drug problem [that] could be one of the main drivers“ of an offender’s behaviour (Clegg, 2013: 1), and not only to offenders who have been incarcerated for more than 12 months, as is currently the case. Nevertheless, the long history of politicians wanting to be perceived by the voting public to be taking a hard line with criminals makes it problematic to endorse such ideas. Evidence of this difficult can be detected in a speech given by Chris Grayling, the Secretary of State for Justice. Before describing the government’s vision for the rehabilitation revolution, Grayling (2012: 1) asserted, “[y]es, of course we need to be tough on crime.” It appears that politicians need to reassure the voting public that rehabilitation will not be a substitution for tough punishment.

There are tensions then that exist between the policies that politicians endorse in response to an electorate that appears to demand a punitive response to crime, and the involvement of families in the rehabilitation of offenders that is promoted by probation officers and others involved in offender management. However, the evidence that is presented within this chapter will demonstrate that the participants in this research valued the treatment that was given to their offspring when incarcerated. There was a belief amongst the participants that a custodial sentence was the type of intervention that would lead to permanent change. This was a significant finding for this study that will be highlighted and outlined within this chapter. However, whilst the participants valued the treatment the offspring received and the environment that (the mothers perceived) it was

delivered in, the incarceration of the offspring was also problematic, as it was understood to be potentially damaging to the participants' status as a 'good' mother.

### **Techniques of neutralization**

In chapter 5 the concept of neutralization offered by Sykes and Matza (1996) was used to demonstrate how the participants were keen to highlight how "delinquent acts [were] due to forces outside" the family to protect their master status as good mothers (Sykes and Matza, 1996: 209). Moreover, the five techniques of neutralization described by Sykes and Matza (1996) were also outlined (denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners and an appeal to higher loyalties). In chapter 5 the focus was on the denial of responsibility. In this chapter, in addition to the denial of responsibility, the condemnation of the condemners is also of significance. Although the original theoretical framework considers neutralization from the perspective of the offender (delinquent is the term used in the original perhaps reflecting the symbolic interactionist influence), it is contended here that the *mothers* utilize the techniques associated with this tradition. The participants deployed techniques of neutralization both to highlight the delinquency of others (as worse than their offspring) and to direct attention towards others who were responsible not for the consequences of their offspring's problematic drug use but for the cause of it. By highlighting the delinquency of others the participants were utilizing a hierarchy of stigma.



### ***Hierarchy of stigma***

One way the participants attempted to limit or reduce the stigma they experienced was to highlight how other people were worse than them or had done worse things than their offspring. It is contended here that the mothers in this research adopted techniques of neutralization to both suggest the causes of their offspring's problematic drug use were forces outside the family and to highlight the deviance of others (Sykes and Matza, 1996). The participants often used a hierarchy of stigma to enable them to resist the label of bad mother and therefore limit or reduce the amount of stigma they felt. The mothers in this research frequently articulated how other people were perhaps worse than them, with more to be ashamed of than they did: "it's the people who've nothing, that have done things in the past themselves" (Ruby). This hierarchy of stigma was used as a device to allow the mothers in this research to promote the idea that their mothering was not the problem. Moreover, as a result of the ongoing nature of their offspring's offending and problematic drug use the participants sought to highlight how other prisoners were more deviant than their offspring: "[He was] amongst drug addicts I was terrified" (Ruby), "he couldn't stand the paedophiles" (Nancy). This tactic was one example of the use of hierarchy in an attempt to resist the stigma that was identified during this study.

This analysis is supported by comments made by one of the support workers:

I think they do go to [court to] support, but it depends on the crime and if there has been a lot, they have experienced a lot of

shoplifting theft and all that you know if it's a more serious charge I think there is a caution there (Helen, support worker).

By not attending court when the offspring was charged with 'more serious' offences (if the mothers knew about the court case), the participants were seeking to avoid a situation where their offspring was the defendant who could be perceived to be the most stigmatised, to have the most "discreditable attributes" (Goffman, 1963: 13). Hierarchy was used as a device to highlight how others were more deviant: they were 'drug addicts', a term reserved by many of the participants for acquaintances of their offspring who were perceived to be a negative influence or who had contributed to their offspring's problems.

This ranking of offences and offenders was identified as an approach used by participants in research conducted by Condry (2007) into the impact a conviction of a serious offence (rape or murder for example) has on the close relatives of the offender. Condry (2007) found that "relatives in [the] study were trying to absorb and understand the fact of the serious offence, and their accounts often revealed their own ranking of offence seriousness" (Condry, 2007: 120). Condry attributed the hierarchical ranking of offences to "comparative adjustment" (Condry, 2007: 120). It was suggested that comparisons with actors who were lower down the scale being applied to the particular situation is a defensive mechanism. In Condry's research the participants used this approach in an "attempt to alter the impression held of the offender" (Condry, 2007: 123). It is contended here however, that in addition to this, the mothers in this research also used comparative adjustment to resist the label of bad

mother. The offspring were not as bad as other offenders: “he was mixing with the worst types, murderers and that in there one who had chopped the bodies up he was there you know” (Ruby). By making this comparison the participants were attempting to construct an impression of the offspring that fitted their own constructed understanding of what a good son/daughter was like and how their son/daughter was only marginally different from this ideal. This then allowed the mothers to resist the label of bad mother.

Moreover, mothers are often blamed for the recalcitrant behaviour of their offspring: “[p]owerful discourses on family responsibilities permeate all areas of family life” (Codd, 2008: 69). One of these powerful discourses is the idea that mothers can be held (at least partially) to blame for the offending behaviour of their offspring. Furthermore, not only can mothers be held accountable but they are also singled out as being a danger, as being tainted by their offspring’s behaviour:

You know and this woman who came and spat at me in street and I said you cheeky bitch how can you spit at me. I spun, I went mad in [the] street. But I mean it’s the people believe it or not it’s the people who’ve got nothing that have done things in the past themselves or have been a bit naughty or done stuff they’re the ones that have a lot off (Ruby).

I’ve got a lot of stigma with em like all of a sudden my granddaughter wasn’t invited to any parties do you know what I mean and I thought that’s not fair but now they’ve left me alone and they’re talking about somebody else you know (Doreen).

The support workers recognised how the wider community held the mothers responsible and how this affected the participants:

[People] do judge its human nature to do that. Erm so they close ranks you know the extended family members and a few close friends (Helen, support worker).

The participants appeared to deploy techniques of neutralisation to combat this form of responsabilisation and to further resist the label of bad mother.

### ***Coming from a good family***

Another technique of neutralisation that was deployed by the mothers in this research was to promote the notion that the offspring came from a good family. As was described earlier in this thesis, the participants were keen to display themselves as being 'good' mothers. To this end, part of the strategy deployed by the participants was to articulate that their offspring's problematic drug use was caused by factors that could not be perceived to be the fault of the family or could lead to the participants' master status of 'good' mother being questioned (Becker, 1963). For example, during the early stages of the offspring's problematic drug using career the participants maintained that friends had influenced their offspring:

No he's not a bad lad, you see [he] got mixed in the wrong crowd, they do daft things. They get down the wrong road (Doreen).

A further strategy used by the participants to demonstrate that they were good mothers was to suggest "because he came from a good family he stayed out of jail" (Julie) or that "he didn't get a custodial sentence because I was with him and I said I'd do the best I could to keep him out of trouble" (Edna). There was a belief amongst many of the mothers in this research that, because their offspring were (in the mothers' view)

inherently 'good' and came from a 'good' family, the courts would deal with the offspring leniently but in a way that would address the offending and drug taking behaviour. However, the Criminal Justice Act 2003 (section 142) outlines the way sentences are decided upon and family background and assurances from relatives about future behaviour are not influencing factors outlined in the legislation.

Nevertheless, the majority of the participants were keen to point out that their offspring were 'good'; it was *just* the drug use that was the problem:

Some people get older and wiser and some people just learn. At the bottom of it all he is not a bad person...[He] is not inherently a bad person. He has made some bad decisions but he is not actually a bad person you know he's brilliant with kids (Rose).

[His solicitor] saw him when he was all right in his head and he knew what he was like and he knew that he was a decent man underneath all the crap (Ruby).

One of the support workers also described how "a lot of these kids do come from good families you know" (Emma, support worker). This is something of a contradiction as on the one hand many of the participants wanted the courts to use more oppressive sentences (such as imprisonment), yet they also articulated the belief that it was essentially the offspring's good upbringing and family background that protected the offspring from the type of sentence that the participants suggested would address the offspring's problematic drug use. However, the majority of the participants did experience the incarceration of their offspring at some stage during their offspring's drug using career. As the offspring became known offenders the action taken against them became more robust. The following quotation from Julie illustrates these two points particularly well:

I'll tell you what it was. I know this sounds stupid but he's not a bad kid. It was the heroin and the stealing to buy the drugs and also taking cars without the owner's consent. And what it does it mounts up. So it mounted up and because he came from a good family he stayed out of jail for a long time and then off he went. They took him through to like [prison], you know... (Julie).

### **Stages of state intervention**

Julie suggesting that the offspring's criminality mounts up offers evidence that from the participants' perspective there were clear stages in the way that their offspring were dealt with. The action the state took escalated as the offspring's problematic drug using career progressed. For example, the first stage was the informal action taken by the police that was described by Doreen as the police bringing the offspring home. This then escalated (from the mothers' perspective) when the offspring were arrested and dealt with more formally. The most significant escalation in the action taken against the offspring, however, was the involvement of the criminal courts. Although the offspring had initially been given informal advice, this soon progressed to warnings and reprimands being issued by the police. From the mothers' perspective this was not as significant as having their offspring's criminality escalated to the courts, as this is the stage that their offspring's behaviour became fully visible to the community.

The approaches taken by the police, to dealing with the offspring in the early stages of their drug-taking career (cautions, cannabis warnings and so on), have been described as diversions with this term being used

as a convenient shorthand for a wide range of decisions, measures and strategies which lead to the avoidance of

offenders being dealt with through the formal processes of prosecution, trial and sentence (Koffman and Dingwall, 2007: 1)

These diversions were designed to persuade offenders to desist from further criminality and it has been argued that they were developed to deliver a proportional response to (mainly) young offenders who were (and still are) statistically likely to “simply grow out of their offending behaviour” (Koffman and Dingwall, 2007: 1). There is significant discretion available to police officers “in regulating the flow of young people into the justice system” (Newburn, 2011: 96). The discretion that was used by the police when dealing with the offspring in the early stages of their drug-taking career led to the aims of diversion becoming blurred, from the participants’ perspective.

While the purpose of diversion was part of a strategy to encourage the offspring to desist from their offending behaviour without the need for “formal processes of prosecution” (Koffman and Dingwall, 2007: 1), as the offending continued the action taken by the state escalated. As was outlined in the previous chapter, the mothers had enlisted the assistance of the police during the early stage of their offspring’s drug using career in the hope that the police would help them address their offspring’s problematic drug use. However, when the relationship with the police became strained the mothers’ perception of the police altered. One key component of the failing relationship between the police and the mothers was a lack of understanding about why the police took the action they did. The decisions that were taken were not (from the mothers’ perspective) effective and the police needed to make more use of force. As described

in the previous chapter, force as a form of power includes actions that are designed to restrict or constrain behaviour and not necessarily the use of physical violence (Wrong, 1979).

### ***The courts***

The participants held similar expectations of the courts in terms of the use of force to make their offspring behave in a particular way. However, sentences were decided upon by following a set of guidelines that establish a number of aims that punishments issued by the courts should achieve. Section 142 of the Criminal Justice Act 2003 outlines the purposes of sentencing and details five points that “any court dealing with an offender in respect of his offence must have regard to”, with these five purposes being defined as:

- (a) the punishment of offenders,
  - (b) the reduction of crime (including its reduction by deterrence),
  - (c) the reform and rehabilitation of offenders,
  - (d) the protection of the public, and
  - (e) the making of reparation by offenders to persons affected by their offences
- (Section 142 Criminal Justice Act, 2003).

The Sentencing Council (2012) offer guidelines that provide examples of how these purposes can be achieved:

**Punish the offender.** This aim can include being jailed, having to do unpaid work in the community, obeying a curfew or paying a fine.

**Reduce Crime.** This means both preventing the offender from committing more crime and putting others off from committing similar offences.

**Reform and rehabilitate offenders.** A sentence also aims to change an offender’s behaviour to prevent future crime. One way of doing this could be to require an offender to have treatment for drug addiction or alcohol abuse.

**Protect the public.** A sentence aims to keep the public safe from the offender and from the risk of more crimes being



committed by them. This could be by putting them in prison, restrictions on their activities or supervision by probation.

**Make the offender give something back to people affected by the crime.** This could be, for example, by the payment of compensation or through restorative justice. Restorative justice gives victims the chance to tell offenders about the impact of their crime and get an apology (Sentencing Council, 2012: 1).

In determining the nature of the sentence the judge or magistrate uses guidelines that are designed to take account of the seriousness of the offence. Seriousness is defined by the harm caused or the risk of harm being caused, with these issues being given more weight than culpability. However, each offender's level of blame along with any existing criminal record, personal circumstances and any guilty plea are considered as part of the sentencing process (Sentencing Council, 2012). Furthermore, aggravating and mitigating factors are considered as are any other offences being taken into account at the time of sentencing (Sentencing Council, 2012). Section 152 of the Criminal Justice Act 2003 then puts in place a custody threshold that must be surpassed for a custodial sentence to be imposed:

The court must not pass a custodial sentence unless it is of the opinion that the offence, or the combination of the offence and one or more offences associated with it, was so serious that neither a fine alone nor a community sentence can be justified for the offence (Section 152 Criminal Justice Act, 2003).

In terms of this research the courts used a number of different sanctions in an attempt at altering the offspring's behaviour:

Fines and the tag they put a telephone in here for 3 months constantly (Ruby).

He always got fines...he didn't pay (Margaret).

I mean she was on an order [Drug Rehabilitation Requirement]...she got sentenced but it was an order but she breached it halfway through it cos she was using and she weren't turning up going to things...(Emily).

He had to do community service (Edna).

### ***Court imposed sanctions***

As demonstrated by the quotations used above, the offspring were sentenced to a wide range of sanctions including community sentences that incorporated a DRR (that were described in chapter 4). However, the first court appearance frequently led (from the participants' perspective) to no action being taken that would persuade or force the offspring to desist from their problematic drug use and related criminality:

**Shirley:** He went to court he just got a ticking off

**Researcher:** When you say ticking off what do you mean?

**Shirley:** I'd have expected then not that he would have gone somewhere but that he would have got a fine or something but he got a very severe warning.

Shirley could not remember the exact sanction imposed, but from the description she provided it is likely that her son was given a conditional discharge. Subsequent court appearances were also perceived to lead to sanctions that did not force the offspring to change. Although being given a fine was from the mothers' perspective better than just being given a 'severe warning' it was still not tackling the source of the problems:

He did try and burgle. But he always got caught before he got in anywhere cos he was crap at it! But he always got fines (Margaret).

He has been taken to court for shoplifting. He's been fined £85 and they kept him in the cell for 48 hours for that. He is due back in court in October due to this charity shop situation (Jane).

It was demonstrated in chapter 5 that when the fines the offspring were given were not paid, the mothers accepted responsibility for paying them. This form of sentence, from the mothers' perspective, had little or no effect but did leave the participants with the (perceived) responsibility of paying the fine on behalf of their offspring.

Although all of the mothers described a pattern of repeat offending, some of them accounted for the continuing pattern of criminal behaviour by directing attention on the courts and their 'soft' approach. From the perspective of the mothers the courts were too soft on their offspring. As Shirley stated in the quote provided above "he just got a ticking off". Furthermore, this offers support for the contention made earlier in this thesis that the mothers were keen to ascribe blame for the offspring's problematic drug use on factors that could not be linked to any fault within the family or a deficit in the participants' mothering capabilities. In this case it was a failure of the court, the magistrate or judge to act in a way that would persuade or force the offspring to change and desist from the activities that were causing difficulties for the mothers and the wider family. It is contended here that the participants were again deploying techniques of neutralization, in an attempt to deflect attention away from possible causes of problematic drug use and criminality being related to sources within the family – for example, their mothering capacity (Sykes and Matza, 1996).

Although the mothers saw the courts (like state actors such as the police) as having the power to force the offspring to change, the action taken by the courts was often not in line with the expectations that the mothers had. Another of the mothers who was dissatisfied with the approach taken by the courts was Grace:

I mean he had his first appointment [court appearance] last week and he didn't say much. He said the judge had said that he thought he would just *get away with community service* and to me they should be frightening him to death cos he thinks he's getting a bit cocky and big headed you know well I can get way with it. I'm not sure I want him to go to prison, but I want him to have that fright. Cos he thinks he can do it and get away with it. He got arrested again at Easter he had a falling out with a drug dealer and he'd gone to get his things and the drug dealer had gone at him with a samurai sword, like they do! The police came and in the process of looking for the sword found a cannabis farm and other drugs so they were both arrested for that...So he got a cannabis caution for that (Grace).

The support workers also described how community based sanctions were often not perceived to be effective and that a more oppressive approach was seen to be beneficial, echoing the opinion expressed by Grace and Shirley:

I mean obviously mums don't want them to go to prison for anything anyway they don't want them in there. But at the end of the day for the majority I would say if it comes to that they say a good sharp shock will do them good. Send them to prison, let them do a little bit of time and then hopefully, it may be as well that they may get better sort of treatment in there provided em. Basically they think it might just give them a bit of a sharp shock, reality check, hopefully. But obviously parents don't want them to go there and they don't want them to have a criminal record for the rest of their lives, but that's a way that can solve or sort their kids head out or for whatever reason then a lot of parents would go for that from what I've heard, when I've spoken to parents (Helen, support worker).

One of the 12 requirements that can be attached to a community order (when the offender has been identified as a problematic drug user) is a

DRR. This type of intervention was described in detail in chapter 4. Furthermore, in the previous chapter an analysis was provided that demonstrated that the mothers' perception of community-based treatment mandated by the courts was that it facilitated on-going inappropriate relationships with other problematic drug users and enabled the offspring to make acquaintances that could make it easier to acquire drugs. This type of sanction was seen as having an inherent weakness that stemmed from the social interactions that the intervention facilitated.

However, the mothers highlighted other weaknesses of the community-based court mandated treatment that their offspring were sentenced to. The significant aspect of this sanction here is that before a sentencer can utilize this form of intervention, the offender needs to consent to it. However, once the sentence is passed, compliance with the terms imposed becomes mandatory, an approach described as "quasi-compulsory" (Monaghan, 2012: 32). Many of the mothers knew that their offspring had been mandated into drug treatment by the courts and were required to attend the local drug service on a regular basis. The mothers often referred to the Drug Rehabilitation Requirement as 'an order' perhaps reflecting the mandatory aspect of this intervention. However, this type of sanction was frequently not valued and was perceived to lack the ability to control the offspring sufficiently so that the rehabilitative function of the sentence was not effective. From the mothers' perspective Drug Rehabilitation Requirements were deemed ineffective:

I phoned her probation officer when she relapsed. You've dropped her testing from twice to once a week! I think that's

been a trigger [for her offspring's relapse]. Cos it can be, cos things like that oh they're out of my system do you know (Emily).

More control int it...that's your five minutes you've got to go now do you know what I mean. If he's outside [prison] getting treatment he can walk on the street and get something straight away (Doreen).

The mothers wanted the sentence of community-based treatment to be more demanding with strict terms that had to be adhered to. However, from the mothers' perspective their offspring were not monitored enough and the way the intervention worked in practice meant that the drug workers responsible for the treatment lacked the ability to *force* the offspring to comply. Overall then, community-based sanctions were not perceived to be effective and many of the participants articulated a desire for their offspring to have been dealt with more severely earlier in their drug-taking career, as one of the support workers asserts here:

Well a lot of them sort of say that they don't think the community-based sentence does any good. At lot of them say it doesn't do them any good it doesn't teach them anything (Emma, support worker).

### ***Being on tag***

A further example of the courts imposing sanctions that did not deal with the offspring's problematic drug use (from the mothers' perspective) was the use of curfews and electronic monitoring devices as part of a community based sanction often referred to as "being on tag" by the participants (Doreen; Ruby; Edna and others). When the offspring were forced to wear an electronic monitoring device as part of a community based sentence, the participants perceived the sanction as ineffective. Although this type of sentence was often passed to address criminality

such as “thieving” (Ruby) and other acquisitive offences that are connected to problematic drug use in the Drugs Act 2005 and other legislation (see chapter 2 for a full discussion), this sanction was frequently imposed without any form of treatment for the offspring’s problematic drug use. It is possible that treatment was not included because the offspring did not ‘consent’ to it. However, the mothers were not aware of this subtlety in the sentencing framework and had an expectation that because the offspring were known drug users, treatment should have been a mandatory aspect of any sentence. Furthermore, the mothers did not perceive having a curfew and wearing a tag as punishment:

At first it’s, oh I’ve got to be in. And then it got to the stage and all of a sudden its half past nine and he has been out. He’s talking to the neighbours and they ring up [the company monitoring compliance with the curfew] and I’m saying he’s just coming. It’s a bloody electric shock they want on their legs to let them know they’re over time! Cos they forget...They get so used to it (Ruby).

This quotation also demonstrates that the mothers accepted a degree of responsibility for ensuring their offspring’s compliance with the sentence – “I’m saying he’s just coming” (Ruby). This is linked to the notion (highlighted earlier in this thesis) that the participants accepted responsibility for the consequences of their offspring’s problematic drug use. The degree to which the participants internalised the responsibility was significant. It was shown earlier in this thesis that the mothers accepted responsibility for paying the fines imposed on the offspring by the courts. Community based sanctions potentially created a significant additional layer of burden for the mothers in this research. This may have

added to the perception that this form of intervention did not address the offspring's problematic drug use.

In addition to the punishment being perceived as weak and ineffective, the participants suggested the offspring "got off with a tag" (Grace; Ruby) for reasons that suited the state. For example "he was on tag here [at the participant's house]. I think they only put him on tag cos prison was full" (Doreen). The use of electronic monitoring was also problematic for the participants when the offspring were released on licence from prison:

I just got a letter saying he's coming out and he's on tag and he's on tag to this address. I said he's not! I rung them up. They didn't think about me writing that letter. Do you know what I mean? I might have misinterpreted it, but they shouldn't have sent that letter so I could misinterpreted it should they? (Edna)

Overall, the use of curfews and electronic monitoring was from the participants' perspective not addressing the underlying issue. Although Drug Rehabilitation Requirements need to be consented to by the offender (see chapter 2 for full discussion) before this type of sentence can be passed, the participants did not understand this. Furthermore, there were instances described by the participants of the offspring being suspected of further offending by the police while being electronically monitored:

He rang me and I said where are you? I'm in a police car. They picked me up because I'm a suspect in a burglary. I said I know you didn't do it cos you were in the house at that time. They must have known when they picked him up he was on tag. All they had to do was ring up and say was he in at that time. Instead he was in the cells again and I thought why would you do something like that it was cruel (Ruby).

This type of situation compounded the already fractious relationship between the participants and the police that was highlighted in the



previous chapter. Furthermore, these types of sentence (community-based interventions) were problematic for the participants not only as a result of the responsibility they accepted for paying the fines, making sure the offspring complied with their curfew and so on, but also as a result of the media coverage that was generated following their offspring's court appearance.

### **Media coverage**

Once the decision had been made by the Crown Prosecution Service to deal with the offspring in the criminal courts, the mothers frequently described media coverage that highlighted the behaviour of the offspring to the wider community:

They had put in [the] paper [she] burned a child. But it sounded really really bad. But it didn't just say cig burn it said burns child and [she] is breached and things like that...I was angry do you know the way they report it is just awful (Emily).

There was a great big write up and there was a picture a big picture of [him] on [the] front page and you can imagine what they put! He broke in and terrorised. He didn't he was actually asleep on a chair. He thought he was at home. Yeah but that's what they do in the papers (Ruby).

Well you know it was something we had to come to terms with. It wasn't very nice at times. You'd get little comments if you were out especially if they put the address there and I don't think that should happen...When they put the address I think and if your son has done something to a member of the public and they can find out where you are, windows are smashed and stuff and whatever. Erm so if they've got to report it in the press then yeah but not the address (Shirley).

The support workers also described how media coverage affected the mothers:

Naming names is an embarrassment to them and the written work as well. At the end of the day it's the son who committed the crime its nothing to do with them as parents. But everyone

judges and unfortunately it's the parents who always do get the blame really (Emma, support worker).

Yeah, that's very difficult for parents to accept that, you know because I think they feel judged on their parenting skills of how they raised that person and you know (Helen, support worker).

The quotations above demonstrate the weight of responsibility the mothers accepted. What is of key interest here is that the mothers became further responsabilised when they felt they were being “judged [by] everyone” (Emma, support worker) once state actors escalated the response to the offspring's criminal behaviour to the courts. This judgement from the participants' perspective was about their culpability as mothers. Furthermore, this blame sometimes manifested as violence against the mothers, as Shirley stated above – “windows are smashed and stuff.”

In addition, the mothers' experience of the publicity that the offspring's court cases generated was the same as their experience of police cars arriving outside the family home that was described earlier in this thesis. The wider community gained knowledge about the offspring that the mothers wanted to keep within the immediate family circle. The information highlighted by the local media the mothers found “deeply discrediting” (Goffman, 1963: 13). In addition, some of the mothers reported being victimised by the local community as a result of their offspring's behaviour. Media coverage of their offspring's court appearances increased this effect and the mothers described how difficult they found this response especially as:

At the end of the day it's the son who committed the crime. It's nothing to do with them as parents (Emma, support worker).

Although the media coverage had a negative impact on the mothers, many of the participants wanted the magistrate or judge to put in place sanctions that would help alter their offspring's on-going problematic drug use and offending behaviour. The mothers perceived the media coverage as damaging their reputation as good mothers but they wanted something positive to come from the involvement of the courts.

### **The custodial sentence and prison**

After the courts had used a range of sanctions such as fines and community based sentences and found that they were not effective in changing the offspring's behaviour, the courts started to impose custodial sentences. The sentencing framework allows this due to a gradual reduction in the weight given to mitigating factors for repeat offenders and therefore the custody threshold is passed and terms of imprisonment can be considered as an appropriate response. This is called the loss of mitigation (Roberts, 2013). As Julie asserted in the quotation used earlier in this chapter:

What it does it mounts up. So it mounted up and because he came from a good family he stayed out of jail for a long time and then off he went. They took him through to like [prison], you know... (Julie).

### ***Pains of imprisonment***

The body of literature that examines the pains of imprisonment underpins the dominant perspective within (British) criminology, that imprisonment is on the whole damaging and counterproductive. The seminal work by Sykes (2007) described and provided an analysis of five main pains of

imprisonment. These were defined as: deprivation of liberty, deprivation of goods and services, deprivation of heterosexual relationships, deprivation of security and the deprivation of autonomy (Sykes, 2007: 63–83). More recently and building on this early work, it has been argued that it is important to highlight “the effects which imprisonment has on those who *suffer* it and on their families” (Coyle, 2011: xx emphasis added). Building on this notion, Liebling and Maruna (2011: 21) have argued that it is important to conduct prison research to “lessen the pains suffered by prisoners.” However, in contrast to this dominant perspective, it has also been proposed that:

[P]risoners’ families are not a homogeneous population and the effects of imprisonment are contingent on a range of factors, one of the most important of which is the state of a relationship or a family’s circumstances before a prison sentence. For some, a prison sentence might bring relief or a breathing space to try to resolve pre-existing problems (Condry, 2012: 76).

It is this alternative perspective that this study provided support for.

A custodial sentence is principally a sentence of punishment. Individuals who breach the criminal code are held in prison for a period of time to be penalised for their wrong doing (Pratt, 2002). However, imprisonment does not affect all individuals in the same way. For some a period of forced separation from family can be extremely difficult and distressing. Sykes (2007) described this as the deprivation of liberty: “the inmate is cut off from family, relatives, and friends...” (Sykes, 2007: 65). Other issues such as loss of employment and the reduction in future employability can also be significant, with a loss of work being one possible outcome of receiving a custodial sentence for breaching the criminal law (Coyle,

2005). One of the mothers explicitly articulated her concerns about this issue:

I'll see what happens when he comes out he'll want a job obviously, but who's going to employ him now, now he's been in prison and that's what worries me and all (Ruby).

Contrariwise for some individuals, for example those who exist at the very margin of society, "the prison may be a haven, a place of safety from the pressures and severity of external life" (Coyle, 2005: 14). In whichever way an individual may experience a custodial sentence, prison performs other purposes in addition to its primary symbolic function as a physical place where a period of punishment is served (Crewe, 2009). Three of these functions, deterrence, incapacitation and rehabilitation, will be described here.

### ***Deterrence***

A custodial sentence can be used as a form of general deterrence; that is, sentences are imposed that are designed to deter the general public from committing criminal offences. When used in this way, individuals are treated as rational actors who weigh up the benefits and costs of their action and then make informed choices (Easton and Piper, 2005). The idea that offenders are rational actors has its origins in the classical school of thought. Individuals are motivated by "pleasure and pain" (Beccaria, 1996: 10); as such, punishment for criminal behaviour needs to dissuade individuals from criminality. Furthermore, custodial sentences can be imposed as a form of individual deterrence; that is, the sentence is designed to deter the individual offender found guilty of committing an

offence from future offending behaviour (Easton and Piper, 2005). The deterrent effect of a custodial sentence can come from the deprivation of liberty and the conditions convicted offenders experience inside the penal institution.

However, the length of custodial sentences and the prison environment are both subject to political influence. This has led to what Cavadino and Dignan (2006: 62) describe as penal policy “zigzag”: with changes in government (and to a degree Home Secretary), policy direction changes in terms of whether to reduce, increase or maintain overall levels of incarceration. As a consequence of this “levels of punishment have fluctuated erratically...but the general long-term trend [of the prison population] points sharply upwards” (Cavadino and Dignan, 2006: 62).

The environment inside prison is also influenced by government policy. For example, following suggestions made by General Sir John Learmont in his inquiry into the 1995 Parkhurst Prison escapes, Michael Howard the then Conservative Home Secretary took steps to ensure the prison setting remained an austere one by rejecting recommendations to allow television sets to be placed in individual prison cells (BBC, 1997). However, with a change in government, this policy was relaxed and the Labour government worked to improve the image of community based punishments as being tough and not an easy option while at the same time improving conditions inside prisons (Cavadino and Dignan, 2006). In addition to the deprivation of liberty and prison conditions the stigma attached to being an ‘ex-inmate’

can also act as a deterrent – “blemishes of individual character...being inferred from a known record of, for example...imprisonment” (Goffman, 1963: 14). Prison as a form of punishment in England and Wales draws on all these strands of deterrence. A custodial sentence when passed with deterrence as a primary goal draws on utilitarian philosophies that have their roots in the classical school – “it is better to prevent crimes than to punish them” (Beccaria, 1996: 11).

### ***Incapacitation***

Another purpose that a prison sentence can serve is public protection. By incapacitating an offender with a custodial sentence his/her ability to offend is diminished. This is perhaps the primary purpose of imprisonment. Again this type of punishment draws on utilitarianism, with longer prison sentences being justified on grounds of serving the greater good (Easton and Piper, 2005). Moreover, the research data suggests that the participants valued the time their offspring were incapacitated, partly because it prevented the offspring from engaging in criminal activity but also as it offered the mothers a period of respite. This aspect of the prison sentences is important and is therefore described and analysed in more detail later in this chapter.

### ***Rehabilitation***

The third purpose for imposing a custodial sentence to be discussed here is rehabilitation. The empirical evidence collected during this research demonstrated rehabilitation was a significant reason for supporting custodial sentences from the participants’ perspective. However, there

are a number of ways of understanding what a prison sentence should or could achieve, and section 152 of the Criminal Justice Act 2003 clearly states that the custody threshold needs to be passed before a custodial sentence can be imposed. However, what is of key interest here is that from the mothers' perspective the rehabilitative facet of the custodial sentence was a significant issue, and is therefore central to understanding the participants' *experience* of the involvement of the criminal justice system in treating their offspring's problematic drug use. From the participants' perspective the rehabilitative aspect of a custodial sentence was achieved when the offspring accessed treatment for their problematic drug use while serving their sentence:

Once they get the treatment [in the community] they walk outside the places and do what they want. But in prison *obviously you're controlled* cos you can't do that. You get your treatment and you stick to it end of (Doreen).

He got sent to prison and they detoxed him (Diane).

The participants had a very particular understanding of prison, which will become clear in this chapter but it is of significance that Doreen stated that it is "*obvious*" her offspring would receive treatment and that her offspring would conform to the demands of the regime whatever that may have entailed. The support workers also described how the mothers saw a prison sentence as an opportunity for the offspring to receive treatment:

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



Both the mothers and support workers described how the prison setting offered an environment that was likely to be more effective at keeping the offspring in treatment. The mothers felt that when their offspring were mandated into treatment, for example when treatment was part of a community sanction that included a Drug Rehabilitation Requirement, the offspring were not sufficiently monitored (as described earlier in this and the previous chapter). The participants described how from their perspective, the prison environment offered their offspring a better chance of recovery. HM Prison Service state that their vision is to “reduce the risk of prisoners re-offending” (Ministry of Justice, 2012: 1) with this suggesting that rehabilitation is a key concern for the prison service in England and Wales. Although this statement could also be referring to incapacitation their position is clarified with the prison service going on to assert that it is their duty to “help [prisoners] lead law-abiding and useful lives in custody and *after release*” (Ministry of Justice, 2012: 1 emphasis added). However, Feeley and Simon (1992) have argued that there has been a move away from rehabilitation towards crime control.

Running through the three functions terms of imprisonment can be used to achieve is the premise that offenders are understood to be rational actors who are capable of making informed decisions. However, as was demonstrated in chapter 6, the participants did not perceive their offspring as being fully rational actors but rather as having limited rationality (Newman, 1997). The difference between the ways in which the state dealt with the offspring (as rational actors) and the participants’ perception

of them, was a source of conflict between state actors and the mothers. Nevertheless, within the guidelines provided by the Sentencing Council (2012) about how sentences are calculated, weight is given to each offender's level of blame, reflecting the position that offenders are treated as being rational actors unless it can be proven that they have diminished responsibility (in the case of a defence against a murder charge) or more generally that it has been shown that the defendant was experiencing some form of mental illness or disability at the time the offence was committed, in which case the court is able to take this in to account as a mitigating factor (Sentencing Advisory Panel, 2010). There was no evidence to suggest that any of the offspring had been sentenced with this form of mitigation being taken into account.

### **Prison and families**

As one of the questions this research set out to answer was how the participants viewed prison and treatment in the prison setting, it is necessary to draw on the wider literature that considers the prison and families and place the mothers' experiences within this context. The dominant argument offered in the (British) criminological literature is that terms of imprisonment frequently lead to relationship breakdown and are damaging to families. As Codd (2008: 172) suggests, "[s]ince the development of the prison system as we know it, families have been ever-present and ever-marginalised" (Codd, 2008: 172). Light and Campbell (2006: 298) suggest families "should be supported as innocent victims" of a system that fails both prisoners and families. During the 1960s research began to be conducted into the experience of prisoners' families (Morris,

1965). This early research highlighted how periods of imprisonment may have negative consequences on the family of offenders and on family relationships (Morris, 1965).

More recently Codd (2008) has argued, “imprisonment is sweeping in more and more people, and harming their families too” (Codd, 2008: 163). Especially as the prison population is increasing, with this in turn increasing the “number of people with a family member in gaol” (Light and Campbell, 2006: 299). Although research has been conducted since the 1960s into the impact prison has on families, it was not until the 1980s that family support groups started to emerge and the effect periods of imprisonment had on the family of offenders began to be recognised more widely (Partners of Prisoners and Family Support Group, 2012). It is suggested that the “role of the voluntary sector is crucial” in supporting the families of prisoners (Light, 1993) and a number of voluntary organisations now provide advice and assistance to the families of inmates (Light and Campbell, 2006).

In an attempt to mitigate the impact on families, prisons have a range of initiatives that are designed to support on-going contact between prisoners and their family:

I went for a family day last week with his child four year old Jackson. He wouldn't leave him, he just clung on and he wouldn't leave him and it was just amazing. If you saw him. I mean there was a warden there who was real nice who took photographs on his camera and gave us a great big like paper one (Ruby).

Although support is available for the families of prisoners through the voluntary sector, and some prisons have initiatives that are designed to limit the damage done to families, a sentence of imprisonment is widely understood to damage relationships: “It could be argued that it is in the very nature of prison itself to define families as ‘other’. To label and to exclude...” (Codd, 2008: 168). The dominant understanding of the impact prison has on families is that the family experiences periods of forced separation as stressful (Light and Campbell, 2006), with organisations such as Action for Prisoners Families (2006) arguing that the families of offenders experience the period of incarceration of their loved one as a period of isolation and uncertainty. This understanding of how the families of prisoners experience prison mirrors Sykes’ (2007) pains of imprisonment. Moreover, by separating offenders from their families, social ties are reduced with this leading to barriers to the rehabilitation of offenders something that has been recognised in a range of policy documents (see for example, Home Office, 2004; Home Office 2006; Patel, 2010). However, this research demonstrates that not all families of prisoners experience custodial sentences in this way.

### ***Prison as respite***

When the courts finally issued a custodial sentence many of the mothers experienced a sense of relief. The participants believed that the prison service would protect their offspring and that the offspring were being removed to a place of safety. Furthermore, the mothers were temporarily freed from their caring responsibility, and at least for the time their offspring were incarcerated the mothers could lead a ‘normal’ life. This

can be linked to incapacitation as a purpose of imprisonment that was described earlier:

**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).

Yeah we had a complete break, you know it has been quiet and peaceful, you see it's like his dad is 60 in August and I've arrange having a big party for him for his 60 (Doreen).

Benefits connected to imprisonment were described by the mothers as including removal of the caring responsibility, improved health for the offspring, safety for the offspring (from violence and possible overdose), and reduced victimization and reduced exposure to criminality. Prison then was seen to offer an escape from a situation that the mothers had, until the point when their offspring were incarcerated, found inexorable. While the offspring were in prison the participants also had relief from the criminality that their offspring were engaged in "cos when they get locked up we get respite we do cos we don't have the trouble you don't have the police knocking at the door life is so peaceful" (Doreen).

Prison was also compared to other breaks from their offspring. Margaret described how her son had gone to North Africa to work but within days of arriving had contacted her asking to borrow money for the airfare home. Margaret suspected this was because her son was unable to acquire heroin and therefore needed to return to England in order to gain relief from withdrawal symptoms. However, rather than facilitating his return to the country Margaret decided to, in her words, “leave him stranded”, adding “that was the hardest thing I’d ever had to do was to say no cos I didn’t want him home right OK it was respite him going [to North Africa]” (Margaret).

The support workers also described how prison was experienced by the mothers as being positive for the family or at least as offering some positive benefits:

I think prison is a different venture I don’t think anyone likes the fact their kids go to prison but I think for some parents its respite from the chaos. They know they’re safe they know they’re getting fed they know they’re in a dry place you know someone else is looking after them. I suppose they’ve taken their role or mum’s role but in a different context their basic needs are being looked after. I think it’s a chance for them to get their lifes back on track. They can plan a holiday knowing that somebody is looking after them and they are locked up they can’t be all over the place in chaos and the police won’t come knocking at their door saying is he here we need to search the property...You know they get a little bit of their lives back again (Helen, support worker).

Yeah cos you hear so many of them saying I just wish they would take him in [to prison] cos then I know that he is safe and I know he won’t get into any more trouble. I know what he’s up to. But like I said if he’s at home causing chaos and bringing the police to the door and having your door kicked in in the early hours of the morning or whatever all through the night. Whereas if they are in prison for a short term or period then at least they

know that they've got some sort of life whilst they are there (Emma, support worker).

### ***Ambivalence; prison and mum***

However, the sense of relief created some ambivalence for the mothers who often articulated how uncomfortable it made them describing the benefits that prison offered them as individuals and to the wider family as a whole. Furthermore, to resist the label of 'bad mother' the benefits offered to the family from the custodial sentence were frequently linked to the perceived benefits for the offspring. These perceived benefits, however, were often connected to longer custodial sentences and 'tough' prison:

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).

I wrote to [the] prison saying I do not want him moved [to the local prison]. Now I wrote to the governor about that even though [he] would say I need to be near my mother cos she's got cancer. Cos I was diagnosed with cancer in the July before [he] went into prison. He went to prison I think November, October, November I can't remember. So I wrote to the governor saying I want him to stay there. I want him to have a strict regime I felt [the local prison] was a soft touch (Nancy).

The idea that prison could be a positive intervention from the perspective of the mothers runs contrary to a wide body of criminological literature (Codd, 2008). The negative impact on family life is described in the early empirical research into the affect of prison on family life:

[I]t would seem reasonable to accept that imprisonment is a crisis...but we would suggest that the impact on a particular

family will vary greatly both according to whether the crisis is recurrent or unique...(Morris, 1965: 21).

Imprisonment as a family crisis is still being identified in more recent research: “prisoners’ families could be argued to be the innocent victims of current penological policies” (Codd, 2008: 41). The mothers therefore needed to highlight how prison benefitted their offspring by offering better treatment for their offspring’s problematic drug use:

They get more time for them I think in prison...Yeah they’ve got the time to sit and talk to them. [He] can sit and talk to someone for an hour, two hours if he wants...You have to come to this room and in front of them you have to take all your [Methadone] (Doreen).

So when he was moved from prison to prison like if they want they can go on the drug free wing. If they want to but they have to prove that. Yeah he was doing that and there was an officer who was really nice with him [who said] although we’re not really supposed to speak he did and he said I just want to put your mind at rest he’s doing OK (Shirley).

By highlighting how well their offspring were doing and how prison provided drug treatment, the mothers were able to justify why a custodial sentence was a good outcome. This was an important issue for the participants as to fulfil the role of good mother the participants needed to follow a number of unwritten but widely accepted rules such as being caring and offering unconditional support for their offspring (McAra and McVie, 2012). The participants also highlighted other benefits for the offspring so that they could demonstrate how a custodial sentence was benefitting both the offspring and them:

It was all on this report what he’d done and he’s got a certificate it came out four days ago in the post. He’s doing more in there, some of the things he’s done. He’s on level 3 English which he did before but I thought his brain may have been a bit mashed but if it was it’s not now (Ruby).



Well [the prison] just want praising cos I don't know about all the other prisoners but they have worked wonders with him, they really have they've been marvellous (Doreen).

It was still a horrible feeling but then at least I knew when he was in there he was not going to come to anymore harm and he wasn't taking anymore drugs. Erm when I say to people thank god it was peace of mind to know (Shirley).

He went to the nick he would have been 21 before he went to prison, yeah that was it cos I'd had enough when he was just 20...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 and proper shoes on pair of jeans and his hair was short and all that. It was brilliant the way they looked after him (Julie).

Health and wellbeing as well as education are highlighted as being of benefit to the offspring. The participants when asked about imprisonment began by describing the positive impact on their offspring. Only after a range of benefits had been described would the participants then start to articulate how they personally had seen improvements to *their* lived reality. The benefits experienced by the participants were secondary to the benefits experienced by their offspring. The participants were able to maintain and promote their 'good' mother status while at the same time recognise that a custodial sentence had in some respects been positive. Furthermore, custodial sentences were seen as offering the possibility of sustained change in the offspring's behaviour on release.

### ***Family cohesion***

However, whilst the participants could identify benefits associated with a custodial sentence, the mothers also took on responsibilities that (from their perspective) periods of incarceration created. In particular, the

mothers felt responsible for making sure the family continued to stay together as a unit. The participants acted as “kin-keeper” for the family (Williams, 2005: 17). Williams (2005) describes how mothers fulfil the role of ‘kin-keepers’ by taking responsibility for maintaining family relationships. The example used in Williams (2005) is that of post divorce relationships and how mothers take responsibility for “sustain[ing] relationships, not just with the other parent, but with grandparents and in-laws as well” (Williams, 2005: 44).

The mothers in this research were frequently the family member that maintained contact with the offspring when they were incarcerated: “you’d never get my husband there [prison]” (Julie). Another example was Ruby who took her grandchild into prison to visit her father (Ruby’s offspring) as the child’s mother refused to go into the prison. For the mothers in the blended families, that is, the families that consisted of mother, stepfather and offspring, the mothers reported that when things went this far (a custodial sentence) it became unfair to include the stepfathers: “it was this is my son” (Margaret). The mothers articulated the need to be the one who visited the prison and dealt with state officials to coordinate practical issues such as the release arrangements. The acceptance of responsibility for maintained family cohesion is another example of the participants bearing the “burden of caring” (Codd, 2008: 167). By accepting the position of kin-keeper the mothers essentially adopted another layer of responsibility.

When the offspring were separated from the family, the mothers made efforts to ensure that family relationships were maintained and that the incarceration of the offspring did not lead to permanent loss of contact or estrangement. The need to maintain the relationship was also highlighted earlier in this thesis when the decision was made to exclude the offspring from the family home. It was the mothers who worked hard to maintain the relationship with the offspring even during periods of exclusion, as demonstrated in chapter 5. The evidence here then highlights how the mothers reacted to the situation (the offspring being incarcerated) by becoming more determined to fulfil the role of 'good' mother.

The strong desire amongst the participants to maintain relationships with offspring was also evident under difficult circumstances, such as when the offspring had been incarcerated for extremely serious offences:

I mean she'd done an armed robbery which is crazy cos it wasn't her character. She'd gone with this lad twocing<sup>7</sup> cars. I'm not excusing her behaviour at all she was off her head on loads of E. She took loads a cocktail of tablets they'd done this robbery on a shop they'd got loads of cigs and erm scratch cards got in the car and got in a police chase (Emily).

He was done by death by dangerous driving...He'd gone to the dealers. On the way back they'd had their fix and he said oh my god put your foot down I'm on a curfew. Obviously just having the bloody heroin as well he put his foot down [and] hit a lamppost. [His friend] was dead sat next to him and it was about an hour before they cut him out (Shirley).

He's gone to this couple's house, which were an older couple by the way that's why it is called aggravated. The woman had just had a hip replacement (Ruby).

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<sup>7</sup> Twoc was/is an abbreviation used by police officers to describe 'Taking without owner's consent' that has entered popular discourse in recent years

The desire to 'stand by' their offspring may reflect the changing nature of the family that was analysed in chapter 3. Marriage and cohabitation are not necessarily lifelong relationships but the offspring of these mothers will always be their offspring. It is emotionally worthwhile over the long term to invest resources in nurturing and maintaining relationships with the offspring because they are perceived to be permanent relationships amongst other forms of relationship that have become increasingly transient (Williams, 2005). The participants therefore used the time that their offspring were imprisoned as time to repair broken or strained relationships: "When [he] is in prison it's how's my brother how's my little bro and that and he's right and quite level headed and in control there" (Edna).

However, whilst the mothers accepted the additional responsibilities that they perceived existed (such as acting as kin-keeper) during periods of imprisonment, the mothers did not perceive this as a burden but rather a duty. Rather than terms of imprisonment damaging relationships as much of the pains of imprisonment literature suggests, the time the offspring were incarcerated was used constructively to rebuild relationships that had been severely damaged during the offspring's drug using career. The evidence here would suggest that the mothers in this research did not experience the pains of imprisonment as it is described in much of the (British) criminological literature. This is a significant finding for this research and is an important facet in meeting the central objective of this research: developing an understanding about how the participants

*experienced* the involvement of the criminal justice system in treating the problematic drug use of their offspring.

### **Desistance**

Within the introduction to this chapter, the influence of the new penology and the use of families as a site of positive social control were described. Moreover, a number of government policy documents were highlighted that promote the notion that the family can be used to encourage desistance with this leading to the rehabilitation of offenders (Home Office, 2004; Home Office 2006; Patel, 2010). Furthermore, the latest government drug strategy argues that problematic drug users need to be enabled to build recovery capital as this can be “one of the best predictors of recovery being sustained” (Home Office, 2010a: 18). However, whilst policy documents use gender-neutral terms (family), it has been demonstrated that the mothers in this research were the individuals within families that were responsabilised by this approach.

Although a perhaps unintended consequence of policies that are designed to promote desistance is that the burden falls to women (mothers), Codd (2008) has highlighted the central role played by the mother/offspring relationship towards desistance from crime. The participants, however, by the stage in their offspring’s drug taking career that they became incarcerated, understood that they had only limited influence over their offspring’s behaviour. They could not force their offspring to address their problematic drug use and they had in the past failed to persuade their offspring to change.

### ***A time for change***

Notwithstanding this, the mothers in this research were keen to promote the notion that on release the offspring would desist from their previous problematic drug use and stop reoffending:

Yeah, when he comes out he would like to, when he comes out he wouldn't mind designing t-shirts, designing things like this and that's what, that's what he wanted to do years ago but he thought it was a joke but it isn't he's good actually. So that's what he wants to do (Ruby).

The problem the fear is that he will do something unfortunate and on licence he'll be straight back in and he doesn't want to go back in. He won't do that mam he said I don't even want to go out of the house... (Doreen).

Prison was perceived to offer the necessary mix of interventions to make sure that their offspring were rehabilitated by the time they were released from prison. This was essential if the participants were to limit the stigma they faced and reintegrate the offspring back into the family.

Although many of the participants had experienced their offspring being incarcerated on multiple occasions, each sentence was seen as offering a possibility for desistance from drug taking:

He's done a long stretch in prison prior to this last lot...But he's done this last stint and its hit him bad cos he said to us I never want to come back in here again...Yeah he's really turned a corner, he's just got to keep it up out here (Doreen).

As Doreen articulated in this quotation the participants recognised the need for sustained change in their offspring. Terms of imprisonment were perceived to offer the best opportunity for the offspring to change, and therefore the mothers held on to the belief that each prison term was going to be the last and that this time the offspring would "really turn a corner" (Doreen). The mothers focused on the good that had come out of the

situation. Participants described how their offspring had become involved (during periods of stability and abstinence) in programmes designed to highlight the dangers associated with heroin use:

[He] liked it there cos he had therapy, he had one to one he had group work, what she [the drugs worker] wanted was for him and some of the others to go round school and tell their stories (Margaret).

[He] does all these meetings and goes into prisons talks to the kids. He's trying (Shirley).

Again, as with highlighting that the offspring were inherently 'good' (that was described earlier in this chapter) by shining a light on the offspring's altruistic actions, the participants were attempting to limit the reputational damage their offspring experienced from their discreditable attributes (Goffman, 1963) while at the same time promoting their own 'good' mother qualities.

### ***Prison officers***

In contrast to the (poor) relationship with police officers that was described in the previous chapter, the participants were often keen to highlight how "nice" (Ruby; Shirley) the prison officers were. Prison officers were credited with helping to rehabilitate the offspring and to encourage desistance from future criminality. The prison officers were described in positive terms in much the same way as other state actors had been during the early stages in the offspring's drug taking career. As has already been described earlier in this thesis, the participants in this research had experienced the involvement of the police and social services as initially positive. The mothers believed that these powerful state actors would work with the family to help force the offspring into

behaving in ways that the mothers found acceptable. However, the mothers' actual lived reality beyond their early encounters with state actors was that the police would take action to protect the wider community and social services would take action to protect other (more vulnerable) family members.

The police and social services could intervene in ways that the mothers did not want or did not perceive to be helpful or supportive. In other words, although the mothers wanted to work with the police and social services to change their offspring's behaviour, these state agencies did not *have* to work with them in the way that the mothers wanted. However, the participants perceived the goals of the prison officers to be the same as theirs. The police and social services are empowered by the state to work in the public interest and that interest was not always the same as that of the participants in this research. Social work, for example, is drawn in two directions:

To individuals and families and their needs in the one hand and its allegiances to and legitimation by the state in the guise of the court and its 'statutory' responsibilities on the other (Parton and O'Byrne, 2000: 37).

This created a degree of tension between the mothers and the state that coloured the way in which the participants viewed the wider criminal justice system, in particular the way the courts intervened and sentenced their offspring. However, the prison staff had from the participants' perspective taken responsibility for their offspring. The prison officers had taken over the role of parent from the mothers: they had become parents



by proxy. Part of the relief the participants experienced stemmed from the reduced responsibility they had during the periods of time their offspring were incarcerated. This meant that the prison officers were perceived in positive terms:

There's this prison officer now and he's got him [the offspring] on his wing and he's really looked after him. I went on a visit a couple of weeks ago oh my god do you know what I mean (Doreen).

The participants had found temporary relief from the responsibility of having to ensure their offspring complied with community-based sanctions such as curfews and Drug Rehabilitation Requirements, as the prison service was now responsible for all aspects of their offspring's care including their rehabilitation. The participants frequently linked the educational courses the offspring engaged with to the rehabilitative work that the prison officers were credited with:

He got on really well. He did a lot of computer things and qualifications and that...They were good at that I always found they were exceptional at that (Julie).

By relinquishing responsibility to prison officers for the rehabilitation, care and wellbeing of their offspring, the participants were able to focus on repairing relationships. When the participants visited their offspring in the prison they described doing everyday routine activities but that they were able to enjoy the time they spent with their offspring – “he can have a coffee with us now...just sit and talk” (Ruby). Although the participants found many aspects of their offspring's incarceration difficult (such as the social stigma that can be experienced when a close family member is in prison), delegating the day to day responsibility for their offspring to the prison officers was a source of relief and served to promote the notion that

the prison officers were on their side and that they shared the same ultimate goal – desistance from taking drugs and criminal behaviour.

### **Summary**

The most significant escalation of the action taken against the offspring, from the participants' perspective, was the involvement of the criminal courts. The offspring's deviant behaviour became fully visible to the community once the courts became involved. Moreover, the participants expected that the courts would be able to force or persuade the offspring to desist from their criminality and problematic drug use. However, the participants perceived the courts to be taking a soft approach when dealing with their offspring. So as to avoid any blame for their offspring's behaviour, the participants suggested that their offspring's continued recalcitrant behaviour was a failure of the court, the magistrate or judge, to act in a way that would persuade or force their offspring to desist from the activities that were causing difficulties for the mothers.

The participants did not appear to understand the complex sentencing framework that led to interventions, that from the participants' perspective, did not appear to address their offspring's problematic drug use and offending behaviour. Community orders were not perceived to be robustly enforced and as a consequence of this perception, the mothers accepted an additional layer of responsibility that potentially created a significant extra burden for the participants. However, periods of incarceration were viewed differently.

Although this research has identified how the mothers of problematic drug users articulated the benefits that came about from their offspring's custodial sentences, Codd (2008) suggests that imprisoning problematic drug users is counter-productive and that the "conflation of social work policy into criminal justice policy" (Codd, 2008: 166) needs to be challenged. However, the evidence here demonstrates the potential benefits offered to the mothers of long-term problematic drug users from custodial sentences. Much of the criminological literature that offers an analysis of the impact that incarceration has on families highlights the strain placed on relationships and focuses on the negative outcomes that can be experienced during and following a prison sentence (Codd, 2008; Coyle, 2005). However, for the mothers in this research, prison offered an opportunity for the family to rebuild and strengthen important relationships while at the same time have a break from the caring responsibilities the participants felt they had even though their offspring were adults.

Furthermore, the participants perceived the relationship between themselves and the prison staff to be positive and mutually supportive. This was significant as it led to the interventions that were implemented within the prison setting (that were designed to address the offspring's problematic drug use) as being understood to be beneficial and likely to lead to sustained change. The perception of the relationship with prison staff echoes the participants' perception of their early relationship with the police and social workers. Furthermore, prison officers were understood to treat the offspring as offenders with limited rationality (unlike the courts

or the police). The offspring were not rational actors who could make informed decisions for themselves. The offspring needed guidance and help to make appropriate decisions. From the mothers' perspective the prison setting provided a suitably controlling environment that could force the offspring to desist from both crime and drug taking. As Doreen asserted "you get your treatment and you stick to it end of!"

Whilst Garland (2001: 16) has argued that new criminologies focus on "reducing the supply of opportunities, increasing situational and social controls" and that the state has moved away from "individualized correctional treatment" and other features of the old criminologies (Garland, 2001: 15), the participants' perception of the periods of time their offspring were incarcerated was that it offered the old and the new. The participants' perception of the custodial setting was one in which the offspring were controlled: they were prevented from taking drugs whilst at the same time they were given treatment that would lead to their rehabilitation. Rather than "substituting prevention for cure" (Garland, 2001: 16) the participants had a perception of the prison as an institution where their offspring received both. The next chapter draws together the arguments presented in this thesis and outlines the (possibly) unintended consequences of the current approach to involving the families of problematic drug users in their treatment.

## **Chapter 8 Conclusions**

### **Introduction**

It will be helpful to start this chapter by once again outlining the research questions, aims and objectives. The remainder of the chapter is then divided into two sections. The first section whilst clearly answering the research questions also highlights two significant findings that emerged from the data during the course of this study. The first of these findings is that it is the mothers (and not families) that carried the burden of responsibility that flowed from the application of the policies that the current and previous governments have pursued that are designed to deal with problematic drug users. It is suggested here that this responsibility is multifaceted and leads the participants to perceive a degree of responsibility both for providing on-going care for their offspring well into what can be considered adulthood, and also responsibility for complying with some aspects of the sentences the offspring received for their on-going behaviour whilst in the community. The evidence to support this finding will be provided by drawing upon the themes that have run throughout this thesis: the role of the family in social policy, the nature of the power that the participants utilised and the techniques of neutralisation that the participants deployed during their offspring's drug using career.

The second significant finding is that the mothers did not experience the pains of imprisonment that much of the literature describes (Sykes, 2007; Liebling and Maruna, 2011). Rather the mothers experience sentences of

imprisonment as being a release from the burden of responsibilities that it is suggested the participants accepted that stemmed from the application of long-standing social policy responses to problematic drug use. This second finding is inherently connected to the first and flows from the perception of being responsible for the on going 'mothering' of the offspring. By drawing upon the themes that run throughout this thesis (that were highlighted above) it will be suggested that this finding is also connected to the policy responses that the participants' experiences are framed by. The mothers in this research experienced the periods of time their offspring were imprisoned as respite, with prison officers temporarily being responsible for the offspring and for rehabilitating them ready for their eventual release back into the participants' care in the community.

The second section of this chapter is a reflexive look back at the research as a whole. Bourdieu and Wacquant (1992: 194) have argued reflexivity is "not designed to discourage scientific ambition but to help make it more realistic." By identifying potential gaps in the knowledge created in this thesis it is possible to (briefly) outline the shape a follow up study may take. Moreover, this reflexive review of the research also serves to document some of the difficulties that were experienced during the research endeavour and how they might be overcome in the future should a follow up study be commissioned.

## **Research questions, aims and objectives**

As described in the introductory chapter to this research, this study answers a set of inter-related questions around parents' experiences of drug treatment for their adult offspring that is mandated by the courts and provided in the community and prison settings. The research questions are:

- How do parents of drug using offenders view and understand court mandated drug treatment?
- Do parents' views of court mandated treatment shift and change along the course of their offspring's 'career' as a drug using offender?
- What impacts do court mandated treatments have upon family relations, family integrity and parent-offspring bonds?
- How do parents view prison and treatment in the prison setting as opposed to treatment in community settings?

## ***Research aims and objectives***

This research aimed to discover what sorts of tensions (if any) were created for parents when their problematic drug using adult offspring were mandated into drug treatment programmes in the community and when their offspring engaged with treatment in the prison setting. In addition, this research aimed to develop an understanding about whether or not these types of intervention were welcomed by parents as a positive development towards addressing the problematic drug use of their offspring. Alternatively, did the involvement of the criminal justice system in drug treatment lead to additional or different difficulties for the parents? The objectives of the research are to analyse and interpret how the research participants (the parents of problematic drug users) *experience*

the involvement of the criminal justice system in treating the problematic drug use of their offspring.

It is also important to once again state the areas this research does not consider. First, this research does not investigate whether or not the involvement of families in the treatment process of problematic drug users is effective but rather this research investigates the *application* of policies that seek to involve parents in the treatment journey of problematic drug users. Secondly, this study does not attempt to offer an explanation for problematic drug use. Whilst the reasons the participants offer for their offspring's problematic drug use is highlighted within this study, there is no investigation into the reasons given beyond an analysis of how the mothers attributed cause in order to protect their own self image as good mothers. In addition, it was observed that should the cause of drug use be related to family dysfunction, it may be problematic to involve the family in the way suggested by the current policy response.

Finally this study does not offer any suggestions about how to encourage the parents of problematic drug users to become involved in the treatment process, or what alternatives exist for those individuals without parents or families. It is important to recognise that the findings of this study relate to a self-selecting group and are therefore not necessarily representative of all mothers of problematic drug users. However, the findings do offer an insight into the everyday lived reality of individuals in this situation. The participants in this study were all committed to working with state



institutions and state actors for the benefit of their offspring with the aim of encouraging their offspring to desist from their deviant behaviour.

It is also important to restate that the findings of this study represent the perception that the mothers had of the situation that they found themselves in. This study has been informed by the symbolic interactionist tradition. The participants' actions and perceptions were filtered through a subjective lens that draws upon their life experiences and the expectations that they had based upon those experiences. In essence this study is an interpretivist piece of research. Before outlining the key findings to have emerged from the data in this research, and to support the understanding of the participants' behaviour offered here, it will be helpful to once again briefly consider Garland's (1996) responsabilisation strategy and the theoretical frameworks that Garland has suggested that the state has turned to in response to the consequence of crime becoming an everyday reality.

### **New and old criminologies**

Garland (1996) suggested that since the 1970s governments in the UK have sought to address crime by adopting what are described as "the new criminologies of everyday life" (Garland, 1996: 450). These new criminologies include approaches outlined in the theoretical literature such as situational crime prevention, routine activity theory, and rational choice theory (Garland, 1996). The participants in this study can be understood to have accepted the consequences that flow from what Garland (1996: 452) described as the new criminologies, especially the responsabilisation

that in part sought to create “active citizens.” However, Garland (1996: 451) also suggested that new criminologies are “not incompatible with older criminologies which focus upon the pathological disposition of the individual...” Evidence in support of this assertion has been offered here with the participants in this research supporting both greater use of force to constrain the actions of the offspring (Wrong, 1979), while at the same time displaying an expectation that the state provide what Garland (1996: 447) has described as “penal-welfare.” Welfare, in the context of this research, refers to the provision of “correctional penal measures” and “penal treatments.”

However, whilst appearing to accept responsibility for the consequences of their offspring’s problematic drug use, the participants in this research did not understand their offspring to be rational actors and this influenced their understanding of the way state officials intervened and the effectiveness of the interventions that their offspring were mandated into. This deficit in rationality relates to the offspring’s ability to make fully informed decisions. The offspring were viewed by their mothers as having limited rationality and therefore the participants’ action can be interpreted as an attempt to restrict the choices their offspring had. Felson and Clarke (1998: 7) describe offenders as engaging in “purposive behaviour designed to benefit the offender in some way.” However, in the context of this research, the participants did not understand the offspring’s behaviour as being rational but rather as childlike and hence the need (from the participants’ perspective) to parent the offspring well into adulthood.

Evidence for this interpretation is offered in the analysis of the participants' relationship with prison officers when contrasted with the relationship with police officers. It is further evidenced by the perception of treatment in the community when compared to treatment in the prison setting. This is an important facet of the participants' perception of their offspring as it supports the application of Garland's (1996) responsabilisation strategy in this thesis. Having set out how the findings in this study relate to the wider criminological literature this chapter will now outline and describe each of the key findings and provide answers to the initial research questions.

### **Key findings**

The latest drug strategy (Home Office, 2010a) is the most recent government document to promote the idea that families can be used as a source of strength to be drawn upon when treating problematic drug users. However, this policy, although couched in terms of gender-neutrality, does not account for dominant gender roles and therefore the application of this approach to dealing with problematic drug users is such that it was the women (mothers) in this research that this impacted upon. Smith *et al* (2010: 91 - 92) described how "gender-neutrality" in social policy could lead to "gender-blind" policies that fail to account for gender roles. This gender blindness supports the notion offered here that the participants in this research viewed the court mandated treatment of their offspring as weak and ineffective. As a result of the gendered nature of the way the participants experienced the application of government policy they experienced state interventions as responsabilising, which in turn led to the

participants needing to protect their status as good mothers. Furthermore, the participants' views of court mandated treatment shifted and changed as their relationship with state actors such as the police became strained. Finally, family relationships, integrity, and the mother-offspring bond were all negatively impacted as a consequence of the application of policy interventions that were designed to address the drug taking behaviour and criminality of the offspring.

### ***Techniques of neutralization***

Significant evidence to support the above assertions can be found in the techniques of neutralization that appear to have been utilized by the participants to assert that the problematic drug use that their offspring engaged in was "due to forces outside of the individual [mother] and beyond [her] control" (Sykes and Matza, 1996: 209). This was a central aspect of the strategy used by the participants to maintain that they were good mothers, and that whilst they were responsible for the consequences of their offspring's problematic drug use, they were not responsible for the causes of it. This approach was evident in a number of ways. For example, the cause of the offspring's problematic drug use during the early stages of the offspring's drug using career was attributed by the participants to the friendship group the offspring had. To combat any suggestion that the problem may have been a response to poor mothering, the participants highlighted friends and acquaintances as being the causal factor of their offspring's problematic drug use.

As the offspring's drug use became more entrenched it became problematic to maintain that the on-going issues were caused by poor friendship choices. The participants therefore attributed their offspring's on-going problematic drug to depression. The participants had what is described in the literature as a social understanding of the causation of depression, with Tew (2005a: 13) suggesting that sociology has long considered the "interrelation of 'mental distress' and 'problems of living'...for example studying the impact of poverty, discrimination and social labelling..." It was this type of explanation the participants provided to account for their offspring's depression, linking their mental distress to problems finding employment and housing, for example. Again, by suggesting that depression (caused by social difficulties) was the reason the offspring continued to be problematic drug users, the mothers were attempting to protect their master status as good mothers.

The participants framed the issue of depression in a way that suggested the cause of the problem was not connected to their mothering capabilities or the family, with this also highlighting how complex the situation was. On the one hand, the participants wanted to be supported by health workers and other professionals, yet at the same time the mothers were sceptical about the benefits of methadone prescribing (when that was part of the treatment strategy) and treatment in the community more generally. The complexity of the situation and the confusion the participants experienced during their offspring's problematic drug using career offers evidence that what is needed in response to the problem is support for the

families who find themselves in this situation (Butler and Bauld, 2005). The participants needed a broader understanding of problematic drug use and the interventions that are available if they are to be utilized as an effective resource in the treatment of their offspring's problematic drug use. However, it was not just the type of treatment (substitute prescribing) that the mothers described as being inappropriate.

The link to friends and acquaintances was not entirely dismissed as a reason for the continuing problematic drug use. The participants frequently suggested that treatment in the community was not successful as their offspring were able to maintain and develop connections with other heroin users and dealers. This aspect of the perception that treatment in the community was ineffective was outlined in chapter 6. Connected to this, and in addition to utilizing techniques of neutralization to protect their own internalised master status as good mothers, the participants also used a hierarchy of stigma to promote the perception that the offspring were inherently good. This technique was deployed in an attempt to enhance the credibility of the notion that the cause of the offspring's problematic drug use was not connected to the family and in particular the participants' mothering capabilities. For example, the nature of other people's drug use and offending behaviour was frequently framed as more serious than their offspring's, to limit the degree to which the participants were tainted by their offspring's behaviour.

The application of techniques of neutralization by the participants in this research demonstrate the complex array of strategies that were deployed by the mothers to protect their own identity, in an attempt at displacing any blame that may be directed at them for the cause of their offspring's problematic drug use. Being responsible for what their offspring *did* as a consequence of their problematic drug use was also action that the mothers took to help maintain their image of being a good mother. The mothers displayed a degree of responsibility for the actions of their offspring as that action is connected to the role of good mother and a functionalist understanding of how families operate (Parsons, 1951).

### ***Responsibilisation***

It was contended earlier in this chapter that the data collected during this study lends support to Garland's (1996) responsibilisation thesis that proffers the argument that the state is "acting indirectly, seeking to activate action on the part of non-state agencies and organisations." (Garland, 1996: 452). Furthermore, this strategy devolves "responsibility for crime prevention" on to individuals. In the case of this research responsibility was devolved to the mothers of problematic drug using offenders (Garland, 1996: 452). The evidence gathered here demonstrates that the mothers accepted this responsibility but in much broader terms than had perhaps been envisaged by Garland. The participants accepted responsibility for crime prevention, for example, by ensuring that their offspring complied with the terms of curfews that formed part of community sentences with these curfews being part of a sentence that was designed

to prevent or at least limit the opportunity the offspring had to offend (see chapter 6). However, the mothers went a stage further and also accepted responsibility for carrying out parts of the offspring's sentences, for example, paying the fines that the courts imposed (see chapter 5).

Furthermore, although the offspring were all adults in so far as they were all over the age of 18 (with 75 per cent of them being over 30 see chapter 2), the participants dealt with the offspring not as fully rational actors but as individuals with limited rationality (Newman, 1997). This was one of the issues that created a degree of tension between the mothers and state actors such as police officers with this contributing to the perception that community based interventions were not effective at forcing their offspring to change. While the offspring were under the age of 18, young offender teams dealt with them. During this period the mothers stated that they were able to contribute to the treatment being offered to their offspring. However, when the offspring became 18, the participants described how they were no longer consulted or actively encouraged to be involved. This was experienced by the mothers as exclusionary and as a barrier to their offspring's successful engagement with treatment services. This highlights a gap between policy intention (a whole family approach to the treatment of problematic drug users) and policy application.

### ***The role of the family in social policy***

Support for the families of problematic drug users has been described in the literature as lacking consistency across England and Wales (Copello



and Templeton, 2012). It is argued that the provision of support is provided by small local charities and there is an absence of a joined-up approach by the government, meaning that assistance is not available to all families in this situation (Copello and Templeton, 2012). The participants in this study had all actively sought support from outside the family and were all active participants of the support groups where they were recruited for this study. It is of significance to this research that the participants (from their perspective) enlisted the support of powerful state actors such as the police in their endeavour to address their offspring's problematic drug use.

It was explicitly stated in the introduction of this thesis that this research did not attempt to establish the cause of the offspring's problematic drug use or how the government might encourage the parents of problematic drug users to become involved in the recovery journey of their offspring. What the study did aim to do was to offer an understanding of how the participants *experienced* the involvement of the criminal justice system. The evidence offered here demonstrates that during the earlier stages of the offspring's drug using career the mothers in this study not only actively sought support from other parents in a similar situation to themselves but also felt they could use state actors to persuade their offspring to desist from using drugs. This would appear to be a mirror image of the policy outlined in a number of documents that encourages the use of the family by state actors and institutions as a resource that can be drawn upon to

support rehabilitation and desistance from problematic drug use and crime more generally (see for example, Patel, 2010; Youth Justice Board, 2006).

### ***Force and a loss of power***

The participants' drive to enlist support from state actors during the early stages of the offspring's drug using career was perceived by them as successful. However, once the offspring's drug use became problematic and more entrenched, the participants reported that they experienced policing tactics in a way that was perceived to be counterproductive. This perceived loss of power coincided with the offspring entering what is commonly thought of as adulthood. One of the tactics utilized by the police that the mothers described as unhelpful was stop and search procedures. The mothers defined this device as being highly stigmatising as the offspring were (from the participants perspective) being publically censured and singled out as a result of being known problematic drug users. The participants reported that their offspring were easy targets for this type of operation and that rather than being experienced as a form of power that could persuade the offspring to change, stop and search could lead to relapse and the offspring to drop out of treatment regimes.

This particular point demonstrates the gap that was created between the police and the participants that stemmed from a lack of understanding about the role the police play in society. The participants in their early dealing with these state officials held the belief that the police were a service that could support the family and assist them in addressing their

offspring's problematic drug use. However, the action taken by the police (such as stop and search) appeared to be taken to protect the wider community from the criminality that the offspring engaged in. The way the participants interpreted the action taken by the police contributed to the perception that community-based treatment at the direction of the criminal justice system did not deliver the outcomes that the mothers wanted.

### ***Treatment options***

A number of tensions were described in earlier chapters of this thesis that contributed to the perceptions that the participants held about treatment in the community. One of the weaknesses identified by the participants has been described in the literature and Sparrow and Mclvor (2013: 311) have suggested that

The 2003 [Criminal Justice] Act limits the therapeutic possibilities of community supervision. Indeed, in its current incarnation the legislation has the potential to propel drug users towards custody well before the full range of alternatives has been sufficiently explored.

In chapter 6 it was demonstrated that the participants in this research experienced their offspring being referred back to court for non-compliance with treatment orders, and Ruby for example suggested this option was utilized too readily:

I mean [he] got knocked off the order. If it had been [his] key worker because he said he hadn't turned in but he turned in and the guy wasn't there, so they take him off it's a load of rubbish (Ruby).

This was an issue that led not only to the participants perceiving community-based treatment as being weak and ineffective, but also contributed to the poor relationships between the participants and state

actors. The approach to treatment in both the community and custodial settings is similar; however, the participants' perception was that their offspring responded to treatment in prison as the degree of coercion was greater than that applied in the community. Furthermore, the mothers perceived there was an absence of negative influences, such as being able to freely mix with other drug users, with this also contributing to the positive image of the treatment that was offered in the prison setting. This chapter will now turn to outline the second significant finding that emerged from the data collected during this study – that the participants did not experience the pains of imprisonment in the way described by a broad body of literature (Sykes, 2007; Liebling and Maruna, 2011).

### ***The perceived benefits of imprisonment***

Most of the participants had excluded the offspring from the family home on one or more occasions during their attempts to force them to desist from their drug taking behaviour. However, this action was not congruent with their internalised understanding of being a good mother. This action also symbolised a final loss of power. However, when the state excluded the offspring from the family home by passing custodial sentences, this was then beyond the mothers' control and therefore did not lead to any internalised conflict about their virtue as good mothers. The participants in this research were in part influenced by the notion that the offspring were well cared for in the custodial setting and that prison officers took on most of their responsibilities while their offspring were incarcerated. The perception of treatment in the prison setting was further enhanced as a result of (from their perspective) the police giving priority to protecting the

community over supporting the family. The mothers experienced the police as a force whilst at the same time they were perceived to be offering a service to the community by disrupting the supply of illicit drug. From the participants' perception the police should have been a service to everyone and not taken sides. This then leads to the second finding that emerged from the data in this study.

The participants perceived incarceration in positive terms and the treatment offered within the custodial setting was understood to be more effective at addressing the offspring's drug use than mandatory treatment in the community. It was significant that the participants' perception of the prison setting was one in which the offspring were compelled to comply with a regime that included drug treatment and that the prison had the power to *force* their offspring to engage. Furthermore, the participants' perception of the prison environment was one that was nurturing and offered the offspring significant opportunities to be rehabilitated:

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).

This is in contrast to the literature that outlines a high level of drug availability within prisons (Crewe, 2009) and also the voluntary nature of entering treatment for problematic drug use once in prison. Furthermore, the literature identifies a wide range of forms of violence that exist within the prison setting, for example "violence between prisoners, aggression by

staff on prisoners and collective forms of prisoners' resistance" with collective resistance representing prison riots (Snacken, 2005: 313).

Notwithstanding the broad body of evidence that demonstrates the harsh realities of life within prison, the participants focused on the positive aspects that related to what they, as mothers, perceived to be mandatory treatment set alongside a regime that ensured the offspring had a healthy diet and they were eating regularly, leading to improved presentation when the participants visited their offspring. The mothers, in order to protect their internalised master status as good mother, were keen to give prominence to what prison offered their offspring when filtered through their subjective lens. This enabled the participants to relinquish responsibility to the prison for their offspring's rehabilitation and for the prison officers to become parents by proxy. This was the only way the participants could escape what they perceived to be the responsibility to deal with the consequences of their offspring's problematic drug use and the offending that was connected to that behaviour.

This understanding of the treatment that was offered within the prison highlights not only the complex nature of problematic drug use and the ways in which treatment can be offered but also a lack of knowledge about what treatment within prison entailed. It was shown in chapter 2 that the broad modalities of treatment are the same both in the community and in the prison. However, the participants highlighted weaknesses in the community based mandatory treatment that were connected to issues

such as on-going contact with acquaintances who would both facilitate a continuance of the drug using career and the supply of the substances require to maintain that career. Furthermore, the mothers described the initial cause of their offspring's problematic drug use as being connected to friendships that the offspring made during their adolescence (typically between the ages of 14 and 16). Therefore the prison setting offered solutions to these perceived weaknesses.

### ***The family and the prison***

The explicitly stated role for the families of prisoners in a number of government policy documents is that they can be utilised as a source of strength that can be drawn upon to encourage desistance from crime and contribute to offender rehabilitation (Patel, 2010). In common with the latest drug strategy document, families are understood to offer a degree of informal social control that can be harnessed for the good of wider society in the form of desistance and a reduction in recidivism. However, this premise is built upon the notion that families are benign and are maintained by positive relationships that seek to nurture offspring into becoming fully formed adults, what Parsons and Bales (1955) described as the stabilization of the adult personality. However, it was suggested in chapter 3 that not all families are in fact nurturing and families can be sites of significant oppression, what have been described as the "horrors of family life" (Millett, 1970: 342).

Moreover, by drawing the family into the rehabilitation of offenders a perhaps unintended consequence of this policy is the responsabilisation of individuals from within the families of offenders. A significant outcome of this for the participants in this research was a magnification of the gendered societal expectation that women (mothers) are the individuals within families responsible for caring and nurturing. The rhetoric that is contained within government policy documents assumes equality within families. However, the evidence contained within this thesis suggests that this rhetoric reinforces the burden that the mothers in this research experienced by (perhaps unintentionally) strengthening gender roles. This was the case even for the participants from within the families that were not part of what is often described in the literature as a nuclear family.

### ***Techniques of neutralisation***

Stemming from the burden perhaps created by policy interventions was that although the participants valued the treatment that the prisons provided, the mothers still appeared to need to deploy techniques of neutralisation in an attempt to protect their internalised status as good mother (Becker, 1963). The most obvious of these techniques was the application of a hierarchy of stigma similar to that deployed when the offspring were in treatment in community settings. When the offspring were incarcerated other offenders were identified as having committed worse crimes than their offspring – “he was mixing with paedophiles!” (Nancy). This enabled the mothers to maintain their status as good mothers as their offspring, although labelled as offenders, were not as bad



as other offenders and therefore their mothering capabilities were not fully tainted by their offspring's wrongdoing.

The techniques utilised by the participants also facilitated their relinquishment of some of the responsibility that was experienced by the mothers. By highlighting some of the benefits that a custodial sentence offered their offspring, the participants were able to neutralise the idea that they could be perceived as being a bad mother for wanting their offspring to receive a prison sentence. Furthermore, the prison could from their perspective deploy force as a form of power more effectively than they could and also in a way that the police and social services had failed to do whilst the offspring were in the community.

### ***Power and the prison officer***

Prison officers were perceived to have the power to persuade their offspring to enter treatment and then force them to comply with the treatment regime they had agreed to (Wrong, 1979). In the community setting the mothers had been the generators of recovery capital (Home Office, 2010a) with the participants experiencing the burden this created as a perhaps unintended consequence of state policy interventions that reinforce normative understandings of the family and family relations. The current drug strategy (along with other policy documents) does not acknowledge gender roles; however, this study has demonstrated that for the mothers in this research clear gender roles exist and were acted upon by the individuals involved in this study. However, prison officers were

perceived to have the power to force compliance by the offspring and therefore the mothers were empowered to relinquish responsibility to them for their offspring's rehabilitation.

The prison officers were understood by the participants to share the same goals as they did; that is, to prevent their offspring from continuing with their drug taking behaviour and criminality. The realities of prison, of drug availability and victimisation, did not match the mothers' experience of it and therefore they were able to focus on the benefits of incarceration over the potential costs such as impaired employability. Moreover, the temporary release from their perceived responsibilities enables the mothers to focus on rebuilding fractured relationships and to plan for a future where their offspring were no longer problematic drug users, with this adding to the perception of incarceration as being a positive outcome. The rebuilding of personal relationships was highly significant to the mothers in this research and they worked hard to not only rebuild their own relationship with their offspring but also to maintain other family relationships such as that with siblings and their offspring's own children.

As a result of the focus on the positive aspects of their offspring's incarceration the participants did not appear to experience the pains of imprisonment in the way that is described in the literature that investigates the impact on the families of prisoners (Liebling and Maruna, 2011). For example, rather than feelings of separation and loss, the parents described improvements to the relationships with their offspring (Liebling

and Maruna, 2011). Moreover, the mothers described how wider family relationships had improved such as those with siblings.

### **Reflections on the research process**

Having addressed the research questions, aims and objectives and having highlighted the significant findings that emerged from the data, this chapter will now turn to consider future directions for research into the areas investigated by this study. It was argued in the methodology chapter that this research was completed from the perspective that knowledge of the social world is created and not revealed. It is therefore appropriate that the final section of this thesis is reflexive:

Reflexivity is a process by which the researcher continually reflects on his or her participation in the process of knowledge production (D’Cruz and Jones, 2004: 76).

A range of decisions that are made (starting with the research topic and continuing through until research findings are disseminated) influences research outcomes. These decisions shape the character of the knowledge that is articulated. For this reason it is important to be transparent, to describe and more crucially *evaluate* the decisions that were made during the research to enable readers of the outputs to be able to assess the validity of the claims made (Davies and Francis, 2011). Reflexivity then can be seen to be a critical aspect of the research endeavour particularly for interpretivist researchers.

The first key point to be evaluated is that this research began with some existing knowledge about the various ways that problematic drug use

affects families. As Wahidin and Moore (2011: 296) point out, “prejudice is the ontological condition of human existence in society and thus no researcher comes to her research a *tabula rasa*.” The decision to research the topic under investigation here was influenced by existing knowledge about the way problematic drug use impacts on family life. However, the range of experiences that were described, and how candid the participants were about their lives, was entirely unexpected. Whilst the attention of this thesis is narrowly focused on the way the participants experienced the involvement of the criminal justice system in the treatment of their offspring, the range of data provided by the participants went significantly beyond this focus. This was partly due to the approach taken to the interviewing process particularly in the early stages of data collection.

By adopting a grounded theory methodology (operationalized through unstructured interviews) the research outcomes were shaped by the themes that emerged from the mothers and the insights they offered. So although existing knowledge about the way this participant group experienced their offspring’s problematic drug use was held by the researcher and brought to the research endeavour, the actual findings – whilst being informed by this knowledge – were established by following the data such that

[t]he theory that emerges from the researcher’s collection and analysis of qualitative data is in one sense equivalent to what he *knows systematically* about his own data...They are his perceptions, his personal experiences, and his own hard-won analyses (Glaser and Strauss, 1967: 225 emphasis in the original).

In addition to the driving forces that led to this research being undertaken, it is also of importance to acknowledge and evaluate what motivated the participants to become involved in the process. What is evident from the data collected during the research is that the participants were keen for the research to be used to shed light on the lived reality of the families of problematic drug users and improve the support provided to this service user group. The participants frequently articulated their belief that more funding should be provided by central government to support families in this situation. This was the impetus for many of the participants to become involved in this study. The desire to improve the recognition that this participant group receive and expand the type of support provided encouraged many of the participants to be very open and provide very detailed accounts of what can be thought of as being very sensitive and at times very personal pieces of information. The strong desire shown by many of the participants to be involved in this research played a significant part in supporting my ability to gather very detailed and rich data.

### ***Gender***

The issue of most significance identified during this research was how difficult it was to obtain details of the lived experiences of men/fathers in the situation being researched. There were no men present at any of the group meetings attended during the data-gathering phase of the study. However, during four of the interviews with the mothers the participants' partner/husband was present in the house. The father/partner would typically go to another room during the interview or leave the house for a meeting or to go shopping. When asked if they wanted to be involved in

the study either the mother would respond that “it’s not really his thing” (Rose) or the father/partner would suggest “she deals with him [the offspring] now” (Lesley, the male partner of one of the participants). The lack of male involvement in dealing with the offspring’s on-going problematic drug use was investigated and analysed in chapter 5 and forms a central aspect to one of the strands of argument offered in this thesis. However, it is necessary in this chapter to acknowledge the potential bias that an all-female participant group may have led to and also to suggest steps that could be taken in any follow-up study to address the gaps in knowledge that may exist as a result of this gender bias.

As described in the introduction to this study, the research began with the intention of developing new knowledge about how *parents* experienced their offspring’s problematic drug use in particular circumstances. However, as only mothers of problematic drug users were recruited for the research, the knowledge developed from the data reflects the experience from the mothers’ perspectives. The fact that all the research participants were female will have influenced the character of the knowledge created during this study. It is often the case that women are more likely than men to seek support from outside the family in situations such as the one investigated here. However, gender roles are not fixed and change over time, and the decision not to be involved in this research may reflect a particular understanding of the roles that men and women play within families with this in turn reflecting the age profile of the participants in this study (Alsop *et al*, 2002). These issues are also investigated in detail in

chapter 5 of this thesis and form a central aspect of the arguments made throughout this study.

However, it is recognised in the literature that it is not uncommon for more women than men to be involved in research that considers the impact of drug use on the family. For example, a recent summary of 20 years of research into the experiences of family members affected by drug and alcohol problems confirmed that

over 800 family members have been interviewed. Considerably more women than men were included in all the studies and wives/female partners and mothers were the two groups most commonly represented (Orford *et al*, 2010: 45).

The higher level of involvement of women in research such as that undertaken here is in contrast to the gender mix of problematic drug users. In 2011 for example, the National Treatment Agency (NTA) reported that 73 per cent of people in treatment for problematic drug use were male (NTA, 2011: 7). The British Crime Survey (BCS) reporting in the same year stated that “men reported higher levels than women of use of any illicit or Class A drugs...This pattern has been consistently demonstrated since the 1996 BCS” (Smith and Flatley, 2011: 20). The BCS first started to measure trends relating to drug use in 1996 so in other words since the BCS started to collate this type of information it has always recorded more men than women self reporting drug use (Smith and Flatley, 2011).

### ***Hegemonic masculinity***

The lack of male participants can perhaps be accounted for by considering Connell’s concept of hegemonic masculinity (Connell, 1993). The notion

of hegemonic masculinity was in part developed to explore the differences between the lived reality of men and the dominant culture in which they exist (Alsop *et al*, 2002). Connell (1993: 602) has argued that “masculinity as personal practice cannot be isolated from its institutional context.” One of the institutional contexts that is of relevance to the practice of masculinity is family. As the ways in which the family experienced their offspring’s problematic drug use was the focus of this study the practice of masculinity is of relevance in terms of why fathers/male carers were difficult to recruit into this research. Hegemonic masculinity is not fixed and reflects the dominant understanding of masculinity and as Alsop *et al* (2002: 140) assert it is shaped by “fantasy figures and role models.” Furthermore, and of key importance here:

Hegemonic masculinity in Western society is recognised in most literature as hinging on heterosexuality, economic autonomy, being able to provide for one’s family, being rational, being successful, keeping one’s emotions in check and above all not doing anything considered feminine (Alsop *et al*, 2002: 141).

With this in mind it is possible that the focus of this study could have been perceived by men to investigate being unsuccessful as a parent and (from the perspective of the participants and their husbands/partners) as investigating the feminine facets of the family such as nurturing and caring for offspring.

One way this could be addressed going forward would be to conduct research explicitly targeting male carers/fathers. To do this it would be necessary to frame the proposed study in a way that male carers and/or fathers would perceive as being relevant to them. One of the significant



findings of this study was that the mothers accepted responsibility for dealing with the consequences of their offspring's drug use once it became problematic. One outcome from this was that the fathers/male carers were not involved in the day-to-day management of the situation and therefore (perhaps) did not perceive the research as being relevant to them.

The main difficulty in adopting this strategy would be the identification of men with the necessary experience. As has already been outlined in this chapter, it was the mothers of problematic drug users that sought support outside of their immediate family and therefore became visible to this study. Male carers/fathers would therefore be more difficult to identify and then recruit into a research project of this type. To attempt to overcome this problem, the geographical spread of the study could be increased to improve the total number of potential participants. However, this may simply result in more women being recruited, although this would add weight to the arguments offered in this thesis. It was not possible to do this during this research for a number of reasons. For example, the additional cost involved in the extensive travel that would be required and the additional complexity that would arise (and need to be accounted for) when dealing with a number of different probation service areas, as each area responds differently to problematic drug using offenders, depending in part, on the resources available in their location. Furthermore, each police force utilizes the discretion afforded them when dealing with offenders according to local policing priorities (Lister, 2013).

However, a follow up study of this kind would provide a balance to the knowledge created during this study. It could also help in the design of interventions that are used to support *families* dealing with the problematic drug use of their offspring. By including the voices of men in research into families affected by problematic drug use, support services may be better able to encourage men to seek out and accept help and assistance.

### ***Voluntary or mandated drug treatment?***

A further difficulty encountered during the data-gathering phase of the research was being able to differentiate between court mandated drug treatment and treatment that was sought out by the offspring independently of any criminal justice led intervention. A range of institutions such as the criminal courts and quasi-governmental organisations such as Crime Reduction Initiatives (CRI) are involved when the offspring become mandated into drug treatment. CRI is a registered charity commissioned to provide interventions such as drug worker assessments of arrestees while in custody at police stations. Compass is another quasi-governmental organisation that the research participants came into contact with as a result of their offspring being sentenced to a community sentence that included a Drug Rehabilitation Requirement (DRR). In addition, state actors such as the police and probation workers were also frequently in contact with the offspring and research participants. This group of actors/agencies can be thought of as being part of a system of social control that is deployed to manage problematic drug users by the state in the community. The relationship between the participants and state actors such as police officers is investigated in detail

within this study, and the interpretation of these relationships is central to the arguments offered in this thesis.

The participants often knew their offspring were involved with treatment services but were not always clear about whether it was court mandated or voluntary. This was in part influenced by the secrecy that surrounds drug taking and other deviant behaviour (Condry, 2007). Frequently, the difference between treatment that each participant's offspring entered voluntarily and treatment that was mandated by the courts was determined by using the researcher's knowledge of the treatment system in the locality where the research was undertaken. To combat this particular problem future research in this area could include interviews with the offspring themselves. This would enable the experiences of the participants to be cross-referenced with the periods when the offspring were in court mandated treatment and reduce the ambiguity that surrounds the issue of determining how and why offspring were starting treatment episodes for their problematic drug use.

Although this was a difficulty encountered during the research, this particular problem did not hinder the development of new knowledge about how this group of mothers experienced the court mandated drug treatment of their offspring. The themes that have been developed in this thesis reflect key aspects of that experience. However, the main difficulty going forward is translating this small-scale study into a bigger (generalizable) project. It may be difficult to gather the depth of local

knowledge that is required in order to decipher whether the treatment episodes are voluntary or court mandated. A detailed working knowledge of local processes and treatment providers is required to differentiate between the two modalities (voluntary and court mandated) of treatment. This is perhaps where the value of including the offspring in the research process may offer most benefit. This is important, as it was the involvement of the criminal justice system in the treatment process that was of interest to this study. The way the participants experienced court mandated treatment was central to the research endeavour.

### **Conclusion**

In conclusion, this study has highlighted the (perhaps) unintended consequences of encouraging the use of the *family* as a resource during the recovery journey of problematic drug users. Sparrow and McIvor (2013: 301) have suggested there was a “considerable gulf between policy intention and practice reality” when describing the implementation of Drug Treatment and Testing Orders (DTTO) following the introduction of the 1998 Crime and Disorder Act. This study has demonstrated that there may be a similar ‘gulf’ between the intention (driven by political dogma) and the application of the long-standing responsabilisation of families of problematic drug users and the suggestion that they (the families) can be used as a resource in the treatment process. This research has demonstrated that for the participants in this study the unintended consequences were that it was the problematic drug users’ mothers who were responsabilised by this approach, and that prison was perceived to be a positive intervention.

It has been demonstrated during this research that the state encourages the use of families in a number of policy documents (Youth Justice Board, 2006; Patel, 2010; Home Office, 2010a), and yet the consequences of this strategy are not mitigated for by the introduction of support for the families (mothers) who are expected to act as a resource that the state can draw upon. Rather the latest drug strategy document advocates the investigation of providing this support (Home Office, 2010a). Furthermore, in the absence of a detailed knowledge of the options available to treat the problematic drug use of their offspring, the most draconian option was perceived to offer the best outcome and was understood by the participants to be the most effective solution. However, the notion that treatment within prison was the most effective option (from the participants' perception) was formulated within the context of the application of government policy.

It is not possible to suggest that the strategies utilised by the participants in this research are adopted by mothers (parents) of problematic drug users more generally in society. However, this study has demonstrated that valuable knowledge could be created by the commissioning of a follow-up study to test this hypothesis in a broader population of parents/mothers of problematic drug users, as this could help support the contention that if state actors such as social workers and in particular police officers were more overtly aware of the perceived role they play in the rehabilitation of problematic drug users they may be able to work more successfully in partnership with parents. Moreover, to fully validate the

findings in this research and to identify ways that the gender bias could be mitigated for (and perhaps ambitiously eradicated), a larger study needs to be undertaken that draws in male participants and their offspring. This would address the gaps in knowledge that were identified earlier in this chapter and could then be used to support a drive to improve the support that is offered to individuals such as the participants in this research. By better supporting the individuals in this situation it is possible that the government's desire to involve the *family* in the treatment journey of problematic drug users may lead to better outcomes both for the drug user and their family, and be implemented in a way that ensured the burden of responsibility is not placed (mainly) on the mothers within the families affected.

Finally, this study identified that the participants action can be interpreted as being connected to a lack of knowledge about the nature of problematic drug use and also the range of interventions that are available to the state when trying to address the behaviour of problematic drug users. There was also confusion about the action taken by state actors such as the police during their offspring's problematic drug using career when the offspring were engaged in treatment within the community. By improving the level of knowledge that the mothers had, the relationship between state actors such as the police and the participants could be improved. This in turn may help the mothers understand the way interventions such as the Drug Rehabilitation Requirements work in practice, with this leading to this form of intervention being more highly valued helping to counter the

idea that incarceration is a positive option when faced with this situation.

As Julie said “nobody ever tells you where the spoons are going.”

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## Interview guide<sup>8</sup>

Introduce myself. Describe research make sure they understand confidentiality and how names and places will be changed. Run through Information sheet - ask if they have any questions.

### Get consent form signed

Check for relevant experiences. Use this as a way to start the interview

Family background; married, single and so on

How many children?

Who lives in the house?

Keep questions open encourage them to talk about themselves

Get a life story from them starting from when their offspring started using

Find out how they felt about things – what are their ideas?

**At end of interview check ok to come back and visit them again in about 6 months**

### Key things to get information about:

Types of drug used

How long for

Contact with CJS

What the current situation is

**Remember first interview can be very general – 2<sup>nd</sup> interview will focus on the specifics!**

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<sup>8</sup> This document was designed to be one page long so it was easy to refer to and did not hinder the flow of conversation in keeping with the intensive interviewing approach being adopted.

## Analytical matrix

<b>Participant number<sup>9</sup></b>	<b>Number of children in the family</b>	<b>Age when first used drugs</b>	<b>What made you think (s)he was using drugs?</b>
<b>1</b>	2 children both male age 24 and 30	14 or 15 using heroin for about 15 years	“Came in stinking of glue”
<b>2</b>	3 children all male 38, 37 and 33	Heroin use started around 14 for both of them	“Was the fact that he obviously stopped going to school...we’d get letters and they would say he needs a medal cos he was so brilliant at lying”
<b>3</b>	2 children 1 male 19 and one female 21	18	“Mood changes”

<sup>9</sup> Participants were allocated names during the writing up stage. During the period when the analysis was being undertaken participants were identified by number.

<b>Age when police first became involved</b>	<b>What was (s)he in trouble for?</b>	<b>Did the case go to court?</b>	<b>False accusations</b>
16 or 17	"Street robbery"	Yes	Yes various
14	"Theft"	Yes	Yes various
19	"Dealing"	No	

<b>Age when first left home</b>	<b>Drugs used</b>	<b>Police attended home looking for offspring?</b>	<b>Other agencies involved</b>
16	Heroin and alcohol	Yes frequently	Yes
17 or 18	Heroin and alcohol	Yes frequently	Yes
16 or 17	Various "she told me she got through a thousand pounds in cocaine in a fortnight once"		

<b>Theft from the family home</b>	<b>Threats to the family from associates</b>	<b>Attending treatment sessions with the offspring</b>	<b>Managing treatment - parental involvement</b>
Yes - "just about everything we own has been stolen to feed his habits"	Yes - "so called mates threatening to bomb our house...we have been threatened cos he owed them money and stuff"	"I've gone with him and they won't tell me anything...you know when you say I know that he is using on top of his script and yet they won't listen to me saying that even though that can be so harmful for him but they went o no it's confidential...there's like this big wall put up"	
Yes "obviously all my jewellery went"	Yes - "just as he pulled up [in the car] he pulled a knife on us, well me"		"I'd frantically look for different places to hide it...and every day I gave him his methadone"
Yes "she would wait till I was at work"	Yes - "to the point were I daren't even go out with the dog at like 10 o'clock at night"	"her dad went with her for the appointment but was not allowed into the consultation"	"I did in the beginning get her an appointment with somebody"

### Example of a memo

#### Treatment

The participants appeared to know very little about the mechanics of the treatment process. However, they were actively involved in a range of ways. For example, many made first contact with a voluntary organisation and arranged for their offspring to meet with a drugs worker. Moreover, many of the participants went to these consultations with their offspring.

The parents employed a range of devices aimed at dealing with their offspring's problematic drug use for example allowing them to stay in the family home under strict rules and/or only being allowed in the house when a parent is present. Can this be conceptualised as being involved in the treatment process? Furthermore, the parents entered a phase where they accept the long term nature of problematic drug use and offer the offspring practical assistance but withhold access to the family home other than for short visits that are supervised.

Another way the participants were involved in the treatment regime was remote involvement. This is most clearly demonstrated during the periods the offspring are incarcerated. The prison staff were given responsibility for treatment when the offspring were incarcerated.

The apparent lack of knowledge displayed on one level is accurate the parents don't know about treatment specifics. However, the 'I don't know' stance also enables the parents to resist responsibility for some aspects of the offspring's problematic drug use.

**Points of interest:**

What do the parents want from treatment? Is the participant's action taken to combat the responsabilisation that the drug policy appears to promote and/or responsibility for the causes of their offspring's drug use?

### Information Sheet<sup>10</sup>

**Provisional title of research project:** Giving parents a voice: coercion, control and community punishment in the treatment of heroin using offenders.

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

#### **What is the purpose of the study?**

The aim of this study is to gain an understanding of the way parents experience their offspring's problematic drug use. In particular this study is focused on how the involvement of the criminal justice system (the police, courts, probation service and so on) affects the parent of illicit drug users. The study is expected to take approximately two years to complete.

#### **Why have I been invited to participate?**

You have been invited to participate in this study as you may have one or more offspring who uses illicit drugs. In addition, your offspring's problematic drug use may have brought them into contact with the criminal justice system.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part in this research. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are free to withdraw at any time and without giving a reason.

#### **What will happen to me if I take part?**

You will be interviewed by a researcher (Luke Cartwright) on at least two separate occasions. Each meeting with the researcher is expected to take approximately one hour. These interviews will be digitally recorded.

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<sup>10</sup> The template for this document was downloaded from Oxford Brookes University (2011) 'Guidelines for informed consent' at <http://www.brookes.ac.uk/res/ethics/consent> (accessed 8th June 2011). The text was adapted to suit the needs of this study but much of the original content remains



**What are the possible benefits of taking part?**

It is hoped that this research will lead to a better understanding of the way parents experience their offspring's problematic drug use. This knowledge may then influence the way support is provided to parents of illicit drug users in the future.

**Will what I say in this study be kept confidential?**

All information collected about participants will be anonymised. You will not be named but your views may be included in any published work. The digitally recorded interviews will be held electronically on University computer systems.

The digitally recorded interviews and your name and address will not be recorded together in the same document. The researcher will change names and locations in any and all published work so that you as an individual cannot be identified.

**What will happen to the results of the research study?**

The results of this research will be used in a PhD thesis. In addition, it is expected that data gathered during this research will be submitted for publication in peer reviewed academic journals and may be written up into a book.

The research is being funded by The University of Hull. The research project was given formal approval by the Department of Social Sciences Research Ethics Committee, The University of Hull in January 2011.

**Consent Form<sup>11</sup>**

**Title/provisional title of research project:** Giving parents a voice: coercion, control and community punishment in the treatment of heroin using offenders.

**Name of Researcher:**

	<b>Please initial box</b>	
1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	<input type="checkbox"/>	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.	<input type="checkbox"/>	
3. I agree to take part in the above study.	<input type="checkbox"/>	
	<b>Please tick box</b>	
	Yes	No
4. I agree to the interview being digitally recorded.	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree to the use of anonymised quotes in publications.	<input type="checkbox"/>	<input type="checkbox"/>
7. I agree that my data gathered in this study may be stored electronically and in paper form (after it has been anonymised) and may be used for future research.	<input type="checkbox"/>	<input type="checkbox"/>

**Name of Participant:**

**Signature:**

**Date:**

**Name of Researcher:**

**Signature:**

**Date:**

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<sup>11</sup> This document was downloaded from Oxford Brookes University (2011) 'Guidelines for informed consent' at <http://www.brookes.ac.uk/res/ethics/consent> (accessed 8th June 2011). Only very minor changes have been made to the template used here.