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Views

Substance abuse and Pregnancy – The Search of Hope Amidst Contradictions

When a substance abuser is pregnant

With the use of catchy anti-drug slogans like “Not Now Not Ever” and “Say No To Drugs”, coupled with scary images, a “zero-tolerance” attitude on drugs is firmly implanted in the public’s mind. Substance abuse has long been an issue of great social concern. However, when a substance abuser is pregnant, the problem is escalated exponentially. “How dare you get pregnant as a substance abuser?” “You are pregnant, why don’t you quit drugs? Have you ever thought about the health of your fetus?” “Look at your drug abusing self, what will happen if the child grows up with you? Do you have the ability to take care of your children?” Relentless questions pop up on substance abusing mothers, health of the fetus and proper care for children; and these are all serious matters of concern.

Why don’t you receive drug treatment?

When a substance abuser becomes aware of her pregnancy, she will immediately fall into the abyss of anxiety. American scholar Murphy conducted a research on “Pregnancy & Drug Use” in the 90s on situations faced by pregnant substance abusers and their attitudes towards pregnancy and the fetus etc. A total of 120 substance abused pregnant women/mothers who recently gave birth were interviewed in this study. According to Murphy’s findings, majority of women after knowing that they were pregnant planned to undergo drug detoxification for the health of the fetus. They would also use different methods to improve the health of the babies and to reduce negative effects of substance use on the fetus.



Murphy also conducted in-depth research on the background of the interviewees, which found out that as high as 37% of them came from single-parent families, 70% had experienced mental, physical or sexual abuse when they grew up, and 82% of them left their biological families before the age of 18 and matured in poverty and helplessness.

The situations that female substance abusers face today are still very similar to those in the past. Murphy gave a systematic account on the observations of social workers from drug rehabilitation field. Behind the act of drug use, we often see a victim growing up amid a myriad of unfavourable circumstances, and substances were used to alleviate the unbearable hardships and pains. Modern psychology tends to think that substance abuse is an illness requiring treatment, whereas detoxification is a process of therapeutic treatments which is a matter of personal choice and the results could never be reached within a single leap.

What about the child?

Child protection is our prime concern under all circumstances. Many studies demonstrate that by raising the participation rate in prenatal checkups; improving nutrition for pregnant women; reducing cigarette and alcohol consumption (which are confirmed to be substance causing fetal abnormalities); helping substance abuse pregnant women to maintain a healthy mental state and to enhance their parenting skills are effective ways to keep their fetus healthy. After 20 years of implementation, European and American regions have accumulated a lot of experiences in supporting pregnant substance abusers and their children. It is believed that if barriers can be abolished and closer relationships be established between the abusers and the medical and social services as early as possible, and with appropriate intervention, it is more likely that they could become better parents. As a result, these countries gradually abandoned punitive measures and instead spent more resources to improve the understanding between pregnant substance abusers and the medical and social services, and tried to create a more accepting and encouraging service environment so as to build up a more trustful relationship with these socially marginalised women, and facilitate the achievement of the above results.



Local implementation awaits further development

Through the Hong Kong "Comprehensive Child Development Service", the maternal and child health centres will identify disturbed pregnant substance abusers who display prenatal or postpartum depression symptoms and other psychosocial stress. Once such abusers are identified, nurses at the maternal and child health centres will follow up and provide counselling service. Upon consent from the cases, the responsible midwives will refer them to appropriate social services such as the "integrated family services" and "Counselling Centre for Psychotropic Drug Users" for follow-up services. Although this service had proven to be effective when the Government conducted a review in 2007 on the pilot scheme, nurses relayed that their workload increased as they had to take up counselling service with which they were not familiar. When the plan was officially launched territory-wide in 2012, better co-ordination in the referral mechanism was made among the various government departments concerned. However, there was no obvious increase in manpower to follow up with new cases. As frontline staff could only rely on existing resources, they have become more and more exhausted under increasing service demand.

The pregnant substance abuser issue is an ethical and moral controversy. It also involves the areas of medical knowledge, social and psychological rehabilitation for substance -abuse pregnancy and child protection, all these I require close medical-social collaboration. With insufficient manpower to follow up these cases, results are often unfavourable and every setback will lead to further anxiety of the service providers. Drug rehabilitation is a long process and with appropriate intervention, quite a number of cases will turn into competent mothers. However, due to the lack of supporting resources, the "best" solutions often ended in babies being transferred to residential care services.

The best policy plan for child protection

Modern psychology states that a child's attachment to the parents plays a vital role in the healthy psychosocial development of the child and has a long-term effect. For pregnant



substance abusers, as Murphy pointed out, they often grew up in complicated environments, and some even left schools and families during a young age, which make it difficult for them to establish an ideal adult identity. With such "chronic identity impairment", they will see the "mother" identity as a chance to start a new life. For the sake of their babies, pregnant abusers will have the motivation to make changes and they find the bonding with their babies as the most stable intimate relationship in life. For the welfare of our children, we should establish empirical basis with sufficient human resources to enhance the bonding and attachment between mother and child, and cautiously improve the child protection measures that separate mothers from their children.

In the long run, helping mothers to become competent mothers brings the most benefits to children.