

Heroin use and pregnancy

*Pregnant heroin users are expected to cut their drug consumption
But is this always how they react to motherhood?*

RESEARCH SUGGESTS that women who use heroin are very aware of the possible dangers to their unborn child¹ – and also of the contempt felt for women who continue to use heroin while pregnant.² This contempt is often shared by the women themselves. They may even feel that moving on to methadone is not good enough: if they were *really* good mothers, they would have 'cleaned up' without it.³ Research also suggests that pregnancy and motherhood can be an incentive to control and reduce heroin consumption.⁴

So medical staff and drug workers may well expect that pregnant women will do their best to reduce or stabilise their heroin intake. They will also know that, despite this, some women continue using heroin during and after pregnancy. But are there also women who respond to pregnancy by actually *increasing* their heroin consumption?

In a small-scale study of six heroin using mothers in Coventry in 1991-2, I investigated, among other aspects, their use of heroin before, during and after pregnancy. They appeared to be a fairly representative sample of local heroin using women. They were aged between

Heroin use escalated as she struggled with postnatal depression

24 and 33 years, three had a partner living with them, and they had started heroin use between five and 14 years previously. Their children ranged in age from five months to 14 years. Three had also had pregnancies terminated.

Casual use becomes chaotic

All but one of the women had experimented with heroin before their first pregnancy. For five of them, problematic heroin use seems to have started during or shortly after a pregnancy.

Of the six, Ann (all names are pseudonyms) started using heroin at 19, but "just once in a blue moon". She says, "It's only when I was having Helen [first child] that I started dabbling". After the birth heroin use quickly escalated to injecting as she struggled with postnatal depression. She then avoided heroin for six years, "but since I've been about four-and-a-half months pregnant it's become a real problem again".

Bernice also started using heroin at 19. She then "stopped for a bit, then started taking it again when I was about a month pregnant". Clare injected heroin for the first time as the mother of a six-month-old baby, on the occasion of her husband's funeral, and continues to use. Diane began injecting heroin at age 16, the year in which she had a baby.

Elaine's regular heroin use had

probably already ceased before her pregnancy. She continues to take codeine, temazepam and methadone. The sixth woman, Fiona, had one six-month episode of heroin use in her teens and was then abstinent until, at 30, she restarted to help cope with the emotional aftermath of a regretted abortion. Her heroin dependence quickly escalated and remains at a chaotic level after a later birth.

So, for five of the six women, pregnancy or motherhood do not appear to have been an incentive to reduce heroin use; for at least three, the outcome was *increased* use. From being dormant or episodic, their heroin use became problematic to the point of dependency and chaos.

If we accept these women's statements, and assume the sample is reasonably representative, it's likely that at least a significant minority of women who have tried heroin will increase their use to problematic levels during or shortly after pregnancy. Why do some women respond in this way?

Regaining control

I am continuing research in this area, but one suggestion is that heroin use is a way of coping with stress,⁵ much as cigarette smoking can be. Similarly, smoking may persist or increase during pregnancy and when bringing up small children, despite the dire warnings of health educators.⁶

Increased heroin use can be seen as a possible response to the normal sense of ambiguity and stress of pregnancy, and as an attempt to recover some sense of control in a situation which may be perceived as frighteningly beyond control. It seems crucial for helping agencies to recognise this critical point, when 'dabbling' may be poised to become dependency and chaos, and to avoid any suggestion of 'piling on the guilt', but rather to offer women other strategies for coping and reducing stress. ○

by
Sarah Goode

The author is a PhD student in the Sociology Department of Warwick University. She can be contacted on 0203 523426/523147 (fax 0203 523497) or write to the Sociology Department, University of Warwick, Coventry CV4 7AL.

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See Connections page 8 for a new newsletter on women and heroin.