

PARENTS SELF-HELP IN MERSEY

Parents devastated by heroin use in the family speak about which services helped most.

Research among parents of heroin users found a high degree of shock and distress. Parents felt the probation service was most help as it included them in its work with their child. Family support groups were used only by a minority. Exclusion of parents from the work of client-centred drug agencies and differences in approach have led to a split which will need to be healed if local prevention schemes are to succeed.

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THE MERSEY REGION has been deeply affected by heroin use. A conservative estimate would be that the region has hosted at least 12,000 regular or dependent users in recent years. This article reports briefly on a study of the impact of 'problem' heroin use on family life, and particularly on the feelings and responses of parents of users.

By the end of the 1980s, only a small minority of 'affected' parents remained involved in collective action about heroin misuse. However, between 1982 and 1985, things looked very different on Merseyside. This was when the incidence (new cases) of heroin use was in a steep epidemic climb. Many hundreds of families found themselves in a state of great shock, summarised by words like 'shattered' or 'devastated', on discovering their son or daughter was dependent on heroin and caught up in an associated lifestyle.

Given the early lack of official responses and help, large numbers of *ad hoc* parents' groups formed. Most can be described as family support groups (FSGs). Several dozen groups and networks of concerned parents came and went. Some felt they'd achieved their goal of "getting something done", but most collapsed, with members feeling deprived of success or help.

Oral histories, taken from key members of about a dozen of these defunct groups, highlighted recurring difficulties such as inadequate funds and facilities, no regular venue for meetings and, in retrospect, a lack of appropriate managerial and organisational skills to sustain the group. The stigma of being a 'heroin family', particularly in aspiring, status-conscious neighbourhoods, also seems to have prevented parents attending semi-public groups.

There is a view, particularly among drug professionals, that that was that – as one article put it, the "rise and fall of family support groups".¹ Certainly in the north-west of England, this is too simple a verdict, partly because it is inaccurate and also because, as we will show, it endorses too narrow a view of professional practice.

There remain at least eight surviving

groups in the region: a couple have become fairly closed groups of parents who offer mutual support, a couple struggle on, and a few have become strong and durable agencies with staff, permanent premises and a wide range of services. Furthermore, new groups continue to form. There are also about a dozen 'advice point' centres or networks run by parents of users. These very local, low-key services include telephone counselling and help with transport.

However, a mismatch is apparent between the few hundreds of parents involved in grassroots self-help, and the many thousands affected in the Mersey region.

Self-help under-resourced

One component of our research involved interviewing 40 families who were 'coping' with heroin using children but who were *not* currently involved in a support group. This could obviously not be a random sample and parents were contacted using a wide range of sources and 'grapevines'.

The concept of a user's drug career is now widely accepted. Our research identified a parallel career pattern among parents, referring principally to women as mothers and family maintainers.

The first phase often involves growing concern about a teenage child's moods and behaviour, and perhaps about their secrecy about where they are or where they are going. That their child is a heroin user was most often revealed by a sibling, although theft from the home or a visit from the police also regularly conveyed the bad news.

The discovery had a dramatic, often traumatic effect on family life. Deceit and theft from the home added to the confusion as long-standing trust was broken. A range of coping strategies had to be employed, ranging from expulsion to house arrest.

Twenty-two of the 40 families we interviewed were themselves on the receiving end of theft. Thirty sets of parents discovered, in due course, that their offspring were involved in drug-related crimes outside the home, primarily shoplifting.



Geraldine Spence

Getting organised – it's what family support groups need to do to survive, but few are given the resources or help they require.

This, in turn, led to another phase for parents – hassle with the police, courts and prison. With daily habits leading to daily crime, risk of apprehension for users is high. Repeated prosecutions led to remands in prison, to probation orders and to custody.

Throughout this period, usually years, parents struggle from one crisis to the next. For some, the difficult admission that they only found peace of mind when their son was in custody was strange comfort.

One commonly cited side-effect of their child's heroin lifestyle, particularly on the municipal estates around Liverpool, concerned local drug dealers. The dealer's 'visiting card', to remind the family of unpaid debts, was often left: heavy phone calls, threats and broken windows all served the purpose. Again, it was often mothers who appeared to feel the pressure most.

While sharing common threads, family reactions to all this varied considerably. Some fell apart, others found greater inner resolve. Some sought formal help, others found support in family groups. An intriguing response, found several times, involved mothers 'giving up on' their own user children, yet committing themselves to working with other similar users through a community project.

The pattern of formal help-seeking by parents in the 40 families interviewed is

outlined in the table. GPs, most often contacted, proved largely unhelpful.

The surprise success has to be the probation service. Almost certainly the initial contact was related to a court hearing involving their offspring. However, parents generally found probation officers particularly helpful. The reasons for this are important. Parents felt the officer included them in the process of supervision. Parents felt listened to. They realised they were not 'abnormal' or unique failures as parents.

Professional exclusion

Parents judged helping agencies on the degree to which they were included in tackling their own child's drug problem. It follows that those agencies which insisted on a confidential practitioner-client relationship, or which appeared to condone drugtaking, were viewed negatively.

This largely explains the mixed responses to drug dependency units and even to 'user-friendly' drugs agencies in the region. Ironically, most family support groups have not satisfied 'ordinary' parents either. Their poor organisation and insularity has meant that even parents brave enough to attend a group have not felt included or empowered.

The indigenous parents' movement has not achieved its potential of becoming a magnet for the enormous unmet need in affected

Parents' voices

"Their dad went berserk and wanted to throw them out. Me and him had lots of rows. I was more protective towards them, he wanted to beat them up and throw them onto the streets."

"We have to lock everything up. If it's not nailed down he will take it and sell it for drugs. There's no trust in our house any more, it's caused a lot of unhappiness and pain."

"My son's probation officer has been most helpful. He is a good listener and takes time to explain things to me. At first I knew nothing about drugs and heroin in particular. He helped me to understand and realise my son wasn't going to die because of his addiction."

families and neighbourhoods. One reason for this is that, despite the rhetoric, such grassroots developments have received negligible support and funding from central and local government alike. Residents in poorer neighbourhoods, without economic and educational power, may lack the ability to empower themselves and so help and support each other effectively.

Another reason for under-achievement revolves around the parents' ideological commitment to a drug-free community. The reality of 'practising' such beliefs in the face of the continued easy availability of illicit drugs, the spread of HIV, and what is now the endemic presence of determined long-term users, produces perpetual collective ambivalence.

A psychological struggle, both within the parents movement and against the 'new professionals' with their harm-reductionist strategies, has diverted too much energy. In consequence, far too many 'ordinary' parents are left stranded and unhelped, caught between the insularity of some family support groups and inadvertent exclusion by most user-focused drug agencies.

Moderation and mediation is required on both sides. Family support groups need to adapt and be more flexible, so could benefit from knowledge, skills and resources held in professional settings. Drugs and social agencies need to have regard for the emotional pain so many parents suffer and the cost of fractured family relationships on parents and users.

The Government's chosen route to 'demand reduction' appears to rest on coordinating localised responses. Parents' groups are clearly already *in situ* and committed to prevention. The level of cooperation and liaison between them and more pragmatic drugs agencies may well determine the success or failure of local demand reduction schemes.

1. Dorn N. *et al.* "The rise and fall of family support groups." *Druglink*: 1988, 3(1), p.8-11.

Awareness of and perceived helpfulness of various drugs and related services

	Drug agency ¹	GP	Electro-acupuncture ²	FSG	Probation office	Police	Other	None
Aware of agency	32	39	30	31	25	6	2	1
Agency approached	20	37	5	10	18	2	1	1
Agency parents found most useful	5	6	3	1	14	0	0	6
Agency parents found least useful	10	19	0	7	0	4	0	0

1. Voluntary agencies and hospital clinics.

2. Bio-Physical Medicine Clinic.

Based on interviews with 40 sets of parents of heroin users not involved in family support groups. Multiple responses encouraged. See text for details.