



University
of Glasgow

Taylor, Molly (2012) *Problem drug use and fatherhood*. PhD thesis.

<http://theses.gla.ac.uk/3376/>

Copyright and moral rights for this thesis are retained by the author

A copy can be downloaded for personal non-commercial research or study

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the Author

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the Author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given

PROBLEM DRUG USE AND FATHERHOOD

MOLLY TAYLOR
M.A (Hons), M.Sc

Submitted in fulfilment of the requirements for the
Degree of Doctor of Philosophy

UNIVERSITY OF GLASGOW

COLLEGE OF SOCIAL SCIENCES

CENTRE FOR DRUG MISUSE RESEARCH

JUNE 2011

Abstract

In spite of longstanding concern over the impact that parental problem drug-use may have on the lives of children, very little is currently known about the way in which problem drug-using fathers experience and interpret their parenting roles. This study explores the lived experience of fathering among problem drug-using men and considers the impact that drug addiction may have on how these fathers enact their roles as parents and the relationships that they have with their children.

Through qualitative interviewing with a sample of fathers with a history of drug addiction, this research highlights the incompatibility between a problem drug-use career and an active and involved fathering role. However, it also reveals how although many of these men may not be fathering in a practical sense, they would appear to nonetheless hold well-developed notions of what qualifies as good parenting and a desire to better fulfill their role as a father.

The findings suggest that greater acknowledgement of fathering issues and of men's parenting status in the provision of services would be beneficial. Furthermore, engaging with these men as fathers and addressing their parenting issues whilst treating their drug addiction problems could potentially facilitate better, more responsible, involved, and perhaps most importantly drug-free fathering.

Table of contents:

List of tables 6

Acknowledgments 7

Author's declaration 8

Clarification of terms 9

Chapter 1: Introduction 11

The genesis of the project 11

The structure of the thesis 12

Chapter 2: Problem drug-use and fatherhood: A review of the literature 16

Introduction 16

Problem drug-using fathers: The call for research 17

Fatherhood under construction: perspectives on fatherhood 18

Research on problem drug-using fathers 26

Conclusion 42

Chapter 3: Methods chapter 44

Introduction 44

The study 44

Reflexivity and the research process 62

Conclusion 71

Chapter 4: 'Controlled', 'Uncontrolled', and 'Drug Free': Introducing the men behind the categories 72

Introduction 72

An overview of the men and their lives 72

Being 'uncontrolled', 'controlled', or 'drug free' 76

Conclusion 86

Chapter 5: "The choice was taken away from me, it was the same routine every single day": Chaos and stability in the men's lives 88

Introduction 88

The chaos and stability of the men's drug use 88

Other sources of chaos or stability 95

Conclusion 110

**Chapter 6: "I want to be there, I want to be a father":
Parenting aspirations and influences 112**

Introduction 112

Becoming a dad 112

Fathering Aspirations 115

Influences over aspiration 122

Conclusion 139

**Chapter 7: "I loved my weans but I just wasn't capable of
looking after them": The impact of problem drug-use on
fathering 141**

Introduction 141

*'The monkey on your back': The role of drugs in the
interviewees' parenting narratives 141*

'The best laid plans': The impact of drugs on fathering 146

Conclusion 167

**Chapter 8: "I'm not going to get access or anything like
that while I'm taking drugs": Re-gaining and maintaining
contact with children and the obstacles problem drug-use
presents 169**

Introduction 169

Problem drug-use and paternal absence 169

Obstacles to fathering 173

Over-coming the obstacle 192

Conclusion 195

Chapter 9: Discussion and implications 197

Introduction 197

*A place for problem drug-using fathers in the emerging
discourse and policy on responsible fathering? 198*

*How services and treatment could better engage with
problem drug-using fathers 206*

Conclusion 220

Limitations and future work 222

Appendix 1 225

INTERVIEW SCHEDULE 225

Appendix 2 227

INFORMATION SHEET 227

Appendix 3 228

CONSENT FORM 228

Appendix 4 229

INTERVIEWEE PROFILE NOTES 229

Bibliography 230

List of tables

1. *Methods of data collection used in the project* **49**
2. *Interview recruitment across the 10 organisations* **52**
3. *Overview of the sample* **73**
4. *Level of contact with children across the 3 sample groups* **149**
5. *Comparative levels of contact reported by non-resident drug- using fathers in this study and those reported by non-resident fathers in the ‘Growing Up In Scotland’ study* **171**
6. *Quality of relationship with children’s mothers across the 3 sample groups* **180**

Acknowledgments

First and foremost, I owe the largest debt of appreciation to the fathers who shared their stories with me. Without them, this piece of work would not have existed and I am deeply grateful to them for being so frank and open on subjects that were often difficult and painful to discuss. They may be anonymous within these pages, but they are not forgotten and I remain greatly moved by what they told me.

I am also grateful to the various organisations where the research took place. I would like to express my thanks for all of their help in facilitating this project and for putting up with me so graciously. There were several individuals who were especially helpful and welcoming and in particular I would like to mention Dougie MacMillan, Hazel McDonald, Grace Gracie, David Bryce, Ewan Clydesdale, and Lynn Honeyman.

I also owe a huge debt of gratitude to my supervisors Professor Marina Barnard and Professor Neil McKeganey. Throughout this whole process I have been both thankful for and inspired by Marina's no-nonsense approach which is delivered with a lively sense of humour and underpinned by real humanity. I have great admiration for the clarity of her thinking and writing and the way in which she conveys compassion without resorting to sentimentality. To Neil, I am particularly grateful for his ability to see the 'bigger picture' and for helping me to do this too.

I would also like to thank friends and colleagues (both past and present) at the Centre for Drug Misuse Research for all their encouragement and help over the years.

Lastly I am eternally grateful to the friends and family who have supported me over the course of this PhD. Special thanks go to my parents, my brother David and my sisters Katie, Sally, and Allison, and also my cousin Debs. But mostly, I am thankful to Nicholas Allen for his unwavering and unquestioned support and without whom, I could not have done this.

Author's declaration

"I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature:

Printed name: Molly Taylor"

Clarification of terms

Problem drug-use/user: This term has been used throughout the text* in reference to the research group as I considered it to be the most accurate. There are a number of different descriptive terms used in the research and policy including; drug misuse/misuser, drug abuse/abuser, substance use/user, substance abuse/abuser, substance misuse/misuser, however, I felt that these other terms less accurately reflected my particular sample group and their drug-using behaviour. The reasoning behind my choice of terminology is outlined below.

The reason for using the word 'problem' was that it described both the drugs that the men were/or had been using as well as the way in which they had been using them. The term 'problem' reflects the drugs themselves because while the interviewees reported using a wide range of drugs and alcohol, all of the men were/or had been using illegal drugs (either heroin or cocaine) - both of which are classified as Class A - "*most likely to cause harm*" - under the Misuse of Drugs Act 1971. The term 'problem' also accurately reflects the men's use of the drugs. Part of the criteria for taking part in the study was that the interviewees were/ or had been addicted to drugs, that is to say, they recognised that they had were dependent on - 'had a problem' with drugs and that their drug use was not just recreational. Furthermore, in addition to describing their use of the drugs, the term 'problem' can also be used to describe some of the associated behaviours and issues that occurred in relation to and as a consequence of the interviewees drug use such as; unemployment, criminality, and homelessness.

The reason for using the word 'drug' instead of 'substance' was that substance can refer to both drugs and alcohol and although many of the men in my sample had co-occurring alcohol problems, they were selected on the basis that first and foremost, they were/ or had been problem drug-users.

Finally, I chose to use the word drug 'use' rather than 'abuse' or 'misuse' because both of these other terms imply that it is the manner in which the drug is being used which is inappropriate. As my

sample was selected to represent men from across the spectrum of problem drug-use and who had varying levels of control over their drug-using (including men who were being prescribed substitute drugs such as methadone) the word 'use' was considered to be more accurate.

* It should be noted that in reference to other people's work, I have used the terms used by the author as they appear in the original text.

Chapter 1: Introduction

The genesis of the project

Over recent years, fathering issues have gained prominence on the research agenda. Much of this work has focussed on the important role that fathers play in their childrens' development. Theorists generally agree that children who have regular interaction with their fathers benefit across a wide range of indicators of well-being (Sigle-Rushton and McLanahan 2004). The benefits of father involvement for child developmental outcomes and communities as a whole have also been acknowledged by governments and policy makers and internationally, there is a small but growing number of organisations focusing on fatherhood and programmes aimed at supporting and facilitating paternal involvement. However, while fathering issues in general may be receiving greater acknowledgment, it would seem that this has not extended to problem drug-using fathers who remain "one of the poorly understood and negatively stereotyped populations of fathers in many cultures" (McMahon and Rounsaville 2002 : 1110).

Research on parental problem drug-use has shown the children of problem drug-users to be vulnerable to a catalogue of poor developmental outcomes (Hogan and Higgins 2001; Advisory Council on the Misuse of Drugs 2003) and although paternal problem drug-use may be considered as representing a serious risk factor in the abuse and neglect of children (Kelleher, Chaffin et al. 1994), very little is currently known about how these men interpret and enact their role as fathers. Reflecting the general dominant attitude which tends to equate parenthood with motherhood (Coley 2001), in the context of problem drug-use, parenting has tended to be viewed as female issue and has typically been approached from the perspective of the mother. For the most part, the parenting status of problem drug-using fathers has been overlooked not just in research but also in the conception of policy and the provision of drug treatment services and parenting programmes. The lack of acknowledgment that the fathering status of these men has been given is somewhat surprising

given the number of children growing up with problem drug-using fathers. It has been estimated of the 39,200 problem drug-using fathers in Scotland, approximately 6,300 live with their children and given that many of these men have more than one child, it is estimated that there are 9,200 children growing up in households with a problem drug-using father (Advisory Council on the Misuse of Drugs 2003). Data tells us that there may be almost 10,000 children who live with a problem drug-using father and a great many more who have non-resident problem drug-using fathers however, very little is known about the level or nature of contact that either groups of these children have with their fathers or the extent to which their fathers are involved in their lives. It is arguable that better knowledge of problem drug-using fathers and the way in which they parent could be beneficial not only in order to gain a complete picture of the circumstances in which the children of these men are growing up but also in terms of understanding how services could better address paternal problem drug-use thus improving the situations of these men, their children and the mothers' of their children.

Given the current lack of empirical data on fathers who are problem drug-users, and in acknowledgement of the benefits that could result from having a better understanding of these men and their parenting attitudes and practices, the aim of this thesis is to gain an insight into the lived experience of problem drug-using fathers. Using qualitative methods, this study explores the parenting experiences of a sample of problem drug-using fathers and considers the impact of drugs on their relationships with their children.

The structure of the thesis

Beginning by considering where the study sits in relation to other research, the aim of the next chapter; **Chapter 2: 'Problem drug-use and fatherhood: A review of the literature'** is to locate the thesis in the literature. Almost a decade ago, researchers drew attention to the dearth of research into problem drug-use and fathering (McMahon and Rounsaville 2002) and this chapter suggests that although there

still may not be a large body of existing research on the specific subject, emerging work on other aspects of marginalised fathering may offer useful insights. By drawing upon some of the recent work on absent, unemployed, incarcerated, and homeless fathers in addition to the general work on fathering and problem drug-use and parenting this chapter considers the literature in relation to the subjective experience of fathering in the context of chronic problem drug-use.

Having established where this thesis sits in relation to existing work, the following chapter; **Chapter 3: 'Methodology'** goes on to introduce the research that was carried out in this particular study and outlines the methods that were used. In an effort to be as transparent as possible about the research process, this chapter discusses the study design and the methods used in the collection and analysis of the data in a reflexive way. The role of the researcher is explored with attention being paid to the issue of gender.

The reflexive approach introduced in the methods chapter is continued in **Chapter 4: "Controlled", 'Uncontrolled', and 'Drug Free': Introducing the men behind the categories'** where the reader is introduced to the men who participated in the study. After giving a brief overview of the sample of fathers who were interviewed, the tripartite sampling strategy that was employed and the categorisations of 'drug-free', 'uncontrolled drug-user' and 'controlled drug-user' are considered.

Having outlined the study and approaches taken, the following four chapters examine the data. **Chapter 5: "The choice was taken away from me, it was the same routine every single day": Chaos and stability in the men's lives'** is the first of the data chapters and expands on the theme of control that was introduced in the previous chapter providing further introduction to the interviewees lives and 'setting the scene' for the proceeding discussion. This chapter examines the changeability and volatility of the interviewees' lives

and the factors contributing to it. As well as considering the role that drugs play in this chaos or stability, the interplay between these and other facets of the men's lives are also discussed. The aim of this chapter is to provide the reader with a sense of how complex and precarious the interviewees lives were in advance of and as a backdrop to the proceeding discussion on their fathering.

Chapters 6, 7, and 8 address the subject of fathering. The aim of these three chapters is to explore how the role of the father was experienced by the interviewees and the impact that drugs had on this. In attempt to answer these two questions, these chapters consider and examine the men's fathering from three different facets. The first facet, **Chapter 6: "I want to be there, I want to be a father": Parenting aspirations and influences'**, looks at how the men aspired to fulfill their role as fathers. In this chapter, the ways that the interviewees said they aspired to fulfil their roles as fathers and how these parenting aspirations were influenced are examined.

The second facet, **Chapter 7: "I loved my weans but I just wasn't capable of looking after them": The impact of problem drug-use on fathering'** seeks to explore the discrepancy between the parenting that the interviewees reportedly aspired to and what they described as having transpired over time. In this chapter, the men's accounts of their relationships with their children and their descriptions of the ways in which the pressures of drug dependence made it difficult for them to succeed in fulfilling their parenting aspirations are considered. Comparing the day-to-day relationship that the men reported having with their children with the parenting aspirations outlined in the previous chapter, these two chapters illustrate the different ways in which problem drug-use impacts on fathering.

Having illustrated the impact that problem drug-use has on fathering and the men's relationships with their children, the third facet, **Chapter 8: "I'm not going to get access or anything like that while I'm taking drugs": Re-gaining and maintaining contact with**

children and the obstacles problem drug-use presents.' considers ways in which fathering roles may be restored. In this chapter, the way in which many of the interviewees had become absent from their children's lives and the idea of re-building relationships are explored. The obstacles that the men reported facing in the re-establishment of a relationship with their children are discussed and finally, the cases of the fathers who had been successful in re-building family relationships are described.

Chapter 9: 'Discussion and implications' is the final chapter and considers how, in the light of the research findings discussed, problem drug-using fathers might be better addressed in treatment and services. Highlighting the current lack of recognition of paternal problem drug-use in the discourse and policy on fathering, this chapter argues that greater acknowledgment of the fathering issues faced by problem drug-using men could facilitate more responsible parenting which could be beneficial not only to the lives of these men and their families but also wider society.

Chapter 2: Problem drug-use and fatherhood: A review of the literature

“As socio-economic changes redefine responsible fathering within industrialized and developing cultures, substance-abusing men, their children and the mothers of their children can no longer afford to have fathering left off the research agenda.”

(McMahon and Rounsaville 2002)

Introduction

Parental problem drug-use and the impact that it has on child development has had and continues to receive a good deal of attention both in the media and within the research community. While much of this research has been focussed on child development, attention has also been given to the psycho-social impacts of substance misuse on the role of the parent. However, the vast majority of this psycho-social research has been centred on mothers and currently, little is known about the impact of problem drug-use on the way that men experience and fulfil their role as fathers. Although there may not be a broad base of existing research relating specifically to the subject, other work on marginalised fathering, particularly in relation to paternal absence, can also be drawn upon as this work addresses issues which have been shown to be relevant to problem drug-using fathers.

The aim of this chapter is to locate this study within the literature. After briefly considering the demand for more research into the lives of problem drug-using fathers, the current body of literature relating to the subject will be reviewed. This will begin with a brief discussion on the development of fathering research in general. Attention will then turn to the topic of parental problem drug-use and more specifically, the extant work on problem-drug-using fathers. Following this, research on four other areas of marginalised fathering; absence from the family home, incarceration, unemployment, and

homelessness, that are considered to be particularly relevant to the lives of problem drug-using fathers will also be reviewed.

Problem drug-using fathers: The call for research

In recent years, it has been acknowledged that there is a real shortage of research focussing specifically on problem-drug-using fathers (McMahon and Rounsaville 2002). While historically, the majority of parenting research in general has focussed on the mother (Phares 1992; Coley 2001; Rohner and Veneziano 2001; Ferguson and Hogan 2004), over the past few decades, the social and cultural importance of fatherhood has been recognised (Sarkadi, Kristiansson et al. 2007), and this has been reflected in the emerging scholarly interest in the topic fatherhood (Marsiglio, Amato et al. 2000; Sarkadi, Kristiansson et al. 2007). The emerging research has created a rich collection of information on the subject. However, it perhaps ought to be noted here that the vast majority of this literature originates from the United States, currently in Britain, research on fatherhood is comparably sparse (Brannen and Nilsen 2006). This growing body of knowledge incorporates a wide range of concepts of fatherhood and a number of approaches to creating an understanding of and defining the role of the father (some of which will be discussed at greater length below). It has also explored the ways in which fatherhood has and continues to evolve and acknowledges how, in the current climate of high divorce and declining marriage rates in the United States (and also here in Britain), the role of father may be subject to change under varying circumstances (Cooksey and Craig 1998; East, Jackson et al. 2006).

In spite of this attention on fathering, research on problem drug use and parenting however remains to be viewed as a female issue and much of the existing research has been centred on mothers. The likely explanation for this bias is that sampling of problem drug-using parents has shown mothers represent the main care-givers and that very few fathers are primarily responsible for their children (Barnard 2007). However, as Phares (1992) points out, this may also reflect the relative ease with which mothers may be recruited as research

participants by comparison to fathers through ante/ post-natal and other child related services. This focus on mothering enforces the impression that problem drug-using men are for the most part absent and uninvolved in parenting. However, as data suggests, the impression that these men are uninvolved as fathers is not altogether false, with an estimated less than 20% of Scottish problem drug-using fathers living with their children (Advisory Council on the Misuse of Drugs 2003), it would seem that paternal absence is the norm amongst this group. Currently in Scotland (but it also appears to be the case elsewhere) aside from estimated data relating to numbers of children living in households where the father is a problematic drug-user, very little is known about levels of contact between problem drug-using fathers who are non-resident or indeed what the parenting of either the resident or non-resident problem drug-using fathers amounts to. Given the shortage of research on parenting amongst this group, it has been asserted that these men remain one of the most poorly understood and negatively stereotyped populations of fathers (McMahon and Rounsaville 2002).

Before reviewing the existing body of work on problem drug-use and fathering, the two principle approaches that this work has taken will be considered.

Fatherhood under construction: perspectives on fatherhood

The following section examines some of the most prominent disciplinary perspectives employed in defining and interpreting men's roles as fathers in the problem drug-use and parenting literature. These approaches are of two kinds: The first regards fatherhood as a largely social construction in which paternal roles are firmly rooted within their socio-economic and cultural contexts whereas the second is more value based and examines the role of the father in terms of practical application and role adequacy. Whilst the former is particularly concerned with the processes and influences that shape how men interpret their roles as fathers, the latter is more focussed on assessing fathering in practice and considers how men function as fathers on a day to day basis and the implications of this. Although

these two approaches are not necessarily mutually exclusive, studies concerned with how the fathering role is constructed tend to focus on the fathers themselves whereas those examining fathering in practice are more often concerned with the implications of fathering behaviour for children, families, and wider society.

Research on the social construction of fatherhood

The sociological perspective of fatherhood is that it is, and always has been, a social construct (Mead 1950). Those who adopt this position argue that the role of the father is constructed and defined through the myriad influences of the micro-, meso-, and macro-levels of social activity and interaction (Marsiglio and Cohan 2000). This approach acknowledges and emphasises how routes into fatherhood, styles of fathering, and understandings of responsible paternity are subject to often complicated legal, social, and cultural influences (Marsiglio 1998). Involvement in fatherhood therefore, is considered to be a consequence of structural circumstances that are not of men's choosing (Williams 2008; Featherstone 2009). Researchers following this perspective have explored men's perceptions of fatherhood in the context of changing masculinities. Two particularly good examples of such studies are Henwood and Procter's (2003) research on paternal involvement during the transition to fatherhood and Anderson's (1993) holistic account of sexual relations and out-of-wedlock pregnancy amongst poor inner-city youths. Both of these studies examined the ways in which the fathering role is subject to many and often competing influences. Those influences range from the more immediate such as; friends and family, employment, and housing, to broader concerns such as; cultural norms, societal expectations, and economic trends. Henwood and Procter explored the perceptions of men on the brink of fatherhood and found that while they were largely enthusiastic about the perceived cultural shift towards more involved fatherhood and attachment to family life, they nonetheless reported areas of tension and difficulties associated with living out this 'ideal'. They conclude that neither the 'traditional' model of the bread-winning father nor the emerging model of the nurturing and

involved 'new father' can adequately make sense of the men's complex experiences of contemporary lived fatherhood. Anderson describes similar competing influences in a sample of black youths from a poor urban population. He argues that the young men's reaction to paternity is shaped by the often opposing drives of gaining peer acceptance and conforming to family and 'traditional' cultural expectations and how these are played out in the context of the economic conditions and persistent poverty of an inner-city community.

Other researchers have concluded that rather than fatherhood and fathering being the consequence of cultural and social constructions, that men, are active agents in the construction of their roles as fathers and their of involvement in family life (Lamb, Pleck et al. 1987; Townsend 2002; Gatrell 2007). Among these are scholars who explore the subjective experiences of men as fathers using a symbolic interactionist perspective or identity theory (Daly 1993; Minton and Pasley 1996; Marsiglio 1998; Armato and Marsiglio 1998, August; Fox and Bruce 1999; Marsiglio and Cohan 2000). These scholars have been concerned with how men construct and perceive their identities as fathers and have recognised the importance of understanding the nature, basis, and consequences of men's commitment to their children. The emergence of this research has come at a time when an increasing number of men are fathering in circumstances which are 'untraditional' within our 'western' model of the family, including for example; living in a separate residence to their children and/or not in a relationship with the mother of their children (Seltzer 2000; Teachman, Tedrow et al. 2000). Marsiglio et al (2000) suggest that given the instability of many of these father's circumstances, they may struggle to make sense of how to fulfil their parenting role. They assert that in 'traditional' two-parent families, that live together, the father's roles are comparatively well-established with bread-winning featuring highly along with moral leadership and gender-role modelling (Marsiglio, Amato et al. 2000). However, in situations where the father is parenting in 'untraditional' circumstances, for example, if he has infrequent contact with his children, or in

situations where one or both parents have re-partnered, the father's role may not be so obvious or be poorly defined. Townsend (2002) similarly holds that many men view fathering as a 'package deal' and for the men in his sample (Californian men born in the 1950's), that package included the three elements of employment, marriage, and home-ownership. He argues that men are reluctant to embrace or consider themselves as failing if fatherhood occurs out-with the package they associate it as being part of.

Other research has led to scholars to become increasingly interested in the micro-contexts in which fathering is carried out or as in the phrase coined by Marsiglio et al. (2000): "the shifting demography of fatherhood". Informed by post-structuralist and phenomenological perspectives, these scholars argue that fatherhood should be regarded as;

"a continually changing ontological state, a site of competing discourses and desires that can never be fully and neatly shaped into a single "identity" and that involves oscillation back and forth between various modes of subject positions even within the context of a single day."

(Lupton and Barclay 1997 : 16)

Central to this perspective is the view that the meanings and experiences associated with fatherhood exist not as a stable identity but through certain socio-cultural processes. The emphasis that this research places on the emotional and subjective aspects of fathering has struck a chord with scholars (Garbarino 1996). Such research in 'contextualised' fatherhood has been largely, but not exclusively, focussed on marginalised fathers, studies have included; minority fathers (Coley 2001); young fathers (Marsiglio 1993; Pears, Pierce et al. 2005; Sigle-Rushton 2005); absent fathers (Mott 1990; Clarke, Cooksey et al. 1998; Juby, Billette et al. 2007); incarcerated fathers (Hairston 2001; Day, Acock et al. 2005; Buston 2010); and low-income

fathers (Kost 2001) and finally also problem drug-using fathers (McMahon, Winkel et al. 2008).

While much of the social constructionist research has been useful in demonstrating the way in which cultural and societal influences are implicit in men's understandings and constructions of the fatherhood role, it has been argued that it has not fully addressed men's motivations to invest in particular models of paternity nor how individual experiences of fathering sit alongside cultural understandings (Robb 2004). Robb holds that there is a need for fatherhood research that considers the ways in which both societal and internal processes shape men's identities as fathers. One particular aspect of this school of research has been the recognition and focus on the co-constructed nature of men's identities as fathers and their actual fathering practices (Marsiglio, Amato et al. 2000). Similarly, LaRossa (1988) points out that the culture of fatherhood - society's norms, values, and beliefs - should be distinguished from the conduct or actual practices of fathers. He suggests that the general public may believe that fathers are more involved and nurturing than they really are because the culture of fatherhood has seen greater change than the conduct of every-day fathers. This discrepancy between the social and cultural expectations for greater paternal participation and nurturing and individual father's actual conduct has motivated the more recent research on father involvement.

The perspectives discussed above have all been concerned with the factors that shape how men interpret their fathering role. This research has sought to explore the ways that men father, the meanings that are attached to fatherhood, and examine how these are influenced and dictated by the social, cultural and economic contexts in which they take place. As Robb (2004) is noted to have asserted above, while this research may have been helpful in demonstrating the way in which cultural and societal influences are central to how men interpret their paternal role, they are not necessarily reflective of men's actual day-to-day parenting practices.

There have been a good number of studies that have examined fathering in terms of practice. However, these differ from the work discussed above as, by adopting a more practical perspective, they address how men function as fathers and the implications of this both within the individual family but also in wider society. Rather than focussing on the father, this research is more concerned on the impacts of fathering. Studies that have adopted this perspective are reviewed at greater length below.

Value and practice based fathering research

Many scholars have approached their analysis of the fatherhood role from the standpoint of paternal involvement (Connell 1995; Wall and Arnold 2007). At the most basic, this approach equates the extent of a father's involvement in his children's lives as determining his effectiveness as a father (Morman and Floyd 2006). Most of the father involvement literature focuses on the quality of fathering by assessing a wide range of variables such as financial contributions, amount of time spent with children, and nature of time spent with children. However, the lack of an agreed upon, quantifiable definition of father involvement has been one of the major obstacles in this work (Marsiglio 1995; Pleck 1997). Lamb and his colleagues (1987), proposed a model to gauge paternal involvement that takes into consideration the three categories in which fathers participate in parenting; interaction (i.e., level of care-giving and direct-contact between father and children), accessibility (i.e., a fathers presence in the lives of and availability to his children), and responsibility (i.e., activities involving the father's direct care and/or the arrangement of resources necessary to take care of children). This tripartite model has influenced subsequent research on paternal involvement and is increasingly being viewed as the standard for assessing involved fathering (McBride and Rane 1997; Pleck 1997). Palkovitz (1997), has elaborated on the tripartite model by identifying fifteen categories of paternal involvement, such as; doing errands, planning, sharing activities, thinking about the children, teaching, and providing. While it has been criticised as being more cumbersome to employ, the

Palkovitz extension has the merit of going beyond the behavioural measures used by Lamb and colleagues to include important cognitive dimensions.

Just as father involvement has been studied as a means of gauging paternal efficacy, researchers have also assessed the contributions a father makes to his children's development. Most of this research focuses on the quality and effectiveness of a man's performance as a father through evaluating variables such as time spent with children or financial provision made for them (Tamis-LeMonda and Cabrera 2002).

Increased recognition of masculinity as being plural and diverse and also as incorporating the notion of 'caring masculinities' has led to the construction of fatherhood based on the the polar concepts of "Good Dad - Bad Dad" (Johansson and Klinth 2007; Dermott 2008). These good/bad dichotomies represent idealised and demonised types of fathering within which men are portrayed either as failing fathers who are reluctant, absent, or dysfunctional or as the successful father who is active, resourceful, and loving (Furstenberg 1988). This kind of framing of fatherhood is also provided through policy discourses which often position fathers as 'problems' requiring legislative measures in order to ensure that 'family responsibilities' (usually financial) are met (Miller 2011). The absent or non-providing 'bad father' is recognised social and cultural representation in both policy and wider discourse here in the UK and elsewhere. Based on this, researchers have studied the deficit model of fathering (Doherty 1991) and the role-inadequacy perspective (Hawkins and Dollahite 1997). Likewise, in the positive sense, societal and cultural representations also inflect contemporary ideas of what 'good' fathering equates to (Gillies 2009; Miller 2011). At the basis of this kind of analysis lies the polarised assumptions that men either embrace their paternal role and are good at being fathers, or they shy away from it and are bad fathers. It has been argued that the use of this dichotomy of good or bad fathers presents an over-simplified and hence an inaccurate and contradictory impression of fathering (Morman and Floyd 2006).

The concept of social capital has also been used to examine fatherhood (Marsiglio, Amato et al. 2000). This research has considered the benefit of family and community relations for children's cognitive and social development. Examples of this include social capital created through a father having a close and warm relationship with his children and the benefits, through such active involvement, that this might bring to the children's lives. Another example, might be the value that a father's connections with other individuals or groups in the community could bring. For example, through his own work a father can provide an introduction to his colleagues and superiors which could help facilitate potential employment opportunities for his children. The benefits of social capital are not only work related but can also be socially created. Fathers can contribute to their children's development through connections with individuals and organisations in the community, such as knowing their children's friends and the parents of their children's friends or being actively involved in the organisations or clubs their child attends (Coleman 1988; Coleman 1990; Furstenberg and Hughes 1995; Amato 1998; Furstenberg 1998; Seltzer 1998). Social capital is thought to be a useful concept through which to examine fatherhood as it provides a conceptual link between a father's actions, his children's development, and the wider social network within which they exist (Marsiglio, Amato et al. 2000).

Among the practical/value-based theories above, there are a number of different perspectives as to how responsible fathering can be quantified but also how the concept of the responsible father is constructed. Drawing on both societal representations of the father as well as models charting parental involvement, these include: planning the conception of children, helping to prepare for the birth, acknowledging paternity, being involved in providing care for their children, maintaining good relationships with their children's other care-givers, having regular contact with and being available to their children, and making financial contributions (Levine and Pitt 1995; Gillies 2009; Miller 2011). In addition to acknowledging the positive

impact that responsible fathering has on children, there is emerging research on the impact that fatherhood has on the psycho-social development of men (Palkovitz 2002). Scholars concerned with fatherhood are increasingly arguing that the understandings and feelings that men have about themselves as fathers should be acknowledged and included in the creation of any model of responsible fathering (Palkovitz 1997). Furthermore, from the social constructionist perspective, it is clear that increasing diversity in both life course and family structure as well as the vested interests of various stakeholders to emphasise certain images of fathering and paternal involvement need to be recognised in the conceptualisation of a model of responsible fathering (Marsiglio, Day et al. 2000).

Over the past few decades, scholarship on fathering has generated a voluminous, rich and diverse body of work (Marsiglio, Amato et al. 2000). Within this, the fledgling field of research on problem drug-use and fatherhood has begun to emerge. The overview above outlines the main thrust of the two perspectives that the research on paternal problem drug-use has taken. The following section goes on to examine the research on problem drug-use and fathering.

Research on problem drug-using fathers

Much of the literature on problem drug-using fathers has stemmed from the general problem drug-use and parenting work. It should be noted that although much of this work may refer to 'parents' in non-gender-specific terms, because it is mothers who tend to be the primary care-givers, and they are easier for researchers to access, these studies have tended to be mostly focussed on mothers. After an introductory overview of some of the key research findings of this work on problem drug-use and parenting, attention will turn to the studies that have focussed specifically on fathering in the context of problem drug-use. The majority of this work assesses the impact of paternal problem drug-use from a value based perspective. These studies consider the practical implications of a father's problem drug-use on the lives of his children and overall family functioning.

However, there is also a small amount of work focussing on the lived experiences of problem drug-using fathers which is particularly pertinent to the present study that will also be reviewed below.

Problem drug-use and parenting overview

While children who are raised in families where one or both parents are problem drug-users do not necessarily exhibit problem behaviours either as children or later as adults (Garmezy 1985), the majority of the literature suggests that parental problem drug-use has the potential to be detrimental to many aspects of children's development. These range from the physical implications of pre-natal exposure to the sustained and intermittent hazards of growing up with a problem drug-using parent which include failure to thrive; blood-borne virus infections; inadequate health care; emotional, cognitive, behavioural, and other psychological problems; early onset of substance use and criminal behaviour; and low educational achievement (Bauman and Levine 1986; Bays 1990; Kandel 1990; Johnson, Boney et al. 1991; Kolar, Brown et al. 1994; Kaplan-Sanoff and Leib 1995; Wilens, Biederman et al. 1995; Hogan and Higgins 2001; Advisory Council on the Misuse of Drugs 2003; Barnard and McKeganey 2004). These potential negative impacts of parental problem drug-use on children's development can be attributed to the effects of drugs; on the unborn child, on parental behaviour, on the socio-economic situation of the family, and the effects of parental problem drug-use and criminal involvement as a behavioural role model (Hogan 1998). Problem drug-use may also affect how sensitive and responsive an adult is to their children's physical and emotional needs (Gawin and Ellinwood 1988; Famularo, Kinscherff et al. 1992). In turn, problem drug-using parents have reported feeling more stressed and lacking in social support and they show less adequate coping responses than their non-drug-using counterparts (Kelley 1998). Furthermore, as problem drug-users, these parents are more likely to experience homelessness and involvement with the criminal justice system as a result of the lifestyle they lead maintaining their habit. This kind of psycho-social adversity has been shown to have an

negative impact on ability to fulfil parental roles and on subsequent child development (Rubin, Erickson et al. 1996; Advisory Council on the Misuse of Drugs 2003).

As was noted above in relation to the general fathering research, much of the information that we have on parental problem drug-use comes from the United States. The relevance of the findings of these studies for the issues relating to parental problem drug-use here in the United Kingdom has been questioned:

“The few published studies that exist are mainly from the United States, where patterns of drug use and the social context may be very different from the UK. For example, the prevalence of cocaine use may be higher and the ethnic mix different. Not all the findings may therefore be relevant to the UK.”

(Advisory Council on the Misuse of Drugs 2003 : 41)

A further limitation of these studies that has been highlighted relates to how representative they may be:

“[These studies] give a very partial view of reality. Most feature parents (usually mothers) in a treatment programme who have agreed to be interviewed. Consequently, they are unlikely to include the most chaotic and non-compliant parents whose children may be more at risk.”

(Advisory Council on the Misuse of Drugs 2003 : 41)

In the UK, the most significant contribution to the problem drug-use and parenting research has been the Advisory Council on the Misuse of Drugs publication of the Hidden Harm report (2003). As well as estimating numbers of children affected by parental problem drug-use, this report also built on existing data relating to the impacts of parental problem drug-use on children. The Advisory Council on the

Misuse of Drugs (2003) represented an important opportunity to extend our understanding of the effects of problem drug-use on parents. In addition to reviewing published research and reports, it had the power to commission analyses of existing data, including the 5 year data-set for England and Wales on 221,000 problem drug-users (95,000 of whom had dependent children). Although 69% were fathers and only 31% mothers, no comment is made on this preponderance of fathers. Neither is there any analysis of the separate experiences of problem drug-using fathers and mothers. This kind of separate analysis would have been particularly useful in the sections of the report that relating to client profiles (p35) and risk profiles (p36). However, the analysis of the English and Welsh data refers only to parent or non-parent status. In terms of increasing our knowledge of problem drug-using fathers, this lack of separate analysis is particularly unfortunate. With regards to the Scottish data, the situation is somewhat different as the DORIS (Drug Outcome Research in Scotland) study from which much of the data was drawn carries out separate analysis. As such, the Scottish data section does report on problem drug-using mothers and fathers separately. Although the Scottish data provides information on the parenting status of men, their experiences as fathers are, for the most part, unknown and as is the case with the English and Welsh data, is based exclusively on those in treatment. The importance of the Hidden Harm report in terms of addressing the issue of parental problem drug-use in the United Kingdom and generating a significant amount of data on it is undeniable and it highlights the need for further research in this area in general and specifically for more research relating to problem drug-using fathers.

The literature reviewed above illustrates the wide ranging the negative repercussions of parental problem drug-use not just for children but for the parents themselves. Attention will now turn to the work that has been carried out specifically on fathers.

The impact of paternal problem drug-use on the children and other family members

As is the case with the majority of research into general aspects of parental problem drug-use, much of the work focussing specifically on problem drug-using fathers has tended to be focussed on assessing its impact on the children. These studies have shown the ways in which paternal problem drug-use has an almost universally negative effect on children's development and family life as a whole.

The detrimental impacts of paternal problem drug-use on children's development have been shown to include problems such as: being more likely to use drugs and alcohol (Clark, Moss et al. 1997; Clark 1998; Brook, Brook et al. 2003; Brook, Brook et al. 2006), neglecting their medical health (Cornelius, Clark et al. 2004; Mezzich, Bretz et al. 2007), being more likely to affiliate with deviant peers (Blackson, Tarter et al. 1996; Moss, Lynch et al. 2002; Moss, Lynch et al. 2003), being at increased risk for various psychopathologies including; conduct disorder, attention deficit hyperactivity disorder, major depressive disorder, and anxiety disorders (Clark, Moss et al. 1997; Moss, Baron et al. 2001; Fals-Stewart, Kelley et al. 2003; Clark, Cornelius et al. 2004; Kelley and Fals-Stewart 2004), and being more prone to anti-social behaviour (Moss, Mezzich et al. 1995; Fals-Stewart, Kelley et al. 2004; Brook, Duan et al. 2007). Research has also shown that physical abuse and neglect are far more common in families where the father uses drugs or alcohol in a problematic way (Kelleher, Chaffin et al. 1994).

One of the foci of the existing literature has been on the effects of paternal problem drug-use on psycho-social development. These studies have suggested that by their early teens, the children of problem drug-using fathers often have significant emotional problems and an increased incidence of diagnosable psychological disorders (Fals-Stewart, Kelley et al. 2004). Sometimes referred to as the "high-risk paradigm" (Johnson and Leff 1999), this research argues that chronic environmental, social, and familial problems contribute to poor adjustment in children and that children living with problem drug-using fathers often have prolonged exposure to such problems

(Fals-Stewart, Kelley et al. 2003). Study findings have shown that within households where the father is a problem drug-user, three main problems are likely to be manifest. The first relates to the presence of conflict and tension. High levels of inter-parental conflict have been reported for problem drug-using couples (Fals-Stewart, Kelley et al. 2003; Moore, Easton et al. 2011). Such stress and conflict has been shown to be particularly frequent among couples in which the male partner is a problem drug-user (Fals-Stewart, Golden et al. 2003; Moore, Easton et al. 2011). Furthermore, these couples are four-times more likely to engage in acts of partner physical violence than in couples where the male partner does not have a problem with drugs (Fals-Stewart, Birchler et al. 1995). Given this reported potential for increased inter-partner tension in couples where the male partner is a problem drug-user, it is probable that the children of problem drug-using fathers are at risk of witnessing conflict and violence between their parents. There are a number of studies indicating that children who witness such inter-parental conflict and violence are susceptible to develop a wide range of emotional and behavioural problems such as; depression, anxiety, delinquency, and aggression (Jouriles, McDonald et al. 1998; Shipman, Ross et al. 1999). A second potential problem for children whose fathers are problem drug-users is financial hardship. Problem drug-use is often associated with poverty (Ondersma, Simpson et al. 2000), and children from poorer families have been shown to typically exhibit lower levels of academic achievement, self-esteem, social development, and self-control than children from more advantaged families (Hanson, McLanahan et al. 1997).

The third problem for the children of problem drug-using fathers relates to providing consistent discipline. Tarter and his colleagues (1993), argue that the overall quality of parental discipline provided in families of problem drug-users was poorer than in those where there was no drug problems. Furthermore, their research showed that even though there were no differences in terms of consistency or severity of punishment, discipline was less effective in the families of problem drug-using fathers.

In the light of such studies, which have demonstrated how paternal problem drug-use can compromise not only the developmental outcomes of children but also the well-being of the family as a whole, researchers have begun to examine the ways in which problem drug-using fathers' efforts at responsible parenting may go some way to alleviate the risks to the children and families. These newer studies have shown that within families affected by paternal problem-drug use; less drug use, less marital conflict, greater financial support, and good father-child relationships may lead to better developmental outcomes in children (Fals-Stewart, Kelley et al. 2003; Brook, Brook et al. 2006; Brook, Duan et al. 2007). However, a less positive finding made by Andrews et al. (1997) showed that good father-child relationships in families affected by paternal problem drug-use may increase the likelihood that the children will start to use drugs in adolescence. Consistent with this, Moss et al. (2002) found paternal problem drug-use to have a disruptive affect on the family as a whole. In these families there was; less organisation and routine, greater difficulty in establishing and maintaining norms and rules, poorer communication, greater difficulty in expressing emotion, and less ability to respond to and deal with demands faced by the family. The focus of the work discussed above has been on the impact that paternal problem drug-use has on children. The following section considers research into the experience of fathering in the context of problem drug-use.

The impact of paternal problem drug-use on the father

As was noted above, the vast majority of this research has been primarily focussed on paternal problem drug-use from the perspective of the impact that it has on children and other family members and concentrating particularly on the risks that it poses to children's developmental outcomes. Within this literature, the perspective of the fathers and their parenting practices have been for the most part peripheral. Recognising this, in 2002, McMahon and his colleagues called for the problem drug-use research community to expand its understanding of fathering in the context of chronic problem drug-use

(McMahon and Rounsaville 2002). One of the aims of this proposed research was to better understand the ways in which problem drug-use contributes to fathering being compromised and how this compromise in turn, emotionally and psychologically affects the problem drug-using fathers.

In order to gain insight into the lives of problem drug-using fathers, McMahon recently conducted a comparative study that examined markers of responsible fatherhood amongst a group of fathers enrolled in a methadone program and a group of fathers with no history of substance use. Although the results of the study suggested that fathering is compromised by drug use, the popular stereotype of a problem drug-using father was challenged by evidence of socially responsible efforts at fathering:

“[T]hey seemed to be aware of their shortcomings as a parent, and they were not satisfied with their current family situation. Rather than pursuing a socially irresponsible, short-term reproductive strategy, the opioid-dependent men may have been pursuing socially responsible fathering that was undermined by the chronic, recurring nature of their drug abuse.”

(McMahon, Winkel et al. 2008)

By comparison to the fathers with no history of problem drug-use, the methadone-dependent fathers; had fewer financial resources available to support their family, were less likely to be married to the mother of their children, more likely to have children with more than one mother, and were more likely to live with women who had children that weren't conceived by them. However, there were no statistically significant differences between the two groups of fathers regarding; whether or not conception was planned, whether or not the father had been present for the birth, nor whether the father's paternity was acknowledged on the birth certificate. Data from drug-dependent fathers indicated a more rigidly defined understanding of

the fathering role, poorer relationships with their children's mother, less frequent residence with their children, less frequent financial provision, less involvement in positive parenting, lower self-rating as a father, and less satisfaction with their role as a father. These findings echoed those of Blackson and Butler et al (1999) who also compared fathers who had drug-use problems with fathers who had no history of problem drug-use. Although there was no significant difference in the reports that the children gave of their father's parenting, the fathers with drug use problems reported; greater parenting stress, poorer relationships with their children and poorer communication with their children.

Study findings have suggested that guilt and shame over failure to fulfil social obligations as a father may be one of the few differences in psycho-social adjustment as a parent that is directly linked to problem drug-use (McMahon, Luthar et al. 2001). In a study by Stanger et al. (2004), parents with a history of problem drug-use were asked to report on their parenting and while the fathers reported less negative parenting behaviours than the mothers, they also reported less positive parenting. McMahon (2002) argues that by not acknowledging the psychological distress that problem drug-using men may experience regarding their inability to function as a parent, researchers could well be overlooking an opportunity to better understand how this shame might contribute to the active avoidance of family problems. McMahon (2002) also questions the extent to which the psychological distress problem drug-using men experience resulting from their inability to fulfil their role as fathers represents a risk for continued substance use. Research has shown that some men who seek treatment for drug addiction have shown concern over their parenting abilities (Gerstein, Johnson et al. 1997). McMahon (2002) argues that as definitions of responsible fathering are increasingly focussing on involvement and nurturing, more and more men may seek treatment motivated by concern over their parenting abilities. Furthermore, citing Luthar and Suchman (1999), who's work with problem drug-using mothers examines the ways in which parental guilt and shame can be leveraged, he suggests that they may also be

missing a further opportunity to do something similar with men and in doing so, potentially promote beneficial change to the lives of the fathers and their children.

The work carried out by McMahon and his colleagues work represents the most significant contribution to our knowledge of the experiences of problem drug-using fathers thus far. However, there are two principal limitations to this work. The first relates to the representativeness of his samples. Although impressive in numbers, the problem drug-using populations have been exclusively recruited from methadone maintenance programmes, that is to say, they are all opioid dependent and all seeking treatment. The experiences of these men may differ from fathers who are dependent on other drugs such as cocaine, or those who are not seeking treatment. Therefore his findings may not necessarily be applicable to other problem drug-using populations. Secondly, his data is generated from medical records and structured interviews supplemented by self-report measures. These are powerful methods and the breadth of the data that he has gathered is impressive. However, it is questionable whether the data generated by these structured methods might be complimented by and benefit from the addition of a more deeper exploration of the lived experiences of these men that could be gained through less structured research such as, participant observation or in-depth interviewing. Nonetheless, neither of these two limitations detract from the important and considerable work that McMahon and his colleagues have carried out. Furthermore, McMahon's most recent research, reporting on comparisons between problem drug-using fathers in a methadone maintenance programme with a general population sample, is a valuable addition to a field where comparative studies (especially those involving such impressive sample sizes) are unusual.

As has been shown in the review of the nascent literature on problem drug-use and fathering above, little is currently known about the experience of fathering for problem drug-using men. Doherty et al. (1998) suggest that fathers are vulnerable to contextual factors, for

example; employment opportunities, economic factors, institutional practices, social support, cultural expectations, and factors causing psychological distress. Problem drug-use has often been associated with a number of other co-concurrent issues such as; the break-down of relationships, incarceration, unemployment, and homelessness. Exploring other fathering research focussing on these prominent contextual issues can provide a good source of important and relevant literature. Such studies on other aspects of problematic paternity are potentially very useful as by drawing on research in these areas it may be possible to flesh out our understandings of the lives of problem drug-using fathers. Research relevant to these four contextual issues is considered below.

Non-residence

As has been discussed above, co-parental relationships in which one or both partners are problem drug-users have been shown to be particularly volatile (Fals-Stewart, Kelley et al. 2003). The quality of the relationship that a father has with the mother of his children has been shown to be one of the most important factors in determining the level of contact he has with his children (Marryat, Reid et al. 2009). Parents' conjugal life choices represent an important source of continuity in their children's lives and their relationships with their children (Juby, Billette et al. 2007). A study on the socio-demographic similarities between fathers in Britain and the United States showed that the strongest predictor of a father's absence is the parent's relationship to one another at the time of the child's birth (Clarke, Cooksey et al. 1998). However, while the 'intactness' of the co-parental relationship has been shown to be a good indicator of paternal involvement, a more recent study emphasises the importance of considering both family structure and romantic involvement when tracking father involvement over time (Fagan and Palkovitz 2011). Focussing on co-parenting support, partner relationship quality, and father engagement in families with young children that did not change structurally over 4 years of participation in the Fragile Families and Child Wellbeing study (N = 1,756), this research showed that there

was a significantly stronger and more robust positive association between fathers' perceived co-parenting support at age 1 and father engagement at age 3 among non-residential non-romantic parents compared with residential (married or cohabiting) and non-residential romantic parents. Furthermore, there was a significantly stronger and positive association between relationship quality at age 1 and father engagement at age 3 among non-residential non-romantic parents compared with residential parents.

Non-resident fathering is by no means exceptional, approximately a quarter of Scottish children are growing up in a separate household from their fathers (Marryat, Reid et al. 2009). However, children who see their non-resident fathers infrequently, or not at all are regarded to have lost a potentially valuable resource for their development (Amato and Rezac 1994). Data has shown that children with little or no paternal contact may be disadvantaged on a wide range of indicators of well-being (Sigle-Rushton and McLanahan 2004), these include health (Dawson 1991; Coiro, Zill et al. 1994; Nord and Zill 1996), educational experiences and academic performance (Dawson 1991; Lee 1993; Zill 1996), and psychological adjustment and problem behaviour (Amato and Rezac 1994).

Mott (1990) states that “a father’s physical presence in the home is only one (although probably the most important) manifestation of a father’s presence in a child’s life”. Studies have indicated that even when not actively involved with their children, non-resident fathers would like greater involvement but are hesitant to attempt this because they are discouraged by hegemonic attitudes and stereotypes (Furstenberg 1995). Although many non-resident fathers do continue to have post-separation contact with their children, levels of parental investment are, by necessity, lower for non-residential fathers because contact is less frequent (Hofferth and Anderson 2003). Contact between non-resident fathers and their children requires greater organisation, time, and possibly expense than if they were living with their children (Umberson and Williams 1993; Greif 1997). Generally, non-resident fathers’ contact with their children has been assessed through visitation frequency and financial provision.

Consequently, less is known about how non-resident fathers spend time with their children (Stewart 1999). The common perception, and one that has been substantiated by research, is that non-resident fathers tend not to be involved in their children's everyday routines such as school work and chores but engage in what are largely recreational activities such as outings with their children (Furstenberg and Nord 1985). This may result from non-resident parents feeling that their visits should be based on doing interesting things together, and because visits tend to be quite short, they strive to make sure that the time they spend with their children is 'fun' and conflict free (Greif 1997) but it may also be because this is all that is available to them. Furthermore, outings may be the only way for non-resident fathers who live far away or are uncomfortable visiting their former home to spend time with their children (Stewart 1999). Stewart argues that these factors may contribute to non-resident fathers' adoption of a "Disneyland" style of parenting as the only way of maintaining contact with their children.

Incarceration

Research has shown that paternal problem drug-use carries an increased risk of fathers being separated from their children by imprisonment (Teplin 1994). The association between problem drug-use and non-drug crime is well established; a relatively high proportion of heroin users have criminal records and a majority have committed crimes prior to becoming involved in drugs (Hammersley, Forsyth et al. 1989). Non-resident fatherhood has tended to be investigated through the lens of separation, divorce, and re-partnering (Amato and Sobolewski 2004). However, the growing field of research into fathers in prison makes a valuable contribution to studies on fathers who live apart from their children (and also to studies on problem drug-using fathers). Incarceration represents an extreme of fathers living apart from their children. Unlike other marital or work related separations, the absence associated with prison is often of indeterminate length and out with the father's control (Clarke, O'Brien et al. 2005).

Research has shown that the children of incarcerated parents suffer from a wide range of problems relating to emotional health, school performance, and general health and well-being (Day, Acock et al. 2005). These findings are echoed by Jaffee et al (2003) who found that paternal criminality and incarceration were risk factors for anti-social behaviour in children. Other problems faced by the families of men returning from prison include the transmission of infectious diseases such as tuberculosis, hepatitis C, and HIV/AIDS. Additionally, many have been treated for mental illness and depression and have on-going addiction problems (Hammett, Harmon et al. 2002). However, while incarcerated fathers generally have a negative impact on other family members, some research suggests that maintaining good links with the family can lower the risk of the father re-offending in the future (Hairston 2001). Clarke et al. (2005) argue that gaining a better understanding of the subjective experiences of incarcerated fathers is beneficial not only for the well-being of the men, their partners, and children but for the larger community as a whole. Their research showed an unsettled and fragmented identity underlying men's appraisals of their role as a father in prison. They argue that the difficulties they face in sustaining emotional connection to family members and in making an economic contribution to family welfare serve to undermine two of the basic pillars of paternal identity; nurturing and provision. Similarly, in a qualitative study of the experiences of fathers in a young offender institute, Buston (2010), draws on the work of Townsend (2002) suggesting that attitudes towards fathering among this sample are largely influenced by whether men consider themselves as able to 'fit' the criteria for fatherhood (primarily by whether or not they can provide for their children).

In addition to practical obstacles such as lack of finances and limited contact, the prison system is not conducive to fathering. Generally, men in prison have not been encouraged to maintain relationships with their children nor have they received support in carrying out parental obligations or commitments (Hairston 2001). Clarke et al. (2005) hold that the regulated and restrictive nature of prison life

make it impossible for fathers to maintain the style of parenting which they might have conducted prior to imprisonment. Furthermore, they believe that the shame of being in prison is a reason for fathers to refrain from contact with their children.

Unemployment

Problematic drug use and stable employment are rarely compatible (Backett-Milburn, Wilson et al. 2008). The ability to financially provide for one's children is identified as a basic and vital paternal obligation by both society and individual fathers (Johnson Jr 2001). There has long been the perception that "good" fathers choose and succeed in providing for their children and "bad", "deadbeat" or absent fathers do not choose or are unable to fulfil these expectations (Furstenberg 1988). Employment continues to be both materially and symbolically central to fatherhood, with parental consistency and implied security as the most important aspects of the contemporary provider role (Roy 2004). However, there are large numbers of fathers who do not, for whatever reason, fulfil this role. Financial difficulties such as; unemployment, inability to pay child support, limited access to reliable transportation, lack of permanent housing are all cited as predictors of depression amongst non-resident fathers (Anderson, Kohler et al. 2005). It has also been suggested that the transition to fatherhood may lead to disadvantage, particularly amongst young fathers and when the event interrupts educational or career progression or when it is associated with relationship disruption (Sigle-Rushton 2005). In his exploration of the construction of paternal provider roles, Roy (2004), found that fathers with stable jobs retained high expectations for providing whereas under-employed or unemployed fathers lowered their expectations for providing and crafted a version of involvement that was not solely concerned with providing.

Homelessness

Homelessness and problem drug-use often appear to occur side by side (Bantchevska, Bartle-Haring et al. 2008). In a study of the prevalence

of homelessness amongst Scottish problem drug-users who were in treatment, the data showed that almost a quarter (24%) were homeless at the initial interview which was carried out at the point of entering treatment. The results of the follow-up interview eight months later further suggested there also to be a good deal of movement into and out of homelessness. The combined result from both interviews was that more than one in three (36%) were homeless at either or both interview dates (Kemp, Neale et al. 2006). However, similarly to research into fathering in the context of problematic drug use, there is very little research that focusses specifically on homeless fathers. It is likely, that the reason for this, as is the case with problem drug-using fathers, is that many of these men do not live with their children and very few are the primary carers for them. In an American study on homeless populations, 41% of men who presented at homeless hostels were found to be fathers however, only 7% of these men were living as a family unit with their children (Burt, Aron et al. 1999). Given that so few homeless fathers reside with their children, their parenting status is often largely unrecognised by or irrelevant to the organisations with which they have contact (Paquette and Bassuk 2009). As such, the stresses that homeless fathers may experience with regards to their parenting are for the most part unacknowledged and unaddressed (Schindler and Coley 2007). Schindler and Coley's (2007) research into homelessness and fatherhood suggest that the parenting of men who are homeless is subject to a number of constraints. They held that unemployment, the psychological and behavioural restrictions of living in hostels, and new parenting roles led homeless fathers to reassess their parental and masculine role identities. However, in another study that considered concepts of masculinity amongst homeless men, it was found that although these men acknowledged their inability to meet certain expectations of masculinity, their own sense of masculinity was undiminished by their homeless status (Liu, Stinson et al. 2009). Liu and his colleagues point out that while masculinity may be socially constructed, it is not necessarily socially contingent. Furthermore, they found that the men they interviewed largely considered

homelessness to be a transitional rather than chronic state and as such, a lifetime of socialisation messages about being a man were unlikely to be damaged by a temporary change of circumstances. Rather, the findings of their study suggested that these men, unable to fulfil traditional gender roles such as being a bread-winner, would focus on auxiliary gender roles such as 'taking responsibility'. By converting or conflating the traditional bread-winning role of providing financially to an action or belief more congruent with their current situation the bread-winner becomes less defined as 'money-maker' but rather someone who takes responsibility for himself and those under his responsibility. Thus creating a much more expansive definition of man as the bread-winner. This resonates with Roy's (2004) research (discussed in the section on unemployment above) which considers the construction of alternative fathering roles by men who are unable, or struggle to fulfil the role of father as provider.

Conclusion

The forgoing review of the literature relevant to problem drug-use and fatherhood has drawn on over eighty scholarly articles, of which less than thirty were directly concerned with paternal problem drug-use. This dearth of serious academic interest prompted McMahon to call for studies that "add poppa to the [problem drug-use] research agenda". He argued that in the light of fatherhood's emergence as one of the more prominent social issues of the past few decades, the relative dearth of research into fathering in the context of chronic problem drug-use is somewhat ironic and encouraged researchers to build upon existing work done with other disenfranchised populations to develop a better understanding of the subjective experience of fathering in the context of chronic problem drug-use. McMahon's interest in the contextual factors experienced by problem drug-using fathers breaks away from the dominant trend to evaluate problem drug-use and fathering from a value/ practice based perspective and suggests a more anthropological/phenomenological approach. By focussing on the father's experiences rather than the consequential impacts of paternal behaviour, he and his colleagues are unburdened

of the polar constraints of 'good dad' and 'bad dad' and better able to explore the attempts men make to be responsible fathers. Taking inspiration from McMahon's and his colleagues work, the researcher in this study sought to examine the fathering experiences of men living in Glasgow who had or had previously had drug addiction problems and discuss with them how their relationships with their children had been affected by drugs. The following chapter goes on to outline the methodology used in this research.

Chapter 3: Methods chapter

Introduction

In recognition of the need for a greater understanding of the lives and experiences of problem drug-using fathers, this project aimed to de-veil and explore the relationship between fatherhood and drugs from the perspective of the fathers. Informed by the findings of an earlier pilot study carried out by the researcher and the tradition of ethnography in the problem drug-use field, the study adopted a qualitative methodology. In the past, one of the greatest criticisms levelled at qualitative research has been its lack of transparency and clear discussion of the methods used and the conclusions arrived at (Miles 1979). With this in mind, the aim of this chapter is to provide the reader with a clear, transparent, and reflexive account of the research process and to be explicit about the decisions that informed it.

After giving a brief overview of the study design, the methods used in the collection and analysis of the data will be described. The second part of this chapter goes on to explore the recurring issue of subjectivity associated with this type of research. After acknowledging the researcher's role as interactive and determining, the impact that gender had in this study is considered in a reflexive way.

The study

The aim of this project was to gain an understanding of the lived experiences of fathers with drug addiction problems. As the literature chapter showed, this is currently an aspect of problem drug-use and parenting about which relatively little is known. While research focusing on the children of problem drug-using parents has acknowledged some of the consequences that paternal problem drug-use has on children, the way in which problem drug-using fathers experience their fatherhood has not been addressed. Therefore, this project sought to find out more about fathering in the context of chronic drug addiction. Given this aim a qualitative methodology

was used. Starting with Becker's seminal study (1963) there has been a long history of studies into drug addiction that have used qualitative research. Early researchers in the field set a trend in documenting the culture of 'hanging out', 'taking care of business', and 'ripping and running' (Hunt and Barker 2001). Preble and Casey's (1969) article on heroin users is considered to be influential by many in the problem drug-use field because it emphasised the user's perspective. By questioning the existing stereotype of the urban heroin user, they illustrated the distinct culture that these users belonged to and the sophisticated entrepreneurial skills that they employed to maintain their addiction. Agar's (1973) study on methadone clinics was also an important landmark in ethnographic accounts of problem drug-use and problem drug-users. What was particular about this research was that it examined problem drug-use among people from mainstream society - something that had been overlooked by previous researchers. Much of the more recent qualitative research is still rooted in this ethnographic tradition for example Sterk's (1999) examination of the lives of women who use crack cocaine and Bourgois' (1995) account of the relationships between problem drug-use, drug sales, and daily life in the Barrio of East Harlem, New York. While the tradition of ethnography lives on in problem drug-use research, Hunt and Barker (2001) argue that the agenda has been largely dictated by social and political concerns. That is to say, studies on problem drug-users have tended to focus on the drug users who create the most visible and 'headline grabbing', costly social problems such as; injecting drug users; (see for example, Bourgois' (1998) work on the culture of shooting galleries and Rhodes and colleagues (2007) work on public injecting) and more recently, problem drug-using parents have been given prominence on the research agenda.

The role of parent and that of problem drug-user are two seemingly incompatible roles and this project sought to find out the men's perceptions of these roles and how they respond to the often duelling pressures associated with them. With this aim in mind, the research in this study was designed to focus on the individual's experiences of

fathering in the context of drug addiction and to explore their aspirations in terms of fathering and problem drug-use. The following section outlines the qualitative methodology and sampling strategies used in the project.

Defining the study

The specific focus of the research was informed by the findings of an earlier pilot study which I carried out in 2006 as a MSc project. Drawing on data generated from the DORIS (Drug Outcome Research in Scotland) study, this pilot study used a combination of qualitative interviews and quantitative analysis to question the hypothesis that a problem drug-using father's relationship with his children was contingent on the severity of his addiction. The research took part in two stages, the first stage involved qualitative interviews with 10 fathers with histories of problem drug-use the aim of which being to gain an insight into the fathering experiences of the men. The findings of these interviews were then applied in the second stage to inform the design of a quantitative analysis of the various factors which influence the amount of time a problem drug-using father spends with his children. The initial hypothesis; that a father's involvement with his children is influenced by the extent of his involvement with drugs, was supported by the findings of the qualitative research and subsequently confirmed in the results of the quantitative analysis. Additionally, the qualitative interviews identified the important role that other family members had on enabling or restricting the men's contact with their children. While paternal grand-parents (the men's own parents) were generally shown to facilitate contact, the role that the children's mothers (and other maternal family members) played appeared to be contingent on the quality of the inter-parent relationship. Where this relationship was good, the men tended to have regular contact with their children. However, a poor inter-parent relationship generally coincided with low father-child contact. Based on these findings, the research for this current study sought to further explore the ways in which a

father's drug addiction affects his relationship with his children but to also consider other factors which may shape this relationship.

With these two aims in mind, the project design began to take shape. As has been stated above, given the nature of the research aims, qualitative methods were considered to be the most appropriate way of generating this data on the basis that they can provide a 'deeper' understanding of a social phenomena than could be gained through quantitative study (Silverman 2000). The study design was also influenced by my interest in how the men's drug use had shaped the relationships with their children over the course of their problem drug-use careers. As my interest lay in how problem drug-use shaped and influenced a father's relationship with his children I wanted to maintain the focus of the research on drug use and therefore decided against interviewing a comparative group (such as fathers with no history of problem drug-use or alcoholic fathers) and chose to interview men at different stages of their problem drug-use career. By adopting such a purposive sampling strategy, I was able to focus specifically on the impact of problem drug-use and to assess how the men's relationships with their children were influenced by the extent of their problem drug-use. As a relatively short-term project, this seemed to be the most appropriate sampling strategy. This type of sampling, previously employed by other researchers in the field of problem drug-use (Barnard 2007), involved recruiting roughly equal numbers of fathers from three different stages of problem drug-use; those who were using drugs (illegal and/or prescribed) in an uncontrolled way; those who were controlled (either through a prescribed substitute or in their use of illegal drugs); and those who were drug-free. Given the chronic relapsing associated with drug addiction, the permanence of each of these states is largely uncertain. Rather, they should be considered to be relatively fluid and not necessarily sequential. This tri-partition of the sample was designed to capture as broad a cross-section of the problem drug-using population as possible and to represent fathers across the spectrum of problem drug-use. In addition to representation, this sampling strategy was thought to be helpful in differentiating

between stages of problem drug-use and the impact of these stages on parenting (Barnard 2005). Another reason for deciding to interview men at these different stages was that I was interested to hear from fathers who had controlled their drug addiction or were not dependent on drugs about how they thought that their relationship with their children had (or had not) been affected by the changes that they had made to their drug use.

The research design

There were five ways in which the data that has informed this research project were generated. These are displayed in the table below:

Table 1: Methods of data collection used in the project

Method of data collection	Purpose	When data collection took place
Literature search	To explore emerging themes in the field and to inform data collection	Primarily at the beginning of the study but the literature was referred to throughout
In-depth interviews (n=50)	To gain insight into the lives and experiences of problem drug-using fathers	There were two phases to the interviewing. The first took place between Jan-May 2007 and the second between Sep 2007-Feb 2008
Group interviews (n=2)	To explore general attitudes towards paternity, masculinity, and a father's 'job-description'	Both group interviews took place in November 2007
Internet based research	To uncover the extent and nature of existing services catering for fathers in general and problem drug-using fathers specifically both in Scotland and elsewhere	This took place early in 2011 at the end of the writing-up phase
Consultation (by telephone and email) with experts in the fathering and problem drug-use fields	To gain an understanding of current policy and practice and how effective this is in catering to the needs of problem drug-using fathers	This also took place early in 2011 at the end of the writing-up phase

While the literature search and the in-depth interviews were intended to be used from the outset, the decisions to include the other data collections came later and were in response to earlier findings. This

process of how the research evolved is described in the following sections.

Ethical approval and the initial research plan

After defining the aims of the project, which was informed by both the earlier pilot study (outlined above) and a preliminary review of the literature, I was then able to move on to planning how to carry it out. As is stated above, the initial plan for data collection was to carry out in-depth interviews and it was through the rigorous process of applying for the necessary ethical approval from the National Research Ethics Committee that the details of the plan for these interviews were properly formulated and solidified.

With the tripartite sampling design providing the framework, I planned to carry out 50 in-depth interviews with approximately equal numbers of each of the following 3 groups of fathers; (i) those who were no longer using drugs (either prescribed or illegal); (ii) those who were controlled in their use of drugs (either prescribed or illegal); (iii) those whose use of drugs (illegal or illegal in addition to prescribed) was uncontrolled. The classifications for and the distinctions between these three sample groups are discussed at greater length in the following chapter. It was planned that the interviewees were to be recruited from a number of different organisations (n=10) across the city in order to capture a good range of fathers from each of the three categories. In addition to gaining permission to recruit from 3 of the community addiction services run by the NHS Greater Glasgow and Clyde and Glasgow City Council (these included both services that offered 'drop-in' services such as needle-exchange and emergency health care and those offering long-term on-going support for recovery from problem drug-use), I also got independent permission to carry out research within several other organisations these included; an independent abstinence based recovery group, 2 Christian run charities working with homeless and disadvantaged people; a charity organisation which runs a weekly fathering group; a men's homeless hostel; a charity which offers educational courses for recovering problem drug-users and alcoholics;

and a magazine that employs homeless and vulnerably housed people as vendors. Conscious of issues of representation, and in attempt to reflect as wide a spectrum of problem drug-using fathers as possible, I tried to recruit equally across the 10 different organisations (see table below). However, as will be discussed later on, the success I had in recruiting interviewees varied quite widely between the organisations. Regardless of how fruitful any particular organisation may have been, in order to avoid over-sampling, the number of interviews carried out at any one organisation was limited to 8. ‘Capping’ the number of interviewees in this way helped to ensure that no one organisation was over-represented in the sample. However, one must bear in mind that although these organisations were selected so that the sample reflected as wide a range of problem drug-using fathers as possible, it was unavoidable that certain sub-groups were under or un-represented (one particular example might be fathers who are or have been problem drug-users but have no contact with services) due to them being so difficult to identify or make contact with. The table below shows the breakdown of the recruitment of the interviewees across the different organisations.

Table 2: Interview recruitment across the 10 organisations

Organisation	Drug-free (n=16)	Controlled drug-users (n=14)	Uncontrolled drug-users (n=20)
NHS/ council addiction service A		(n=4)	(n=1)
NHS/ council addiction service B		(n=6)	(n=2)
NHS/ council addiction service C			(n=1)
Abstinence based recovery group	(n=7)		
Christian drop- in centre for homeless/ disadvantaged A	(n=2)		(n=5)
Christian drop- in centre for homeless/ disadvantaged B		(n=2)	(n=4)
Fathering group	(n=1)		
Homeless hostel		(n=2)	(n=3)
Educational group for recovering alcoholics and problem drug- users	(n=6)		(n=2)
Magazine for homeless/ disadvantaged			(n=2)

Based on my experiences interviewing the men during the pilot study, a 'free-flow' approach was considered to be most appropriate and rather than formulating a series of set questions, a topic guide was created for the interviews (see appendix 1). In these loosely structured interviews, I planned to ask the fathers about their children; their ages, the amount of contact they have with them, how their relationship with their children has evolved over time, and how they would like their relationship with their children to be in the future. In addition to questions about their children, the topic guide also included questions about the father's drug use and how they felt that it had impacted on their children. In addition to devising the topic guide, I also wrote an information sheet informing prospective interviewees about the study and assuring them of their anonymity (see appendix 2) and a consent form (see appendix 3) both of which were also submitted for approval by the ethics committee. Full ethical approval was granted early in 2007 and the data collection phase began.

The data collection

The in-depth interviews were carried out in two stages. The first 25 interviews took place between January and May 2007. During the next 3 months, June - August, the initial findings were analysed and the interview guide and techniques were re-evaluated. The remaining 25 interviews were carried out between September 2007 and February 2008. During the June - August interview re-evaluation, it was decided that the inclusion of group interviews would be beneficial to the study. The reason for including the group interviews was to explore general attitudes to fathering and to compare those held by men who had a history of problem drug-use with those held by men from a similar socio-economic background but no history of problem drug-use. These group interviews took place during the second phase of research. Two group interviews were carried out; one with 6 men who had no history of substance misuse, and the other with 4 men, 2 of whom were drug-free and 2 who were dependent on drugs. The group interviews were used to explore the men's perceptions of the

concepts of masculinity and paternity and the fathering role. Although some of the men did raise the topic of drugs, the express focus of the group interviews was fatherhood. The participants were asked to talk about; the role of the father in general terms, expectations of fathers and fatherhood, fatherhood and masculinity, the benefits and disadvantages of fatherhood, and stereotypes and attitudes.

The length of the single interviews varied between about 30 minutes and 2 hours and with the respondents' consent, they were tape-recorded. The group interviews were also tape-recorded and both lasted for around an hour. Both the individual and group interviews were subsequently transcribed and anonymised and all interviewees, their children, and their children's mothers given pseudonyms. All of the individual interviewees were given a £5 Woolworth's voucher as a token of thanks for their participation. Participants in the group interviews were not given vouchers but I did bring chocolates to thank them for their help. This gesture seemed appropriate as both of the group interviews were carried out in organisations where I already had an established presence. Unlike most of the individual interviewees, I had a pre-existing relationship with almost all of the group interviewees. This relationship had been built through weekly visits to both of the organisations over a period of several months. During this time, I had been able to chat with the men, participate in group activities, and in some instances, conduct individual interviews with them. Their participation in the group interviews was voluntary and generally regarded as a 'favour' to me.

The final data collection, which involved internet based research into existing fathering programmes and services as well as consultation with experts (here in Scotland and also internationally) working both in the fathering and problem drug-use fields (n=15), took place at the concluding stage of the project after the analysis of the group and individual interviews. The purpose of this later data collection was to review the findings of the interviews at a 'higher level' and to consider them in terms of policy and practice. In this I tried to assess the extent of services that are currently available for fathers who are

problem drug-users and to question whether these men and their children could be better catered to.

The interview settings

It was the strong recommendation of the ethics committee that, for my safety, the interviews should be carried out in an organisational setting rather than in public spaces or the interviewee's homes. The physical setting, the atmosphere, and ethos varied widely between organisations. For example, while in some organisations, there were specifically designed interview rooms which I was able to use, in others, I was assigned the nearest empty art room, temporarily vacated office, or waiting area. Interviewing in these kind of makeshift settings was not always ideal and was on several occasions interrupted by ringing phones or members of staff. Perhaps inevitably, these interruptions were detrimental to the interviews; stiling the flow of conversation and compromising privacy. However addressing these interruptions was rarely an option as my presence within the organisation was dependent on their good grace and was not to interfere in anyway with their day to day business.

As outlined above, the research was carried out in a wide range of different organisations across Glasgow. My reception within each of these organisations also ranged quite widely. Hammersley and Atkinson (1995) hold that in order to know how to deal with the researcher, the people they encounter will often seek to place or locate the him or her within their experience. While some of the organisations had very little, if any experience, of research, others had a long history of facilitating it. The organisations where there had been little or no experience of research were generally enthusiastic about their involvement in the project and tended to make special efforts in accommodating me. On the other hand, the organisations which had previously been involved in facilitating research, perhaps quite understandably, seemed at times to be weary of the intrusion caused by these kind of projects and were less enthusiastic about being involved in the study. Negotiating initial access was not always so straight forward in these organisations.

The recruitment process

In addition to the differing interview settings, the role that the organisations chose to take in facilitating the study were also greatly varying. Some of the organisations preferred me to have no contact with potential interviewees up until the point of interview. This meant that recruitment was totally contingent on the organisation's staff. Ensuring that all of the staff were aware that the research was being carried out, fully understood the sampling criteria, and what the interview would entail for the interviewees was crucial but not always possible.

A lot of the staff were at a meeting this morning and the office was quite busy but only with people bustling through. I was introduced to everyone which made approaching staff to tell them about the study a bit awkward. Those I approached were very obviously busy. One of the case workers said that she had a potential interviewee but when I met him, it turned out he wasn't a dad. Getting desperate! Need to find a way to let all case workers know about the study!

(Fieldnotes: 30th April 2007)

There were more than a few occasions like the one above when a potential interviewee did not take part in the interview because they did not fit the criteria or, as was often the case, were not prepared to talk for longer than a few minutes. There were also situations where I was presented with an eager participant whose agreement to take part was based on a misunderstanding of who I was, the function of the interview, or both;

Can you help me get in contact [with his son] or anything? Can you not get me put on 'Trisha' or 'Jeremy Kyle' or something?

(Matthew, 36)

Just as each organisation took a unique approach to facilitating recruitment, the way in which the interviews were also advertised to potential interviewees in many different ways; chance for quick cash, therapeutic opportunity, an amusing diversion, or in some cases an obligation to 'put something back';

R - ...It's just I get annoyed with it sometimes. I don't really like talking about it but 'cause they said I should last week...

I - Well I appreciate you talking to me.

R - Aye. But it does my nut in so it does. But I don't like to talk about it because I feel like I've said it all before I have said it many a time to all different people; psychiatrists, whatever, a lassie in here before who used to do what you're doing. I told her, I used to come in here every week and spill my guts and it got so I was telling her the same thing every week when I came in here. She said, I'm just here to listen, know what I mean but I just felt as if what am I doing this for? It's no helping me in anyway. That's what it's about.

(Lee, 25)

As the basis for interviewees taking part in the study was strictly voluntary, situations like the one above put me in an uncomfortable position. The interviewee had signed the consent form agreeing to take part but afterwards made it clear that he did not want to. Ultimately I felt that I had no choice but to end the interview after just 20 minutes. While organisations encouraging their service users to take part was certainly helpful, particularly because recruitment was not always easy, I had to remain aware of the ethical dilemma that exerting any kind of pressure might present.

Maintaining good relations with the organisations was not limited to those where the recruitment was carried out by the staff. Even in the places where contact with staff was minimal and I was completely responsible for approaching and recruiting the interviewees, my presence within the organisation still had to be tolerated. Purposefully ‘hanging around’ without a prescribed or recognised position in an environment where everyone else has a role can be uncomfortable. There is often an unshakeable feeling of being a burden that seems to accompany this kind of research which can leave one feeling awkward and apologetic. The natural instinct as an outsider is to try and involve oneself in the group and to carve out a role for oneself. However, there are risks involved in doing this. Close alignment with the organisation could have an impact on how the service users perceive the researcher and the responses interviewees give may be tailored to fit in with the organisation’s philosophy. That said, in the organisations that were habitually visited over a period of time, it was inevitable that my presence became a regular feature. In these situations, repeated contact and witnessing of the research work meant that both the staff and service users had an understanding of why I was there and who I was. Although more often than not, these interpretations fell short of the reality, they fulfilled a function furnishing people with explanations and legitimating my presence. Once such a role was established, it became easier for relationships to develop between myself and both the organisation staff and service users. These relationships were something of a double-edged sword. While they were beneficial in that people became extremely helpful and were enthusiastic about the project, the subjectiveness that comes with an established relationship may have been detrimental to the interview process.

Analysing the findings

By comparison to quantitative research, the ‘time cost’ of qualitative research is substantial (Miles 1979 : 592). Although with only 50 interviews and 2 focus groups, this project was modest in its scale, at all stages, from the collection to the transcription of interviews and

analysis of the data, it was still a labour intensive and lengthy process. As it was being undertaken only by myself and without the financial resources to employ a professional transcription service, a proactive approach to work management was essential to avoid becoming overloaded by the data that was collected and to make the analysis of it as easy as possible. This proactive approach to 'keep on top of' the data in preparation for analysis involved following these self-imposed rules to; (i) immediately following each interview and whilst 'still in the field', write an account of the interview and complete a profile form on the interviewee (see appendix 4); (ii) after leaving the field, record details of each interviewee on an SPSS database of interviewee profiles; (iii) transcribe recording of interview as soon as possible after the interview took place. Miles and Huberman (1994), refer to these steps in preparing the data for analysis as 'processing'. They estimate that this processing stage takes anything between two to five times longer than the time taken to collect the data. In the case of this study, their estimate of approximately five times the data collection time proved to be fairly accurate. However, although undeniably laborious and time-consuming, this 'processing' proved to be invaluable in terms of gaining familiarity with and an understanding of the data.

While the 'processing' of the data was on-going throughout and following the collection of the data, the proper analysis of the data took place at two specific points in time. The first analysis was carried out during the summer of 2007 after the first half of interviews had been conducted and the second took place in the spring of 2008 after all data had been collected and processed. The main reason for splitting the data analysis in this way was that it allowed me to take a 'step back' from the interview process and consider any emerging themes. Miles and Huberman (1994), point out that by comparison to collecting data, researchers often find the analysis of qualitative data much less enjoyable and suggest that attempting to carry out the processing and analysis all in one stage can result in the researcher becoming sloppy, resentful, tired, and partial. By carrying out some of the analysis at an earlier stage, I was

able to minimise such fatigue and re-energise the research, by exploiting the flexibility of qualitative data and moving between sampling, data-collection, and analysis (Seale 1999).

In that hypotheses were generated from the data that was collected rather than from a pre-chosen theoretical model, the approach used in the analysis of the data could be best likened to that found in grounded theory. The grounded theory approach is by and large supportive of ethnographic research emphasising movement between data-collection and theory with a focus on the interplay between data-collection and analysis (Glaser and Strauss 1967; Strauss and Corbin 1998). However, it is questionable whether the approach used in the analysis of data in this study could strictly speaking be described as grounded theory proper as it did not adopt the rigorous coding strategy which has become so synonymous with it. The analytic process used in this study was rather more organic and themes were explored as they emerged throughout all stages of the research. While such an informal approach lent itself well to the way I work, it has to be acknowledged that it was only made possible because I had been able to become familiar with individual interviews and interviewees in the data collection and processing stages. This was largely due to the relatively small overall sample size which was made even more manageable through being split into three smaller groups but also undoubtedly aided by the fact that I had transcribed each interview myself. It is arguable that by adopting this 'less formal' approach the analysis was less restricted, less removed from the context of the interview, and therefore more reflexive than if I had applied a stringent coding strategy. One of the criticisms of grounded theory has been that it is too prescriptive. Furthermore, the coding strategies used are thought to be predicated on the notions of a neutral observer and objective data (Charmaz 2000; Charmaz 2007). More recent proponents of grounded theory appear to be viewing it as a set of guidelines which support a more reflexive approach to research:

“Grounded theory serves as a way to learn about the worlds we study and a method for developing theories to understand them. In the classic grounded theory works, Glaser and Strauss talk about discovering theory as emerging from data separate from the scientific observer. Unlike their position, I assume that neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect. We construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices.”

(Charmaz 2007 : 10)

This version of grounded theory outlined by Charmaz is much more in tune with the approach that this study adopted which sought to analyse the data in a way which was both contextual and reflexive.

Reflections on the research design and methodology

Given the marginalised nature of the research group coupled with their, at times, chaotic lifestyles, and the sensitivity of the issues explored with them, the methods used in this study can be characterised as participant led. Rather than following a pre-determined and rigid structure, the research design and the methodology employed was shaped by the participants, their responses, and the situations in which the research took place. The ‘free-flow’ design of the interviews was beneficial in that it was not constrained by a rigid set of questions, I was better able to pursue the topics raised by the interviewees. This kind of interviewee-led style of interviewing certainly provides both interviewer and interviewee with freedom and choice in movement between and the depth at which subjects are discussed. However, it does also mean that there can be a lack of uniformity in the data collected. While there was certain information that was uniformly ascertained from all of the interviewees, such as, number of children, living situation of children, and the drug using status of both the father and the children’s mother,

other particularly emotive subjects, such as, domestic violence, sexual abuse, and prostitution for example, were only addressed in the interviews where these topics were raised or hinted at by the interviewees. Nonetheless, as this was a qualitative piece of work, I was interested in hearing the men's narratives and therefore sensitivity to the appropriateness of raising certain topics sometimes involved the sacrifice of breadth for depth of data gathered.

This first section has provided an account of the various stages of the study and the methodologies and approaches that were adopted. The following section goes on to consider the underlying issue of reflexivity throughout the research process.

Reflexivity and the research process

One of the key tenets of qualitative research is the demand that the researcher should assess the phenomenon under study with respect and appreciation towards the world in which it exists (Hammersley and Atkinson 1995). However, there exists a tension between the characteristic of researcher's methodological thinking and the constructivism and cultural relativism that shapes their understandings of their research. To cast the researcher as unequivocally objective is unrealistic and concerns with reflexivity inevitably raise questions about issues such as gender, race, and class (Denzin and Lincoln 1994). From the point at which the idea for the study was conceived, throughout my interactions with the men, on through the analysis phase, and indeed now during the writing-up, the issue of reflexivity has had a constant presence. The term 'reflexivity' in social research can mean many things but at its most basic, 'it makes a problem out of what was once unproblematic: the figure of the fieldworker' (Strathern 1991 : page 8). Problematising the researcher has meant subjecting him or her to scrutiny and criticism. However, although problematising the researcher may subject her to scrutiny and criticism this scrutiny and criticism is not necessarily problematic. As Mason (2002) states:

“Reflexivity ... means thinking critically about what you’re doing and why, confronting and often challenging your own assumptions, and recognizing the extent to which your thoughts, actions, and decisions shape how you research and what you see. This of course can be a very difficult process, not least if it involves recognizing and dealing with elements in your own assumptions which you would rather not face, but it is also a highly creative and sometimes exhilarating one.”

(Mason 2002 : 5)

In recognising and acknowledging my role in the research or being ‘reflective’, I have endeavoured to be both transparent and critical about the choices that I made throughout the study as well as the assumptions that informed these choices and the implications that these had for the research findings (see also, Hammersley and Atkinson 1995).

The ‘interactive and determining’ researcher

While it is impossible to remove the researcher from the research, it is still reasonable to assume that it is possible to describe phenomena as they are, and not simply as a product of the researcher’s perception or how the researcher would like them to be. Nonetheless, the role of the researcher should be acknowledged as both interactive and determining (Martin and Stenner 2004). As has been stated above, all aspects of the research and the data that has been generated were inevitably shaped and determined by me; by my preconceptions, my age, my sex, my life experiences and so on. This could be described as ‘the baggage’ that I bring with me. However, the research was also shaped by the interviewees, their ‘baggage’, and the interaction between them and myself. As Hertz (1995) states;

“The interview, from the moment of initial contact, becomes a socially constructed matrix of shifting multiple identities - both the researcher’s and the respondents.”

(Hertz 1995 : 432)

The interview could be described as a multi-level encounter, on the surface, a series of questions are asked by the researcher to which the respondent provides answers. And on this level, the information would appear to flow from the respondent to the researcher. However, below the surface, this relationship is far more complex. From the moment of meeting, long before the actual interview starts, information is being constantly passed between the researcher and the respondent and this ultimately shapes both the way in which the researcher asks and the respondent replies and how this is then understood. Bourdieu argues that the researcher and informant act as catalysts to each others attempts at understanding the research question and that the interpretations of the researcher and the researched are essentially the same. He holds that they both balance on the edge between practical understandings that are never brought to the level of explicit discussion and those that are openly talked about in their day to day lives (Bourdieu 1995). Rudie (1994) argues that in the final text, the researcher and participants' understandings become intertwined; the participants' efforts to make sense of their own experiences are situated in the researcher's efforts to translate the interview into social science knowledge.

In my encounters with the interviewees, whilst certain understandings were (correctly or incorrectly) assumed, by both them and myself, to be shared, the differences between us meant that there were certain understandings which we could not share. While there were many aspects of our lives that differed, there were three major and categorical differences between myself and the interviewees. Firstly, there was the fact that I was a twenty-five year old female and they were all men (many of them older than me). Secondly, they were all parents and at the time of interviewing, I was still child free. Thirdly, they all had a history of problem drug-use which I do not. While all of these factors, amongst many others, inevitably shaped the whole research process, the one which I was most conscious of during the

interviews and which seemed to have most practical implications was my gender.

The issue of gender

As a female researcher studying a group of men, the issue of gender seemed to be a constant underlying consideration throughout all stages of the project by almost all who were involved in it. For example, prior to entering the field, when I submitted my application to the ethics committee, an issue that caused them concern was my safety and one of the reasons that they gave for this concern was that as a female making contact with a population of 'deviant' men I would be putting myself in a potentially vulnerable position. Again, once in the field, the concerns of the ethics committee were echoed by some of the staff in the organisations where the research was taking place.

My gender was not only a consideration for the ethics committee or the organisations' staff, but it was brought into focus during the interviews. It seemed that there was often an uncertainty on the part of the fathers about how to define or place me and equally, I was not completely sure about how I wanted to be defined or placed. I was conscious of maintaining professional distance but at the same time creating rapport and an atmosphere in which the interviewees felt that they could 'open up'. As Gurney (1985) states: "Female researchers must work especially hard to achieve an impression of combining the attribute of being non-threatening with that of being a credible, competent professional.", (page 43). The lack of certainty in the men's understanding of who I was seemed, at times, to make them confused about how they should act. The interviewees generally seemed to place me in one of three roles: sympathetic counselor, inquisitive child, and a potential girlfriend.

The majority of the interviewees treated me as a sympathetic ear and this was the role in which I felt most comfortable. By playing the role of the token supportive and nurturing woman who would listen attentively in a non-judgmental and encouraging way, I was able to present myself in a non-threatening and non-sexual way. This

involved using both body language such as nodding sympathetically and verbal prompts to encourage the expression of feelings, in essence, doing the “work women do” in conversations with men (Fishman 1978). However, I found that with some of the interviewees, after ‘opening up’ to the researcher, there was an apparent struggle to assert and maintain traditional gender roles.

R - Honestly, I’m trying not to cry here. I don’t want to cry, no in front of a woman.

I - It’s okay if you want to cry.

R - No.

I - I’m not going to judge you.

R - It’s just embarrassing. It really is, to cry in front of a woman, it shows that you’re weak.

I - No.

R - ‘Course it does.

(Justin, 23)

Being placed in the role of ‘sympathetic ear’ seems to be quite a common experience among female researchers who are interviewing an exclusively male cohort. For Arendell (1997), whose research focused on the experiences of divorced fathers, it was by far the most common role in which she found herself during her interviews. However, in this role, she was unexpectedly the recipient of accounts of behaviour that were shocking to her but told in tones of self-righteousness and pride, these included spousal physical abuse and child snatching. Like Arendell, I also found in the interviews where I played the role of the ‘sympathetic ear’, that I was at times shocked

by interviewees accounts. One such example is that of an interviewee who described attacking his sister-in-law at his brother's funeral:

"I battered her at my brother's funeral. She was an hour late because she'd gone to score coke - there's yet another wean's life ruined by drugs."

(Sean, 33)

I was somewhat shocked that, given my perception of the way our culture reacts to violence towards women, he would confess to 'battering' a woman at all. That it was his brother's wife and that this 'battering' reportedly occurred at his brother's funeral made the story even more shocking to me. However, the issue of female violence which I had found so shocking appeared to hold much less significance for Sean, and was seemingly justified by what he seemed to consider the main issue of the story; the detrimental effect drugs were having on his sister-in-law's parenting.

While I was at times surprised by the frankness of some of the interviewee's disclosures, at other times, I felt that the men's perception of me made them uncomfortable and unprepared to report behaviours that I might view negatively. This was particularly the case amongst some of the older interviewees, who seemed to prefer to treat me in an almost paternalistic manner. While it is possible that the father-daughter relationship offers older males, who may feel threatened by a young woman or unable to interact with her as a peer, a safe and predefined relationship role (Easterday, Papademas et al. 1977). However, it is also likely that I was treated in this way because at 25 years of age, I was younger than many of the interviewees and my being a student and not yet a professional may have compounded the perception of me being still in the process of growing-up. Those men who treated me in this way tended to approach the interview encounter as a way of helping or doing me a favour. They would indulgently enquire about my 'wee college course', asking me how much longer I had to go, and encouraging me

to 'stick at it'. Being treated as a pseudo daughter certainly made the interview experience feel safe and comfortable and it may have been empowering for the respondents to view the interview and me in that light. By not taking either the project or interviewer very seriously, it is possible that some of the interviewees felt better able to 'open up' because they perceived me as being powerless and non-threatening - ineffective enough to be harmless (Douglas 1976). However, in more situations, it seemed that by relating to me in this paternalistic way, the respondents may have been tailoring their narratives to be acceptable to a 'daughter' audience. This was brought to my attention one evening during a visit to an abstinence based recovery group. One of the group members who I had come to know quite well through my visits to the group was doing the "top table" - giving a testimony recounting his drug use history and subsequent recovery - and while he was telling the group about his wife and his infidelity to her, he became embarrassed and said that he found it very hard to talk about while I was in the room because he thought I might 'think badly' of him. Top table testimonials at this recovery group typically include acknowledgements of how drug and alcohol use has affected partners, family members, and friends, and confessions of infidelity and poor treatment of partners is not uncommon. However, the group is exclusively male, and under normal circumstances, these confessions would be made to other men. When I initially started to visit the group, my role was largely observatory however, over time and following the interviewing of group members, I became more and more entrenched in the lives of the men who attended the group. My role had changed from being an observing stranger to regular attendee, and with this a certain level of friendliness and familiarity had been reached. This particular "top table" took place after I had been visiting the group for a number of weeks and had started to become an established presence there. Furthermore, the man who was giving his testimonial was one of the men who had been most welcoming throughout my visits and had made efforts to include me in the group. Perhaps it was having a daughter who was about the same age as me, that had motivated him

to 'look after' me and it may have been for this reason that he found it so difficult to talk about his discretions regarding his wife in front of me.

While I felt fairly comfortable in the interviews where my role was defined as either 'sympathetic ear' or 'pseudo-daughter', I was far less at ease in the few interviews where there was a sexual undercurrent. These interviews were relatively uncommon and tended to be with the fathers who were younger and drug-free or relatively controlled in their drug use. At a time when researchers are beginning to examine and even celebrate dimensions of their subjectivity in their fieldwork and writing, Kulick (1995) points out that sex and researcher sexuality are still rarely acknowledged. However, as Hsu (1979) states; "Malinowski was certainly not the only fieldworker troubled by the sex problem", (page 518). Wengle (1988) accounts for the dogged ignoring of the impact of their own sexuality by researchers in terms of preserving identity. Although the preservation of identity and professional subjective distance was certainly a consideration, there was another, murkier, issue that made me feel somewhat threatened in the situations where my own sexuality was acknowledged in the interview setting. The main source of this discomfort stemmed from an underlying fear that my research subjects should be considered potentially dangerous. The basis of this fear lay both in my own and other people's pre-conceptions of the research group. As what could be branded as a 'deviant' group, I was frequently reminded that I should take precautions to protect herself from them. Most of the organisations visited took my safety into consideration when they assigned me rooms or areas for interviewing. Furthermore, they would often outline a course of action should I have any 'trouble' with an interviewee. Often they would recommend that I should leave the door open during the interview. Although reassuring, these safety measures would sometimes make the interview stilted and it difficult to explore some of the more sensitive issues. On one occasion, an interviewee requested that the door be closed at the start of the interview. I was torn between wanting to accommodate him, respecting the 'open door' policy of that

organisation, and also my own concerns over safety. I was concerned that if the protective measures for my safety were too obvious, it would make the interviewee feel as though he was being perceived as threatening or dangerous. That the I was female and my interview cohort exclusively male added a sexual element to the danger I might face from them. As a researcher who experienced a sexual attack in the field points out;

“There is a prevalent notion in many societies that it is the responsibility of women to make sure that they are not ‘in the wrong place at the wrong time’. In other words, there are times, places, and situations out of bounds for women, which they traverse only at their own risk.”

(Moreno 1995 : 219)

The data collection took me into some of the less ‘salubrious’ areas of the city and was often carried out at night, by going to ‘dangerous’ places at ‘dangerous’ times, I was conscious that I was putting myself into what could well be a risky situation. This sense that I was in the ‘wrong place’ at what was often the ‘wrong time’ certainly added an element of fear to the discomfort I felt in the encounters where there was a sexual undertone.

The three roles: nurturing woman, pseudo-daughter, and potential girlfriend, through which the interviewees related to me were not always mutually exclusive. It was not uncommon for an interviewee to move between all three during the research encounter. As a female researcher recruiting an exclusively male cohort it is perhaps inevitable that the issue of gender had such prominence throughout the research process and it is undoubtable that the data that has been generated from the study and the insights gained into the lives of these men have been shaped by this gendered dynamic.

Conclusion

This chapter has endeavoured to provide a clear and transparent account of the research process and the methods used in the study. Crucial to this has been the reflexive reporting and consideration of the role of the researcher and the impact that I had on the data. Examining the research process in this way has emphasised the ‘interactive’ nature of qualitative study and the determining role that the researcher plays. One aspect of this that was specific to this particular study was the ‘young’ gender dynamic that a woman interviewing men created. It is arguable that the gender dynamic that a woman interviewing men creates has implications not only in terms of the way it shapes the data produced in the interviews but also more practically in the way the female researcher approaches fieldwork and manages her role in the field. The following chapter continues with the theme of reflexivity, introducing the reader to the interviewees and considers the tri-partition of the sample.

Chapter 4: ‘Controlled’, ‘Uncontrolled’, and ‘Drug Free’: Introducing the men behind the categories

Introduction

This chapter introduces the men who participated in the study and examines the three sub-groups which the overall sample was divided into. As has been previously outlined in the methods chapter, 50 men who were fathers and were either, or had been, problem drug-users were recruited for this study. In order to represent men from across the spectrum of problematic drug use, efforts were made to recruit a roughly equal number of uncontrolled users, controlled users, and men who were drug-free. The aim of this chapter is to introduce the interviewees to the reader and to consider the tripartition of the sample in a reflexive way. After providing a brief overview of the men who took part in the interviews, the three sub-sample-groups will be explored and the rationale behind them discussed.

An overview of the men and their lives

In this study, 50 men were interviewed. All were fathers and all had a history of problem drug-use. An overview of the sample is provided below:

Table 3: Overview of the sample

Number of interviewees	(n=50)	
Age	Average = 34.5 years Min = 22 years Max = 49 years	
Ethnic Background	White (n=49) Other (n=1)	
Drug use status	Uncontrolled (n=20)	Street drugs (n=11)
		Street drugs + prescribed (n=9)
	Controlled (n=14)	Methadone (n=11)
		Street drugs (n=3)
	Drug free (n=16)	Abstinence (n=15)
		Methadone reduction (n=1)
Employment status	Employed (n=10) Unemployed (n=40)	
Familial living situation of interviewee	Alone (n=34) With parents/other family members (n=5) With parents/other family members + children (n=1) With wife/partner (n=3) With wife/partner + children (n=6) With children (n=1)	
Living situation of interviewee's children	With mother + father (n=6) With mother (n=36) With father (n=1) With grandparents or other relatives (n=3) With grandparents or other relatives + father (n=1) In care (n=3)	
Number of children	1 (n=23) 2 (n=18) 3 (n=4) 4 (n=4) 5 (n=1)	
Number of different mothers to children	1 (n=45) 2 (n=3) 3 (n=2)	
Relationship with children's mother	A couple (n=7) Had been a couple but no longer together (n=38) Never in a relationship (n=5)	
Drug using status of children's mothers	Non-user (n=45) User (n=5)	
Contact with children	(n=31) *See Table 3: P136	
Served prison sentence	(n=36)	
Are/have been homeless	(n=37)	
Parent or sibling with drug or alcohol problems	(n=28)	

As is shown above, the average age of the interviewees was 34.5 years; with the youngest being 22 years old and the eldest 49 years old. All of the interviewees were Scottish, and with the exception of one, all were white. At the time of the interview, most of the interviewees were unemployed (n=40) while the majority had been previously employed, a large proportion had never worked (n=18). Contact with the criminal justice system was reported to have featured in many of the interviewees lives and most had served prison sentences (n=36). Most had also experienced periods of homelessness (n=37).

Absence from their children's lives was common and the vast majority of the interviewees did not live with their children (n=42). However, contrary to popular stereotype (Parke and Brott 1999), and other research on problem drug-using fathers (McMahon, Luthar et al. 2001), the interviewees in this study did not appear to have fathered an unusually large number of children or in a particularly irresponsible manner. The average age at which the men had become fathers was 24 years. Most of the men had only one (n=23) or two (n=18) children. The maximum number of children any of the interviewees had was five. Of the men who had more than one child, most had had all their children with the same woman (n=19). Only two of the men had had children with more than two different women. The vast majority of the interviewees had been in a relationship with the mother of their children (n=45). For the most part, these relationships were described as being serious and long term. While the average length of relationship was reported as being 9.5 years, a few of the men told the researcher that they had been with the mother of their children for over 20 years. However at the time of interview, most of the men were no longer in a relationship with their children's mother (n=43). While most of the interviewees reported using a wide variety of drugs, with the exception of two men who described themselves as being primarily cocaine addicts, heroin was the drug that they claimed had

the biggest impact on their lives. With the exception of 9 men, all the interviewees had sought help from drug treatment services. Smoking heroin was the most common route of administration reported by the men, however, several said that they injected the drug intravenously. Those who injected generally reported that they had also previously smoked it but had found that they were having to use increasingly larger amounts to achieve the effect they wanted. The move from smoking to injecting seemed to be an indication of a spiraling addiction and injecting was generally regarded as being worse in both health and social terms than smoking.

For many of the interviewees, drug and alcohol problems had featured in their lives from a very early age. Over half of the interviewees (n=28) reported that they had grown up within a family where at least one of their immediate relatives (either their parents or siblings) had a problem with drug or alcohol dependency. Several of the interviewees (n=13) also reported that they had experienced abuse as children. This abuse was typically physical and it tended to be at the hands of the men's own fathers. Furthermore, the men who reported having physically abusive fathers also generally reported that their father had drug or alcohol problems. This relationship between parental problem drug or alcohol use and physical abuse is common (Kelleher, Chaffin et al. 1994). There were also a small number of the men reported having been sexually abused in their childhoods (n=4). In all of these cases, the men reported that their abusers had not been immediate family members but either external caregivers (either foster parents or children's home staff) (n=2) or step-parents (n=2).

This general overview of the interviewees shows that these were men whose own experiences of childhood had often been difficult and in which problematic drug or alcohol use had often played a part. While the path that their own addiction careers had taken varied quite widely, almost all had ended up being addicted to heroin. Through their addiction, most described their lives taking a 'downward spiral' in which relationship breakdowns, homelessness, unemployment, and crime were regular features. In terms of their fathering, although in

many ways the pattern in which they reported reproducing did not correspond with the perceptions of socially irresponsible fathering often associated with this group, over the long term, the men's relationships with their children were largely characterised by absence.

The following section goes on to consider the sample of interviewees in greater detail and discuss the three sub-categories of uncontrolled, controlled, and drug-free into which they were divided.

Being 'uncontrolled', 'controlled', or 'drug free'

As has already been outlined in the previous chapter, the interviewees were categorised into three groups designed to be representative of the spectrum of problem drug-use; those who were drug-free (n=16), those who were controlled in their drug use (n=14), and those who used drugs in an uncontrolled way (n=20). The classification of the interviewees in this way was based upon the men's reports of drug use and behaviour in the interviews and the researcher's perceptions of these. There was no additional verification of drug-use status either through urine sampling or consultation with drug workers. However, as will become apparent in this and the proceeding chapter, these drug-use status classifications are reflective of a general control, or lack of control in the men's lives. In terms of this research, it was this perception of overall control or lack of control with regards to drug taking, rather than a verified and detailed account of recent drug use, that was considered to be most important. The interactive and determining role that the researcher plays in the research encounter has been discussed at some length in the previous chapter, and as with all aspects of this study, the categorisation of the men in this way, needs to be considered in a reflexive way. This section aims to provide the reader with a clear definition of each of the three sub-sample groups and in doing so, give an account of the rationale that drove the researcher's classifications.

The first of the three categories; 'drug-free', included men who had reportedly stopped using drugs through both the reduction of prescribed substitute drugs and abstinence. Attempts were made to

recruit both men who had been weaned off drugs through a programme of prescribed substitute reduction and those who had gone 'cold-turkey' and taken the abstinence approach to represent a range of routes out of addiction. Nonetheless, the vast majority of men who were drug-free (n=15) had become so through abstinence. One explanation for this under-representation of those becoming drug-free through the reduction of methadone might relate to the locations where the interviewees were recruited. As is outlined above, the men were recruited from a number of different organisations across Glasgow, two of which catered to recovering addicts who were drug-free. One of these organisations was an abstinence based recovery group, and although the other worked with people who were being prescribed methadone, a large proportion of their clients (particularly those who were drug-free) had been referred to them upon discharge from rehabilitation centres. It is therefore conceivable that sampling may account for the low representation of methadone reduction in the drug-free cohort. However, a second explanation might be that abstinence based recovery has been shown to have higher success than methadone reduction recovery. In a study of abstinence and drug abuse treatments in Scotland, 29.4% of those who had taken part in an abstinence recovery programme were drug-free after 90 days whereas by comparison, only 3.4% of those who had been on a methadone reduction programme who achieved the same (McKeganey, Bloor et al. 2006). These results notwithstanding, drug addiction is a chronic relapsing condition and the status of 'drug-free' is not necessarily permanent. For the majority of the men in this group (n=11), this period of being drug-free had reportedly been preceded by previous recovery attempts that had included either (or both) methadone prescription and abstinence-based rehabilitation.

The second, 'controlled' category included fathers whose addiction was maintained by prescribed substitute drugs - namely methadone (n=11) but also fathers who reported using street drugs in a controlled way (n=3).

The fathers in the third, 'uncontrolled' category reported having little or no control over their drug addiction, this group included both men who reported 'topping up' - using street drugs on top of their substitute prescription (n=9), and men who told me that they were using street drugs in an uncontrolled way (n=11).

While the first category of 'drug-free' referred to a clearly defined state, the 'controlled' and 'uncontrolled' categories were less clear cut and much more fluid. Although the classifications for these categories were largely based on the interviewees reported drug taking, in order to assess the influence their addiction had over them, other aspects of the men's lives were also taken into consideration. For example, factors such as living situation, maintaining of relationships, and the funding of drug use were considered to be of importance. The overall aim being to judge the extent to which the individual's drug use dominated his life and it was for this reason that street drugs and prescribed substitute drugs were treated in the same way. Some examples of interviewees who were defined as 'controlled' or 'uncontrolled' are provided in the vignettes and interview extracts below:

Philip

Philip falls into the "controlled" category. He's 26 years old and has a son (Harrison) who is 6 years old. He has separated from Harrison's mother (Lorraine) who has no history of drug problems. He is currently homeless and has been staying in one of the large male hostels in Glasgow. He's being prescribed methadone and is on an 60ml dosage and says that he has not used heroin for approximately 6 months. He attests that heroin has always been his "problem drug" - although he has used a wide range of drugs, heroin is the one that "hooked him". He said that he has made several attempts to stop using drugs both through methadone and abstinence. His longest period of abstinence lasted almost a year.

He and Lorraine were a couple for about 6 years before Harrison was born, they had been together since they were at

school. When Harrison was about 4 months old, he was sent to jail for assault and sentenced to 3 years (for which he served 18 months). At the beginning, Lorraine would bring Harrison to the jail to see him but after a while, she stopped going. He said that he thought that the reason the visits stopped was because her parents disliked him and were discouraging the relationship.

After being released from jail, he did not move back in with Lorraine but went to live with his parents. This arrangement did not last and after spending a period staying with different friends, he moved into a homeless hostel. At that time, his drug habit escalated to the point where it was costing him 30 pounds a day. To fund his use, he used benefits and did "silly stuff" - shop-lifting and breaking into cars. He first accessed services about a year ago and after a short while of being stable on his dosage found a job with a drainage company. However, he said that because of the cheap labour offered by immigrants, he lost his job. This set-back led to him using heroin again for a short while but he is now back on methadone and claims that he has not used illegal drugs for approximately 6 months. He has had no contact with Harrison since he was in prison.

Like Philip, Malcolm was categorised as a 'controlled' drug user:

I - So you've been on methadone for how long now?

R - About a year or something now.

I - And you're okay on it? Are you topping up at all?

R - Aye it's brilliant. No I don't use nothing at all now, just my methadone. That's it.

I - At the beginning did it take you a while to get the dose right?

R - Aye it did. I was using about a bag a day or something like that to begin with. But once my dose went up on the methadone I was able to stay back a bit.

I - So what are you on now?

R - 50ml.

I - Is that the highest you've been?

R - No I was at 100. I've been on 100 but I've come down to 50 they bring me down 5ml every wee while. So hopefully by this time next year I'm going to be drug free.

(Malcolm, 27 - controlled drug-user)

Both Philip and Malcolm's reports suggest that they are now experiencing a period of relative stability. Philip claims that he has been stable on methadone for approximately 6 months and Malcolm reported that he is now successfully negotiating the methadone reduction programme. He admits that in the beginning, he was using street drugs as well as his methadone prescription, however now claims to be stable on the methadone. This is substantiated by his reported 50% reduction in prescribed dosage. Below is another example of someone who was classified as being a controlled drug user, however, rather than receiving a substitute drug from the state, this man told the researcher that he uses street drugs to control his addiction:

R - I've no taken heroin since I've been off heroin but I've taken a few dihydrocodeine and a few valium and had a

couple of joints, know what I mean but I've no gone back to the heroin.

I - Are you still doing that now then?

R - Yeah, I'm still doing that now. But only when I've got enough money to do it - know what I mean? So basically it's all down to funds as well. I've only got £70 a week off the social to live on so I haven't got very much money to be using.

I - So how often are you using valiums and dihydrocodeine now then?

R - Well it's just really whenever I've got spare cash. Whenever I've got spare cash I'll go and buy a couple of tablets and that will keep the cravings away from me basically.

(Raymond, 37 - controlled drug-user)

Raymond's drug use would appear to be limited by his financial means. Rather than allowing addiction to dictate his spending on drugs, he claims to only buy drugs when he has available funds. This would suggest that he has a level of control over his drug usage. It is this semblance of management which differentiates the controlled and uncontrolled drug users. The vignette and two interview extracts below provide examples of men who were categorised as being 'uncontrolled' drug users:

Justin and Trey

Justin and Trey are uncontrolled drug users. Trey is 22 years old and Justin is 23 years old. They are friends. The researcher first met them at the offices of a magazine for the homeless where they had come to purchase copies of the

magazine to sell. Both are fathers; Trey has a son who is 4 years old and Justin has a daughter who is 3 years old. Trey has a large tattoo of his son's name which he made a point of showing to the researcher. Neither live with their children nor have any contact with them. Both are homeless and live in the same hostel. On the first meeting with the researcher, they agreed to take part in the study but explained that they did not have enough time to complete the full interview because they needed to get out and sell their magazines. In the time that she spent with them on this occasion, it became apparent that both had recently taken drugs and that an attempt to carry out an interview may have been in any case pointless. The researcher arranged to meet them the following week.

Only Justin came to the second meeting. He explained that Trey had gone to stay with his sister for a few days. He told the researcher that since the last meeting, the boys had found out that the hostel they were staying in was going to be shut down. Justin said that he did not have anywhere to go and without any current alternatives, he was anticipating spending Christmas (which was a few weeks away) on the streets. He said that he had thought about getting himself caught shop-lifting because that way he would not be homeless over Christmas and it would be better to be in prison where he could get help with his addiction problems.

At the time of the interview, Justin's heroin habit was costing him around £30 a day. After initially smoking the drug, he said that he had started injecting because it was cheaper and smoking was no longer "doing anything for him". He told the researcher that he knew that injecting was "wrong" but did not feel he had a choice.

Both Justin and Trey's lives appear to be out of control. With their future accommodation uncertain and drug use that was apparently becoming increasingly chaotic, they described themselves as having fewer and fewer choices. For Justin, prison seemed to represent the

only foreseeable route out of his current situation. In the interview extracts below, the interviewees describe how, like Justin and Trey, their lives were being largely dictated by their need for drugs:

I - How much are you on per day at the moment?

R - At this moment in time, well I'm skint so about three bags a day, put it that way; one in the morning, one in the afternoon and one not so long ago there. But I've no money for tomorrow and I'm certainly not going to do shop-lifting. I'm going to [problem drug-use support unit] and I'll try and get on a methadone script..... I'll need to go and see my drug worker first and foremost to get the wheels in motion so that I can get to do something. Because I'll need to get help, I can't do it any other way. I've done cold-turkey and it's a horrible, horrible thing. I need to get on a script, I mean you can get it here. But I'll need to get my act together and get off this horrible drug.

I - So what will you do tomorrow then? Won't you need something in the morning?

R - Oh I'll need something in the morning. My cunning plan was to go up and tap my brother but he'll no give me anything because he knows exactly what it's for and I don't want to go out shoplifting.

I - Where do you normally do it?

R - Where do I normally shoplift?

R - Ordinarily I'll hit somewhere like [large high-street shop] and you need to get the plug out of something. I'll get a jacket that's worth maybe about 60 quid and

I'll sell that for maybe 30 quid. It's easier said than done but. 30 quid does me for the day right but I'm just going in ever decreasing circles. I can't run the way I used to be able to, know what I mean? If I get chased out a shop now, I'm caught and collared, that's it. I know this sounds ludicrous but it's either going to be in and out of police stations or in and out of the jail again. I'd rather try and get myself organised and try and get into [short-term detox unit] so I'll try and get in there faithfully, religiously, every day. I've had an assessment anyway, it's just that they're extremely busy at the moment. The guy that done my assessment said I'll just have to go in there every day. But I'll try and see [drug worker] tomorrow and see if I can get him to fund me for something because this can't go on. I can tell you exactly what is going to happen Molly, I'm going to end up back in the jail again and I'm sick of the sight of [prison]. It's not the place to be.

(Kenneth, 43 - uncontrolled drug-user)

Like Justin and Trey, Kenneth does not give the impression of having any control over his drug use. He reports being unhappy with his current situation and discusses his intentions to obtain a methadone prescription or a place on a detox programme. While he speaks at some length about his plans for tackling his addiction, it does not seem that he has a clear idea yet of how he will achieve them. He talks about going to the problem drug-use support centre the following day to see if they can accommodate him in the detox unit, but he also speaks about needing to meet with his drugs worker before he can do anything. In addition to talking about the short-term detox, he also speaks of the possibilities of methadone prescription and a rehabilitation programme. However, while his recovery may appear to be somewhat uncertain, his current addiction demands are not. In his discussion of his plans for the following day,

the one certainty is that he will need to get drugs; *'Oh I'll need something in the morning'*. He may not yet know how he will obtain them but there appears to be no doubt that one way or another, he will get drugs.

The extract below is from another interview with an uncontrolled drug-user. Unlike Kenneth, this man is receiving a methadone prescription (although he told the interviewer that he had also been using street drugs). However, what led the researcher to identify him as an uncontrolled drug-user was not the substance being used but the impact it had on his life:

I - You're on methadone now?

R - Aye.

I - How long have you been on methadone?

R - For about 5 years, I can't really remember. Sometimes I go through phases when I don't want to take my meth and then I'll come off it but then I need to go back on it because I start using again. I don't really want to start going back into that and going back to prison and all that.

I - What about at the moment? Are you pretty stable or are you topping up?

R - Well I'm going up to 80 ml today and hopefully that will hold me because I'm not wanting to go up anymore.... I want to get stable on it.

(Jason, 33 - uncontrolled drug-user)

Jason tells the interviewer that his current dosage of methadone is not sufficient on its own to stop him from experiencing withdrawal

symptoms. Like Kenneth, Justin and Trey, it would seem that Jason does not feel in control of his drug use. They all describe their current situation as risky and talk about the inevitable consequences (in most cases prison) should they continue to use drugs in the way they currently are. However, while the inevitable consequences that they describe seem to be unacceptable to Kenneth and Jason, they all appear to feel or represent themselves as powerless to change their current behaviour on their own. All of these interviewees seem to believe that outside intervention and assistance in the form of prison, methadone, drug workers, or a rehabilitation programme is the only way that their addiction can be controlled. It is this apparent powerlessness that distinguishes the uncontrolled drug-users from the controlled drugs-users.

Just as the men who were categorised as being 'drug-free' could be said to have controlled their addiction, those who were categorised as being 'controlled drug-users' gave the impression of being able to exert a level of control over their drug use to the extent that their lives are not dominated by it whereas those who were categorised as 'uncontrolled drug-users' appeared to have little or no control over their drug use and their lives were largely dictated by the demands of their addiction.

Conclusion

Drugs represented one of the most prominent features of the interviewees lives. Some had grown up in households where other family members had had drug and/or alcohol problems and for them these substances and their associated harm had been part of their life since childhood. For others, drugs entered the picture later on in life. However, for all of the men, there had come a point at which their drug addiction had taken over and where they had previously been in control of their drug-taking, their need for drugs came to dictate their actions and choices. Control over addiction and drug-use was often equated with the availability of choices; less control equalled less choices. When addiction dominated, it seemed that the men's lives and any choices that they had were restricted by the parameters of

feeding their habit. The focus of both time and energy was dedicated to the funding, sourcing, or taking drugs. When life is reduced to feeding a drug habit, it seems that the addict exists in the eye of the storm. For them, their existence appears to be simplified to fulfilling the three acts of funding, sourcing, and taking drugs. However, this total focus on drugs, is often to the detriment of other aspects of their lives and increased focus on drugs tends to correspond with an increasingly chaotic life in general. In this state, the men appeared powerless over their addiction and its daily demands, breaking this cycle was considered incredibly difficult without outside intervention. When addiction was controlled either by a prescribed substitute drug or in some cases, regulated use of street drugs, its demands were somewhat alleviated as the pressures of funding and sourcing drugs were reduced. Although while drug-free the men were no longer driven by the physical need for drugs and as such are no longer involved in the funding, sourcing, or taking of them, fear of relapsing meant that drugs maintained a presence, albeit subdued, in their lives. Drugs had had and continued to have a powerful influence in all of the interviewees lives, what the three sub-sample groups represented was the extent to which they were able to control this influence. The following chapter goes on to further explore the themes of 'chaos' and 'stability' in the interviewees' lives and the influence of drugs and other factors.

Chapter 5: “The choice was taken away from me, it was the same routine every single day”: Chaos and stability in the men’s lives

Introduction

The interviewees’ descriptions of their lives showed a continuous alternation between periods of relative stability and chaos. Research has shown that this changeability is typical in the lives of addicts whose drug-using careers tend to be volatile. They frequently transition between periods of abstinence, low - relatively stable use, and high - chaotic use (Hser, Evans et al. 2008). The aim of this chapter is to consider stability and chaos not just in relation to drug-taking behaviour but within all aspects of the interviewees’ lives and to identify the various factors contributing to it. While each interviewee’s situation was unique, the researcher consistently detected this duality within several areas of the men’s lives. Perhaps the most obvious of these related to drug-using behaviour, however, housing, employment, and relationships - most notably that with the mother of their children also appeared particularly susceptible to the overall chaos or stability of the men’s lives.

Following a brief discussion on the chaos and stability of the interviewees’ drug use, the interplay with these three other facets of the participants’ lives will be considered.

The chaos and stability of the men’s drug use

As has been highlighted in the previous chapter, it seemed that from the initial point at which the interviewees’ recognised that they had a drug habit, throughout their addiction careers the key element determining the chaos or stability of the interviewee’s drug use was control. This first section considers the importance of control and explores the different courses that the interviewees’ drug-careers took and the changing pattern of chaos and stability within them.

Losing control and becoming an addict

When the interviewees spoke about the initial stages of their addiction, they tended to describe how use, that was largely recreational, controlled, and fairly peripheral in their lives had spiralled into a need that completely dominated them. Patrick's story was fairly typical among the participants:

"I started smoking a bit of marijuana with my pals and then before I knew it, a couple of weeks later, I was taking a wee bit of speed. It was as simple as that, just a wee line. Before I knew it, even within the first six months, I was fucking neck deep in heroin."

(Patrick, 40 - drug-free)

The majority of the interviewees (n=46), like Patrick, had started using 'softer' drugs such as cannabis or ecstasy before progressing onto 'harder' ones - namely heroin. It is a common finding in the problem drug-use research that many heavy-drug-users started out by using less 'dangerous' drugs first and there appears to be a 'staircase' from alcohol and solvents, via cannabis and tablets, to amphetamine, cocaine, and heroin (Bretteville-Jensen, Melberg et al. 2008). While the progression of specific drugs often varied amongst the interviewees, it seemed that heroin was generally considered the 'end of the line' and it appeared to represent a threshold which, once crossed, took the individual out of the recreational and into a much more serious level of drug use. This was similarly noted by Best and Manning, et al. (2007) who observed that peer groups who had moved forward together through the 'gateway' transitions of alcohol, cannabis, solvents, hallucinagens, and stimulants without rifts would splinter when a member (or members) of the group moved on to heroin. Their research suggests that amongst their interviewees, regular heroin use, more so than any other drug, had the potential to have a determining effect on social networks and, as such, on identity:

“.... perceptions and attitudes towards heroin-users changed as a result of becoming part of a heroin using network..... Being labelled a junkie was clearly detrimental to friendships particularly amongst non-using networks where heroin use was not socially acceptable.” (Best, Manning et al. 2007 : 407). However, this ‘junkie’ identity is not necessarily accepted by the heroin-users themselves. For many, ‘junkie’ represents a lifestyle that can be avoided by ensuring that drug use is controlled sufficiently so that it does not ‘totalise’ their identities (Valverde 1998). Room (2003), observes that ‘junkie’ identity is determined by the extent to which other pursuits are subordinate to drug taking. Waldorf describes the process in reaching this state as: “roll[ing] their lives and the universe into... the single ball of heroin.” (Waldorf 1973 : 46). While some heroin users may be able to control their use sufficiently to ensure that it never becomes problematic (Shewan and Dalgarno 2005; Warburton, Turnbull et al. 2005), with the exception of two interviewees who were primarily cocaine users, all of the men in this study reported that they had been or continued to be addicted to heroin. Philip described how by comparison to other drugs, his use of heroin was far more compulsive:

“[Heroin] has been the one that got me really. That’s the one I’ve been hooked on really. All the other drugs I’ve tried, I’ve tried near enough every drug that’s out there, but I’ve never had a problem with them. Like hash and ecstasy and acid and all that. I’ve tried them all but none of them have got a grip of me really as much as heroin did.”

(Philip, 26 - controlled drug-user)

It tended to be when this heroin use became habitual that the interviewees considered that they had become ‘addicts’ (McIntosh and McKeganey 2002). However, the realisation that drug use had become habitual and that they were addicted seemed to have

often caught the interviewees by surprise. For many, this realisation occurred when they first experienced the symptoms of withdrawal. Becker (1967) suggests that recognition of the symptoms of opiate addiction is a learned process and most likely to occur through the problem drug-user having contact with others who participate in drug culture and who interpret the symptoms of withdrawal for what they are. Those who are less entrenched in drug culture may be bewildered by their symptoms and recognise them as drug withdrawal less readily. This was the case for Russell who described being initially 'unable to put his finger on it':

"I had just begun to slip into it, that was the first point I realised I had a habit. I went to [music festival] and I just didn't take anything with me and I tried to get to sleep that night and I couldn't sleep and I felt all agitated and I couldn't put my finger on it."

(Russell, 43 - drug-free)

This progression from recreational 'dabbling' to recognising addiction that was typical amongst the interviewees was similarly observed by McIntosh and McKeganey (2002). They suggest that the recognition of addiction occurs when the individual realises that they are no longer in control of their drug taking but that it is controlling them. This loss of control was described by one of the interviewees as no longer having a choice:

"It came to the point where the choice was taken away from me. I had to do what I was doing. It was just the same, it was the same everyday, it was the same routine every single day."

(Craig, 26 - drug-free)

Although the interviewees 'lost control' in becoming addicts, the state of being 'out of control' was not considered to be necessarily permanent. In their descriptions of their problem drug-use-careers, most of the interviewees passed through various states when they perceived that they had greater or lesser control over their addiction and during which their lives were more stable or chaotic. As has been noted before, drug addiction has long been recognised as a 'chronic relapsing condition' (White 1996; Anglin, Hser et al. 1997; Hser, Anglin et al. 1997; McLellan, Lewis et al. 2000; Anglin, Hser et al. 2001; Scott, Foss et al. 2003). Based on their research on patterns of problem drug-use over a 10 year period, Hser, Evans, et al (2008) found that "drug use patterns can be volatile, especially when observed over the long term, and many individuals frequently transition between no use, varying levels of use, and incarceration." (Hser, Evans et al. 2008 : 1587). While the route into addiction was fairly standard amongst the interviewees, once addicted, there was no set path that their lives would follow. For some, it continued to be a steady downward slide of increasing drug use, others were able to regain some control over their use, while some stopped using drugs altogether. However, for the majority of the interviewees, there were elements of all of these and their drug use had passed through several, varying stages of intensity. This unpredictability seems to be typical of the lives of problem drug-users. Barnard describes problem drug careers as having a "rollercoaster pattern with many dips, dives, corners, and straights [that] defies predictability" (Barnard 2007 : 14). Among the 'drug-free' group, there were men (n=3) whose drug careers had, by comparison to the rest of the interviewees, been fairly short lived and had followed a direct route from experimentation to addiction to abstinence. Notably, these men were all young (in their early twenties) and they were unique among the rest of the 'drug-free' group and indeed the interviewees in general in that this had been their first attempt to stop using drugs. However, for the most part, the men who participated in the research had had drug

careers lasting several years during which there were times when their drug use was fairly stable (when they were drug-free or using a controlled dosage of either street drugs or prescribed substitute drug), and other times when it escalated and became more chaotic and difficult to manage. Paul's story was fairly typical:

"I started using twenty odd year ago. It's been on and off - it's not constant though. I'd maybe go six months or something like that and then go it's time to come off."

(Paul, 39 - controlled drug-user)

Although the path that each of the interviewees' addictions had followed tended to be unpredictable, with the exception of some interviewees who were reportedly satisfied that their drug use was controlled sufficiently to be unproblematic (n=6), the participants were united in telling the researcher that they wanted to be (or remain) drug-free. Most reported that they had made at least one attempt at stopping and/or reducing their use. However, it seemed that in many cases, these attempts were unsuccessful and times when use was reduced or stopped altogether were often succeeded by spells of increased use. Previous research has shown that periods of escalating use, control, and abstinence are a common feature in the biographies of problem drug-users (Klingemann 1994; Prins 1994) as are unsuccessful attempts at becoming drug-free (McIntosh and McKeganey 2002). Several of the interviewees, acknowledged the likelihood of relapse in their recovery. In the extract below, Derek told the researcher how he considered relapse to be a feature of recovery from drug use:

"It's been about two and a half year since I used. I had a couple of valium and then after that a bag here and there. I've had one or two relapses but I've only taken one thing and then I'm kind of off it again for a long time. I know

myself that relapse is part of the recovery as well nowadays.”

(Derek, 44 - drug-free)

Similarly, Timothy, who was drug-free at the time of the interview, refused certainty over whether he would remain so:

“I don’t think I will go back but you never know what’s around the corner. You can’t say never.”

(Timothy, 25 - drug-free)

The kind of uncertainty that Timothy described captured the overarching sense of unpredictability and compulsiveness of the interviewees’ drug use in general. That is not to say that none of the men interviewed will become, or remain, drug-free (a third of the men were at the time of the interview). However, based on the interviewees’ accounts of their drug-careers, one has to acknowledge the fluidity and constant evolution of these careers.

The temporary and precarious nature of the interviewees’ drug use status unsurprisingly had repercussions within other areas of the men’s lives. As the interviewees’ drug-habits moved through periods of greater or lesser stability, so, it seemed, did their interactions with the non-drug world. The unstable nature of a problem drug-user’s life invariably affects the lives of his family and those who are close to him (Barnard 2007). While the impact of paternal problem drug-use on family functioning might be minimal during periods when his drug use is relatively stable (Hogan and Higgins 2001), during chaotic periods, the effects can reverberate throughout the whole household (Barnard 2007). As has been stated in the methods chapter, one of the main reasons the research was designed to sample men across the spectrum of problem drug-use (and in varying phases of chaos or stability) was

in order to consider possible differential impacts of drug problems on their roles as fathers.

The previous section considered the interviewee's drug use and how the chaos or stability of their use was determined by the level of control they maintained over it. This following section considers the influence and interplay between other factors and the level of stability that these had in their lives.

Other sources of chaos or stability

The research indicated that the interviewee's drug use was largely unpredictable. Most reported experiencing periods of relative stability during which they were either drug-free or able to maintain a level of control over their use. However, this stability appeared to be susceptible to change rapidly becoming chaotic and any control that they had over their drug use was rather fragile. While the control that the interviewees had over their drug use seemed to influence the overall chaos or stability of their lives, the interview findings also identified several additional factors that may have also contributed to the chaos or stability of the participants' lives in general. Broadly speaking, these additional factors related to the interviewees' participation in the non-drug-world. Research has shown that employment, stable accommodation, and good family and social relationships are all important factors in enabling users to maintain control over and in some cases stop their drug taking (Warburton, Turnbull et al. 2005). Alongside stability of drug use, these three factors appeared to form the legs that stabilised many of the interviewees' lives, and it seemed that a 'shaky leg' had the potential to bring that fragile stability tumbling down. This was exemplified in the 'downward spiral' described by many of the interviewees which tended to feature; increasingly chaotic drug use, loss of employment, breakdown of the relationship with their children's mother and, homelessness. This following section

considers the contribution of these three other sources of chaos and stability.

Employment

Employment can make a positive contribution to an individuals' life (Feather 1982; Warr and Jackson 1983). Through work, one can gain an identity, a place within society, and access to a network of friends and colleagues (Bachman and O'Malley 1977). Research into employment amongst heroin-users has indicated that employed users tend to have stronger links with the non-drug-world than their unemployed counterparts (Koo, Chitwood et al. 2007). However, as has been discussed in previous chapters, drug addiction can seriously undermine an individuals' employment potential. Of the fifty men who took part in the research, only nine were in paid employment at the time of the interview. Significantly, all but one of those nine men who were employed were drug-free. Many of the interviewees who were unemployed reported having previously been in employment but said that their drug habits had contributed to them losing their jobs (n=32):

"I did work but eventually I lost my job and all. I was in the parks department for over 12 year. It was good, I liked it, I was only a charge hand but I was out and about and I really did enjoy my work. But drugs completely and utterly destroyed it."

(Kenneth, 43 - uncontrolled drug-user)

The findings of the study suggested that whilst they had been in employment, the interviewees' drug use tended to be more controlled and stable. Increasing and more chaotic drug use similarly corresponded with becoming unemployed. Some of the interviewees spoke about how employment had limited their drug use. Patrick described how whilst employed, he had attempted to manage his drug using so that it did not affect his work:

"When I was working in the buses, the drink and the nightshift worked out, it balanced out. I would be working late so I could get drunk every night 'cause I'd be finished at 12 o'clock and then I could get drunk and I wouldn't start until 4 o'clock the next afternoon. So I could get drunk every night and get away with it. Then when I turned 28, the buses sacked me. It was mainly the alcohol abuse, but the alcohol had stemmed the drugs. I had took a lot of speed at parties and that, maybe popping the odd ecstasy but it wasn't a lot. It was when I came off the buses, that's when the drugs went through the roof, they went right through the roof."

(Patrick, 40 - drug-free)

However, Patrick told the researcher that after losing his job, his drinking and drug taking increased rapidly. It seemed that the loss of his job removed any boundaries that had previously restricted his drug use. Although employment often appeared to place limitations on the participants' usage of drugs, the income that it generated may have often facilitated the purchasing of them. Roderick described how an increase in wages resulting from more regular work had led to him using more drugs:

"[At the beginning] I was just working the door, so I wasn't getting a lot of money. But then I started getting regular money and regular work and with the money I was buying rather than just chipping in for a bit. I was actually buying for my own use. Often I wasn't in until half two or three in the morning but I was still getting up to go to my work in the morning."

(Roderick, 49 - controlled drug-user)

Roderick's account is interesting in indicating that whilst his drug use had increased in response to a higher wage, he still structured his usage to limit it to times when he wasn't working. Furthermore, the interview findings suggested that the drug use of the unemployed participants was not any more financially limited than their working counterparts. While some of the unemployed interviewees spoke about how the uncertainty in sourcing funds was a constant concern, it seemed that their need for drugs meant that they would always find the money somehow. The wide range of reported sources of income included; selling the 'Big Issue', begging, mugging people, shop-lifting, selling drugs, and state benefits. Findings of a study into problem drug-users participation in the labour force have shown that the decision of problem drug users not to seek employment is primarily associated with non-job-related (including illegal) sources of income (Atkinson, Montoya et al. 2000). Given that the interviewees appeared to be largely capable of funding their addiction without having jobs, the decision to seek employment (after becoming a problem drug-user) generally seemed to be associated with a desire to distance oneself from the drug-world. Re-entry into employment often coincided with the decreasing or stabilising of drug use. In the extract below, Hugh told the researcher about the success he was having in "sorting his life out":

"I'm on methadone - 65ml. And I'm going to be starting a job as well next week. It's just cleaning, industrial cleaning"

(Hugh, 26 - controlled drug-user)

It seemed that for Hugh, getting a job and maintaining progress in his methadone reduction programme were both indicators of his success in overcoming his addiction.

Employment appeared to play an important function in the management of the interviewees' addictions. It would seem that

having a job provided the interviewees with a non-drug-identity and role and in order to maintain these, the men had to place limits on their drug use. Failure to act within these self-imposed limits often resulted in the loss of the job and any associated benefits. The research findings showed that becoming unemployed often coincided with increasingly chaotic drug use. The actual order in which these events took place was not always clear in the interviewees' narratives and furthermore, one has to bear in mind that these are retrospective accounts and so not necessarily accurate. Rather than viewing it as causal, the relationship between the unemployment and increasingly chaotic drug use described by the interviewees is best regarded as one of concurring symptoms of loss of control in an increasingly chaotic life.

Housing situation

The homeless are arguably one of the most marginalised groups in society (Bantchevska, Bartle-Haring et al. 2008). Research has shown that homelessness is associated with few or no relationships with friends or family (Hagan and McCarthy 1997), similarly, an association between homelessness and problem drug-use has also been observed (Bantchevska, Bartle-Haring et al. 2008). Amongst homeless problem drug-users, a link has been made between fathering status and riskier drug use practices; in a study of homeless adolescent parents, homeless fathers were shown to be more likely to use drugs intravenously than homeless men who were not fathers (Slesnick, Bartle-Haring et al. 2006). A large number of the men who participated in the research reported that they were (or had been) homeless (n=37). The data collected in the study suggested that periods of homelessness corresponded with increasingly chaotic drug use. In the extract below, Douglas describes deterioration of his life during a period of homelessness:

“I was sleeping all over the place, I had no clean clothes, all the habits in my using and abusing became worse, less places

to sleep, less food getting ate, my body just started to deteriorate and I ended up fucking down in a bad way."

(Douglas, 29 - drug-free)

These findings correspond with the work of Coumans and Spreen, who argue that homelessness represents a stage in the lives of problem drug-users that is associated with the loss of control of use (Coumans and Spreen 2003). For the majority of the interviewees, the movement into homelessness was often the result of being 'thrown out' of either their parents' or partner's home. Research into the causes of homelessness amongst drug users has identified recent family problems as being a significant trigger (Kemp, Neale et al. 2006). The most common explanation that the interviewees gave for being ejected from their family homes was that their families did not want to continue living with them because of their escalating drug addiction and the problems that it may have caused. During short periods of homelessness, the interviewees often spent time staying with friends or occasionally 'sleeping rough' but those who were homeless over longer periods would generally end up staying in homeless hostels (n=21). The interview findings suggested that the move into a homeless hostel suggested that the interviewee had little or few remaining links to the non-drug-world. That is to say, the men who had strong links to the non-drug-world were unlikely to end up in a homeless hostel because they possessed good networks of friends, associates, and family who could support and house them. However, the problematic behaviour associated with drug use has the potential to damage friendships and relationships and the safety net that these networks represent. George described how his past behaviour had alienated him from his family:

"My father's told me; 'don't come anywhere near my door'. The only time I ever went anywhere near my father's door was to tap him [ask for money]. My brother, I can't go

anywhere near his door either. It's horrible, I've burnt all my bridges and smashed all my mirrors when it comes to my family."

(George, 39 - uncontrolled drug-user)

Gordon told the researcher how, after exhausting the list of friends and family members he could stay with, he had no other option but to move into a hostel:

"I just had nowhere to go in the end and that was the only choice and when I got into hostels, it was just drugs all around me."

(Gordon, 33 - uncontrolled drug-user)

Like Gordon, many of the interviewees commented on the ubiquitous presence of drugs within the hostels. The data suggested that periods spent in homeless hostels often coincided with increasing and more chaotic use. Moreover, some of the participants commented how the pervasiveness of drugs in the hostels made any attempts at reducing or controlling drug use whilst living there particularly difficult:

"I really do want to get off this drug but I need to get out of that place that I'm in. The only way you can describe it is as a crack-den. There's a lot of nice people, you can't tar everyone with the same stick, not everyone's taking drugs in there but the overwhelming majority of them are."

(Kenneth, 43 - uncontrolled drug-user)

This correlation between hostel accommodation and increasing and more chaotic use was similarly noted in research into the

relationship between homelessness and heroin use (Wright, Oldham et al. 2005).

The interview findings suggested that homelessness was correlated with increasing chaos. It seemed becoming homeless represented a stage of drug addiction in which the interviewees' usage and lives had become largely chaotic and often destructive. In addition to being representative of chaos, homelessness appears to be a contributory factor to increasingly uncontrolled and chaotic drug use.

Relationship with their children's mother

The research suggested that the relationship that the men had with the mother of their children had a significant impact not only on their relationship with their children but also on the overall chaos or stability of their lives. As one might imagine, the men who had an ongoing involvement with the mother of their children were those who tended to have the greatest level of contact with their children (n=5). Amongst those who had separated, it was almost exclusively the men who were on good terms with their ex-partner who were able to maintain contact with their children (n=12). While the relationship with the mother of their children had implications for maintaining contact with their children in this very practical sense, it also appeared to have ramifications for the overall stability of their lives.

Research has shown that a good spousal relationship is a predictor of less drug use amongst heroin and cocaine addicts (Heinz, Wu et al.). Many of the interviewees described how their separation from the mother of their children and their expulsion from the family home had been the beginning of a downward spiral;

"After I was away from her, I fucking crumbled. I fell into the gutter. I just spiraled and fell fucking downwards when I left. Downwards."

(Patrick, 40 - drug-free)

The narratives of the interviewees suggested that whilst living in the family home (with a non problem drug-using partner), boundaries were placed on their drug use and their lives in general. However, after being expelled, there were no longer any restrictions placed upon them and without these, the data indicated that their lives would often become much more chaotic. Some of the interviewees reported that their partner's disapproval of drugs caused them to curb their behaviour. Hugh told the researcher how his partner would regularly check with his drug worker whether he was using any street drugs on top of his methadone prescription:

"I used to be using and not telling her and then she would find out and there would be an argument. But now when I go to my drugs worker, I get samples taken and my drugs worker tells her when I've been clean and everything. I gave my drugs worker permission to tell her because she's been nagging me saying; 'no you'd better prove to me that you've been off it' and everything"

(Hugh, 26 - controlled drug-user)

However, in other cases, the interviewees reported at least initially concealing their addiction from their partners and families and would therefore control their use sufficiently to avoid arousing any suspicion. This especially seemed to be the case with the men whose partners or wives were not problem drug-users and had little knowledge or experience of the drug world (n=35). Nonetheless, concealment appeared to be a time limited strategy given how problem drug-use tends to impinge on the ability to maintain any front for long periods of time. One exception to this was Samuel who reported how by maintaining a job he had managed to hide his heroin addiction from his wife for seven years:

"I'd always worked so I always had money to buy it constantly. I'm a telephone technician and a t.v engineer to trade so the money side to supplying myself with the drug wasn't a problem. So by the time I came home at night I was totally fine. I'd hid it. I'd actually hid it from my wife because I didn't want her to know that I was on heroin. She found out after seven years that I'd hid it from her."

He described some of the precautions that he would take in order to keep his addiction hidden:

"Well I would never go and score for myself, I would always get somebody to go and do it for me. I was always careful about my whereabouts. If I was ever in a room with people who were smoking it and somebody comes in who knows my family, I would put the tinfoil away and I'd just talk to them as if I was normal basically and wait until he leaves. I was always very, very careful."

(Samuel, 33 - controlled drug-user)

Unlike the majority of the men who reported attempting to conceal their addiction from their partners, Samuel's wife found out about his drug use at a point when he had begun to address his addiction and was enrolled in a methadone programme. Most of the other interviewees told the researcher that they had been discovered when their increasing drug began to affect their lives in such a way that their partners became suspicious about their behaviour:

"She found out eventually and I had to come clean to her. I was starting to no sleep and things like that. Maybe the odd little things that I would say. And she found wee bits of tin foil. At first I told her that it was cannabis and she

believed it but I ended up coming clean because I was withdrawing."

(Keith, 44 - drug-free)

Some of the interviewees reported that it was not necessarily their behaviour that aroused suspicion but the way that drugs interfered with their lives making them unable to perform roles they had previously managed. Jim spoke about how his drug use led to him losing his job:

"Well I didn't tell her at first that I'd lost my job, it was about four month down the line because she noticed that there wasn't any money. It was about four month down the line before I told her that I'd lost my job and had a habit and she said it would maybe be best for me to get help if I left. So I said 'fair do's' and I packed my stuff and left. I've never been back since."

(Malcolm, 27 - controlled drug-user)

When the men spoke about the concealment of their addiction from their partners they would often represent drugs and their families as opposing forces in their lives. It seemed that when their partners found out about their drug use, it was likely that these two separate worlds would collide. However, in spite of this collision, it appeared that (with the exception of the few interviewees whose partners also started using drugs [n=3]) the two worlds remained very much separate and in opposition. The interviewees' exposure of their 'other' - drug-world to their partners was generally considered to be a shameful event and one that they reported going to great lengths to avoid. The discovery of their participation in this 'other world' tended to be perceived as an on going threat to their 'normal' life. This perception appeared to be fairly accurate as the majority of the

interviewees' told the researcher that their relationships broke down either temporarily (n=4) or permanently (n=26) after their partners became aware of their drug habits. In their descriptions of their partners' reactions to the discovery of the 'other world', the interviewees tended to paint them as being both innocently naive and ignorant. While the interviewees often seemed to view their partner's distance from the drug-world as a positive endorsement of her character, at other times, it also appeared to have the negative effect of making her incapable of fully understanding that part of their life. Francis told the researcher that it had been drugs that had caused the relationships with the three mothers of his children to breakdown. While he initially sounded remorseful and told the researcher that drugs had "ruined his life", he later became somewhat more defensive:

"None of my kids' mums took drugs. It was just me. I'm just daft - stupid. What can I say man? I just love life too much. I just love laughing and dancing and carry on and that and they couldn't handle me like that."

(Francis, 37 - controlled drug-user)

Allan told the researcher that his partner's lack of knowledge about drugs made the discovery that he had a habit especially worrying for her:

"I ended up telling her. She kept going on to me; 'there's something happening, there's something, you're doing something' and I ended up telling her because it was getting too much. I don't know if it was through anger or an argument, I can't remember exactly what it was but I ended up just telling her that I was taking drugs. We didn't fall out right away but eventually we did fall out because of it. She was worried because she didn't know anything about drugs. She was worried aye. She hears all these mad horror stories

and she was worried about it. I told her and I think she thought automatic about people sharing needles and that. "

(Bruce, 37 - uncontrolled drug-user)

This concern over the risks associated with intravenous drug use was reported by several of the interviewees. For the partners, the discovery that the interviewee had been injecting drugs would have inevitably raised questions about their own possible exposure to risks:

"She started shouting; 'I can catch this, I can catch that'"

(Stuart, 39 - uncontrolled drug-user)

In many cases, discovery of the addiction, did not immediately signal the end of the relationship. However, the majority of the interviewees (with non-drug-using partners) claimed that it was their drug use that ultimately caused the break-up:

"I was with Margaret six year or something. I was with her two year before Nicole was born ad then 4 year with Nicole born. And then it was the drugs that drove us apart. She wasn't on heroin and I was."

(Angus, 27 - uncontrolled drug-user)

"I was taking drugs all the time, that's why she didn't want to be with me."

(Timothy, 25 - drug-free)

Kenneth described how after finding out about his drug use, his wife had attempted to help him become drug-free, but in the end,

his escalating drug use and problematic behaviour became too much for her to bear:

“To give her her dues, she tried and tried and tried to help me but at that time, I was a self-indulgent and horrible person. When it came to the point, you can’t blame my wife and when she found out I was using the naughty needles that was it. When she found out about the naughty needles, that’s when she came to the end of the road with me. She really did just shut off. When I think back, I can’t blame her. I wouldn’t have put up with it. I wasn’t much fun to stay with. Don’t get me wrong, I was never violent or anything, but I was good with my mouth, know what I mean?”

(Kenneth, 43 - uncontrolled drug-user)

Researchers have found a link between problem drug-use and relationship distress (Fals-Stewart, Birchler et al. 1999). In a study on the experiences of those who are close to problem drug-users, family members reported feeling isolated, tired, anxious, depressed, guilty, worried, and confused (Velleman, Bennett et al. 1993). Further research additionally reported that those close to the problem drug-user had concerns over the user’s health or performance, found the problem drug-user unpleasant or difficult to be with, had worries about their financial situation, and an overall concern about the impact of the problem on the rest of the family (Orford, Natera et al. 1998). The interviewees for the most part spoke of partners who had been negatively affected by their (the men’s) problem drug-use. Some of the participants, particularly those who were no longer using drugs, spoke quite regretfully about the way they had treated their partner. Russell described the affect that his unpredictable moods had on his wife, he told the researcher that his treatment of his wife before taking and while needing drugs was very different to the way he behaved towards her after he had satisfied his need. He said that his wife

had since told him that it was obvious to her when he had taken heroin because unlike at most other times, he would become overly ingratiating:

"I had mood swings, daily mood swings. I was really bad. And then when I came back [from getting drugs], she always says to me; 'I used to hate it when you came back' because I'd say; 'do you want a cup of tea hen?' and she says; 'that's when I knew you were full of it, whenever I heard 'do you want a cup of tea hen?' '."

(Russell, 43 - drug-free)

Another interviewee acknowledged that the effect of drugs on his moods had resulted in him becoming violent towards his partner:

R - *"It started getting right good between us and then things just took a downwards spiral."*

I - *"Can you think what triggered that?"*

R - *"To be quite honest with you, it was just that my mood swings had changed, I started getting more aggressive towards her. Anything she'd say, I'd snap at her. I can't blame her for being the way she was."*

I - *"Were you violent?"*

R - *"I wasn't at the start no. It's something I do regret - I wish I'd never. I've done a lot of things in my life and I don't really agree with myself for doing it. The number of times I've hung my head in shame for doing these things."*

(Adrian, 31 - uncontrolled drug-user)

Previous studies have shown that violence is not uncommon in relationships where the male partner is a problem drug-user. Using a longitudinal, day-to-day examination, Fals-Stewart et al. (2003) showed that by comparison to days on which no drugs or alcohol were consumed, the likelihood of male-to-female physical aggression was significantly higher on days of drug use.

The interview findings suggested that whilst in a relationship (with a non problem drug-user) the men initially tried to control their addiction sufficiently in an attempt to keep it from interfering in their relationship. However, as several reported, drug use often negatively affected their behaviour and placed stress on the relationship. The data also suggested that after their partners became aware of the drug use, there was a good likelihood that the relationship would deteriorate and drug use would escalate. Although investment in a relationship (with a non problem drug-user) may have the potential to temper and stabilise drug use, the maintenance of such a relationship would appear to be difficult within the context of addiction. Furthermore, the interview findings identified the breakdown of the relationship as being a trigger for increased and more chaotic drug use.

The research indicated that like the interviewees' employment status and their living situation, the relationship with the mother of their children was both symptomatic of and contributed to the overall chaos or stability of their lives.

Conclusion

This chapter has considered the unpredictability of the interviewees' lives and the periods of chaos and stability that seem to shape them. While these periods of chaos and stability appear to be intrinsically linked to levels of drug use and the amount of control that the men had over their addiction, it would seem that they are also interwoven with other factors. In addition to drug use, the research findings identified three prominent areas of the

interviewees' lives that were significant to the overall chaos or stability. Employment status, housing situation, and relationships (especially those that the men had with the mother of their children) have all been shown to be both representative of and contributors to the general chaos or stability.

Amongst the interviewees, chaos and stability were rarely permanent states nor could the causal chain of events leading to them be defined. It is perhaps best to consider this chaos and stability as moments in the lives of problem drug-users during which they were able to generally 'keep it together' and maintain control or during which there was a general unravelling.

This interplay between chaos and stability and the different aspects of the men's lives have potential implications for drug addiction treatment and services. Given the 'knock-on' contributory effect that the various aspects of the men's lives appeared to have on one another and overall chaos or stability, it is arguable that tackling or addressing problems in isolation would be less effective than if a holistic approach were used. It is possible that treatments and services offering help and advice with employment, housing, and that also address the 'health' of their clients' significant relationships as an adjunct to drug treatment would be most beneficial.

This chapter has sought to illustrate how complex and inter-related the various parts of the interviewees' lives were. In the next three data chapters, attention will be focussed on the interviewees' fathering and will consider the relationships that they had with their children, the impact that their drug use had on them and the factors that affected this.

Chapter 6: “I want to be there, I want to be a father”: Parenting aspirations and influences

Introduction

This chapter examines the ways that the interviewees said they aspired to fulfil their roles as fathers and what influenced these parenting aspirations. As the first of three chapters exploring the impact of problem drug-use specifically on fathering, it provides a backdrop to the following analysis. Before going on to consider how problem drug-use interfered with parenting and made it difficult for the interviewees to father in the ways that they reported wanting and feeling that they ought to, it is essential to firstly establish what these fathering aspirations were.

The exploration of the interviewees parenting aspirations takes part in three stages. The first section looks at the men’s transitions to fatherhood. After examining the significance that the time at which the men became fathers had in terms of forming parental intentions, the second section outlines the six main fathering aspirations deduced from the interviewees accounts. The third and final section considers how the interviewees’ fathering aspirations have been shaped and identifies three potential influences.

Becoming a dad

Although most of interviewees said that their children had not been planned, the overall impression the researcher had of the group was not one of men reproducing indiscriminately. As has previously been noted, by far the majority of the fathers had been in a sustained relationship with the mother of their children (n=45) and it was exceptional for the fathers to have had no relationship with their children’s mother or for their children to have been the result of a ‘one night stand’ (n=5). Some of the interviewees told the researcher how a previously uncertain future of the relationship with the expectant mother of their child was ‘solidified’ when they found out that they were going to become parents. Lee described how what had

been a fairly casual relationship took on a different character after his partner became pregnant:

“I was just seeing her at the weekends. It ended up that I got her pregnant and I just went with her for the sake of the wean. And then I got to like her through the months and up until she parked us out I did like her, I was upset when she told us that was it.”

(Lee, 24 - uncontrolled drug-user - no contact with child)

Lee claimed that his decision to become more serious with his girlfriend was largely motivated by a sense of duty to his child and not necessarily because he had been otherwise moved to take the relationship to the next level at that point. Raymond similarly told the researcher that although he had not been ready to become a father, when he found out that his partner was pregnant, he had felt compelled to take on the responsibility of his imminent parenthood:

“It was a bit of a shock, know what I mean but? But it was just one of those things and I would never ask her to terminate a baby or anything like that. So it was just one of them when you’ve got to take on the responsibilities don’t you?”

(Raymond, 37 - controlled drug-user - no contact with children)

Some of the other fathers told the researcher that it was upon meeting their child for the first time that they felt a sense of paternal responsibility:

“I just held the wean and I felt really excited by it. I saw her blue eyes and blond hair and I thought business! How wee she was, I was dead excited. And then I was away down the road and my ma’s like; ‘right you’d better buck up your ideas now.’ And I was like aye - but it was just sinking in and it’s hard to believe. It’s something you just can’t digest over night, it’s

hard. And so I was like; 'Right I've got to get my act together!'"

(Adrian, 31 - uncontrolled drug-user - no contact with child)

However, while some of the interviewees like Adrian told the researcher that the realisation that they were a parent acted as a spur for them to make changes in their lives, it seemed to have had a less positive effect on others:

I - "You were saying that when you started using [drugs] it was about the same time as you became a dad, why do you think that was?"

R - "I don't know. I've never really thought about that. Maybe that was something to do with it, becoming a dad. Maybe being a dad I thought I wouldn't get the freedom to go about with my pals or that. I don't know what it was."

(Malcolm, 27 - controlled drug-user - weekly contact with children)

In the extract below, Hugh describes how initially he was relatively unmoved by the news that he was going to become a father. He attributed this lack of response to his drug addiction:

I - "So when you first found out that you were going to be a dad, you were using?"

R - "Aye, I was using right through her pregnancy, aye."

I - "How did it make you feel when you found out?"

R - "I don't really know. I didn't really care because I was an addict. It didn't mean nothing to me at first."

I - "What changed then?"

R - "At first it didn't really bother us at all but then I realised what was happening and that's when it stopped me, you know? I realised that I was going to be a dad and then I woke up one morning and realised I had to stop and get my life back on track."

(Hugh, 26 - controlled drug-user - living with children)

For many of the fathers interviewed, the transition to fatherhood was seen as a significant moment. While most told the researcher that their changing status triggered a motivation to embrace the parenting role, others spoke about how they saw the impending responsibility less positively. However, although not all the men reported having had parenting ambitions before their children were born, almost all spoke about wanting to play an active role in their children's future parenting, even if, as is apparent from the data analysis, this was not an aspiration that was realised over time. The following section further defines this 'role' that the men discussed by identifying the six main fathering aspirations that the interviewees outlined to the researcher.

Fathering Aspirations

When asked about their aspirations as fathers, the interviewees outlined six main ways in which they wanted to or felt that they should fulfil their paternal obligations, these were to; establish paternity; have regular contact with children; provide economically; love and nurture; be a positive role model; and lastly, to not be dependent on drugs. Each of these six fathering aspirations are discussed in greater detail below.

Established paternity

The first aspiration, established paternity, refers to legally declared and socially acknowledged fatherhood. Legal paternity might be a

preferable situation not only because it brings a variety of economic, social, and psychological benefits to the child but because it also offers a degree of protection to the father's rights (Doherty, Kouneski et al. 1998).

While legal recognition that they were in fact the biological parent to their children was raised as being an important issue for some of the men, it seemed to be an issue that affected only those who reported feeling dissatisfied by having contact with their children limited or denied by either the children's mother or carer (n=11). Several of these interviewees told the researcher that without any legal recognition of their paternity, in the event that their children's mother (or carer) denied them access to their children, they had no means of negotiating contact. For these fathers, any relationship with their children seemed to be dependent on the quality of the relationship with their children's mother.¹:

"I don't really know about father's rights - my name's not even on the birth certificate. Not for either of them. I asked [children's mother], I said; 'Is my name down on the birth certificates?' and then she went; 'nope, what would I want to put your name down for?'. She treats me like dirt."

(Kevin, 35 - uncontrolled drug-user - no contact with children)

In addition to the leverage legally recognised fatherhood gave men for negotiating contact with their children, many of the interviewees also spoke about how they felt reassurance by having their paternity confirmed.

Regular contact

The second aspiration discussed by the interviewees related to regular contact with their children. Doherty et al (1998), hold that the two

¹ The importance of the relationship with the children's mother for continued and regular contact with children is discussed further in the "Re-gaining and maintaining contact" chapter.

major threats to a father's presence in his children's lives are non-marital childbearing and separation. The Fragile Family Study (McLanahan, Garfinkel et al. 2000) showed that at birth approximately half of the participating unmarried couples were romantically involved and living together, approximately 30% were romantically involved but not living together, around 10% were 'just friends', and roughly, a further 10% had little or no contact. However, follow up data showed that as the project's name implies, many of these relationships between unmarried parents were indeed fragile. In the year following the birth of their child, many of the couples who had been romantically involved at the time of their child's birth had ended their relationships - this included around 30% of those who had been romantically involved and co-residing and about 50% of those who had been in a relationship but living separately (Osborne 2002). In a study of over 600 unwed fathers, researchers found that approximately three quarters of the fathers who did not reside with their children at birth, had never lived in the same household as them (Lerman and Ooms 1993). Although marriage was relatively uncommon among the men interviewed in this study (n=14), as was noted in the chapter introducing the interviewees, the vast majority of the men reported having had serious and long-term relationships (average length = 9.5 years) with the mother(s) of their children (n=45) and most had spent time living together with her and their children. Of the men who had more than one child (n=27), most had had all of their children with the same woman (n=19). Only two of the men had had children with more than two different women. However, while the data suggests that the men were much more likely to have had a 'spousal' rather than 'casual' relationship with the mother of their children, over the longer term, most of these relationships had ended in separation (n=40) which was usually marked by the father leaving the family home. Given these high levels of separation, the majority of the men did not live in the same home as their children (n=42). Of the fathers in this study who did not live with their children, around half would see their children on a weekly basis, but at least 20% never saw their children. The interview findings also showed that older children were

less likely to be in contact with their fathers. Several of the interviewees in this study reported that while they had initially been in contact with their children, this contact had dwindled as their children had got older. Furstenberg and Harris' research (1993) also shows an overall negative effect of non-resident fathering on the father-child bond. Their 20 year follow-up of new parents showed that only 13% of the children and young people interviewed reported a strong bond with their biological father if he had not lived with them. Research has shown that the effects of separation on a father's contact with his children can be similarly detrimental. Zill et al's longitudinal study on children and parents (1993) found that separated fathers were by comparison to fathers who were still in a relationship with the mother of their children more alienated from their children. Almost all of the fathers in this study who did not live with their children told the researcher that they wanted to have more contact with their children.

Economic support

The third fathering aspiration outlined by the interviewees involves the provision of economic support for any dependent children. Studies have revealed that there is a persistent social expectation that fathers will have the greater responsibility for breadwinning and mothers for care-giving (Silverstein 1996; Lupton and Barclay 1997). Furthermore, research has shown a clear link between the quality of a father's relationship with his children and his success (either real or perceived) in his role as breadwinner (Elder, Liker et al. 1984; Elder, Van Nguyen et al. 1985). Elder's studies showed that while unemployment may increase the quantity of time a man has to spend with his children it has an adverse affect on the quality of his parenting. In this study, when asked about what a father should do for his children, being employed and financially supporting ones children was raised by almost all of the interviewees. In the extract below, Hugh's assertions were typical of the participants:

R - *“You’ve got to be the strongest one in the family don’t you? The dad, that’s the thing, you’ve got to look after your family.”*

I - *“So what do you think a dad should be doing?”*

R - *“He should be out working, you know? Supporting his family.”*

(Hugh, 26 - controlled drug-user - more or less daily contact with children)

In addition to talking about feeling that they ‘ought’ to have a job, some of the men spoke about work not just in terms of something they felt they should do but something they really wanted to be doing:

“All I want is a job, that’s the only thing I need the now is a job.”

(George, 39 - uncontrolled drug-user - more or less daily contact with children)

Nurturing

The fourth aspiration relates to demonstrating love and nurturing children. Research suggests that there has been a noticeable shift in the culture of fatherhood since the early eighties which places higher expectations on men for increased involvement in the care of their children (LaRossa 1988; Lupton and Barclay 1997). This ‘new father’ is ideally more nurturing, develops closer emotional relationships with his children, and takes an equal share in care-giving with the children’s mother (Wall and Arnold 2007). While circumstances may have made it difficult for some of the interviewees to succeed in other parenting aspirations, such as provision, providing and demonstrating love seemed to be one of the more achievable ambitions:

“I’m still the same sort of family dad. I’m still the same sort of family oriented. I might no have been there to say; ‘I’m here to help with your homework’ and all of that because I was always in the pub but every time I went in, no matter what time I went into my house at, if my weans were in their bed I still went in every night and gave them a goodnight kiss.”

(Roderick, 49 - controlled drug-user - no contact with children)

Providing a role model

The fifth aspiration referred to by the interviewees was the desire to act as a role model for their children. A lot of the men who took part in the study spoke about how they felt it was important for a father to set an example for their children and to take an active interest in shaping their characters:

“I’d like to think I should be some kind of role model for them anyway. I’d like my boys to love me for what I am.”

(Russell, 43 - drug-free - living with children)

Kenneth compared his current situation to that of his son, suggesting that roles had been inverted and that it was his grown-up son who was a role model to him:

“He’s showing me the way, he’s got another year to do and then he’ll be a fully fledged mechanic and I’m a fully fledged loser at the moment.”

He went on to tell the researcher how he aspired to regain his children’s respect. He spoke about his eldest son getting married and how it was important for him to be at the wedding and to make his son feel proud rather than embarrassed of him:

“I was a decent enough father and I would like to get to that point again. I would like them to be proud of me for first and foremost coming off the drugs but just to be an ordinary dad again. But I’ll need to get educated. I want their love again because I lost it for a while there. But I can see it hurts, it hurts my son naturally, he’s 21 he’s a man and he’s doing well with his own wee life. I don’t want to be an embarrassment to him if he does get married. I want to be there, I want to be a father to him again not just a mess.”

(Kenneth, 43 - uncontrolled drug-user - no contact with children)

Being drug-free

While the first five aspirations could be regarded as fairly typical of most fathers, the sixth and final aspiration was very much specific to the interview group and related to drug use. When asked about their aspirations for the future, gaining and/or maintaining some degree of control over their own lives and in particular drug use was central to the interviewees’ ambitions:

“First and foremost I need to help myself before I can help my son. I was thinking about maybe going back to a rehab or something like that, you know?”

(Alistair, 27 - uncontrolled drug-user - no contact with children)

For almost all of the fathers interviewed who were drug-dependent, their aspired relationship with their children was pinned upon them either becoming drug-free or reducing and controlling their current drug use:

“I’d like to come off my methadone and maybe get a job and show my sons that there’s something better.”

(Paul, 41 - controlled drug-user - living with children)

“It’s really, really hard [not seeing children], that’s why I’m trying to get better on methadone. Get on a script and try and get them back. Hopefully I’ll get them back one day.”

(Francis, 37 - uncontrolled drug-user - no contact with children)

By aspiring to a future which is not dominated by drugs, these fathers were acknowledging the need for major changes to their current situation. The transition between a life of drug dependence and a drug free life is not necessarily simple and requires the individual to maintain sustained determination to stop using drugs which in the context of addiction is very difficult (McIntosh and McKeganey 2002). When speaking about their aspired for relationship with their children, most of the interviewees talked about practical ways in which they might be able to achieve these ambitions. These will be considered at length in the “Regaining and maintaining contact with children” chapter.

While some of the fathering aspirations that the interviewees discussed with the researcher may seem fairly generic and perhaps even intuitive, they nonetheless suggest that, for the most part, the men who participated in this study did have a developed concept of and an opinion on what qualifies as good fathering even whilst many of these men did not have contact with their children. The following section explores the influences that shaped these concepts and opinions.

Influences over aspiration

When the researcher asked the interviewees about their fathering aspirations, their responses were often quite varied; some seemed to have adopted fairly traditional models of paternity whereas others picked up on the more recent trend of the nurturing father and some were fairly vague while others gave a much more detailed description of what kind of a father they would like to be. While much of the variation in the interviewees responses might be attributed to

personality differences and the individual interview contexts, there did appear to be three additional factors which may have influenced their fathering aspirations, these were; the way they were brought up by their own parents, their drug-use-status, and the ethos of the organisations within which they were contacted. The following section assesses the way in which these three factors may have shaped the way in which the interviewees spoke about their fathering aspirations.

Parental influences

It is traditionally, mothers who provide the central parenting role model for their children when they grow up (Chodorow 1978), and Osherson (1986) argues that one of the consequences of this is that many boys do not have a clear concept of a father and lack a paternal role model. Many of the fathers who took part in the study reported that they had not had a relationship with their own fathers while growing up. One of the interviewees, whose father had been absent, expressed difficulties in knowing how to be a father himself:

“My father left me when I was like 4 year old, my ma divorced my da when I was like 4 year old so bringing up a boy myself is a bit hard because I never had the father role when I was growing up. My mum was there so I would base my knowledge on that but I would just bring him up knowing right from wrong and all that.”

(Ronald, 29 - uncontrolled drug-user - infrequent contact approx twice yearly)

De Lissovoy's (1973) data showed that fathers with a limited knowledge, and or, unrealistic expectations of parenting are more likely to be inadequate parents themselves. Similarly it has been shown that those who experience negative parenting are likely to reproduce negative parenting with their own children. However, in a more recent study, Ferrari (2002) reported that fathers who had experienced childhood abuse were far less likely to use physical

punishment with their own children. In the extract below, Gordon talks about experiencing physical abuse as a child and how that has caused him to be particularly affectionate with his own children:

R - *“My step-dad used to batter me and abuse, no abuse me, but lock me in cupboards and things like that. And he’s still in my head ‘til this day, know what I mean? It’s something I’ll probably never get over. It’s always going to be there. It’s mental, mental torture, know what I mean?”*

I - *“And do you think that influenced you when you found out you were going to be a dad yourself?”*

R - *“Yeah, well I’m dead affectionate towards my weans and things like that, know what I mean?”*

(Gordon, 33 - uncontrolled drug-user - regular contact with children)

Like Gordon, many of the men when discussing what had influenced their role as a father spoke about their relationship with their own parents. These relationships were most often spoken about not as a model, but as a point of reference to discuss their own style of parenting and how it might differ to that of their parents. Similarly, in a study of paternal influences, Daly (1993) found that the fathers she interviewed were generally critical of their own father’s parenting style and tended to view it as a negative role model.

However, there were some interviewees who spoke in admiring terms about their own parents. One interviewee who had fairly recently become drug-free, told the researcher how he had always aspired to take his sons to watch the football as his father had taken him, and how that had become possible now that he was drug-free:

“My boys are at the [football] game tonight and that was a thing I wanted. [When] I was brought up, my dad ran a

supporters bus so I never missed a football game in all my life and that's just what I wanted for my boys."

(Russell, 43 - drug-free - more or less daily contact with children)

Another interviewee spoke in terms of admiration for his mother describing how she had supported him regardless of his behaviour and actions:

"I mean the things I've done to my ma and she still stands by me.... I mean I committed a murder and my ma never once let me down for a visit [in prison] or anything I wanted."

(Roderick, 49 - controlled drug-user - no contact with children)

Like Roderick, Lee told the researcher about how his mother had always supported him, and he described how his upbringing had led him to believe that maintaining contact with and financially supporting his child were things he should be doing (although at the time of the interview, he was not):

"Sometimes I feel as though I just want to forget them all [partner and son] but it's the wean's money and I couldn't do that, I just wasn't brought up that way."

(Lee, 24 - uncontrolled drug-user - no contact with child)

While a few of the men saw their own parents as being a positive influence, for the majority, this was not the case. As was noted in the 'Introducing the men' chapter, 29 of the 50 men who took part in the study reported that they had grown up in a household where at least one of their parents was either an alcoholic or problem drug-user. Sean, whose mother was an alcoholic, described feeling angry that he had become an 'addict parent' in spite of knowing what it was like to be the child of one:

“I remember going up and standing outside the pub at 8 year old to get my mum a couple of super-lagers. I was standing about waiting to get somebody to go in for us. My life was ruined already then and I done the same after knowing what had happened to me and that makes me angry it really does.”

(Sean, 33 - controlled drug-user - no contact with children)

A large number of the men who took part in this study did not report having particularly good parental role models. While the full extent of the impact that these men’s childhood experiences have had on their own parenting can not be known (currently research evidence linking fathers’ childhood maltreatment experiences and the future risk for the abuse or neglect of their own children remains sparse (Guterman and Lee 2005)), their ability to identify certain parenting behaviours or influences as being good or bad would suggest that they had nonetheless developed some sense of what qualifies as good or bad parenting even whilst not always being able to put it into practice.

Although many of the interviewees spoke about their experiences with their own parents being influential, most of the interviewees distinguished between the positive and negative influences of these experiences. While the interviewees’ parenting behaviour may have been shaped by their own childhoods, by recognising the good and bad aspects of this, it would suggest that their parents did not provide a complete blue-print. As one interviewee pointed out, regardless of his upbringing, he took it upon himself to attribute responsibility for his behaviour to himself rather than his mother:

“Don’t get me wrong, my ma brought me up the best she could as a single parent. But it was my choice to go whatever way I wanted to and be a bad boy and all of that. I chose to do that.”

(Greg, 43 - drug-free - living with child)

Drug use status and aspiration

By telling the researcher that the father that they aspired to be was not drug dependent, the interviewees seemed clear that problem drug-use was not compatible with their perception of responsible fathering. This incompatibility was illustrated by the findings of this study and will be discussed at greater length in the proceeding chapters. These findings suggest that level of drug use not only has practical implications for fathering but it also appears to have had an influence over the interviewees' parenting aspirations. The researcher noticed that the way in which the interviewees who were drug-free spoke about their aspirations as fathers differed to both those who were controlled-drug-users and those who were using drugs in an uncontrolled way.

Broadly speaking, the fathers who were no longer using drugs discussed their parenting aspirations in fairly specific terms and the goals that they described to the researcher tended to be less ambitious and arguably more realistic than those of the fathers in the 'uncontrolled' and 'controlled' categories. For example, in the extract below, Keith tells the researcher about how he would like to have more contact with his children and greater involvement in aspects of their lives such as education. However, by acknowledging his long history of drug addiction coupled with his relatively short term sobriety, his limited finances, and the presence of other father figures in his children's lives his aspirations seem shaped by his recognition of these limitations.

"I've only been clean for six months and I've got 25 years of relapsing and mucking about shall we say so I think it will take a bit more than that. I think I also need to be financially stable as well, now I'm having to survive on about forty-five quid a week or something like that. I'd like to be involved in their education and being about; being a dad full-time but

there are issues with extended family and things like that. Both of my ex's have new partners and I think they kind of see them as being their dads, after all, they are there 18 hours a day and I'm not. I'm not really used to being a parent as such - not full-time. I haven't been responsible. I'm giving it a go but I'm kind of struggling."

(Keith, 44 - drug-free - monthly contact with children)

In the extract above, not only does Keith speak about how his aspirations of spending more time with his children could potentially be affected by limiting factors relating to him and his past behaviour, but by acknowledging the presence of step-father figures in his children's lives, seems to have considered how the fathering role he aspires to might affect other people. By contrast to Keith, Jason in the following extract seems far less constrained:

"I got a letter from the CSA - the Child Support Agency and I said to them that I wanted a DNA test just to make sure that the first born was mine. It's costing me 300 pound.... So to be honest with you, I want to find out if they are mine. And if they are, even if they're no, I'll still take them on as mine.... I'm no really sure about the first one but a couple of people have said that the second one is the spitting image of me but. But the only time I've seen him was when he was born and that was it."

(Jason, 33 - uncontrolled drug-user - no contact with children)

In this somewhat confusing extract, Jason discusses a recent request from the Child Support Agency for child maintenance payments. Given the large sum of money being requested, Jason tells the researcher that he would like to be certain that both of the children are indeed his. However, he then goes on to say that he would be willing to assume paternity for the two boys regardless of whether or

not he is in fact their biological father. His assertion that he would take on the role of father to the two boys would seem to be a somewhat unrealistic statement given that in his current situation, Jason is both unemployed and homeless and therefore is likely to likely to find it difficult to financially support or provide a home for the boys. Furthermore, apart from the recent request for money, he has had no contact with either his ex-partner or his children for a number of years. While Jason's assertion suggests that he has admirable intentions, it is questionable whether in his current situation he would be able to put them into action. This type of 'sweeping statement' of what are arguably unrealistic intentions seemed to be most common amongst the interviewees who were uncontrolled in their drug use. By contrast to the fathers who were 'drug-free', when those in the uncontrolled category outlined the type of father they wanted to be, they spoke in much more prescriptive and idealist terms. Unlike the fathers in the drug-free category, their descriptions of how they might achieve the goals they discussed with the researcher were quite general and, at times, seemed somewhat vague. For example, in the extract below, Alistair talks about always 'being there' for his son;

"I've always said that I'll always be there for James. If he needs me for anything then I'll be there for him."

(Alistair, 27 - uncontrolled drug-user - no contact with child)

While like Jason, Alistair's assertion suggests that he is very much dedicated to his child, it would appear to lack specificity as he has no contact with his son, and given that he is also currently homeless and by his account, heavily addicted to drugs, it also raises questions about the practicalities of how he could 'be there'. Alistair and Jason's assertions are similarly vague; Alistair talks about 'being there' and Jason claims that he will 'take them on as mine' but neither expanded on what that meant in practical terms. This vagueness was fairly common in the interviews with uncontrolled-

drug-users. In the following interview extract, the researcher encouraged the interviewee to give specific examples of what he meant by 'being there':

R - *"I'm going to try and get my kids back. Just start doing things with my kids. That's what I'm trying to do, just trying to let them get to know me a bit. Now that they're starting to get older I just want to see them and get a chance to know them. Make things better."*

I - *"What do you think you could have done better?"*

R - *"I just needed to be there more for them. I would have been more there for them if it hadn't been for the drugs."*

I - *"When you say 'be there', what do you mean?"*

R - *"Been there for their birthdays and their Christmases, spending time with them."*

(Francis, 37 - uncontrolled drug-user - no current contact with children)

In the extract above, after being prompted to be more specific and quantify what he meant by 'being there', the interviewee's response does not provide a great deal more detail. He specifies spending birthdays and Christmases with the children but also mentions spending more time in general but he does not say how much time or how that time would be spent.

This study showed that by contrast to the fathers who were drug-free, the majority of the uncontrolled-drug-using-fathers had little or no contact with their children. It would seem inevitable that the aspirations of a father who is living with his children full time would be very different to those of a father who has had no contact with his

children for a number of years. While in the extract above, Francis told the researcher that he aspired to generally just spend time with his children, in the extract below, resident and drug-free father Craig goes into quite specific detail discussing his goal of establishing set bed-times for his children:

“They were up ‘til eleven o clock at night. Now at eight o clock they go to bed, wee Craig goes at seven and the other three go at eight and that’s working so far. The last couple of nights it’s been a bit hard because they’ve had no routine or nothing.”

(Craig, 26 - drug-free - living with his children)

While the regular contact with children that the majority of the ‘drug-free’ fathers have may make their fathering aspirations more specific, it seems likely that their ‘drug-free’ status also makes these aspirations more realistic. Many of the interviewees spoke about drug use as if it was a barrier which made it difficult or impossible for those using drugs to achieve their parenting aspirations. However, for those who are no longer using drugs, the ‘barrier’ is lifted and they are now better in a position to achieve those ambitions. It is possible that the aspirations described by the men who were using drugs in an uncontrolled way were more ambitious and less realistic than those outlined by the ‘drug-free’ fathers because there was an unspoken acknowledgement that they would not and could not be expected to fulfil them. The ‘drug-free’ fathers on the other hand were no longer constrained by drug use and therefore conceivably capable of fulfilling their intentions. The parenting ambitions discussed by the fathers in the controlled category tended to fall somewhere between the prescriptive but general of the uncontrolled drug-using fathers and the realistic and specific of the drug-free fathers. However, when describing their aspirations, the men in the controlled category, tended to speak in less positive terms than the men in either of the other two groups. Several (n=5) of the fathers in this group seemed to

be particularly pessimistic about their chances of having a future relationship with their children. In the extract below, Philip describes how because of his legal and problem drug-use history, he has no hope of gaining contact with his children:

“My record [legal] and my drug abuse record is a disgrace. Even if I got a letter from my doctor or my lawyer it doesn’t matter. My record is a disgrace.”

(Philip, 26 - controlled drug-user - no contact with children)

While a drug-free future was aspired to by the majority of the fathers, the reality of achieving this future was doubted by some of the interviewees. These men told the researcher that they didn’t think there was anything they could do and their only hope for a future relationship lay in their children taking steps to contact them:

“It’s went too far now. It’s went too far, their lives have been ruined so much that I would have to wait until they turned a responsible age when they could come and contact me because it would just get me into trouble again. And it would get them into to trouble too if I tried to contact them. So I’m like an outsider now.”

(Sean, 33 - controlled drug-user - no contact with children)

Like Sean, Raymond told the researcher that he had tried without success to re-establish contact with his daughters and was hoping that when his eldest daughter is old enough she will look for him:

“Well hopefully, Nicola’s as you say about 14 and in a couple of years time and she’ll be of her own mind and hopefully she’ll want to know where her dad is. Hopefully then she’ll want to come and see me and then if that happens then I’ll cross that bridge when I come to it. But basically it’s just a matter of

being strong and getting myself back onto the straight and narrow - to get a job and get my life together. Basically and having a nice and decent enough home to introduce the two lassies to. So they've got a place - I mean I've got a three apartment house, the two of them could have a bedroom each - I would sleep on the couch and let them have their own rooms, know what I mean, so that they wouldn't need to share. That's all waiting on them whenever they decide to get there."

(Raymond, 37 - controlled drug-user - no contact with children)

Pessimism about the reality of achieving aspired for future relationships with their children and families seemed to be compounded by failed previous attempts to make changes. Some of the interviewee's appeared to feel frustrated, bitter, and despondent at the lack of reward they received for their past efforts:

"I was thinking I could do this and do that and it just all hit me in the face what I couldn't so I started using drugs again. It seems I can't get near to see Benjamin, that's the way it feels to me."

(Lee, 24 - receives a methadone prescription but recently also started re-using other illegal drugs - no contact with child)

Like Lee, some of the other fathers also reported to the researcher that they had resumed their drug taking after being disappointed at the lack of reward their efforts gained:

I wasn't seeing my son at that point you know? So that was the main reason that I went into rehab last year. It was to build bridges and get back in contact with my son again because I'd missed out on the first couple of years of his life.

(Alistair, 27 - uncontrolled drug-user - no contact with children)

Alistair later told the researcher that he started using drugs again within hours of leaving the rehabilitation centre. Research into recovery from drug addiction has shown that lack of progress in building a rewarding life away from drugs is one of the main causes of relapse (McIntosh and McKeganey 2002).

Although it would appear that the level of drug use did shape the way in which the interviewees spoke about their parenting aspirations, it is perhaps important to remember that the categories of 'drug-free', 'controlled drug-use', and 'uncontrolled drug-use' represent fluid moments and transitory states and are representative of the interviewee at the point of interview. It should be acknowledged that any influence that level of drug use had over the parenting aspirations of the interviewees would be equally fluid. The barriers to maintaining and re-gaining contact with children are further discussed in the following chapters.

Organisation influence

Although the study findings suggested that fathering aspirations were largely shaped by the interviewee's level of drug use, the researcher further noted that the different ethos' of the various organisations within which they were recruited also appeared to have a certain amount of influence over how the interviewees spoke of their aspirations to fulfil their roles as fathers. While in some of the organisations, the parenting status of the men did not seem to be of consideration and was often unknown, in others, it was both acknowledged and addressed. The most obvious example of this was the 'dads' group' as it was an organisation that catered exclusively for fathers with the express purpose of providing support and information to help men better fulfil their paternal role. In this group, a lot of emphasis was placed on the importance of communication and nurturing and there seemed to be a conscious decision to focus less on the more traditional paternal roles:

R 1 - *“It’s a different society now, I think men have taken on more of a mother role, times have changed. The phrase ‘new dad’ sprung up about 10 to 15 years ago and he was the lad who would take a motherly section, take a motherly part, you know do the feeding and sometimes even a ‘stay-at-home dad’ and he lets his wife go to work.”*

R 2 - *“A lot of dads are doing that now - staying at home and letting the mums go to work.”*

R 3 - *“See I think that can only be a good thing because whereas the child will always bond with its mother, because the father is always out at work, a lot of times, depending on his shifts, he doesn’t see his kids. So the ‘new father’ thing, the ‘stay-at-home dad’ it can only make for a better father because he’s had a chance to bond with his child from being a baby.”*

(Focus Group 1)

When the fathers from this organisation were asked what qualified as good fathering, they appeared to rate communication, time spent with children and affection as being equally if not more important than financial provision:

R 1 - *“Also money shouldn’t be a mainstay as long as the kid’s provided for.”*

I - *“Do you think that providing is an important part of being a dad?”*

R 2 - *“I used to think that money solved everything but since coming here, I’ve begun to realise that that was a mistake - I was trying to keep them happy and thinking that money was the answer.”*

R 1 - *“There’s the two types of providing, there’s here’s money for this and money for that and then there’s the providing the love and the care, you know, all that kind of side so you’ve really got to find something in between but not everyone is capable of doing that. There’s a very thin line.”*

(Focus Group 1)

Similarly, Christiansen and Palkovitz (2001) have recently argued that an interpretation of the providing role should not necessarily be restricted to the provision of financial capital but can include both human and social capital too. In an interview carried out at another organisation, Craig tells the researcher that the social expectation is that a father should provide for his children. However, he goes on to say that although he has never provided financially for his children, he does not think that his lack of provision has negatively affected them. Like the other participants in the focus group, he seems to place more value on spending time and communicating with his children:

R - *“In our society, the ma’s supposed to do all the emotional needs and all that stuff and the da’s supposed to be providing.”*

I - *“Do you think that a dad’s job should be to provide for his kids?”*

R - *“No, because I’m not doing that and so if I thought that then I’d be a hypocrite. Dad’s should talk and communicate properly and they should be a good example, spend quality time with kids. I’ve never provided apart from benefits but my weans haven’t missed out really they’re probably better off than some other weans. I’m not providing today.”*

I - *“Do you wish you were?”*

R - *“No, because my weans aren’t really missing out on anything.”*

(Craig, 26 - drug-free - living with children)

Craig was recruited from an organisation which offers support and education programs to men and women who are attempting to overcome drug and/or alcohol addiction. Unlike the organisation where the first focus group took place, the emphasis in this organisation was primarily on individual recovery and development and parenting issues were not necessarily addressed. However, the two organisations were similar in two respects. Firstly, they both promoted a ‘caring and sharing’ and nurturing ethos that encouraged a non-judgemental atmosphere where group members talk openly with one another. And secondly, with the exception of one man at the ‘dads’ group’, none of the men interviewed at either group were in regular employment. It is conceivable that the interviewees who were recruited from these two groups placed less emphasis on the value of providing for their children partly because their lack of employment meant that they were unable to but also because the organisations they were involved in offered them other ways of being successful fathers. Roy (2004) argues that historically men who have been unsuccessful in the provider role have searched for alternative ways of fulfilling their role as a father. Maintaining contact, spending time with, and taking an active involvement in children’s lives (Stier and Tienda 1993), in essence adopting the ‘new father’ role may represent a valid and acceptable alternative to the provider role. However, not all of the organisations promoted a nurturing based paternal role model. One of the organisations that the researcher visited adopted a much more ‘traditional’ approach. The group was made up entirely of men and there was real sense in which ‘traditional’ gender roles, for example, father = breadwinner, were

ascribed and adhered to. This particular organisation was an all male, abstinence based recovery group that encouraged its members to distance themselves from their past, addict, lifestyles by taking full responsibility for their past behaviour and attempting to rectify it in their present and future lives. Part of taking responsibility for their actions included fulfilling parenting obligations. Group members were expected to be involved in their children's lives, if possible, through regular contact but also through financial provision. Unlike some of the other organisations where unemployment may have been seen as a valid explanation for the interviewees' inability to provide financial support for their children, there was an expectation in this group that the men should either be employed or actively seeking employment. This was illustrated to the researcher when a young father was berated by the group leader at a weekly meeting because he had not attended a recent job interview. Failing to take the opportunity to get a job was not viewed well by the group. The following week, the researcher heard some of the other group members talking about the young father. Below is an extract from her field-notes from that evening's meeting:

In tonight's pre-meeting chat, it was mentioned that Callum has had his gas and electricity cut off because he hasn't been paying his bills. Some of the guys were talking about it and although they seemed sympathetic, there was a definite sense that they thought he'd brought it on himself.

(Fieldnotes: 19.04.07)

This attitude of taking responsibility not only towards employment but one's life in general was not only championed by the group leaders but seemed to have filtered down to individual members.

It seems inevitable that the ethos of the organisations that the men were involved in had an impact over their way of thinking and aspirations. This was particularly the case in the examples above

where the organisations were actively encouraging their members to adopt a certain philosophy and/or behave in a certain way.

Conclusion

The aim of this chapter was to explore the interviewees' parenting aspirations. It has shown how from the transition to fatherhood, the interviewees appear to have held well-developed and considered notions of what they should be doing and what they would like to be doing as fathers. The final section of the chapter looked at some of the ways in which these aspirations may have been shaped. The research findings suggest that the fathering ambitions that the interviewees described to the researcher were potentially influenced by their experiences with their own parents, their drug use status, and the ethos of the organisation from which they were recruited.

This chapter 'sets the scene' for the proceeding two chapters which examine the ways in which problem drug-use undermines fathering intentions and efforts. By firstly considering what kind of father the interviewees said they wanted to be, the discrepancy between this and what (as is discussed in the following chapter) reportedly transpired over time is clearly indicated. This 'scene setting' is important, not only because it provides a base for the following analysis but it also creates a more complete picture of the men. It is useful when examining the actions of individuals to have an understanding of the motivations, expectations, disappointments, hopes and fears that might lie behind these actions. This understanding is perhaps even more pertinent when the actions of the individuals tend to be met with condemnation and the individuals themselves belong to an already stigmatised and socially excluded group. For the most part, problem drug-using fathers are not currently engaged with as parents however, the findings discussed in this chapter suggest that the interviewees were motivated and did aspire to be involved in their children's lives. In the light of these findings, it is arguable that these fathers may benefit from and be receptive to parenting interventions and programmes.

Having explored what kind of fathers the interviewees aspired to be, the following chapter examines the reality of their parenting and illustrates the contrast between the fathering intentions outlined and the day-to-day, practical relationship that the men described having with their children.

Chapter 7: “I loved my weans but I just wasn’t capable of looking after them”: The impact of problem drug-use on fathering

Introduction

The aim of this chapter is to examine the men’s accounts of their relationships with their children and their descriptions of the ways in which the pressures of drug dependence impacted on their ability to succeed in their parenting aspirations. The previous chapter concluded that the interviewees appeared to have well-developed and considered notions of fatherhood in terms of what they considered was expected of them and what they would like to be doing as fathers. This chapter explores the ways in which problem drug-use undermined these parenting intentions making it difficult for the men to succeed in fathering in the ways that they reported both wanting and feeling that they ought to.

The first section involves a brief discussion about the ways the interviewees spoke about their drug use and the affect that it may have had on their fathering. The second section re-examines the interviewees’ parenting aspirations, as outlined in the previous chapter, and considers them in the light of the interviewees’ descriptions of the ways in which they interacted with their children on a daily basis.

‘The monkey on your back’: The role of drugs in the interviewees’ parenting narratives

When discussing their drug dependence, the interviewees spoke about the largely detrimental effect that drug dependency had or had had in the past on their relationship with their children. Often the interviewees would describe their drug use as an active force that had taken control of their lives and over which they had little or no power:

“Heroin - it skins you like a rabbit. Oh, it’s horrible stuff.”

(Angus, 29 - uncontrolled drug-user - weekly contact with daughter)

This idea that addiction creates a loss of autonomy is integral to much of the theory and beliefs surrounding it (for discussion see Goodman (1990) and Walters (1999)). The sense that they did not have control over either drug use or actions was reinforced by a tendency to use language that would personify drugs. When discussing the impact that addiction had had on their lives, it was often the case that the interviewees would phrase their narratives in such a way that implied that the drugs had played a determining role in their actions and the situations they found themselves in:

“I just want to get off this drug, it’s destroying me.”

(Adrian, 31 - uncontrolled drug-user - no contact with children)

The tendency for interviewees to describe their addiction and its subsequent implications as being largely something that happened to them rather than something that they actively participated in is perhaps an interesting comment both on the nature of addiction itself and also the lexicon that often surrounds it. In addition to describing drugs as being active and controlling, while talking to the researcher, the interviewees tended to focus almost exclusively on the negative aspects of problem drug-use. This negativity would appear to be typical of discussions about illicit problem drug-use; in their article on pleasure and drugs, Holt and Treloar (2008) note how the pleasurable aspects of drugs are reserved for socially sanctioned, legal and controlled use while positive experiences of illicit drugs are generally unacknowledged. This focus on the negative aspects of drug addiction was universal amongst the interviewees. On the rare occasions when they did talk about the pleasurable effects, it was usually framed by the acknowledgement of the bad aspects of drug use. Within the interviewees’ narratives, any positive comments about drugs were almost always immediately countered and outweighed by negative sanctioning:

R- *"I [used to] see people using so I thought it must be good 'cause everyone's lying about smiling. So I started that, maybe a fiver bag on the foil. And that was going okay for maybe three or four weeks and then one of my so called pals persuaded me to take a hit and have an injection. I was a bit wary at first but then thought so what and then I felt the result and it was the business, you know? I tried it and it was the worst thing I did. Honestly it was the worst thing."*

I - *"Was it good?"*

R - *"It was good, it was brilliant, it was like winning the lottery ticket, know what I mean? But I've spent it all now. And now I've got the consequences. 'Cause it's okay going up but see on the way down, it's hellish. And then the bang at the bottom coming up. It controls you, every penny you get just goes on it, know what I mean?"*

(Donald, 39 - uncontrolled drug-user - living with some of his children)

Like Donald, many of the interviewees told the researcher that while using drugs was initially enjoyable, the benefits were short lived. In addition to facing the consequences of drug addiction, some of the participants spoke about how the effects of the drug itself ceased to provide the same level of pleasure:

"The euphoric feeling that you get off it. You wouldn't be in a job if people didn't take drugs, but there comes a point when you're taking them just to stay straight but it is fun at the start, there's no two ways about it, it is fun."

(Campbell, 36 - uncontrolled drug-user - no contact with children)

The interviewees' almost wholly negative accounts of their drug use histories may have been the result of their own negative experiences in addiction. However, it is arguable that the way they spoke about drugs and their addiction could have been informed by societal perceptions of drug dependency and the consequent negative discourse that surrounds addiction. While illegal drug use that is classified as recreational may be considered to be pleasurable, addiction is represented as inexorably connected to deprivation, crime, and social misery (Valentine and Fraser 2008). Given the general negative light in which problem drug-users and problem drug-use are viewed, any acknowledgement of the pleasurable aspects of it are arguably problematic for an acceptable social self. By focussing on the 'bad' aspects of problem drug-use, the interviewees were creating narratives that would be acceptable not just to the researcher and themselves but within general society. Goffman argues that when an individual presents himself to others, his performance tends to incorporate and exemplify the officially accredited values of the society, usually more so than his normal behaviour as a whole (Goffman 1959). The negative focus of much of the interviewees' accounts of drug use is perhaps all the more understandable given that the researcher was specifically enquiring about the affect it had on their children. While social perceptions of problem drug-users in general tend not to be favourable, those of problem drug-using parents are particularly poor. As was noted in the last chapter, the interviewees agreed with the opinion that drug use had a negative impact on parenting ability. When asked about their fathering aspirations, with the exception of those who reportedly could not foresee a future where they were not dependent on prescribed drugs (n=6), the vast majority said that they aspired to be or to remain drug-free. Of those six men who did not seem to think that a drug-free future was possible, all were being prescribed methadone and most also had long-term prescriptions for other drugs such as; anti-psychotic medication or relief for chronic pain. As the previous chapter illustrated, most of the interviewees had well-developed ideas of what they considered qualified as good

parenting in general. According to the men who took part in the research, the main factor that was stopping them from behaving in the ways that they should was their addiction to drugs. Many of the interviewees spoke about how this addiction had dissolved the values that they had previously adhered to:

“I never stole in my life because I was scared my da would find out that I was stealing and that carried on all through my life until I became addicted to drugs. Then all those things that I’d been taught began to leave me and I started to steal, cheat and lie. I was stealing from my family everyday.”

(Barry, 39 - drug-free - more or less daily contact with child)

Some of the interviewees also described how once addicted, the endless cycle of funding, buying and taking drugs took over making it difficult for them to behave in the ways they wanted to:

“When you’ve taken drugs you’ll always look back and say I could have done this different, I could have done that different.”

(Stuart, 39 - uncontrolled drug-user - weekly contact with child)

This appeared to be especially true regarding their children, many of the fathers talked about the negative ways in which drugs had interfered with their fathering intentions:

“When I was a young boy, before even Julie fell pregnant, I knew that I wanted to be a da. But the drugs I started taking robbed me of all they thoughts. All those good thoughts of being there for my weans and Julie just became selfish.”

(Douglas, 29 - drug-free - no contact with children)

With the exception of one father who in spite of asserting that drug addiction was not conducive to good parenting in general argued that some aspects of his involvement with drugs, namely the money it generated, had actually made him a better father, the interviewees were unanimous in the opinion that drug use was detrimental to their fathering. This general consensus is summed up well in the extract below. In this extract, Craig told the researcher that regardless of how much he loved his children, his drug addiction made it impossible to look after them properly:

“When you’re caught up in addiction, you’re no’ capable of being there. Even as much as I love my kids, I wasn’t capable of meeting their needs.”

(Craig, 26 - drug-free - living with children)

When talking about their drug use, it was common for the interviewees to describe it as an overwhelming, and external force. Many told the researcher how the compulsion of addiction was a malignant influence that led to behaviour that would have been previously unthinkable. This negative sanctioning of drugs was similarly noted in the interviewees’ accounts of their parenting. Problem drug-use was held to have a detrimental impact on their ability to father. Participants spoke about their drug dependence being a barrier that prevented them from parenting in the ways that they aspired to.

The following section considers the interviewees’ parenting aspirations and examines the impact of drug addiction on their ability to succeed in achieving them.

‘The best laid plans’: The impact of drugs on fathering

The parenting aspirations described by the interviewees suggested that they had well developed opinions on how they should fulfil their roles as fathers. However, when they described their relationships with their children, it seemed that most felt that their parenting fell

somewhat short of what they aspired to. Often the type of father that an interviewee said that he would like to be did not necessarily resemble his current relationship with his children. When discussing their success as fathers, most of the interviewees held that drugs had interfered with their ability to father in ways that they wanted to. The following section explores these men's assertions that drug misuse had compromised their overall parenting. This exploration will look at each of the five parenting aspirations outlined in the previous chapter; (establishing paternity, maintaining regular contact, providing, to love and nurture, and be a good role model), in turn and consider them in the light of the interviewees descriptions of their lives since becoming fathers.

1. Establishing paternity

While recognition that they were the biological father to their children was held to be important to the men who took part in the study, for some, there was a level of uncertainty regarding whether they had been named on their child's birth certificate and if they were legally recognised as being the father. However, as was mentioned in the previous chapter, this lack of legal recognition only appeared to become a problem for fathers whose contact with their children was either limited or stopped. In most of these instances, such a reduction in contact was due to the breakdown of the relationship with the children's mother (although there were also a few cases (n=3) when it was because the children had been taken into care). In such circumstances, the interviewees told the researcher that the most effective means of challenging the limitations placed on the level of contact they had with their children was through the legal system. However, to be legally granted access rights to their children, these men would have better claims if they were already acknowledged as the children's biological father. Not being officially recognised as the children's biological father would conceivably create problems and be a deterrent should the fathers have made attempts to legally challenge their access rights. Nonetheless, while many claimed to be unhappy about the level of contact they had with

their children, very few of the interviewees had taken any official steps to increase it. The two main reasons that they gave for their hesitation to take these steps was firstly, a reluctance to expose their children to a legal battle:

“I don’t want to put him through all that, it’s not fair.”

(Callum, 22 - drug-free - fortnightly contact with son)

The second, and more common, reason that the interviewees gave for not taking legal steps to gain access to their children was that they thought it would be futile. This belief stemmed from the assumption that their legal, employment, and problem drug-use history would undermine their chances of any action that they might take being successful.

For many of the interviewees (n=25), re-establishing contact with their children did not seem to be something they were prepared to attempt until they felt they were in a position to present themselves as reformed and responsible fathers. In most cases, this meant either becoming drug-free or stable on a legally prescribed substitute drug. This subject of re-establishing contact with children and the barriers to it is addressed at much greater length in the next chapter.

2. Regular contact

Regular contact with children was held by the interviewees as fundamental to their success in fulfilling their role as a father. The data collected in the interviews showed that one of the principal factors in determining the amount of contact that the men who took part in the study had with their children was level of drug use. The table below shows the amount of contact reported by the interviewees in each of the three sample groups:

Table 4: Level of contact with children across the 3 sample groups

	Uncontrolled Drug-Users (n=20)	Controlled Drug-Users (n=14)	Drug-Free (n=16)
More or less daily	2	2	9
Twice a week	1	0	1
Weekly	0	5	1
Fortnightly	1	0	0
Once a month	1	0	0
Twice yearly	1	0	0
Yearly	4	0	3
Never	10	7	2

It is clear from these results that the fathers who were drug-free were much more likely to have regular contact with their children than those who were using either in a uncontrolled or a controlled way. While 69% of the fathers who were drug-free saw their children at least once a week, the same was true for 50% of the fathers who were controlled in their drug use and only 15% of the fathers who were uncontrolled in their drug use. Conversely, while 50% of the uncontrolled and controlled drug-using fathers had no contact whatsoever with their children, in the drug-free category only 12.5% had no contact.

The detrimental effect of problem drug-use on the level and quality of contact with children was frequently raised by the interviewees. The men explained how the basic activities that are required to maintain a drug addiction, such as; sourcing, funding, purchasing, and

then consuming would impinge on the amount of time they spent with their children. In the extract below, Patrick describes how he had failed to arrive promptly for and at times cancelled the scheduled visits with his children;

“There’s no two ways about it, there were times when I was meant to go and get them and I’d turn up late or make an excuse and say I can’t make it or say things like; ‘I can’t make it but I’m going to be up later on and take the weans out on Saturday and buy them something’. I suppose my kids took second fiddle to drugs.”

(Patrick, 40 - drug-free - more or less daily contact with children)

In the poignant extract below, Donald describes the guilt and sadness he felt after cancelling a trip to see his son;

“I was phoning and saying that I’d be up to see the wee man in a day and then I wouldn’t go up and so he was just sitting there waiting. One time I phoned and she said the wee man had been sitting waiting at the window, waiting for his daddy to come up and it broke my heart man, it did. I’d had the money for the bus fares and to get him something and I chose to go away and get heroin with it, know what I mean? And I phoned her that night to tell her a pack of lies about why I hadn’t come up because I didn’t say that I’d got mad with it, I can’t even remember what I said, but when she said the wee man was sitting at the window all morning, all day, all afternoon, not even moving, just sitting, it broke my heart.”

(Donald, 39 - uncontrolled drug-user - living with some of his children)

In addition to the contact that the interviewees had with their children being affected by the day to day demands of drug dependence, some of the fathers described how the lifestyle that

often went hand in hand with their addiction had also impacted on the amount of time they spent with them. One such lifestyle issue relates to the illegality that seems to surround the lives of many problem drug-users (Thompson 2003). Several of the interviewees spoke about how their involvement in crime created additional barriers to contact with their children:

I - *“So how often do you see Lucy and Nathan?”*

R - *“Now? Once a month if I’m lucky. If I’m lucky or no in the jail.”*

I - *“Are you in the jail a lot?”*

R - *“Aye.” (long silence)*

(Martin, 48 - uncontrolled drug-user - yearly contact with children)

Over half (n=37) of the 50 fathers interviewed had served one or more prison sentences. The obstacles that prison presents to fathering are further discussed in the following chapter.

Other periods of prolonged separation from their children’s lives included time spent in hospital or rehabilitation centres. For children, seeing a parent in hospital has the potential to be quite frightening and force them to face the real and grown-up realisation that their dad could die. In the extract below, Roy recounts being in hospital after taking a large quantity of drugs and being told by the doctor that he might not live. He describes how upon hearing this news, he asked for his son to be brought to him:

“I remember when the doctor came in and we were talking away and he said; ‘what did you take?’ and I asked him if I had anything in my pockets or that and I said; ‘well I’ve took them all, know what I mean?’ Whatever I’d bought, I’d took them and I’d bought 50. I said; ‘I hope that I’d given about 10 each to a couple of friends’ and he’s just sitting there, fucking shaking his head. I said; ‘Am I going to be alright’ and he just

said; 'I don't know.' At this time it was only about 8 in the morning and I said; 'Am I going to see the day out?' and he said; 'I don't know' and I think at that fucking minute it really hit me how bad I was. My ma was outside and I said to my wife to tell my ma to go and get my wee boy."

(Roy, 34 - drug-free - living with wife and son)

The research clearly showed that the fathers who had greatest success in fulfilling their aspirations of regular contact with their children were those who were drug-free. The interview findings suggested that drug dependency interfered with the men's ability to maintain a consistent relationship with their children. The interviewees reported that contact with their children was compromised not only directly by the consuming distraction of drug dependency but also because of the indirect consequences of maintaining drug dependent lifestyles.

3. Provision

While a lot of the interviewees told the researcher that they would like to, or felt that they should, provide for their families, in reality, very few of them (n=11) reported being in a position to make any significant financial contributions. The vast majority of these men were employed and drug free (n=8), of the remaining three, two were employed one an uncontrolled drug user and the other stable on a methadone prescription and the last man (who was currently using street drugs on top of his methadone prescription) reported having built up sizeable financial investments which now supported his wife and son through the importing of drugs. However, these eleven men were in the minority, the combination of unemployment and, more crucially, the financial drain of drug dependence meant that most of the interviewees were not providing for their families in the way that they said they would like to and felt that they ought to. The findings of this research showed that there was a link between the fathers' employment status and the regularity of the contact that he had with

his children. Most of the interviewees who took part in the study were unemployed (n=40), of the fathers who were employed (n=10), almost all of them (n=9) saw their children at least once a week and as has been mentioned above, the majority (n=8) were drug-free. While 90% of the employed fathers had weekly contact with their children, just over a quarter of the unemployed fathers (n=12) had the same amount of contact. However, although many of the interviewees told the researcher that they aspired to be working, they also said that getting a job was not always straight forward. The majority of the interviewees had criminal convictions (72%) and this along with poor employment records, and a history of drug addiction problems were often cited as posing obstacles to the interviewees finding work. While unemployment was one of the barriers to the men succeeding as providers for their families, another more fundamental one was drug addiction itself.

Ensuring that children were fed, clothed, bills were paid and generally 'keeping the house running' was a responsibility that most of the interviewees told the researcher they found, or had found, difficult to fulfil in the midst of problem drug-use. According to many of the interviewees, what made providing for their families so difficult were the competing financial demands of drug addiction (Advisory Council on the Misuse of Drugs 2003; Bancroft, Wilson et al. 2004; Barnard 2007; Backett-Milburn, Wilson et al. 2008). The interviewees told the researcher how the purchasing of drugs would often take priority over their financial obligations to their families:

"If people are telling you that drug abuse doesn't affect their family life, they're lying. Because if you get up of a Monday morning and all you've got in your wallet is fifteen or twenty quid, I guarantee you that the twenty quid will go on you to get a couple of bags and then you'll worry about feeding your weans and that later."

(Sean, 33 - controlled drug-user - no contact with children)

In the extract below, Craig describes how his and his partner's dependency on drugs meant that any available funds would be directed towards purchasing them instead of being spent on their children:

“Nothing would get bought for them and we would steal their messages and things like that. I believe they were undernourished my weans as well. They weren't took off us, that's the miracle, I don't know why they weren't took off us. Looking back I think they should have been.”

(Craig, 27 - drug-free - living with all of his children)

In instances where both parents are using drugs, as was the case with Craig and his partner, it is quite possible that without outside interference, there is a high risk that the children will be neglected. However, in households where only one parent is a problem drug-user, the non problem drug-using parent can go some way to shield the children from impact of drugs and their basic needs are more likely to be met (Chance and Scannapieco 2002). In this study, the majority of the interviewees (80%) reported that the mother of their children was not a problem drug-user. Although the descriptions of the ways that drugs had negatively impacted on the lives of the children given by these men may have been less extreme, many of them described situations in which the financial demands of their addiction had nonetheless disadvantaged their families. Several of the interviewees spoke about problem drug-use being an expensive habit and described how although they felt an obligation to give money to their families, their compulsion for drugs often led them to spend it on buying them rather than contributing it to household funds:

“I got up in the morning and I lifted the baby out of the cot and gone through and sat in the living room and I was virtually in tears holding my baby knowing that I'd promised to stay off drugs and tanned all the giro, all the money that was supposed

to feed my baby. I tanned it, every bit of it and I didn't even know how I done it Molly. I didn't know why I'd done it 'cause I didn't even want to do it. But for some fucking reason, I ended up doing it again. I tanned the lot of it and left the two of them, left my two lassies - my missus and my baby fuck all."

(Patrick, 40 - drug-free- regular contact with children)

Some of the interviewees also spoke about how their partners had had to find jobs or borrow money to keep up with the financial demands of their drug addiction. In the extract below, David told the researcher how at the peak of his addiction, he relied on his wife to give him money to pay for his drugs:

"I was really bad, it was so bad that in the end Fiona would always go and get me it. She'd no' go and get it for me but she'd get me the money. Sometimes she wouldn't come back 'til 12 at night or whatever. She'd just come back and she'd fling it at me and say; 'I hate you'. I'd just grab it and run."

(David, 43 - drug-free - living with wife and sons)

During the interview, David referred to his wife on many occasions, he told the researcher that they had been married for almost 25 years. The behaviour that he described in the extract above is indicative of the lengths to which he was prepared to go in order to get drugs. Indeed, many of the interviewees appeared to be remarkably resourceful in financing the purchase of drugs. Although it was very rare for the interviewees to be (legally) employed during periods of chaotic and uncontrolled drug use, they were apparently nonetheless able to generate sufficient funds to maintain their addiction. In a lot of instances, the interviewees reported that the demands of their addiction and lack of any financial security meant that they were existing on a 'hand-to-mouth' basis. For these men, the daily routine revolved around generating sufficient money to purchase the next hit.

In such cases, funds tended to be raised through shoplifting, begging, robbing, and in some circumstances selling a magazine for homeless and vulnerably housed people. However, not all of the interviewees were surviving on such a subsistence level. Several told the researcher how through selling and dealing drugs, they were able to make substantial sums of money. In these cases, the interviewees' drug use appeared to have less of an impact on their families' financial welfare. There were even a few rare instances (n=5) when interviewees had suggested that their involvement in selling drugs had meant that they were able to be successful in providing for their families. One interviewee went so far as to say that through dealing drugs he had been able to be a better parent to his children:

“See me personally, I don’t think it stopped me from being a good dad. No, see it helped me, see with me having all the money and that, it helped me to do a wee bit more than what I would have been able to do. With the money I made with selling drugs. No it made me a wee bit of a better dad actually.”

(Timothy, 34 - controlled drug-user - infrequent contact with children)

This interviewee's assertion that his involvement in drugs made him a better father stood out as being at very much at odds with the general consensus that drugs were detrimental to parenting. However, the research findings did suggest that on the whole that, the men who had a steady supply of drugs (such as dealers or those whose addiction was maintained through prescribed substitute drugs like methadone) were likely to have greater stability in their lives and have better financial security than those whose drug supply was erratic. It perhaps ought to be noted here that even in instances when substitute drugs were prescribed at a level that maintained addiction, many of the interviewees told the researcher that they had continued to also use illegal drugs, although in these circumstances, the men were less bound by the financial demands of their addiction. One of the

interviewees told the researcher that his motivation to obtain a methadone prescription was not because he intended to stop using drugs but because it represented a reliable way of maintaining his addiction in the event that he was unable to get heroin:

“Do you want to know how I went on methadone? I went on methadone so I wouldn’t rattle if I never had money to go and buy heroin. It wasn’t; ‘I need to get my act together I’ll go on methadone, that will stabilise me’ that wasn’t my thinking. My thinking was ‘I’ll go and get this and that means that if I’ve no money I’ll be fine anyway’.”

(Dean, 24 - drug-free - living with partner and daughter)

In terms of the impact of drugs on the interviewees’ aspirations to provide for their families, the research showed that both unemployment and the demands of addiction could interfere with the men’s success in the provider role. The interviewees who appeared to be most able to succeed in this role were those who were employed and drug-free (n=8). Amongst the interviewees who were using drugs, those who were maintaining their addiction on a ‘hand to mouth’ basis seemed to be the least likely to be able to provide for their families. However, having a stable supply of drugs either through dealing or prescribed substitutes could apparently relieve the financial demands of addiction.

4. Love and nurturing

Unlike some of the previous aspirations, where the men’s success in achieving them could be measured through regularity of contact or financial contributions for example, love and nurturing are not so tangible. Love, in an abstract sense was an unquestioned given on both the part of the interviewees and the researcher. In Western cultures, parental relationships are generally considered to be love relationships (Hegi and Bergner 2010). This innate, hard-wired love of parents for their children was something that all the interviewees

appeared to assume that the researcher understood. To have doubted this automatic parental love seemed neither pertinent nor appropriate for the love that the men were referring to was an abstract feeling. Although this feeling may motivate action, the lack of action does not necessarily indicate an absence of love in this abstract sense. Therefore, given that this love is largely theoretical and unquantifiable, the question of whether or not the men really did love their children in this sense seems unimportant. What is more important here are the ways that this love motivates action. The analysis suggested that when the men talked about, providing children with love and nurturing they were often referring to fulfilling a protective role. Success in this role related to providing and ensuring a safe and secure environment and protecting their families from danger. However, it seemed that when drugs were introduced, the interviewees' ability to succeed in the protective role was compromised. The data suggested that the safety of a child who has a drug-using father is threatened by a number of potential risk factors. For the purpose of this discussion, these can be categorised as follows; exposure to drugs, lack of supervision, and exposure to dangerous people (although of course in practice, these three groups of potential risk factors are often complexly inter-related). The first, exposure to drugs, includes not only the very real risk of a child finding and consuming drugs but their possible exposure to dangerous drug paraphernalia, such as needles. Perhaps as a result of recent media attention on a number of children of problem drug-users who have accidentally consumed both legally prescribed and illegal drugs, several of the interviewees spoke about times when their children had access to and could have ingested drugs:

“I was selling, people were coming in and if they dropped anything the wean could pick it up thinking it was a sweetie or whatever. Mad thoughts but it could happen.”

(Stuart, 39 - uncontrolled drug-user - weekly contact with daughter)

However, the interviewees' awareness of the potential risks of their children finding drugs appeared to be largely retrospective. In the extract below, Patrick who is no longer using drugs describes how his perception of what was acceptable while he was involved in drugs was very different to what it is now that he is drug-free:

"I was snorting lines off fucking work-tops. Food work-tops I'm talking about here, wiping it down with a cloth and thinking; 'that's alright, I wiped it'. What was I thinking about? It needs fucking sterilised, I'd put powder over it. What if someone had come in and started making the wean's dinner? Did I care? If I'd cared I wouldn't have fucking been putting lines out on food surfaces, where food was getting made for my kids."

(Patrick, 40 - drug-free - more or less daily contact with daughters)

While the interviewees appeared to have varying perceptions of acceptability regarding their children witnessing or being exposed to certain elements of their involvement with drugs such as purchasing and dealing, collecting substitute prescriptions, or paraphernalia around the house, keeping the actual consumption of drugs hidden seemed to be unanimously regarded as one of the fundamental rules of parenting on drugs. Often, the interviewees spoke about waiting until their children were in bed or going into another room of the house to use:

"He stayed with his ma at nights and I only ever did it at nights. I never done it during the day."

(Duncan, 41 - drug-free - more or less daily contact with child)

However, as Barnard and Barlow (2003) observed, the children of problem drug-users are often aware of their parent's drug use long before the parent may realise that they know. While 'not using in

front of one's children' appeared to be regarded as a fundamental rule, not all of the interviewee's were categorical that their children had never witnessed them taking drugs. One father admitted that there were occasions when they had seen him using:

"If they tried to get in the kitchen while I was taking my drugs I wouldn't let them but sometimes I just wouldn't bother and they'd ask what it was and all that. That's just what it was like."

(Craig, 26 - drug-free - living with children)

Furthermore, as Russell and some of the other fathers told the researcher, shutting a door was like paying lip service to concealment:

"I used to think that I was hiding it from them because I would send them out the room, I would never ever do it in front of them, I would always say; 'Out the room!'. Anything could be on the telly and I would be like that; 'Out!' and they'd be like; 'Come on, come on!' but I'd be like; 'Out!' and they would go to their room and I would do whatever I was doing."

(Russell, 43 - drug-free - regular contact with children)

And although children may not have seen their father physically taking the drugs, some of the fathers spoke about how they would have nonetheless seen him under the influence of drugs and in need of drugs:

"I think she would have sensed something. Don't ask me what she would have sensed but she would have sensed something."

(Kevin, 35- uncontrolled drug-user - no contact with children)

Being 'under the influence' and not fully *compis mentis* was one of the main threats to children's safety. This relates to the second risk paternal drug use may pose to a child's safety. There are a wide range of disasters that could befall an unsupervised child; fires, electric shocks, cuts, falls, burns, breaks, sprains, suffocation, to name a few. A lack of supervision does not necessarily only occur at the obvious moment when the father is under the influence of the drugs but at any of the other times when his concentration is drug rather than child oriented (Advisory Council on the Misuse of Drugs 2003; Bancroft, Wilson et al. 2004).

In addition to the potential harm caused directly by drugs, the safety of the home environment of the children of drug users can be also be indirectly affected. Financial insecurity often meant that the men were unable to pay rent and many were living in homeless hostels or supported accommodation. Several of the interviewees reported that they and, in some instances, their families were living in accommodation that was both inadequate and unsafe:

R - *"You see I broke my arm in two places. That was falling down the stairs, they had to put two steel plates in."*

I - *"When did that happen?"*

R - *"September, two days after the wean was born."*

I - *"How did you fall down the stairs?"*

R - *"See the banister, it was in my house and there are holes in the banisters and all that and they're all shaky, so I leaned against it and it was just as well I didn't have the wean in my arms."*

(Paul, 39 - controlled drug-user - living with partner and sons)

However, it wasn't only in the home where children's safety was compromised, some of the interviewees spoke about times when they had gone to score drugs, abandoning their children for often lengthy periods:

“A lot of times I did aye. I had a car so she’d be left in the car, I’d lock the car. I’m not justifying it, it’s wrong and all the rest of it but a couple of times I did. Or I’d get a neighbour to watch her and say I was going to the shops. Stuff like that.”

(Jim, 36 - uncontrolled drug-user- no contact with daughter)

Some of the interviewees also spoke about times when they had taken their children with them when they went to buy drugs. David told the researcher how his now grown-up sons still remind him of the times he took them to another part of Glasgow and left them waiting outside while he bought his drugs:

R - *“I would get £20 and I would take them to Cranhill and even now, my boy still tells me; ‘I remember you taking me to Cranhill and leaving me outside.’”*

I - *“This was where you were going to score?”*

R - *“Aye. And they’re still talking about it. He said about Cranhill and I was like; ‘you can’t remember that can you?’ and he was like; ‘you left me, how can I forget it?’”*

I - *“You left them outside?”*

R - *“Aye, well you wouldn’t take them up to the door obviously because in your mad head you’d think that they didn’t really know. What I would do was say to them; ‘look wait there, I’ll only be a minute.’ But you’d never only be a minute ‘cause you’d end up getting caught up, the guy would be like; ‘you’ll need to wait 5 minutes’. They were always getting dragged about for drugs.”*

(David, 43 - drug-free - living with wife and sons)

In addition to being affected by the demands of their parents problem drug-use, some of the interviewees also spoke about how their

children had been exposed to the violence often associated with drug use. While in some instances this was the interviewee himself under the influence of or withdrawing from drugs, it could also include friends and associates of the interviewee who may pose a threat to them; a threat that arguably had a greater chance of being realised because of their father's preoccupation with drugs. Corresponding with the findings of other research, many of the interviewees reported how, in the midst of chaotic and uncontrolled drug use, pre-occupation with 'the next hit' seemed to overwhelm both self-preservation and paternal protectiveness (Hogan and Higgins 2001). David described another incident when he and his infant son were 'taken hostage' while his wife was at work:

"People took me hostage, me and Daniel, Fiona was at her work and I owed the guy £30 and he came up with three giants and to be honest, I'd given up by then, I wasn't even bothering I was just like; 'who fucking cares man?'. But Fiona came in, ran away and got £30 and honestly, when she came back up the stair, I thought, if she holds out that £30 I'm going to swipe it."

(David, 43 - drug-free - living with wife and sons)

However, it seemed that the children's risk of exposure to violence did not stem only from external sources. Several of the interviewees' described how withdrawals and 'rattling' for drugs could leave them feeling tense and irritable:

"If you're rattling, they don't come near you. Lucy wouldn't come near me when I was rattling. She just stayed away and never came near us."

(Fraser, 37 - controlled drug-user - no contact with children)

It would seem that paternal problem drug-use not only compromises a father's ability to protect his children but also exposes them to additional dangers that they would not otherwise face.

5. Positive role model

While the interviewees also revealed that they desired to be a good role model and to take an active role in shaping their children's characters, their drug-using status made it difficult for them to be positive role models.

One of the main ways it was made difficult was through the stigma attached to drug addiction. Several of the fathers discussed the shame associated with being a 'junkie' and what this might mean for their families. In the extract below, Benjamin describes how he would regularly leave his children for long periods of time with a neighbour when he went out to buy drugs and how this made his wife feel embarrassed but also worried that his behaviour might lead to social workers becoming involved:

"I would take the weans down to my neighbour and ask them; 'Could you watch them for 10 minutes?' and I wouldn't come back again and then when I did come back, [my wife] would be shouting; 'You're an embarrassment, you're leaving them with people in the close, they're talking about us, I'll end up getting my weans took off me.'"

(Benjamin, 46 - drug-free - yearly contact with sons)

Some of the interviewees described how it wasn't only adults who were affected by the stigma of problem drug-use. In the extract below, Francis spoke about how a child's school life could be made difficult by other children finding out that his or her father was a problem drug-user:

“You don’t want other kids to say; ‘Your dad takes drugs!’ or whatever. It could go through the school and get talked about. The kids don’t want to hear it.”

(Francis, 37 - controlled drug user - no contact with children)

Russell also talked about how the stigma associated with problem drug-use could affect the children of drug-dependent fathers. He described how both the problem drug-users and places associated with drug use were well known within the community and recounted an incident in which he had emerged intoxicated from one of these well known ‘drug houses’ in full view of his sons and their friends:

“That was the life I led, they knew all the addicts as well my boys because everybody knew them. They knew not to go near ‘that’ house because that’s where the addicts were and who comes out of that house but their da, in front of all their pals and I was thinking I was brand new because I’d had a bag.”

(Russell, 43 - drug-free - more or less daily contact with children)

Russell told the researcher how ashamed he now felt at the embarrassment that this must have caused his sons. However, this shame was retrospective, he admitted he hadn’t felt that way when it happened; *‘I was thinking I was brand new because I’d had a bag’*. Another interviewee, David, described how on one occasion, he had sold the tracksuit that his son had been given for a Christmas present to one of his son’s class-mates in order to raise money to buy drugs. Like Russell, David recognised the embarrassment and shame that this would have caused his son. Nonetheless, while David was clearly remorseful when recounting the incident, it would seem that at the time it took place, the need for drugs over-rode any other concerns he may have had. Although the participants told the researcher that they aspired to provide positive role models for their children, in situations like those described above, the need for drugs led some of

the fathers to be associated with people and behaviours that were openly stigmatised and condemned in the communities in which they and their children lived.

Many of the interviewees described being blinkered by their dependence on drugs in this kind of way. In the extract below, Ross told the researcher about how his and his partner's total preoccupation with drugs meant that their children were often sent to school without sufficient dinner money or in un-washed school uniforms:

“They go to school and they end up withdrawing into themselves because they’ve no’ got enough money for dinner or whatever or they’ve got the same tee-shirt or the same whatever they had on the day before.”

(Ross, 31 - controlled drug-user - no contact with children)

This preoccupation with drugs seemed to make it difficult for a lot of the interviewees to take an active interest in their children's development. In several cases, the interviewees described how drugs took precedence over concerns about their children's education:

“Sort of like getting them ready for school and that and you can’t be bothered because you’re fucking choking for a fix. You just can’t do it.”

(Francis, 37 - controlled drug-user - no contact with children)

Craig similarly told the researcher how his and his partner's drug use meant that their children's attendance at school was sporadic:

“We didn’t always take them to school or nursery if they had to go. We would sometimes but we would go full of it and things like that.”

(Craig, 27 - drug-free - living with all of his children)

Although the interviewees spoke about wanting to be a positive role model to their children, this was an aspiration that most considered to be achievable only after becoming either drug-free or stable in their drug use. However, in the midst of problem drug dependency, success as a positive role model appeared to be compromised both by societal perceptions of drug use behaviour but more significantly, also through their reported lack of motivation to take an active interest in shaping their children's lives.

Conclusion

The aim of this chapter has been to show the comparison between interviewees' parenting aspirations, as outlined in the previous chapter, with the day-to-day relationship that they had with their children. There was often a stark contrast between the type of father that the interviewees told the researcher they aspired to be and the parenting that they reported. It appeared that one of the greatest barriers to the interviewees being successful in their parenting aspirations was their history of problem drug-use. These accounts strongly suggested that drug dependence compromised their ability to father. However, this is not to say that all problem drug-users are bad fathers, nor that in the absence of drug addiction, all these men would be excellent fathers. Rather, these findings indicated that drug dependence interfered with the interviewees' ability to provide the kind of parenting that they told the researcher they both could and should be/have been providing.

The capacity that drug addiction was shown to have had in consistently undermining parenting suggests that there is a basic incompatibility between problem drug-use and the involved 'good' parenting that the interviewees reportedly wanted to be doing. As has been stated above, although the 'removal' of drug addiction problems would not necessarily result in the men being active and involved fathers, it is arguable that the persistence of them virtually rules out the possibility of this. These findings suggest that the

tackling of drug addiction is absolutely crucial to the facilitation of better more involved parenting among problem drug-using fathers. The following chapter will go on to consider the men's literal and metaphorical absence from their children's lives caused by their drug addiction and consider the obstacles that they faced in overcoming it to re-gain and maintain a relationship with their children.

Chapter 8: “I’m not going to get access or anything like that while I’m taking drugs”: Re-gaining and maintaining contact with children and the obstacles problem drug-use presents

Introduction

This chapter considers the re-building of a relationship between problem drug-using fathers and their children. The problem drug-use careers of the men interviewed in this study led to most becoming peripheral in their children’s lives. The interviewees were generally in accord that they wanted to re-connect with their children but that also before making the reconciliation, many said that they felt they needed to make changes to their lives. However, while most of the fathers considered that making such changes would theoretically place them in a position to father in the way they thought they should, many said that even if they were to take these steps, there would still be obstacles that would make it difficult or even impossible for them to have a satisfactory relationship with their children. This chapter explores the men’s narratives on re-building relationships with their children and questions whether these obstacles are all secondary to the principal obstruction of drug addiction.

After discussing the interviewees’ absence from their children’s lives, the re-establishment of a father-child relationship will then be considered. This will examine the obstacles that the men face in their attempts to have contact with their children. Finally, attention will be drawn to the cases of the fathers who have been successful in re-building family relationships.

Problem drug-use and paternal absence

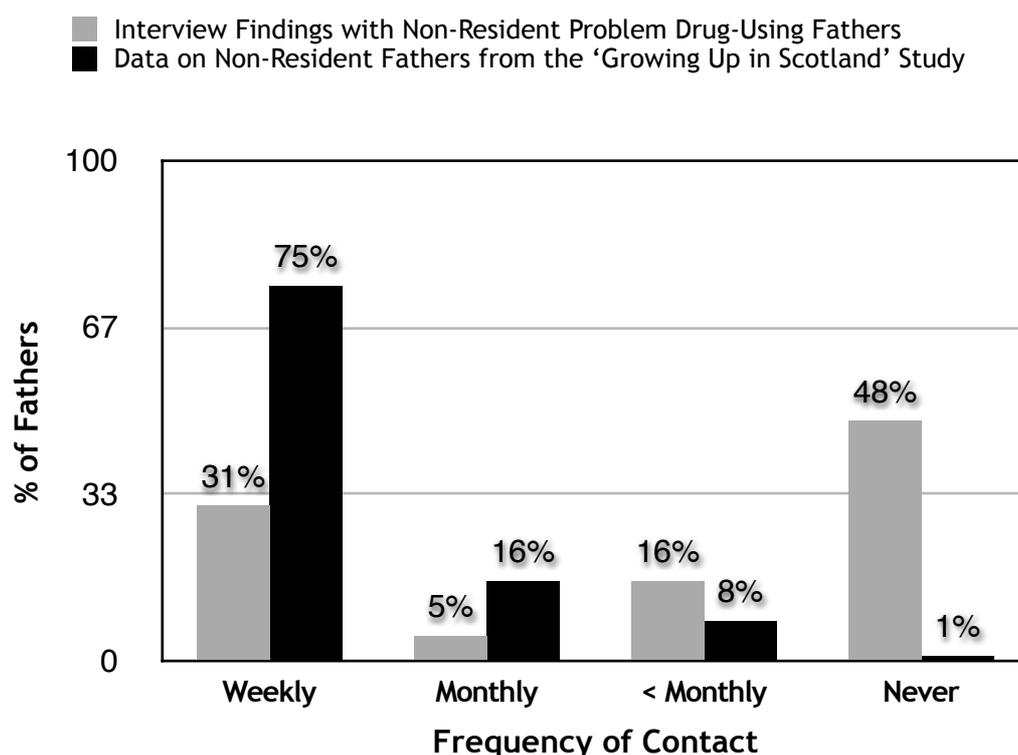
This first section discusses the men’s absence from their children’s lives. The data collected in the interviews suggests that problematic paternal drug-use had been instrumental in the men being absent from their children’s lives. While absent fathering itself is unexceptional within Scottish society in general (Marryat, Reid et al.

2009), this study, amongst others, suggests that problematic drug-use increases the likelihood of a father being absent and decreases the likelihood of him maintaining or re-establishing contact with his children after being absent. Although there is a body of research that indicates that regular paternal contact is beneficial to children (Amato and Rezac 1994), the reported negative consequences of growing up with a problem drug-using father has often been thought to outweigh these benefits (Kelleher, Chaffin et al. 1994; Amato and Gilbreth 1999). Both the existing research and interview findings suggest that in order for the men to have regular contact and maintain a mutually beneficial relationship with their children, they had to first overcome their drug addiction.

As has been previously noted, the majority of the interviewees did not live with their children (n=42). Absentee fatherhood is by no means unusual nor is it specific to problem drug-using fathers. According to the 'Growing Up in Scotland' study, approximately a quarter of Scottish children have non-resident fathers (Marryat, Reid et al. 2009). The most recent Scottish Household Survey shows that 20.8% of all households with children are headed by lone-parents with around 90% being headed by a female lone-parent, (2009). Glasgow reportedly has the highest number of lone-parent families in Scotland, with 27,900 lone-parents, 46.4% of families, (GCC Dec 04). This figure would appear to be even higher amongst Glasgow's poorer families, 61.7% of families living in social housing (GHA) are headed by lone-parents, (GCC Dec 04). Nonetheless, notwithstanding the high numbers of lone-parent families living in areas with similar socio-economic backgrounds as the participants, at 84%, the proportion of absentee fathers was noticeably higher among the interviewees in this study. However, when compared with other data that specifically focusses on problem drug-using parents, this figure of 84% corresponds exactly with that reported in the Advisory Council on the Misuse of Drugs; 'Hidden Harm' document (2003) where by combining data from the SDMA (Scottish Drug Misuse Database) and DORIS (Drug Outcome Research in Scotland) it is estimated that 6,300 (16% of 39,200) male

problem drug-users live with their children. While there is no robust existing Scottish data that estimates levels of non-resident, problem drug-using father's contact with their children, the frequency of contact reported by the interviewees in this study was less than has been recorded in other research on non-resident fathers in the Scottish population as a whole. The table below shows the differences between the levels of face-to-face contact reported by the interviewees in this study and those of non-resident fathers participating in the 'Growing Up In Scotland' research project (Marryat, Reid et al. 2009):

Table 5: Comparative levels of contact reported by non-resident problem drug-using fathers in this study and those reported by non-resident fathers in the 'Growing Up In Scotland' study



As the table above shows, the majority (75%) of non-resident fathers from the 'Growing Up in Scotland' study see their children at least once a week and only 1% have no contact with them. However, in the sample of non-resident fathers who have a history of problem drug-use, 48% reported that they never see their children and less than a third said they have weekly contact.

In general, the pattern of research findings suggest that, in almost all cases, when fathers are actively involved with their children, positive outcomes emerge for all members of the family (Lamb 1987; Amato and Gilbreth 1999), whereas children who see their non-resident fathers infrequently, or not at all are regarded to have lost a potentially valuable resource for their development (Amato and Rezac 1994; Amato and Gilbreth 1999). Data has shown that children with little or no paternal contact may be disadvantaged on a wide range of indicators of well-being (Sigle-Rushton and McLanahan 2004), these include health (Dawson 1991; Coiro, Zill et al. 1994; Nord and Zill 1996), educational experiences and academic performance (Dawson 1991; Lee 1993; Zill 1996), and psychological adjustment and problem behaviour (Amato and Rezac 1994). Although the children in households where the father is absent may be at a disadvantage to children who have regular contact with their fathers, it is arguable that in situations where the father is a problem drug-user, regular contact may not be in the best interests of the family (Amato and Gilbreth 1999). This sentiment was not uncommon among the interviewees who on the whole considered themselves to be of little benefit to their children whilst addicted to drugs:

“I was no good for him [son] when I was using. I was no good to anyone, no even myself”

(Samuel, 35 - controlled drug-user)

As has already been noted in the literature chapter, there is a body of work, largely US derived, indicating that physical abuse and neglect are far more common in families where the parents have problems with drugs or alcohol (Kelleher, Chaffin et al. 1994), and empirical studies have consistently shown the children of problem drug-using fathers to be at risk for poor developmental outcomes. These include being more likely to use drugs and alcohol (Clark, Moss et al. 1997; Clark 1998; Brook, Brook et al. 2003; Brook, Brook et al. 2006),

neglecting their medical health (Cornelius, Clark et al. 2004; Mezzich, Bretz et al. 2007), being more likely to affiliate with deviant peers (Blackson, Tarter et al. 1996; Moss, Lynch et al. 2002; Moss, Lynch et al. 2003), being at increased risk for various psychopathologies including; conduct disorder, attention deficit hyperactivity disorder, major depressive disorder, and anxiety disorders (Clark, Moss et al. 1997; Moss, Baron et al. 2001; Fals-Stewart, Kelley et al. 2003; Clark, Cornelius et al. 2004; Kelley and Fals-Stewart 2004), and more prone to anti-social behaviour (Moss, Mezzich et al. 1995; Fals-Stewart, Kelley et al. 2004; Brook, Duan et al. 2007).

Paternal drug addiction has a number of potential negative outcomes for a father's relationship with his children. These range from an increased risk of low and irregular father-child contact as a result of paternal absence to a heightened danger of physical abuse, neglect, and poor developmental outcomes when the father is present. The detrimental impact of drugs on the ability to father was acknowledged by many of the interviewees who were almost unanimous in reporting that they felt that they needed to overcome their drug addiction in order to fulfill their fathering potential. The majority of the men, had become, to a greater or lesser degree, estranged from their children. For them, the first step in fulfilling their fathering potential was to attempt to re-establish a relationship. However, this was not always straight-forward. The following section explores some of the obstacles they faced in achieving their hoped for future-relationship with their children.

Obstacles to fathering

As part of the interviews, the researcher asked the participants how they saw the future of their relationship with their children and what kind of relationship they would like to have with them. By inviting the interviewees to contemplate their future 'possible selves', she encouraged them to not only articulate what kind of a father they aspired to be but to also consider ways in which they might become that father. By identifying hopes, fears, and expectations, Higgins

(1987) argues that the individual is confronted by the discrepancies between the actual, their ideal, and the self one feels they ought to be. During the course of their drug addiction, the majority of the fathers had become absent, to a greater or lesser degree, from their children's lives and most reported feeling dis-satisfied or unhappy about the state of their current relationship with their children and the kind of fathering that they were or had been doing. While all of the fathers said that they would like to reconnect or spend more time with their children, many told the researcher that there were obstacles stopping them from being able to do so. These obstacles fell into two broad categories that can be loosely termed; personal and volitional and externally imposed and non-volitional. The first, "personal" category refers to obstacles that the interviewees could theoretically overcome by themselves through certain changes to their lives. Of these, drug addiction represented the most significant "personal" obstacle to achieving their desired relationship with their children. The secondary "personal" obstacles included unemployment, legal concerns, homelessness, and emotional problems. The second, "external" category denotes restrictions placed by other people or agencies on the fathers relationship with his children and which also rely on other people to be overcome. Although the children's mother tended to be the most common "external" obstacle discussed by the men, the role of extended family and the State in facilitating or limiting the fathers contact with their children will also be explored below.

For all of these "personal" and "externally imposed" obstacles, drug problems had a strong contributory effect and success in overcoming them was largely contingent on whether the individual was able to firstly overcome their drug addiction.

Personal obstacles

The most significant personal obstacle that these men reported facing was their drug addiction. As has been previously stated, for as long as drugs were a prominent feature of the interviewee's lives, they were largely absent as fathers. This absence was both literal, in the sense

that while using drugs, many of the men had little or no contact with their children, and metaphorical, in the sense that even if they physically occupied a shared space with their children, several of the men described the overwhelming, preoccupation with drugs as being so consuming that they were largely oblivious to everything and everyone else:

“You’re dead selfish when you’re full of heroin, you just don’t care about anything. I know it’s a terrible thing to say but I just wasn’t interested.”

(Timothy, 30 - controlled drug-user)

In order to be able to fulfill their fathering potential, the men more or less unanimously agreed that they should be either drug-free or stable on a prescribed substitute drug. Many of the interviewees considered that they were simply not capable of being fathers to their children while they were using drugs. This was the conclusion reached by Hogan and Higgins (2001) who observed that problem drug-using parents tend to lack confidence in their ability to meet their own standards of care for their children while dependent on drugs. Craig, who was drug-free having recently completed a six month course at a residential drug rehabilitation centre, said that he now thought it was impossible to function as a parent while addicted to drugs:

“All I can say is from my own experience, I think it’s impossible for a drug addict to be there for a child, to meet a child’s needs. I just think you’re not capable, even if you want to, ‘cause at that point, I loved my weans but I just wasn’t capable of looking after them or giving them what they needed.”

(Craig, 26 - drug-free)

The on-going preoccupation with drugs reported by the interviewees meant that even on occasions when they were with them physically,

they often described being metaphorically absent. In the extract below Sean describes how his long term addiction had taken a psychological toll which has placed strain on his relationship with his children:

“I’m more or less stable on my methadone nowadays but the years of drug abuse and getting the jail has given us mental health problems now. So even when I do see the weans, I’m quite estranged now.”

(Sean, 33 - controlled drug-user)

Some of the men considered their drug-using status and associations with the drug-using-world would not stand in their favour in negotiations for contact with their children:

“I’m not getting to get access or anything like that while I’m taking drugs or even while I’m on methadone.”

(Lee, 24 - uncontrolled drug-user)

Other interviewees said that it was not just the general perceptions of other people that concerned them, but those of their children in particular. Kenneth’s son, who is now 21, told him that he did not want to have any associations with him as long as he was continuing to use drugs:

“I actually phoned him and we met in a pub.... He’s a reasonably intelligent young boy and he just looked at me and said; ‘I love you father but until the day when you kick this habit altogether, I don’t want to know you’.”

(Kenneth, 43 - uncontrolled drug-user)

The incompatibility between problem drug-use and fathering was consistently asserted by the interviewees. The majority said that they would be able to be (or that they were) better parents drug-free than as problem drug-users:

“Being 100% abstinent is the only way to have kids. Definitely. Total abstinence is the only way. It’s either that or the weans’ heads are going to be fucked.”

(Sean, 33 - controlled drug-user)

And it was not unusual for the interviewees to tell the researcher that their main motivation to become drug-free (or stable on a controlled prescribed substitute) was their children:

“That [regaining contact with son] was the main reason I went into rehab last year. It was to build bridges and get back in contact with my son again because I’d missed out on the first couple of years of his life.”

(Alistair, 27 - uncontrolled drug-user)

While drug addiction was the primary personal obstacle to fathering, many men said that there were additional lifestyle changes that they should make. These were that they should not have any legal problems nor be in jail, that they should be in stable housing (i.e - not homeless), and finally that they should be employed or seeking work:

“Get my name on a door, get myself situated in a house.”

(Ronald, 29 - uncontrolled drug-user)

“Until I’m settled with my own house and a job, then I’ll see the wean. I’ll get my lawyer involved and I’ll make a point of it.”

(Bryan, 31 - uncontrolled drug-user)

For the most part, these secondary obstacles could be seen as being 'knock-on effects' of drug addiction and might be easier to overcome if the drug problem was removed. For the interviewees who were uncontrolled in their drug use, these secondary personal obstacles were seen as difficult to overcome. While they continued to use drugs, the men seemed to view them as projects for the distant future and for the most part unattainable in the present.

In order to overcome the personal obstacles outlined above, the men would have to make practical changes to their lives. Some of the men also reported that they felt as though emotional obstacles were stopping them from pursuing a relationship with their children. They spoke about needing to be emotionally ready or mentally prepared to attempt to regain contact with their children. Campbell considered that at that point in time, he did not feel strong enough to risk being rejected by his daughter:

"I'm just not ready enough in my head. I'll know within myself when I'm ready. Whether she's ready for me is a different kettle of fish. But I'll need to wait 'til I'm mentally and physically strong enough to hope that she'll accept me or be able to cope with the rejection plain and simple - so I'll need to wait 'til such time that I am."

(Campbell, 36 - uncontrolled drug-user)

Many of the secondary obstacles the men told the researcher they would need to overcome before they could re-establish contact with their children were considered by the men to be difficult or impossible to achieve in their current situations (i.e while they continued to use drugs). As has been observed throughout this thesis, quitting drugs is a difficult and often lengthy process (McIntosh and

McKeganey 2002). As a chronic relapsing condition, the life-cycle of a problem drug-use career will include periods of relative control and abstinence as well as escalating uncontrolled use (Sellman 2010). The difficulties of quitting were widely acknowledged by the interviewees, many of whom reported having made previous attempts to do so. In describing himself as “not ready”, Campbell may have doubted that he would just now be able to take the necessary and challenging steps to tackle his drug problem.

External obstacles

Based on the general consensus of the interviewees, overcoming the above “personal obstacles” would theoretically allow the men to father in the way that they told the researcher that they thought they should. However, many of the men said that, even if they were successful, there would still be external obstacles stopping them from having regular contact with their children. These external obstacles were restrictions placed by other people on the contact that the men could have with their children. Bearing in mind that the majority of the interviewees did not live with their children (n=42), contact with children was largely dependent on their children’s caregivers. While some of these men were able to maintain good relationships with their children (n=17), most (n=25) had not, many of whom considered that this relationship was being obstructed by other people, and in most cases (n=13) it was the mother of their children who the men held responsible for this.

As has already been noted, the majority of the men were no longer in a relationship with the mother of their children (n=43) and drugs were usually integral to the breakdown of these relationships. A large number of the men considered that it had been drugs that had led to the dissolution of the relationship with their children’s mother and their subsequent expulsion from the family home. While some of the men said that they had been able to remain on amicable terms with their ex-partner, (n=30) for others this was not the case (n=13). In most cases, (n=36) the men’s children had stayed with their mother

following their parents' break-up. The table below shows relationships that the men had with the mothers' of their children across the three sub-sample groups:

Table 6: Quality of relationship with children's mothers across the 3 sample groups

Relationship with mother of children	Uncontrolled Drug-Users (n=20)	Controlled Drug-Users (n=14)	Drug-Free (n=16)
In a relationship	1	3	3
Separated but amicable	11	7	12
Separated and acrimonious	8	4	1

It is apparent from the table above that the majority of men who reported having a poor relationship with the mother of their children were using drugs in an uncontrolled way.

While the breakdown of the relationship with the children's mother, did not necessarily result in a complete or permanent separation from their children, it did mean that contact was likely to require greater organisation, time, and possibly expense than if they were living with their children (Umberson and Williams 1993; Greif 1997). Research into contact between non-resident fathers and their children indicates that one of the factors influencing the frequency of contact is the amount of effort that is required by the father to visit his children. Journey times in particular appear to dictate the regularity of these visits (Marryat, Reid et al. 2009). When the demands of a persistent drug problem are added to the equation, the greater effort required to maintain regular contact following separation might be further undermined. In the extract below, Donald describes how at times, his decision to embark on the fairly lengthy bus journey required to visit

his son was dictated by whether he had sufficient drugs to ensure that he did not suffer withdrawal symptoms en-route:

“I had every intention [of going to visit son] but when you’ve got a habit and you’re rattling and all your bones are aching, sweat’s pouring out of you, you can’t get comfortable for two minutes, the back of your knees are agony, know what I mean? It’s just so, so painful. You’re going to go and get a bag because you know yourself, if I went on that bus straight, I’d be sitting there sick for three or four hours. That’s bad enough but when you’re doing it rattling, you’d end up getting off the bus halfway up and coming right back again to get squared.”

(Donald, 39 - uncontrolled drug-user)

In addition to the logistical considerations of maintaining contact as a non-resident father, as has been shown in other research (Marryat, Reid et al. 2009), the interview findings from this research have suggested that the quality of the relationship that the father had with the mother of his children had direct implications for the quality of relationship that he might have with his children. The men who reported having a poor relationship with the children’s mother also tended to report that their attempts at maintaining contact with their children had been problematic. The men’s descriptions of the impact of this on their on-going relationship with their children ranged from the mother placing restrictions on contact (times, places, and length) to them not allowing the fathers to see their children at all.

“It does my nut in so it does.... Just even a couple of hours a week would do me, anything, just as long as I got to see him on a weekly basis. Not just once or twice a year.... But she’ll [ex-partner] only let me get him when she wants, I’m trying to get him in my own time if you know what I mean.”

(Lee, 24 - uncontrolled drug-user)

Lee, like several of the other men, considered the restrictions placed by his ex-partner to be unreasonable. Some of them also suggested that these restrictions were motivated by their ex-partners's desire to harm them. However, given the men's past behaviour and problem drug-use history, another possible explanation might be that the mothers made these restrictions not by way of a vendetta but in an attempt to protect their children. This is suggested by the unique example of Craig (currently drug-free) and the primary care-giver to his four children. In the extract below, he describes how although he would like his ex-partner to have a relationship with their children, her on-going drug use makes him concerned about their safety. He considered that it would be these concerns, not personal reasons, that would motivate him to restrict her contact with them:

“The last thing I want to do is take my weans away from their mother but if it's to keep them safe, it's what I will do. I'll not do it out of spite or for my own reasons, it'll be about what's good for them. If I felt that she was maybe dangerous or full of it [intoxicated] or all that. I wouldn't keep them away from her but under circumstances like that I would.”

(Craig, 26 - drug-free)

Concerns over children's safety had led to the placing of legal restrictions that meant some of the interviewees were only allowed contact with their children in controlled circumstances and under supervision (n=4). For the most part, these men seemed to think that these restrictions were unjustified:

“But they tell me I can't get my weans unless I get supervision. And I've been saying that I've not been told that and that's not in my parole - that's just them telling me and they're just social workers. It's the same with her [ex-partner] and they

want me to go on anger management courses. And I said: 'Who the fuck are you? Well you fucking tell her [ex-partner] to go.' I've got enough on my plate anyway. They're telling me I need to do this and I need to do that and I need the supervision. So I'll just see the weans when I want to - I'll go down the school and see them."

(Roderick, 49 - controlled drug-user)

Like in the case of Roderick (above), in some situations, usually where the children's mother and father were not on good terms, contact was not arranged informally but had to be officially negotiated through the legal system:

"About a year ago she just walked out of the relationship. She just ditched me. She was reasonable at first and she gave me access to our daughter but then the last time I seen her she was like that; 'You'll need to go to the lawyer to try and get the legal right to see her'. And I was like that; 'what's wrong with me just coming up to see her?' And she said; 'No, I don't trust you just yet'."

(Adrian, 31 - uncontrolled drug-user)

While it was the children's mothers who were most often criticised by the interviewees for obstructing the contact they had with their children, the children's mothers were not always the primary care-givers. In the event that neither the interviewee nor the children's mother were looking after the children, childcare was provided by extended family or the state (the children had been taken into care and were being looked after in foster-care or a children's home). In these situations, the child's caregiver facilitated or placed restrictions on the men's contact with their children.

Where only the father has a problem with drugs and/or alcohol, it may be possible that the mother can buffer the children somewhat

from the negative affects of growing up with a drug addict parent and provide adequate care for them. However, when both parents are problem drug-users, concerns over the children's welfare can often lead to outside intervention. In the few cases where this had occurred (n=7), care for the children was most likely to be provided by other family members (n=5). This is consistent with prior research which has shown that children removed from their parents' care because of problems with drugs or alcohol are more likely to, at least initially, be placed in the care of relatives (Beeman, Kim et al. 2000; Vanderploeg, Connell et al. 2007). It is not uncommon in families where either one or both parents have problems with drugs or alcohol for extended family, particularly grandparents, to offer all kinds of assistance in providing for, protecting, and nurturing children (Barnard 2007). Such care arrangements can be a vital resource for problem drug-using parents and their children and play an important role in family support and child protection (Kroll 2007). In the extract below, Stuart describes how his parents took his daughter to live with them after he and his partner's involvement in the drug-world increased in such a way that they became concerned that it would compromise their daughter's welfare:

“As I say, because I was addicted to drugs and things and I ended up in prison a couple of times and that's where my ma stepped in and started looking after my wean. They were there for her, you know? All legal like. When I got the jail, my wean's mother was exposing her to things she shouldn't have.... Basically my ma and da were her [daughter's] ma and da - granny and grand-da and best pals all into one. More or less, know what I mean?”

(Stuart, 39 - uncontrolled drug-user)

Having extended family look after the children did not always represent a long-term solution. While family may have been willing and able to take over child-care temporarily, the responsibility of

raising the children of a child or sibling might be another matter, particularly for elderly grand-parents in poor health (Berrick 1998). Sometimes in these instances, other family members would be able to lend support to the relative who had taken in the children and assist in the childcare duties. It is not uncommon when extended families take on the care of a child for that child to “do the rounds” - staying for periods with a number of different relatives (Gleeson, Wesley et al. 2009). This was the case for Derek whose parents, sister, and aunt had all at various points been involved in looking after his daughter:

“When one breaks down another stands in - that’s what’s good about family.”

(Derek, 44, drug-free)

However, if grandparents and/or other family members were unavailable, unable, or unwilling to intervene and take over the care of the children, it is likely that social services would have to take the child from their parents and place them in the care system (Barnard 2003). This is ultimately what happened to Stuart’s daughter as his parents, who both had ongoing health problems, died within a year of one another and as both he and his partner were still living chaotic lives using drugs in an uncontrolled way and none of his other extended family could provide a sufficiently secure home for her, social services placed her with a foster family. Stuart considered that this decision had not been in the best interests of his daughter and that it would have been better for her to be looked after by family:

“I think it’s hard for her [daughter] just now. I try and talk to her about my ma and da and she’ll just go; ‘shut up, shut up, shut up’. She’ll no even go there. And I blame the social work because they just plucked her away from family after my da passed away and I think that if she was left where she was instead of going into a foster family which she didn’t know and trying to fit in.”

(Stuart, 39 - uncontrolled drug-user)

Very few of the interviewee's children had been taken into care (n=3) and in those situations where it had occurred, both sets of parents had serious and sustained problems with either drugs or alcohol. In the extract below, Jason told the researcher that both he and his children's mother were problem drug-users and this combined with him spending a lot of time in prison led to their children being taken into care:

“They’re in foster care, their ma, she actually got them took off her because of drug use and all. I was using and she was using and with me being in and out of prison all the time, she couldn’t handle it. What with her ma dying and all, she went back to drugs and social work got involved and took the kids off her.”

(Jason, 33 - uncontrolled drug-user)

While having their children taken into care did not necessarily put an end to all contact between the fathers and their children, it did place restrictions on any contact they might have. One of the fathers whose children had been placed in care outlined the upcoming Christmas arrangements and the time he was planning to spend with his children. He described being unsatisfied with these arrangements as he would not be able to see his children on Christmas day. He also spoke about how he felt that his behaviour was being scrutinised by the social workers and how he felt under pressure to conform to their expectations:

“I don’t even get a Christmas visit. My Christmas visit’s on the 17th or the 18th, like the weekend prior to Christmas. I don’t get a Christmas visit so I have to get all their presents in and we open them on the 18th and I’ve got social workers getting

on my back to see what I buy them to make sure it's up to what they think the weans should be getting. Well in my mind I think that. I don't know if it's true but my mind does tell me that they're judging me because they want to know if I'm still using or if I'm out stealing. So it's a balance between not getting them something too good and not getting them something crap."

(Sean, 33 - controlled drug-user)

The decision to remove children from the care of their parents either by other family members or the state is based upon judgement of the parenting practices of the mother, the father, or both. Whilst the child is being cared for out-with the immediate family unit, any contact between the parents and their children will be at the discretion of those who have taken on the child-care duties. When it is the State that intervenes, decisions regarding contact between parents and their children are based on the judgement of professionals with the principle concern being the welfare of the children. However, when care is provided by family members, pre-existing relationships with the children and their parents may complicate matters (Berrick, Needell et al. 1995). Typically, the parents of children who are being cared for by their own extended family rather than a foster family are more likely to maintain contact with their children (Meyer and Link 1990; Berrick, Barth et al. 1994). In these data, it appeared that in the situations where it was the father's family who took on the child-care duties, any attempts that he might make to maintain contact with the children were generally well received and unproblematic. The care-giving family members on the father's side were often described as playing a linking role between father and child(ren) (Goodman and Silverstein 2001). This did not always seem to be the case when it was the children's mother's family who took them in. Some of the interviewees, like Raymond (below) told the researcher that their partner's/ex-partner's

family had completely blocked them from having contact with their children:

“She’s no’ got the kids and I’ve no’ got the kids. Her sister has got the kids. I don’t get to see them. I give them their Christmas every year, I give them their birthday every year, and I give them their Easter’s every year. Basically that’s the only kind of contact I have with my weans. I never get to see them though, my sister gives them their presents.”

(Raymond, 37 - controlled drug-user)

It is worth noting that as was the case in Raymond’s extract above, the motivation(s) that led to family members exercising such stringency over the men’s contact with their children can of course never be fully understood from the interviewees’ accounts alone.

In terms of sustaining contact between the fathers and their children, having extended family rather than the state provide childcare was reported as being beneficial only in the situations where the father felt that he had a good relationship with his child’s caregivers. This tended to be when childcare was provided by a member of his own family. In these circumstances, the child’s caregivers appeared to play a linking role facilitating and encouraging a father-child relationship. However, in the situations where the interviewees said that they had a fraught relationship with their children’s caregivers, usually the children’s mother’s family, they often considered that access to their children was deliberately, and often unjustifiably, obstructed (Crumbley and Little 1997).

This kind of reliance on the child’s caregivers to facilitate contact was similarly necessary for the men to maintain contact with their children during periods of incarceration. As has often been found with problem drug-users (Macleod, Copeland et al. 2010), prison was a common feature of many of the interviewees’ biographies (n=36). Few of the men reported that their children had visited them in

prison, for the majority, periods in prison were periods of absence from their children. Several of the men said that the reason for this was that they had not wanted their children to see them in prison:

“I don’t want my boys to see me in prison. It’s bad enough being a smack head without your son coming up to see you in prison.”

(Kenneth, 43 - uncontrolled drug-user)

It is not unusual for incarcerated-fathers to forego visits altogether out of concern for their children’s welfare (Genty 2003). In other cases, the interviewees said that they would have welcomed visits from their children but that these tended to rely on another adult (usually the child’s mother) arranging the trip and accompanying the child (Arditti, Smock et al. 2005). In these instances, visits were therefore dependent on whether or not the interviewee had someone who was in a position, and prepared, to facilitate them. For some of the interviewees this was not the case:

“She [ex-partner] hated coming up to visit me and although I wanted to see [son], it wasn’t too possible.”

(Philip, 26 - controlled drug-user)

However, even for the fathers who were visited by their children, contact while in prison was often described as being strained and inhibited. Problems with arranging visiting schedules and inhospitable visiting rooms can make visitation traumatic for prisoners and their children (Arditti, Lambert-Shute et al. 2003). Derek spoke about his daughter’s visits while he was detained in prison and then a secure psychiatric hospital:

R - “She came to visit us when she was young. My ma and da would bring her up when she was young.”

I - "How were those visits?"

R - "It was quite embarrassing being in that position with my wean. They didn't have the right kind of area. There were a lot of sex offenders in there and people walking by during the visits and all that. It got quite annoying you know? Sometimes you just felt bad. But then there was a wee room and it was quite good - she was about five or six at the time. And then I got moved and I was unwell and she seen me and I don't think she really knew what was happening, and just thought that I was being daft. And then it just kind of fell away. I lost contact - no seeing or writing to her for a year."

(Derek, 44 - drug-free)

Given these kind of difficulties, it was not uncommon for some of the fathers, like Derek, to lose contact with their children during their incarceration (Swisher and Waller 2008).

While many of the men seemed to be resentful of the limitations and restrictions placed on the contact that they had with their children by their care-givers, as has been noted in previous chapters, few reported taking practical steps to challenge these obstacles. Although by negotiating contact through the legal system any visitation rights that the court might grant a father would theoretically have to be respected and adhered to by the children's mother or other carers, only two of the interviewees took this step. Some of the men said that the reason they had not done this was because they were reluctant to involve their children in the legal negotiations as it might be harmful to them:

I - "Did you ever try and go through the courts to get access to him?"

R - *“I did once but then I saw the state that he [son] was getting into and then I left it because I didn’t want to drag him through all that.”*

For others, the reason that they gave for not starting legal proceedings to arrange access was that it would be pointless as the courts would not decide in their favour anyway:

“I’ve tried going to lawyers and things like that to try and get custody but it’s just that every time I’ve done that they turn round and say it’s a hopeless case. Basically aye, it’s a hopeless case.”

(Raymond, 37 - controlled drug-user)

While the apparent hopelessness of their situation may have deterred the men from making an attempt at regaining contact with their children, it is possible that there was a much larger underlying issue. For many of the interviewees, it seemed that drugs played such a consuming role in their lives that all of their time, energy, and resources went into maintaining their drug habits. This is not to say that they were not concerned about their children, nor that they did not want to have regular contact with them. However, as long as drugs remained central in their lives, it appeared to be very difficult for them to make a real, sustained effort to have a relationship with their children. In the extract below, Donald told the researcher about the role that his drug addiction played in the deterioration of his relationship with his son:

R - *“I wrote to her [son’s mother] saying that I wasn’t going to come up anymore because I didn’t want the wean..... Because then I didn’t think I was ever going to come off it. Because you never think you’re going to come off it. So I wrote to her to say that I wasn’t going to come up and stay*

and said the reasons why. Because I didn't want the wean to see us mad with it. So I thought it best that I just....."

I - "When you say that you thought it best were you also thinking that it would be easier for you?"

R - "Oh it was an easy escape for me, aye."

(Donald, 39 - uncontrolled drug-user)

This extract features two points that were common in the interviewees' narratives. The first was paternal interest and the expressed desire to 'do what's best' for their children and the second was the extent to which drug addiction can dictate people's lives and the choices they make. In the case of Donald, and many of the other interviewees, it seemed that the second point carried greater weight than the first. Donald described his decision to stop visiting his son as being 'an easy escape' from a commitment which he found difficult to fulfill.

While the interviewees outlined a range of obstacles to fulfilling their roles as fathers and maintaining a good relationship with their children, drug addiction seemed to represent the primary obstacle and the others were all secondary to it. Based on the narratives of the men who were drug free, it seemed that by overcoming their drug problems, these secondary obstacles become easier to negotiate putting the men in a better position to build a relationship with their children. The section below considers the cases of the few men who were able to achieve this.

Over-coming the obstacle

The picture painted by the men's accounts was one in which the compulsion of problem drug-use was represented as consistently undermining and obscuring parenting efforts. During the course of the interviewees problem drug-use careers, many had lost contact with

their children and while almost all of the men articulated a desire to re-build these relationships, it was only those who were drug-free (n=12) or, in a few cases (n=5), those who were stable on a prescribed substitute drug who had been successful in doing this. One such father was Craig, who has already featured in one of the earlier extracts. He was unusual in that it was he, not the children's mother, who was the primary care-giver. Both he and his (now ex) partner had been long-term heroin users and had both recently attended residential drug rehabilitation programmes. However, only Craig had successfully completed the course - his ex-partner had left early and started using drugs again. Since returning from the rehab, Craig had resumed full parenting responsibilities for their four young children. Being drug-free for the first time since becoming a father, Craig told the researcher how he was now learning how to be a parent:

R - "My ma said I'm how I used to be before I started using drugs."

I - "But your kids would never have seen that person?"

R - "No."

I - "So it was a new person for them?"

R - "Yes."

I - "And was it strange at the beginning?"

R - "Well for me it was just about learning to be a father, find out what fathers are supposed to do an things like that. But aye, it was strange. Learning how to communicate with a wean and all that and tell them they're not supposed to be doing that and tell them what will happen if they do - that there will be consequences if they do something. See all that stuff, or taking them out to the park and playing with them and all that. It's all getting easier and easier. You see I can do all that with them if I'm clean, I can't do all that if I'm on drugs."

(Craig, 26 - drug-free)

Like Craig, some of the other fathers also spoke about how the adaptation to the role of father had not always been straight forward. In the extract below, Patrick discusses the pressures of parenting and how these normal pressures have the potential to be more difficult for a recovering problem drug-user to manage:

“My kids, as surely as they can be a charge in my recovery, they can also be, not a burden, that’s not the word I’m looking for. I don’t know what’s the right word without sounding horrible. But they can also be, not a hindrance, but they can be a strain on my recovery. But it’s not their fault that they’re being a strain, it’s just kids being normal kids. And it would be a strain on any parent but obviously because I’m in recovery, it can have consequences.”

(Patrick, 40 - drug-free)

However, as he also points out at the beginning of the extract, his relationship with his children motivates him to remain drug-free. While most of the drug-free men had made inroads in re-building a relationship and had regular contact with their children (n=12), this was not the case for them all. A quarter of the drug-free group (n=4) had no or only rare contact with their children. Of these men, all but one were newly drug-free having only stopped using drugs within the last six months. While two of the newly drug-free men reported having intentions to play a more active role in their children’s lives, the third, whose daughter was grown-up (aged 24), told the researcher that unless she instigated contact, he would not pursue a relationship with her as he doubted what value he could have as a father given that she was now an adult. The fourth man, who had been drug-free for a number of years, reported having a fairly good albeit distant relationship with his sons (aged 18 and 16). However, although his contact with them was very irregular (he saw them less than once a year) this was because they had emigrated to Australia with their mother.

The men's narratives show that becoming drug-free did not automatically make them active and involved fathers. Rather becoming more involved in their children's lives was a process which occurred alongside their recovery during which they often had to re-build trust and in some cases, learn how to be a father. Some of the drug-free men who did not have regular contact with their children were in the early stages of this process and were optimistic that in time, they would be able to re-build a relationship. However for others, the opportunity for playing an active role in their children's upbringing had past. In all of the cases where a relationship had been re-established with children it occurred hand-in-hand with the men taking control of their drug addiction. For these men, the forecast that they gave for their and their children's future was largely positive:

"I could have had such a life if I was doing this when my wean was born. If I'd had this sort of attitude, my life could have been so different because in the last few year, I've tried to be that person. It didn't come right away, it was just so hard, but now I'm beginning to see that I've done something right. I've done something right because they're all happy."

(Russell, 43 - drug-free)

Conclusion

Problem drug-use had led to the interviewees being largely absent from their children's lives. Although the majority of the men said that they were keen to re-establish contact and take on an active fathering role, there were a variety of obstacles that were preventing them from achieving this. Drug addiction was represented as being the most significant but overcoming it could potentially remove and alleviate some of the remaining obstacles. While the men continued to use drugs, very few (n=5) reported being able to establish any meaningful or sustained contact. However, in situations where the

men gained control over their drug addiction, by becoming drug-free, or, in some cases, stable on a prescribed substitute drug, they appeared more able to re-establish a relationship with their children. These findings suggest that in order to be able to re-establish or restore their relationships with their children and be in the position to father in the way that they consider appropriate, these men have to first of all tackle their drug addiction problems. Given the apparent inter-relatedness of drug use problems and the other issues/obstacles in the men's lives i.e.; obstructive ex-partners (or other carers of their children), homelessness, unemployment, and legal problems, it is arguable that these additional obstacles should be addressed in the context of their drug addiction and the treatment of it. In the next chapter, the implications of these findings are discussed and the ways in which treatment programmes and drug services might better cater to problem drug-using fathers are considered.

Chapter 9: Discussion and implications

Introduction

This study set out to gain an insight into the lived experiences of problem drug-using fathers. Previous research on this group has been scant and as such, little is known about how these men interpret and enact their roles as fathers. What the existing literature on parental problem drug-use and problem drug-using fathers has shown however, is that the children of these parents are vulnerable to a wide range of poor developmental outcomes, both directly and indirectly as a result of their parent's drug addiction problems. This study into the subjective experience of problem drug-using fathers has corroborated these findings by showing involved and active fathering to be largely incompatible with active problem drug-use. The data clearly demonstrate that the men who were no longer using drugs or using drugs in a controlled way were much more likely to have a relationship with their children and also more likely to report a greater level of satisfaction with their parenting. On the other hand, the men who were using drugs in an uncontrolled way were unlikely to have contact with their children and tended to report feeling dissatisfied in their paternal role. However, what the study also revealed was that although many of the men were not fathering in any practical sense, they nonetheless had well-developed ideas of good and bad paternal behaviour and they also gave repeated indications of a desire to better fulfill their role as a father. This stark contrast between the kind of fathering that these men reported doing and the kind of parenting that they reported either wanting or feeling that they ought to be doing is an important finding. This final chapter considers the obstacles preventing problem drug-using fathers from achieving their parenting aspirations and questions how these might best be addressed. Through research into and communication with professionals from both fathering and drug treatment centres and services both here in Scotland and elsewhere, it is apparent that, for the most part, problem drug-using fathers are not being catered to. Highlighting this current lack of recognition of problem drug-using

fathers in the burgeoning discourse and policy on fathering, I put forward the argument that greater acknowledgement of fathering issues faced by these men in the services and treatment available to them could facilitate more responsible fathering efforts which would be beneficial to both the fathers and their children.

A place for problem drug-using fathers in the emerging discourse and policy on responsible fathering?

Recent years have seen real growth in the development of resources supporting men in their roles as fathers and the policy relating to fathering issues. However, problem drug-using fathers seem to have been largely 'left off' the agenda. This first half of the chapter discusses the growing recognition of fathering in policy and practice and considers the apparent neglect in this discourse of fathers with drug addiction problems before going on to examine whether policy and practice can and should cater to the parenting issues faced by these men.

The growing recognition of the importance of fathers

Theorists are generally in accord regarding the importance of father-child contact (Lamb 1987; Amato and Gilbreth 1999). By comparison to those with little or no paternal contact, children who have regular interaction with their fathers are thought to be at an advantage across a wide range of indicators of well-being (Sigle-Rushton and McLanahan 2004). Largely in response to this growing body of research highlighting the importance of fathering (Fatherhood Institute 2011; U.S. Department of Health and Human Services 2011), the benefits of father involvement for child development outcomes and communities as a whole are being increasingly acknowledged by governments and policy makers. Internationally, there are a growing number of organisations focusing on the role a father plays and a wide range of programmes aimed at supporting and facilitating paternal involvement. Fathering centres and institutes have been set up in several countries including in the United States; 'The National Centre for Fathering' (<http://www.fathers.com>) and 'The National

Fatherhood Initiative' (<http://www.fatherhood.org>), in Singapore; 'The Centre for Fathering Singapore' (<http://www.fatheringmatters.com/sg/>), in Poland; 'tato.net' (<http://tato.net.pl/>), in Australia; 'Dads for Kids - Fatherhood Foundation' (<http://www.fatherhood.org.au/>), in South Africa; 'The Fatherhood Foundation of South Africa' (<http://www.fatherhoodfoundationsa.org/>). Here in the UK, there are the Fatherhood Institute (<http://www.fatherhoodinstitute.org/>) and the 'Families Need Fathers' (<http://www.fnf.org.uk/>) organisations. In Scotland, the recently developed Fathers' Network (<http://www.fathersnetworkscotland.org.uk>), works to support and promote fathers and fatherhood and to disseminate research and information relating to fatherhood and work with fathers. There are additionally a growing number of online resources for fathers, those based in the UK include; <http://www.superdads.co.uk>, www.dad.info, <http://fatherhood.about.com>, there are also a number dedicated to supporting men fathering out-with the 'traditional' two-parent family set-up; www.separateddads.co.uk, www.fathersmatter.com, and the innovative Dads' Space 1-2-1 <http://www.respect.uk.net/pages/dads-space.html> which is a virtual father-child contact space set up by the domestic violence charity Respect. Dads' Space 1-2-1 encourages fathers to enhance and maintain relationships with their children in a way that ensures children's safety. Like all services offering support to children and families, it uses a referral process and requires a risk assessment to be carried out. Following the completion of the assessment, the Dads' Space 1-2-1 moderator determines the extent of supervision required in the exchange of information, sharing photos and the playing of games. All communication is moderated before it is transmitted or 'supported' which allows free real-time communication that is sampled and post moderated to ensure that the service is being used appropriately. However, while there may be a burgeoning number of 'virtual' resources dedicated to supporting fathers, 'real' parenting support groups that cater specifically to fathers remain thin on the ground. Currently in Scotland, there are less than ten dedicated 'Dads' Groups'.

In addition to this development of resources and centres dedicated to fathering, over recent years, fathering issues have also gained increasing prominence on the policy agenda. This is particularly marked in the United States where, since the election of President Obama, fathering issues have been made a priority. At a Father's Day event on June 21st 2010, President Obama announced the Fathering and Mentoring Initiative, a nationwide effort to support responsible fatherhood and to help reengage absentee fathers in the lives of their children. As part of this, he spoke about the proposed new and expanded Fatherhood, Marriage and Families Innovation Fund which will seek out and support initiatives offering services such as employment training, parenting skills classes, domestic violence prevention, and provide support networks for men, particularly those in vulnerable communities. Following this announcement, US congress has allocated \$75 million (increased from \$50 million) to responsible fathering programming for the 2011 fiscal year.

There is also evidence of the increasing recognition of fathering issues here in the UK. In 2008, Beverley Hughes - the English Minister of State for Children, Young People and Families - stated: "I want to see a revolution in how teachers, midwives, doctors, early years and all children's services staff routinely talk to and provide opportunities for the involvement, not only of mothers, but also fathers from pregnancy and right through childhood and adolescence" (Beverley Hughes, 8 January 2008). There has started to be evidence of this move to place greater importance on and recognition of the role of the father in legislative, regulatory and policy changes that have been made in England. A review of father inclusion by the Department for Children, Schools and Families showed that although fathering issues are still inadequately addressed overall, there has been explicit and consistent recognition of and support for fathers at national 'top level' policy, for example; Green and White papers, policy statements and reviews, and strategy papers. These include; DCSF (2007) 'The Children's Plan: Building Brighter Futures'; DfES (2007) 'Every Parent Matters'; HM Treasury and DfES (2007) 'Aiming High for Children: Supporting Families'. The report also showed there to be good recognition of

fathers and fathering in certain key work force and service delivery documents, for example; EOC (2007) 'Gender Equality Duty and Local Government: Guidance for Public Authorities in England'; Sure Start (2006) 'Sure Start Children's Centres: Practice Guidance'; Sure Start (2006) 'Sure Start Children's Centres: Planning and Performance Management Guidance'; DfES (2004) 'Engaging Fathers: Involving Parents, Raising Achievement'. These outlined legislative changes were all initiatives of the previous Labour government. In the Green paper on the family (2010) published by the Centre for Social Justice - the thinktank set up by former Conservative Party leader Iain Duncan Smith - these changes to family policy are for the most part upheld as laudable however, it is argued that there is a need for greater recognition of inter-parental relationships.

While in England, there is evidence of the beginnings of a growing acknowledgement of fathering issues, in Scotland, they remain comparatively low on the policy agenda. A recent report from Children in Scotland revealed only sporadic engagement with fathers across child and family services in Scotland (Allen and Jones 2010). However, it seems efforts are now underway to give greater prominence to fathering issues. The Scottish Government's Equality Unit has funded a three year project titled 'Making the Gender Equality Duty Real for Children, Young People and their Fathers' which is to be completed in 2011. The aims of this project are to promote the value and importance of involving fathers positively in their children's lives and to challenge stereotypes associated with caring roles.

It is clear that fathering is emerging as an important political and social concern. Changes to policy and practice reflect this growing recognition of the value of engaging men in 'responsible' fathering. The following section goes on to question why problem drug-using fathers have been largely unacknowledged in this emerging discourse.

Why have problem drug-using fathers have been ‘left off the agenda’?

Policy changes and the developing programmes and initiatives are evidence of the increasing prominence being placed on fathering issues across the world and growing recognition of the benefits of involved fathering. However, correspondence with experts involved in fathering work and research in Singapore, Australia, New Zealand, Canada, South Africa, the United States and Scotland, suggests programmes or projects offering specific support for problem drug-using fathers are virtually non-existent. One reported exception was the establishment of a ‘father reorientation programme’ through the Drug Court in Kansas City (United States) which was funded with revenues from the Child Protective Services. As part of this programme, fathers were allowed visitation with their children providing they were participating in drug treatment. However, the long term effectiveness of this programme was never verified as funding ran dry, and this project has since been discontinued.

According to Dr Swartz from the Human Sciences Research Council in South Africa (personal communication), the main reason for the lack of programmes and projects supporting the facilitation of relationships between problem drug-using fathers and their children is the assumed detrimental effect on the children. This assumption has led to the conclusion that for such fathers, presence in the child’s life is not desirable. While the research may show that children who have regular interaction with their fathers are better off (Lamb, Pleck et al. 1987; Amato and Gilbreth 1999), as is generally stipulated in these research papers, the benefits of this father-child contact are conditional on the father being ‘responsible’ (Lamb, Pleck et al. 1987), which is defined by Amato and Gilbreth (1999), as meaning non-abusive and, as Dr Swartz also commented, without drug use problems. Given the catalogue of evidenced negative developmental outcomes for children growing up with a problem drug-using father (Kelleher, Chaffin et al. 1994; Clark, Moss et al. 1997; Moss, Lynch et al. 2002; Fals-Stewart, Kelley et al. 2003; Fals-Stewart, Kelley et al. 2004; Kelley and Fals-Stewart 2004; Brook, Brook et al. 2006; Brook,

Duan et al. 2007), it is perhaps understandable why it is often considered that the advantages of regular father-child interaction specifically exclude fathers with drug use problems. In light of the apparent risks that the children of problem drug-using fathers face through having regular contact with their fathers, one might question why addressing the parenting practices of these men has not been made a priority in the development of policy and practice. The most obvious explanation for this is because these men, for the most part, do not have regular contact with their children. Indeed, in the present study, the main manifestation of the detrimental impact of drugs on fathering was that many of the interviewees had become disengaged and absent as fathers. This absence in itself may also explain why problem drug-using fathers have tended to be unacknowledged by services. The services and programmes working with vulnerable families are often resource limited and as the main priority of their work is child protection, they focus on the people with whom the children have contact with. Corresponding with the data generated by the Advisory Council on the Misuse of Drugs; 'Hidden Harm' document (2003), the findings of this study showed that less than 1 in 5 (around 16%) of problem drug-using fathers lived with their children. Almost 50% of the men interviewed in this study had no contact at all with their children. The picture that emerges of problem drug-using fathers from this and other studies is of elusive men who are largely uninvolved and absent as fathers. As paternal problem drug-use represents one of the few situations in which father absence is considered to be preferable to presence, it is perhaps explains why, given that so many of these men are absent, addressing the parenting of these men has not been prioritised.

The following section goes on to argue that the current lack of recognition of problem drug-using fathers is an oversight in the development of policy and practice initiatives. By failing to address the parenting of these men, we are missing the opportunity to engage them in responsible fathering efforts the benefits of which could potentially extend beyond the fathers and their children.

Why problem drug-using fathers should be acknowledged in the development of initiatives for responsible and involved fathering

Although paternal problem drug-use has consistently been shown to be detrimental to the lives of children, it does not necessarily follow that problem drug-using fathers always have a detrimental effect on their children's lives nor that their absence is preferable to their presence. In the contrary case, while maternal problem drug-use is considered to be equally detrimental, the weight of policy and practice initiatives are to support mothers and to maintain contact where-ever possible. It is arguable that this gendered approach to addressing the parenting of problem drug-users is reflective of the general dominant attitude that assumes mothers 'naturally' care for their children but fathers by and large do not. By considering paternal problem drug-use as a considerable risk factor, in the context of which a father's absence is perceived as being preferable to his presence, one risks 'writing off' problem drug-using fathers as being of no value to their children. It is arguable that this assumption not only feeds into the existing negative stereotypes of this group but also ignores the current and potential parenting of these men. A report from Children in Scotland argues that the overriding need to safeguard the children is one of the most compelling reasons for proactively engaging with fathers (and father figures). It claims that services which fail to engage with, to assess or to consider fathers can not have a complete picture of the circumstances of the children in their care, including any potential risks that they might face. While acknowledging the difficulties of engaging with fathers in separated families, especially when the mother resists the father's involvement, it asserts that if fathers are not engaged by services, their potential to provide positive support and to take an active role in addressing risk factors (e.g. substance abuse, anger management issues) remains unknown and undiminished (Allen and Jones 2010).

By failing to engage with problem drug-using fathers, services are also overlooking the fathering potential of these men. Although the presence of problem drug-using fathers in the lives of their children may be considered detrimental to the children, being absent does not

necessarily prevent them from having an impact on their children's lives. As McMahon and Giannini argue; "while the presence of a substance-abusing father may be associated with specific threats to the well-being of children, the absence of a substance-abusing father may be associated with other, equally dramatic threats" (McMahon and Giannini 2003 : 343). The approach taken in current policy and practice is underpinned by the premise that in the context of paternal problem drug-use, the negative consequences of father absence are preferable to those of father presence. Or in other words, the outcomes for the children of problem drug-using fathers are always going to be poor, but they are less poor when the father is absent than when he is present. The adoption of a damage limitation approach concerned only with the lesser of two negatives fails to consider how problem drug-using fathers might contribute in a positive way. Engaging with these men as fathers in a positive rather than this negative sense has the potential to facilitate socially responsible fathering efforts the benefits of which could extend beyond the father and his child to wider society.

An additional reason for engaging with problem drug-using fathers relates to the psycho-social impact that paternal involvement has on men (Palkovitz 2002). McMahon and Rounsaville (2002) suggest that compromised fathering contributed to by problem drug-use might in turn lead to further drug-use due to the psychological distress men may feel about their failure to fulfill their fathering role. Similarly in the positive sense, McIntosh and McKeganey (2002), found that the rebuilding of relationships with children was a strong spur for problem drug-using parents in their recovery from addiction as these relationships often represented an opportunity to 'grow' a sense of a recovered life without drugs.

There is nascent evidence of benefits to services engaging with problem drug-using fathers. Encouraging these men in their fathering efforts, could be beneficial not only because of the positive contributions that involved and responsible fathering can make to families and society but also in terms of tackling drug problems. The following section goes on to consider how treatment and services

might better cater to problem drug-using fathers by simultaneously addressing their addiction problems and facilitating more responsible parenting.

How services and treatment could better engage with problem drug-using fathers

Throughout this study, drugs were continuously shown to be the greatest obstacle to the interviewees fathering in the way that they reportedly wanted to and felt that they should. While overcoming addiction issues would appear to play a crucial part, the present study suggests three additional ways in which responsible fathering efforts could be better facilitated through the treatment and services available to problem drug-using fathers. These are firstly, through tackling the void between the parenting aspirations and practice of fathers with drug addiction problems. Secondly, by acknowledging the importance of the relationship with the children's mother for the development/continuation of the father-child relationship. Thirdly, by encouraging and enabling problem drug-using fathers to move away from their addict life and view themselves as responsible and self-determining. The implications of each of these in terms of treatment and services are discussed below.

1. Tackling the void between parenting aspiration and parenting practice

The research showed that the interviewees appeared to hold well-developed and considered notions of how they should fulfill their fathering role and also of the kind of father they would like to be to their children. However, the research also showed that there was often a void between the kind of parenting that the men said that they either wanted or felt that they ought to be doing and the parenting that they reported to be currently doing. The men for whom there was the greatest discrepancy between reported parenting aspirations and practice were those who had the most significant drug problems (see Chapter 7: "I loved my weans but I just wasn't capable of looking after them": The impact of problem drug-use on

fathering’). For the men who were ‘drug free’ or in some cases, those who were controlled in their drug use, there was less apparent distance between reported aspiration and practice. This distance appeared to be lessened by two factors. Firstly, by comparison to the fathers with the most extreme drug problems, these men were more likely to have reported that they were actively fathering through having regular contact with their children. Secondly, possibly as a result of this involvement in their children’s lives, the parenting aspirations outlined by these men appeared to be more practical and specific, and arguably more achievable than the more general and prescriptive aspirations of the men who had the most extreme drug problems and little or no contact with their children. This suggests that the more severe a father’s drug problems are, the more unlikely it is that they will be able to succeed in fulfilling the fathering roles that they aspire to. Recognition of this failure to achieve parenting aspirations may contribute to feelings of paternal worthlessness and the belief that their children may be ‘better off without them’. Several of the interviewees considered that believing that their children were ‘better off without them’, had led to them to further disengage themselves from their children and cut themselves out of their lives. This deliberate disengagement, borne out of a sense of parental failure and worthlessness may have had negative repercussions for both the father and his children. In addition to the potential negative outcomes that the children face as a result of growing up with little or no paternal contact (Amato and Gilbreth 1999; Sigle-Rushton and McLanahan 2004), there is also a risk that the children might view their father’s self-imposed separation not as an act of sacrifice on his part but as his rejection of them. It has been argued that children (particularly girls) often interpret their non-resident fathers dis-engagement egocentrically and see it as being due to short-comings on their part (Kalter 1987). Likewise, children may also interpret their father’s success or failure to overcome drug problems that represent the ‘barrier’ to his involvement in their lives as a reflection of love (or lack of) for them (Barnard 2007). For the men, a sense of paternal failure, exacerbated through disengagement

from children, has the potential to lead to psychological distress and increased drug taking. Collins and her colleagues (2003) argue involvement with their children is a positive force for problem drug-users as their data showed that parents who were more highly involved with their children had less psychological distress and lower addiction severity. In the 'Hidden Harm' document, statistical accounting found high levels of risk taking associated with people who did not have care of their children, a high proportion of whom had had their children removed from their care (Advisory Council on the Misuse of Drugs 2003). Furthermore, a study of mothers in drug treatment showed that the feelings of guilt and shame that these women had in relation to their children and their perception of themselves as failing parents were considered to be barriers to successful participation in treatment (Ehrmin 2001). On a similar note, McMahon and his colleagues found that among fathers in methadone maintenance treatment, perceptions of failure as a parent were closely associated with chronic problem drug-use (McMahon, Winkel et al. 2008). The relationship between problem drug-use and fathering is clearly complex, and seems on the evidence to be highly influenced by the father's perceptions of his successes or failures at managing both.

Implications for treatment and services

Given these findings, it would seem that treatment which addresses fathering issues alongside tackling addiction issues would be most beneficial for problem drug-using fathers. At the point of writing however, there are no Scottish programs or groups that specifically address fathering issues for problem drug-using men. Existing parental support for problem drug-users tends to be mother focussed and while they do not explicitly exclude fathers, they are mainly aimed at resident and primary care-giving parents who, as the findings of this and other studies show are most likely to be mothers (Advisory Council on the Misuse of Drugs 2003). This is not just the case for problem drug-using fathers, as has been noted above, there is

currently very little in the way of specific fathering support in Scotland in general.

Research carried out by The Fatherhood Institute (2007) has outlined some of the benefits resulting from fathers' participation in parenting programmes. Positive changes as a result of parenting education have been noted in fathers' communication skills, their sensitivity to babies' cues, parenting attitudes, knowledge of child development, acceptance of the child, confidence, satisfaction and self-efficacy as parents, self-perception and self-esteem, parenting stress, positive emotionality towards their children, and commitment to parenting. Additionally, some fathers have also used parenting support as a route into education, training and employment. Benefits accruing to the children of fathers participating in parenting education include improvements to the father-child relationship in terms of both quantity and quality, less intrusiveness from the father, and a reduced likelihood of him inflicting physical punishment. Furthermore, these children exhibit healthier behaviours, better school-readiness and improved self-perception.

The benefits of parenting support groups for parents (although predominantly mothers) on methadone maintenance programmes have also been acknowledged for some time, see for example; (Greif and Drechsler 1993). In the United States, Catalano and his colleagues (1999) completed a one-year follow-up study comparing the outcomes for families where parents were receiving only methadone treatment and those on methadone who also took part in family training as part of the Focus on Families project. The findings of the study showed more effects on parents' skills, rule setting, domestic conflict, and drug use in the group which also received family training. Much of the focus of the family training was on building the family management and family involvement skills of the parents and a large part of this involved reinforcing reduced drug use as the most important change parents could make to improve family life.

As problem drug-use is frequently implicated in the abuse and neglect of children (Advisory Council on the Misuse of Drugs 2003), it is hardly surprising that the children of problem drug-users, in particular

problem drug-using fathers are often subject to care proceedings (McMahon and Giannini 2003). In England, the recently piloted Family Drug and Alcohol Court (FDAC) has shown promising results. Based on the American model, this court based family intervention uses a multi-disciplinary approach and aims to improve children's outcomes in cases where problem drug or alcohol use is the key element in the local authority decision to bring about care proceedings. One of the specific focuses of FDAC is to help problem drug and/or alcohol using parents to engage (and stay engaged) with parenting programmes. As part of this, parent-mentoring, in the form of help from non-professionals who act as positive role models based on their own life experiences, was trialled in the FDAC pilot. While the small number of mentors meant that there was insufficient information to draw any conclusions on how parent-mentoring made a difference to the outcomes for children, the anecdotal evidence of its benefits was compelling. The small-scale pilot study in inner London showed that by comparison to parents involved in the usual care-proceedings, those in the FDAC pilot were more likely to be engaged in problem drug and/or alcohol use services and for longer periods of time and furthermore were more likely to have reduced or stopped using either drugs or alcohol. The parents involved in the FDAC pilot were also more likely to be reunited with their children than those in the comparison group (Harwin, Ryan et al. May 2011).

The evidence suggests that attending to family and parenting issues may play a critical role for parents in drug treatment and that family programmes are an important adjunct to treatment programmes facilitating a reduction in parental drug use. However, programmes aimed at involving parents in their children's development and education often either overlook fathers or fail to engage with them (Cullen, Cullen et al. 2011). Recent research into the engagement of fathers in parenting education by the Fatherhood Institute (2007) outlines a number of suggestions for effective father-inclusive parenting programmes. Those thought to be particularly relevant to work with non-resident, problem drug-using fathers employ one-on-one interventions rather than following a group format. More

generally, they argue that services should adopt a strengths-based approach which supports the father's capabilities rather than treating him as an object of concern. They should also address couple-relationship issues and gender roles (this is discussed at greater length later in this chapter). Furthermore, the fathers' needs, including their mental health should be routinely assessed. Fathers should be consulted about their goals for participation in the intervention and the curriculum should be tailored accordingly. A 'space' to address loss (e.g. of children/step-children/miscarriage) should be identified and provided and finally sessions should be provided at flexible times and in appropriate environments.

Parenting and fathering groups have been shown to be beneficial in a number of contexts and in particular in the context of problem drug-use (Greif and Drechsler 1993; Catalano, Gainey et al. 1999). Including fathering programmes as an adjunct to drug treatment services could facilitate simultaneous improvements in both parenting practice and the overcoming of drug addiction problems. Next, the relationship that problem drug-using fathers have with the mother of their children and its implications will be considered.

2. Acknowledging the importance of the relationship with the children's mother

The quality of the relationship that the interviewees had with the mother of their children was repeatedly emphasised in the present study as one of the most significant factors in the relationships that the interviewees had with their children. In addition to having implications for the father's relationship with his children, the success or failure of this co-parental relationship also appeared to be inter-related with periods of greater or lesser stability in the men's drug use and their lives in general. The data suggested that where the relationship with the children's mother was good, the men were more likely to have regular contact with their children, more likely to be either drug-free or using drugs in a controlled way, and more likely to be employed. Where the relationship with the children's mother was bad or non-existent, the men were more likely to be involved in more

chaotic drug taking, and more likely to experience periods of homelessness, unemployment, decreased or loss of contact with children, and incarceration.² This section considers the significance of the men's relationships with the mothers of their children and argues that it should be addressed as part of treatment offered to problem drug using fathers.

The study has shown that for the fathers who did not live with their children (n=42), contact with their children was largely determined by whether or not they were on reasonable terms with their children's mother (or in the few cases where children were living with neither parent [n=7], the children's carer). Of the men who had either irregular or no contact at all with their children (n=25), just over half (n=13) reportedly considered that this relationship was being obstructed by the mother of their children. As has been shown in both the literature and the interview findings, relationships where one of the couple is a problem drug-user are often characterised by instability and tend to be problematic. Of the 50 interviewees, most (n=45) reported that they had had a sustained relationship with the mother of their children, however, over the course of the men's drug careers, the majority of these relationships had broken-down and only 7 reported being 'together' with the mother of their children at the time of the interview. When the men spoke about the relationships that they had had with their children's mothers they typically described them as being volatile with drug use being a continuing source of tension. These findings are substantiated by other studies that show that couples where one partner has drug use problems usually have extensive relationship problems as well. These include, high levels of relationship dissatisfaction, instability (i.e. partners taking significant steps towards separation or divorce), high prevalence and frequency of verbal and physical aggression, significant sexual problems, and often significant levels of psychological distress in both partners and other family members such

² One must bear in mind that the data in this study reflects only the perspectives of the fathers and those of the mothers and their children are not reflected in this work.

as children (Fals-Stewart, Birchler et al. 1995; O'Farrell, Choquette et al. 1997; Fals-Stewart, Birchler et al. 1999; Kelley and Fals-Stewart 2002; Moore, Easton et al. 2011). This relationship between problematic drug use and couple and family interaction is complex. As Fals-Stewart et al. (2009) state:

“Thus, the association between substance use and relationship problems does not evolve from a unidirectional causality, but rather each can serve as a precursor to the other, creating a ‘vicious cycle’ from which couples that include a partner who abuses drugs or alcohol often have difficulty escaping.”

(Fals-Stewart, Lam et al. 2009 : 118)

Given the association between problem drug-use and relationship disharmony, it would seem that breaking this ‘vicious cycle’ is essential in the recovery from drug addiction and an important treatment issue.

Implications for treatment and services

This study found a strong interrelationship between problem drug-use and family interaction, on the basis of this, it is suggested that interventions which go beyond the drug user themselves, to address the relationships that they have with the people who are significant in their lives would be most effective. The importance of the co-parental relationship has been emphasised by a number of initiatives seeking to improve non-resident father’s relationships with their children (Hanks and Smith 2005; Strengthening Fragile Families Training Institute 2006, November). Interviews with staff from the Glasgow Addiction Services, suggest that, co-parental relationships are only addressed by drug workers when it is intimated to them (by the client) that this relationship is problematic. With regards to fathers, this tends to be men who have either irregular or no contact with their children. When presented with such a client, the assigned drug worker typically explores re-establishing contact as one of the

client's goals³. Those who show interest in re-establishing contact are advised to write letters to their children and the mother of their children. Or in cases where contact is not accepted by the children's mother, they might encourage the man to get a lawyer. According to one of the drug workers interviewed, the main problem with this current practice, is that the extent of the help that a man might receive in his attempts to re-gain contact with his children is; "only as good as the drug worker". Some may make the effort to help the man re-establish contact, while others may not. Furthermore it is at the drug workers discretion as to whether the man is capable of presenting himself as a responsible father to his children. Over the past thirty years, studies have consistently shown that married or cohabiting couples with drug use problems receiving treatment which includes Behavioural Couples Therapy as opposed to traditional more individual-based counselling, report significantly greater (i) reductions in problem drug-use, (ii) relationship satisfaction, and (iii) greater improvements in other areas of family adjustment (for example, reductions in inter-partner violence and improvements in the adjustment of any children resident in the household) (Fals-Stewart, Lam et al. 2009). Research carried out with resident, problem drug-using fathers also suggests that interventions that reduce paternal drug use and improve couple functioning may also reduce internalising and externalising symptoms for the children they live with (Kelley and Fals-Stewart 2008). Children living in the same households as adult couples who are receiving treatment that includes Behavioural Couples Therapy show improved psycho-social adjustment, which suggests that even though children are not directly treated, they may benefit from a 'trickle-down' effect i.e., that improved methods of interacting learned through couples therapy permeate the entire family system (Fals-Stewart, Lam et al. 2009).

³ It is interesting to note that where it is taken as 'read' that a mother will 'naturally' want to have contact with her children (even in cases where her drug using behaviour has led to their removal from her care) the same is not necessarily assumed of fathers.

Given how important the relationship between a father and the mother of his children is, not only to the success of the father-child relationship but to the of stability of life and drug usage, it would be of benefit if this particular relationship was routinely addressed as part of treatment for problem drug-using fathers. However, it ought to be noted here that a 'risk-assessment' would have to feature as part of any interventions aimed at addressing these relationships and that in situations where contact with ex-partners and children may be considered to raise safety issues, these should absolutely be respected and prioritised. Based on the findings of a recent study on intimate partner violence among fathers with (opioid) drug problems (Moore, Easton et al. 2011), it was the researchers recommendation that clinicians pursuing family oriented interventions with opioid dependent men do so acknowledging that, even when men are not living with a current or former sexual partner, there is a substantial risk for physical, psychological, and sexual aggression with the potential for physical injury, particularly when men share care of a child. However, while the serious safety issues involved in re-engaging problem drug-using fathers with their families can and should not be underestimated, they do not necessarily rule out contact altogether. Rather, as McMahon and Rounsaville (2002) suggest, what should be considered are creative interventions designed to address the needs of fathers, mothers, and children. One such avenue through which 'safe' contact could be promoted would be on-line. As was mentioned earlier, the domestic violence charity Respect have created a virtual father-child contact space called Dad's Space 1-2-1 <http://www.respect.uk.net/pages/dads-space.html> where contact between fathers and their children is moderated to ensure the children's safety.

In addition to safe-guarding against any safety issues which re-engaging fathers in the lives of their children (and families) may raise, there is also the basic question of whether or not the fathers presence is desired. As such, consultation with all family members (especially children) is important to ensure that they actually want a relationship or contact with their father.

3. Enabling fathers to 'take responsibility'

Control, or lack of control, was a theme which ran through the research findings. Control over drug use meant the difference between periods of relative chaos or stability in the men's lives. The relationship between drug use and the other factors in the men's lives has been discussed at length throughout these chapters: While the men were either drug free or controlling their drug use, they were more likely to be in contact with their children and/or living in the family home and also more likely to be employed. However, increasingly uncontrolled drug use corresponded with a 'downward spiral' which often featured the men being expelled from the family home, having less regular contact or losing contact with their children, being unemployed, having legal problems, and becoming homeless. In terms of parenting, the data suggested that it was only in the situations where drug addiction was controlled (i.e., either through being drug-free or in a few select cases, using drugs in a highly controlled and stable way) that the men were capable of and in a position to be 'responsible fathers' and parent their children in the ways they reported wanting to and feeling they should. By contrast, the men who did not have control over their drug taking, typically had little or no contact with their children and many reported feelings of helplessness and despondency, speaking about the future of their relationship with their children in pessimistic terms. It was found that most of the interviewees ascribed to a traditional 'bread-winning' model of paternity, and their interpretations of 'responsible fathering' generally featured three elements; (i) maintaining regular contact with their children, (ii) providing economic support, (iii) being a positive role-model for their children. The data suggested that success in achieving all three of these elements of 'responsible fathering' was largely contingent on the men having control over their drug use and hence their lives in general. The interviewees who were most likely to be parenting in this way were those who had gained control over their drug addiction and were seeking to establish a non-addict life and identity. The importance of constructing a non-addict

identity and life in the recovery from drug addiction has been written about at length (Waldorf 1983; Biernacki 1986; McIntosh and McKeganey 2002). It is thought that over time, fear of losing everything they have achieved through the creation of this new non-addict life and identity acts as an effective barrier against relapse (Waldorf 1983; Biernacki 1986; Klingeman 1992). For the interviewees, perceptions of how a non-addict life could be established tended to include; gaining employment; addressing housing situation problems; resolving any outstanding legal issues and generally 'keeping out of trouble'. In many respects, these 'building blocks' of a non-drug-using life could equally be regarded as 'building blocks' in fulfilling the interviewees' criteria for responsible fathering. For example, while employment might aid the recovering drug user by giving him an escape from his previous life, an investment in the future, and an alternative identity (McIntosh and McKeganey 2002), it also offers the opportunity to provide financially for children. Likewise, by not taking part in illegal activities, the recovering drug user can distance himself from his previous life and as a father, can avoid the risks of becoming absent through incarceration and thereby presenting a negative role model for his children. It would seem therefore, that for problem drug-using fathers, the creation of a non-addict life is especially valuable as in addition to satisfying what has been identified as a serious need for a more stable identity (McIntosh and McKeganey 2002), it has the potential to fulfill the dual functions of drug use prevention and the facilitation of more responsible fathering efforts.

Implications for treatment and services

As has been suggested above, the creation of a non-addict life has the potential to facilitate both the recovery from drug addiction and the fulfillment of responsible fathering. There are two main implications here for drug treatment services. The first relates to the approach taken by the drug treatment services and the father regarding the treatment of his addiction problems. Based on the research findings, it is suggested that these drug treatment services which emphasise

taking responsibility and gaining control of one's life in general also facilitate the creation of a non-addict life and identity. The helplessness that many of the men described feeling in relation to improving their fathering situation might be improved by taking a proactive approach in their recovery. In 2008, the Scottish Government published the 'Road to Recovery' document in which they outlined the new approach to tackling Scotland's drug problem (Scottish Government 2008). Central to this new approach is the emphasis it places on 'recovery' moving away from the 'harm reduction' approach. Drawing on the findings of the Scottish Advisory Committee on Drug Misuse (SACDM) 'Reducing Harm, Promoting Recovery' report (Scottish Advisory Committee on Drug Misuse: Methadone Project Group 2007), the lack of treatment options allowing problem drug-users to become drug-free was recognised. As such, there has been a shift in the government's policy regarding the prescribing of methadone with a greater recognition of and emphasis being placed on the non-medical side of recovery (Scottish Advisory Committee on Drug Misuse: Integrated Care Project Group 2008). Currently in Scotland, there are a number of different drug treatment options available, and it is well beyond the scope of this piece of work to comment on the efficacy of each of these various treatments. However, what the data produced in this study did clearly show was that it was the fathers who were completely abstinent who were most likely to be actively fathering in a responsible way. Although being abstinent may best enable problem drug-using fathers to fulfill their parenting role, this does not necessarily rule out methadone or other prescribed substitute drugs as a treatment option. However, what it does suggest is that problem drug-using fathers would benefit most from a drug treatment where the main goal is abstinence and not maintenance.

In a recent article, Neale and colleagues (2011) consider Erving Goffman's dramaturgy work, suggesting that by focussing on the performative aspects of self-hood and the situational nature of identity, may provide recovering problem drug-users with ways of working on their identity that do not focus entirely on abstinence. For

problem drug-using fathers, this could potentially involve cultivating a successful gender-role identity. In-line with the Scottish Governments new recovery agenda (Scottish Government 2008), the findings of this study suggest that the second way in which services could enable problem drug-using fathers to re-build a non-addict identity and fulfill their parenting role is by providing them with routes to employment. The benefits of engaging recovering drug users in employment are widely acknowledged (Scottish Executive 2001; McIntosh and McKeganey 2002), and the importance of seeking to improve the quality, availability and stability of employment for low income non-resident fathers has also been recognised (Fatherhood Institute 2007). It has been asserted that when these men are in employment, they are more likely to see their children and to pay support and the quality of the relationships that they subsequently have with their children are also thought to be better (Mincy and Pouncy 2002). Throughout this study, the interviewees repeatedly framed their 'proper' role as fathers as that of the provider. Indeed for many, it was part of the 'package' (Townsend 2002) required to properly fulfill the fathering role. However, although the male breadwinner role appears to still be potent, and research suggests particularly salient amongst working-class fathers in their identity as family men (Fatherhood Institute 2007), this emphasis on the father as breadwinner has diminished in UK policy regarding parenting and fathering. Over recent years in the UK, changes to government policy have reflected a move away from 'traditional' expectation of the father as a bread-winner (Gillies 2009). Since the election of the labour government in 1997, government policies relating to fathering have seen a shift from the previous administration's initiatives to ensure that fathers were supporting their children financially to a more social-democratic approach aimed at facilitating 'involved' fathering (Gillies 2009). This 'new' fathering policy has addressed two issues; firstly it has aimed to increase the amount of time fathers spend with their children by improving the work-life balance through the availability of greater flexibility in the work place (Collier 2003), and secondly, it has tried to promote strong and positive relationships

between fathers and their children by ensuring that fathers can access help and advice to assist them in this (Gillies 2009). Following the election of the coalition government in 2010 the 'involved' fathering legacy of the previous government has been continued with legislative moves to increase paternity leave. Nonetheless, there has been a noticeable shift in the new government's approach to family policy. The most significant change has been the dramatic scaling back of child tax credits. According to Deputy Prime Minister Nick Clegg, this move is part of the new government's approach to empowering individuals, making them less dependent on the state and creating "independent but supported families". However, it is too early yet to foresee how this 'shift' in UK family policy might impact on fathers and whether we will see a re-emphasis on provision as part of a father's role.

While the 'bread-winning' role may be politically 'out of vogue', it is nonetheless recognised as an important feature of many men's identity as fathers (including the majority of those interviewed for this study). With regards to recovery from drug addiction problems, employment has been acknowledged as playing a vital role in rebuilding a non-addict identity and life. It is arguable, that treatment that encourages ownership and 'taking responsibility', and as part of this provides routes to employment, would be of particular benefit to problem drug-using fathers as it would give them the opportunity to restore their identity as both a recovering drug addict and a father.

Conclusion

The present study has been concerned with the experiences of problem drug-using fathers. While the findings are based on a small sample of these men, they leave little doubt as to the destructive effect of drugs on men's parenting potential. The fathering of this group can best be characterised as disengaged and absent, both literally and metaphorically. However, the disengagement of these men from their children's lives would appear to be more to do with them being impeded as fathers rather than disinterested. Working with this group to overcome the obstacles that restrict their fathering

efforts has the potential to be beneficial not only in terms of improving the quality of the men's fathering but also in terms of tackling their drug addiction problems and re-engaging them into a non-drug-using world. Arguing the benefits of engaging with these fathers in the hope they will become better, more involved and responsible fathers to their children, challenges current practice which is underpinned by the belief that as far as problem drug-users are concerned, father absence is ultimately preferable to father presence. The present study along with others provides some evidence to the contrary. Advocating the restoration of father-child relationships does not deny that children are almost certainly better off and safer living separately rather than in the same household as a problem drug-using father. Furthermore, the restoration of paternal relationships in this context should be considered first and foremost in light of the safety and the wishes of the children involved and prioritised very much as secondary to these. However, that said, engaging with these men as fathers and addressing their parenting issues whilst treating their drug addiction problems could potentially facilitate better, more responsible, involved, and perhaps most importantly drug-free fathering. What is being proposed here has important resource implications and some may dismiss it as idealistic. However, the costs of not engaging with problem drug-using fathers may be infinitely higher. Those standing to gain or lose the most are the children growing up with problem drug-using fathers.

Limitations and future work

This research project set out to find out more about a group of fathers about whom very little is known. It was a small scale, qualitative study that explored the fathering perspectives and experiences of a group of Glasgow based men who were (or had been) problem drug-users. The focus of the study was the men and their narratives and as such, it gives 'voice' to fathers who have previously been largely absent in the problem drug-use and parenting research. However, there are limitations of this project which need to be acknowledged.

The first limitation relates to the representativeness of the sample. As a time and resource limited project, only a small sample of fathers were recruited in a single city. As was discussed in the methodology chapter, in order to be as representative as possible, efforts were made to recruit participants from across the spectrum of problem drug-use and from a range of organisations. Nonetheless, it remains the case that it was a small sample and one which reflects the distinctive problem drug-using culture of Glasgow. As such, the vast majority of the men interviewed were or had been heroin users. Furthermore, the sample was almost entirely made-up of white-Scottish men a large number of whom were also native Glaswegians. Research has shown that the experiences of problem drug-users and the psychosocial issues they face vary between sub-groups where different drugs are used and the routes of administration of the drugs differ (Kuramoto, Bohnert et al. 2011). There is also evidence suggesting that the experiences of children living with addict fathers may differ depending on the substance (i.e, drugs or alcohol) with which he has a problem (Fals-Stewart, Kelley et al. 2004). It ought therefore to be acknowledged that the fathers in this study, their drug behavior and their perspectives on fatherhood may not be applicable to those in other cities with a different and/or more diverse problem drug-using population and where the problem drug-using culture may also be different (for example, areas where crack-cocaine or methamphetamine use is endemic).

Secondly, as this work set out to explore the perspectives and experiences of fathers, one must bear in mind that the findings discussed here represent just one-side of the story. Other research suggests that these men's children, their children's mothers/ carers, and other family members would have had different perspectives and would probably have told a different story (Caspi, Taylor et al. 2001; Coley and Morris 2002; Frank, Brown et al. 2002; Pasley and Braver 2004). That is not to say that these men's narratives are any less 'valid' than other family members, indeed there is some evidence that the report of disenfranchised fathers may, contrary to expectations, be the most reliable, most valid source of information about their parenting (Caspi, Taylor et al. 2001; Hernandez and Coley 2007). However, one must acknowledge that they are nonetheless only one version of events and situations and that there are other versions of the same events and situations. It was beyond the scope of this project to carry out interviews with children, partners, and carers and given the paucity of information on drug using fathers, this limitation was deliberate and necessary.

It is from these two limitations to the research project discussed above that two interesting areas of potential future research stem. The first of these would involve comparative studies in which the situations and experiences of predominantly heroin drug-using fathers are compared with fathers who are addicted to other substances. This could involve comparisons with fathers from other problem drug-using populations where other illicit drugs, such as crack-cocaine or methamphetamine, are most prevalent. It would however also be interesting to carry out comparative research with fathers who are addicted to legitimate substances, in particular alcohol. The comparison between the experiences of fathers who are problem drug-users and fathers who are alcoholics would be particularly salient given the extent of Scotland's alcohol problem. By comparison to the estimated 50,000-60,000 children growing up with problem drug-using parents (Advisory Council on the Misuse of Drugs 2003) there are potentially 100,000 children with parents who have alcohol problems (Harwin, Madge et al. 2009).

A second area of potential future research would involve studies which capture the perspectives not only of the fathers but of all concerned-fathers, mothers, carers, and children. As stated above, the purpose of this study was to explore the unique perspective of problem drug-using fathers who in the past, largely due to their absence from family life, have featured very little in the problem drug-use and parenting literature. However, having now gained some insight into the lives and experiences of these men, it would be beneficial to consider the impact of paternal problem drug-use on family life more holistically. Including the perspectives of both parents (and also the children) would allow for greater understanding of how family relationships are co-constructed and shed light on how this is linked with other aspects of family process (Hohmann-Marriott 2011). Such 360 degree insight would be particularly important for informing policy and practice and essential in the development of any programmes or services aimed at engaging with problem drug-using fathers.

Appendix 1

INTERVIEW SCHEDULE

1) EASING IN

- Background on children; names, ages, where they live.

2) BECOMING A DAD

- Involvement in naming the child.
- At what stage did he find out about the baby; was it planned.
- Situation at time of becoming father; drug status, relationship with the mother of his children.
- How becoming a father affected him.

3) FAMILIES

- The relationship with the children's mother; length of relationship, nature of current relationship, how he feels and felt about relationship, how it impacted on his role as a father.
- Contact with own family; regularity of contact, their contact with his children, nature of relationship with family growing up, drugs.

4) BONUSES AND HASSLES

- Ideal father; how he rates himself as a father.
- Pros and cons of fatherhood.
- Involvement with child/ social services.
- How being father impacted on lifestyle.

5) INVOLVEMENT

- Last contact with children (details)

- **Christmas; where were the children, what did he buy them, what did they give him.**
- **Contact with school.**
- **Routines.**
- **Legal arrangements for contact with children.**

6) ROLE CONFLICT

- **Drugs in front of children; things that children didn't see, things that children may have seen, how he was when he was on drugs in front of children, how he was when he needed drugs.**
- **Changing relationship with drugs and effect on children; how children cope with and understand changes, talking about drugs with children, embarrassing children, shame.**

7) WRAPPING UP

- **Future relationship with children; hopes, fears, ideal.**
- **More children.**

Appendix 2

INFORMATION SHEET

This is a study about drug use and fatherhood. In this interview I would like you to tell me about what it is like to be a father when you are, or have been a drug user.

I would like to ask you a bit about your relationship with your child/children and a bit about your drug use.

The interview will last for approximately 1 hour. I would like to tape record it but you can say if you would prefer me not to. Later, when I am writing the project I might include some of the things you tell me but don't worry, I won't use your name or any personal details.

- This interview has **nothing** to do with police or social services.
- The information that you give me will be used **only** for this research project.
- Your co-operation is **entirely voluntary**.
- You can choose **not** to answer any questions you are unhappy with.
- Any details you provide me with will be treated as **confidential** unless I have grave concerns about the welfare of a child, yourself or someone else which no-one knows about. You should understand that if as a result of anything you tell me, I become worried about someone's safety I am obliged to pass all information to the relevant authorities, I will however discuss this with you first.

If, after the interview, you wish to discuss any part of it, change anything you said, or withdraw from the study, you can contact me by telephone at: 0141-330-8267 or else you can email me: M.Taylor.1@research.gla.ac.uk

If you were unhappy with any part of the study and would like to talk to someone else about it, please contact Prof. Marina Barnard at: 0141-330-0869.

Appendix 3

CONSENT FORM

- I confirm that I have read and understood the information sheet for the study and have had the opportunity to ask questions.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected.
- I agree to take part in the study.
- I agree to have the interview tape-recorded.
- I give my permission for this interview to be included in the Problem Drug-Use and Fatherhood project.

NAME:

SIGNATURE:

DATE:

Appendix 4

INTERVIEWEE PROFILE NOTES

INTERVIEW NUMBER			
LOCATION OF INTERVIEW			
NAME			
AGE			
DRUG STATUS			
NUMBER OF CHILDREN			
NAMES, AGES, AND MOTHERS OF CHILDREN			
CONTACT WITH CHILDREN			
LIVING SITUATION OF CHILDREN			
DRUG STATUS OF MOTHER OF CHILDREN			
RELATIONSHIP HISTORY			
LIVING SITUATION			
EMPLOYMENT			
ADDICT RELATIVES			
LEGAL STATUS			
ADDITIONAL NOTES			

Bibliography

- Advisory Council on the Misuse of Drugs (2003). Hidden Harm - Responding to the Needs of Children of Problem Drug Users. London, Home Office.
- Agar, M. (1973). Ripping and running: A formal ethnography of urban heroin addicts. New York, Seminar Press.
- Allen, K. and K. Jones (2010). Breaking down stereo-types and engaging fathers in services for children and families. Children in Scotland.
- Amato, P. (1998). More than money?: Men's contributions to their children's lives. Men in families: When do they get involved? What difference does it make? A. Booth and N. Crouter. Mahwah, NJ, Erlbaum: 241-278.
- Amato, P. and J. Gilbreth (1999). "Nonresident fathers and children's well-being: A meta-analysis." Journal of Marriage and the Family 61(3): 557-573.
- Amato, P. and J. Sobolewski (2004). The effects of divorce on father's children: Non-residential fathers and stepfathers. The role of the father in child development. M. E. Lamb. Hoboken, NJ, Wiley: 341-367.
- Amato, P. R. and S. J. Rezac (1994). "Contact with Non Resident Parents, Interparental Conflict, and Children's Behavior." Journal of Family Issues 15(2): 191-207.
- Anderson, E. (1993). Sex Codes and Family Life. Young Unwed Fathers: Changing Roles and Emerging Policies. R. I. Lerman and T. J. Ooms. Philadelphia, Temple University Press.
- Anderson, E., J. K. Kohler, et al. (2005). "Predictors of depression among low-income, non-residential fathers." Journal of Family Issues 26: 547-567.
- Andrews, J. A., H. Hops, et al. (1997). "Adolescent modelling of parent substance misuse: the moderating effect of the relationship with the parent." Journal of Family Psychology 11: 259-270.
- Anglin, M. D., Y.-I. Hser, et al. (2001). Drug treatment careers: Conceptual overview and clinical, research, and policy implications. Relapse and recovery in addictions. F. Tims, C. Leukefeld and J. Platt. New Haven, CT, Yale University Press: 18-39.
- Anglin, M. D., Y. I. Hser, et al. (1997). "Drug addiction and treatment careers among clients in the Drug Abuse Treatment Outcome Study (DATOS)." Psychology of Addictive Behaviors 11(4): 308-323.
- Arditti, J. A., J. Lambert-Shute, et al. (2003). "Saturday morning at the jail: Implications of incarceration for families and children." Family Relations 52: 195-204.
- Arditti, J. A., S. A. Smock, et al. (2005). "'It's been hard to be a father": A qualitative exploration of incarcerated fatherhood." Fathering 3: 159-173.
- Arendell, T. (1997). "Reflections on the researcher-researched relationship: A woman interviewing men." Qualitative Sociology 20(3): 341-368.

- Armato, M. and W. Marsiglio (1998, August). Godly men at home: Promise Keepers' father identity. Society for the Study of Social Problems Conference. San Francisco.
- Atkinson, J. S., I. D. Montoya, et al. (2000). "Labor force participation in a sample of substance users." American Journal of Drug and Alcohol Abuse 26(3): 355-367.
- Bachman, J. G. and P. M. O'Malley (1977). "Self-esteem in young men: A longitudinal analysis of the impact of educational and occupational attainment." Journal of Personal and Social Psychology 35: 365-380.
- Backett-Milburn, K., S. Wilson, et al. (2008). "Challenging childhoods: Young people's accounts of 'getting by' in families with substance use problems." Childhood 15(4): 461-479.
- Bancroft, A., S. Wilson, et al. (2004). Parental drug and alcohol misuse: Resilience and transition among young people, Joseph Rowntree Foundation.
- Bantchevska, D., S. Bartle-Haring, et al. (2008). "Problem Behaviors of Homeless Youth: A Social Capital Perspective." Journal of Human Ecology 23(4): 285-293.
- Barnard, M. (2003). "Between a rock and a hard place: the role of relatives in protecting children from the effects of parental drug problems." Child and Family Social Work 8: 291-299.
- Barnard, M. (2005). "Discomforting research: Colliding moralities and looking for 'truth' in a study of paternal drug problems." Sociology of Health and Illness 27(1): 1-19.
- Barnard, M. (2007). Drug Addiction and Families. London, Jessica Kingsley Publishers.
- Barnard, M. and J. Barlow (2003). "Discovering Parental Drug Dependence: Silence and Disclosure." Children and Society 17: 45-56.
- Barnard, M. and N. McKeganey (2004). "The impact of parental problem drug use on children: what is the problem and what can be done to help?" Addiction 99: 552-559.
- Bauman, P. S. and S. A. Levine (1986). "The development of children of drug addicts." International Journal of the Addictions 21: 849-863.
- Bays, J. (1990). "Substance abuse and child abuse. Impact of addiction on the child." Pediatric Clinics of North America 37: 881-904.
- Becker, H. (1963). Outsiders: Studies in the sociology of deviance. New York, Free Press of Glencoe, MacMillan.
- Becker, H. (1967). "History, culture and subjective experience: An exploration of the social bases of drug-induced experiences." Journal of Health and Social Behavior 8(3): 163-176.
- Beeman, S. K., H. Kim, et al. (2000). "Factors affecting placement of children in kinship and nonkinship foster care." Children and Youth Services Review 22: 37-54.
- Berrick, J. D. (1998). "When Children Cannot Remain Home: Foster Family Care and Kinship Care." The Future of Children 8(1, Protecting Children from Abuse and Neglect (Spring 1998)): 72-87.
- Berrick, J. D., R. P. Barth, et al. (1994). "A Comparison of Kinship Foster Homes and Foster Family Homes - Implications for

- kinship foster-care as family preservation." Children and Youth Services Review **16**(1-2): 33-63.
- Berrick, J. D., B. Needell, et al. (1995). Kinship care in California: An empirically based curriculum. Berkeley, California Welfare Research Center.
- Best, D., V. Manning, et al. (2007). "Retrospective recall of heroin initiation and the impact on peer networks." Addiction Research and Theory **15**(4): 397-410.
- Biernacki, P. (1986). Pathways from Heroin Addiction; Recovery Without Treatment. Philadelphia, Temple University Press.
- Blackson, T., T. Butler, et al. (1999). "Individual traits and family contexts predict sons' externalising behavior and preliminary relative risk ratios for conduct disorder and substance use disorder outcomes." Drug and Alcohol Dependence **56**: 115-131.
- Blackson, T. C., R. E. Tarter, et al. (1996). "The influence of paternal substance abuse and difficult temperament in fathers and sons on sons' disengagement from family to deviant peers." Journal of Youth and Adolescence **25**: 389-411.
- Bourdieu, P. (1995). Towards a Theory of Practice. Cambridge, Cambridge University Press.
- Bourgois, P. (1995). In search of respect: Selling crack in El Barrio. New York, Cambridge University Press.
- Bourgois, P. (1998). "'Just another night in the shooting gallery'." Theory, Culture and Society **15**(2): 37-66.
- Brannen, J. and A. Nilsen (2006). "From Fatherhood to Fathering: Transmission and Change among British Fathers in Four-generation Families." Sociology **40**(2): 335-352.
- Bretteville-Jensen, A. L., H. O. Melberg, et al. (2008). "Sequential patterns of drug use initiation - Can we believe in the gateway theory?" The B. E. Journal of Economic Analysis and Policy **8**(2): Article No. 1.
- Brook, D. W., J. S. Brook, et al. (2006). "Aggressive behaviors in the adolescent children of HIV-positive and HIV-negative drug abusing fathers." American Journal of Drug and Alcohol Abuse **32**: 399-413.
- Brook, D. W., J. S. Brook, et al. (2006). "Cigarette smoking in the adolescent children of drug-abusing fathers." Pediatrics **117**: 1339-1347.
- Brook, D. W., J. S. Brook, et al. (2003). "Alcohol use in adolescents whose fathers abuse drugs." Journal of Addictive Diseases **22**(1): 11-34.
- Brook, J. S., T. Duan, et al. (2007). "Fathers Who Abuse Drugs and Their Adolescent Children: Longitudinal Predictors of Adolescent Aggression." The American Journal on Addictions **16**: 410-417.
- Brook, J. S., T. Duan, et al. (2007). "Fathers who abuse drugs and thier adolescent children: Longitudinal predictors of adolescent aggression." The American Journal on Addictions **16**: 410-417.
- Burt, M. R., L. Y. Aron, et al. (1999). Homelessness: Programs and the people they serve. Washington, DC, Urban Institute.
- Buston, K. M. (2010). "Experiences of, and attitudes towards, pregnancy and fatherhood amongst incarcerated young male

- offenders: findings from a qualitative study." Social Science and Medicine **71**: 2212-2218.
- Caspi, A., A. Taylor, et al. (2001). "Can women provide reliable information about their children's fathers? Cross-informant agreement about men's lifetime antisocial behaviour." Journal of Child Psychology and Psychiatry **42**: 915-920.
- Catalano, R. F., R. R. Gainey, et al. (1999). "An experimental intervention with families of substance abusers: one-year follow-up of the focus on families project." Addiction **94**(2).
- Chance, T. and M. Scannapieco (2002). "Ecological correlates of child maltreatment: similarities and differences between child fatality and non-fatality cases." Child and Adolescent Social Work Journal **19**: 139-161.
- Charmaz, K. (2000). Grounded Theory: Objectivist and constructivist methods Handbook of Qualitative Research N. Denzin and Y. Lincoln. London, Sage.
- Charmaz, K. (2007). Constructing Grounded Theory: A practical guide through qualitative analysis. London, Sage.
- Chodorow, N. (1978). The reproduction of mothering: Psychoanalysis and the sociology of gender. Berkeley, CA, University of California Press.
- Christiansen, S. and R. Palkovitz (2001). "Providing as a form of Paternal Involvement: Why the "Good Provider" Role Still Matters." Journal of Family Issues **22**: 84-106.
- Clark, D. B. (1998). "Early adolescent gateway drug use in sons of fathers with substance use disorders." Addictive Behaviors **23**: 561.
- Clark, D. B., J. R. Cornelius, et al. (2004). "Psychopathology Risk Transmission in Children of Parents with Substance Use Disorders." American Journal of Psychiatry **161**: 685-691.
- Clark, D. B., H. B. Moss, et al. (1997). "Psychopathology in preadolescent sons of fathers with substance use disorder." Journal of the American Academy of Child and Adolescent Psychiatry **36**: 495-502.
- Clark, D. B., H. B. Moss, et al. (1997). "Psychopathology in preadolescent sons of fathers with substance use disorders." American Journal of Child and Adolescent Psychiatry **36**: 495-502.
- Clarke, L., E. C. Cooksey, et al. (1998). "Fathers and absent fathers: Sociodemographic similarities in Britain and the United States." Demography **35**: 217-228.
- Clarke, L., M. O'Brien, et al. (2005). "Fathering behind bars in English prisons: imprisoned fathers' ideology and contact with their children." Fathering **3**(3): 221-242.
- Coiro, M. J., N. Zill, et al. (1994). Health of our nation's children, U.S. Department of Health and Human Services.
- Coleman, J. (1988). "Social capital in the creation of human capital " American Journal of Sociology **94**: 95-120.
- Coleman, J. (1990). Foundations of social theory. Cambridge, MA, Harvard University.

- Coley, R. L. (2001). "(In)visible men - Emerging research on low-income, unmarried and minority fathers." American Psychologist **56**: 743-753.
- Coley, R. L. and J. E. Morris (2002). "Comparing father and mother reports of father involvement among low-income minority families." Journal of Marriage and Family **64**: 982-997.
- Collier, R. (2003). In search of the "good father": Law, family practices and the normative reconstruction of parenthood. Family Law: Processes, practices and pressures. J. Dewar and S. Parker. Oxford, Kluwer.
- Collins, C. C., C. E. Grella, et al. (2003). "Effects of gender and level of parental involvement among parents in drug treatment." The American Journal of Drug and Alcohol Abuse **29**(2): 237-261.
- Connell, R. W. (1995). Masculinities. Cambridge, Polity.
- Cooksey, E. C. and P. H. Craig (1998). "Parenting from a distance: The effects of paternal characteristics on contact between non-residential fathers and their children." Demography **35**: 187-200.
- Cornelius, J. R., D. B. Clark, et al. (2004). "Dental abnormalities in children of fathers with substance use disorders." Addictive Behaviors **29**(5): 979-982.
- Coumans, M. and M. Spreen (2003). "Drug use and the role of homelessness in the process of marginalization." Substance Use and Misuse **38**(3-6): 311-338.
- Crumbley, J. and R. Little (1997). Kinship care: Raising relatives' children. Washington, DC, Child Welfare League of America.
- Cullen, S. M., M. A. Cullen, et al. (2011). "Supporting fathers to engage with their children's learning and education: an under-developed aspect of the Parent Support Adviser pilot." British Educational Research Journal **37**(3): 485-500.
- Daly, K. (1993). "Reshaping fatherhood: Finding the models " Journal of Family Issues **14**: 510-530.
- Dawson, D. A. (1991). "Family structure and children's health and well-being: data from the 1998 National Health Interview Survey." Journal of Marriage and the Family **57**(4): 573-574.
- Day, R. D., A. C. Acock, et al. (2005). "Incarcerated fathers returning home to children and families: Introduction to the special issue and primer on doing research with men in prison." Fathering **3**(3): 183-200.
- De Lissovoy, V. (1973). "Childcare by adolescent parents." Children Today **4**(1): 22-25.
- Denzin, N. and Y. Lincoln, Eds. (1994). Handbook of qualitative research. Newbury Park, CA, Sage Publications.
- Dermott (2008). Intimate Fatherhood. London, Routledge.
- Doherty, W. J. (1991). "Beyond reactivity and the deficit model of manhood: A commentary on articles by Napier, Pittman, and Gottman." Journal of Marital and Family Therapy **17**: 29-32.
- Doherty, W. J., M. A. Kouneski, et al. (1998). "Responsible Fathering: An overview and conceptual framework." Journal of Marriage and the Family **60**: 277-292.
- Douglas, J. D. (1976). Investigative Social Research. Beverly Hills, CA, Sage.

- East, L., D. Jackson, et al. (2006). "Father absence and adolescent development: a review of the literature." Journal of Child Health Care **10**(4): 283-295.
- Easterday, L., D. Papademas, et al. (1977). "The making of a female researcher: Role problems in field work." Urban Life **6**(3): 333-348.
- Ehrmin, J. T. (2001). "Unresolved feelings of guilt and shame in the maternal role with substance-dependent African American women." Journal of Nursing Scholarship **33**(1): 47-52.
- Elder, G., J. Liker, et al. (1984). Parent-child behavior in the Great Depression: Life course and intergenerational influences. Life-span development and behavior. P. Baltes and O. Brim. Orlando, FL, Academic Press. **6**: 109-158.
- Elder, G., T. Van Nguyen, et al. (1985). "Linking family hardship to children's lives." Child Development **56**: 361-375.
- Fagan, J. and R. Palkovitz (2011). "Coparenting and relationship quality effects on father engagement: Variations by residence, romance." Journal of Marriage and Family **73**(3): 637-653.
- Fals-Stewart, W., G. Birchler, et al. (1995). Domestic violence among drug-abusing couples - poster 29th Annual Meeting of the Association for the Advancement of Behavior Therapy. Washington, D.C.
- Fals-Stewart, W., G. R. Birchler, et al. (1999). "Drug-abusing patients and their intimate partners: Dyadic adjustment, relationship stability , and substance use." Journal of Abnormal Psychology **108**: 11-23.
- Fals-Stewart, W., J. Golden, et al. (2003). "Intimate partner violence and substance use: A longitudinal day-to-day examination." Addictive Behaviors **28**: 1555-1574.
- Fals-Stewart, W., M. L. Kelley, et al. (2003). "Predictors of the psychosocial adjustment of children living in households of parents in which fathers abuse drugs: The effects of postnatal parental exposure." Addictive Behaviors **28**: 1013-1031.
- Fals-Stewart, W., M. L. Kelley, et al. (2004). "Emotional and behavioral problems of children living with drug-abusing fathers: Comparisons with children living with alcohol-abusing and non-substance-abusing fathers." Journal of Family Psychology **18**(2): 319-330.
- Fals-Stewart, W., M. L. Kelley, et al. (2004). "Emotional and behavioral problems of children living with drug-abusing fathers: comparisons with children living with alcohol-abusing and non-substance-abusing fathers." Journal of Family Psychology **2004**(18): 319-330.
- Fals-Stewart, W., W. Lam, et al. (2009). "Learning sobriety together: behavioural couples therapy for alcoholism and drug abuse." Journal of Family Therapy **31**: 115-125.
- Famularo, R., R. Kinscherff, et al. (1992). "Parental substance misuse and the nature of child maltreatment." Child Abuse and Neglect **16**: 475-483.
- Fatherhood Institute (2007). Fathers and Parenting Interventions: What Works.
- Fatherhood Institute (2011). "<http://www.fatherhoodinstitute.org>."

- Feather, N. T. (1982). "Unemployment and its social correlates: a study of depressive symptoms, self-esteem, protestant ethic values, attributional style and apathy." Australian Journal of Psychology **34**: 309-323.
- Featherstone, B. (2009). Contemporary Fathering. Bristol, Policy Press.
- Ferguson, H. and F. Hogan (2004). Strengthening families through fathers: Developing policy and practice in relation to vulnerable fathers and their families. Dublin, Department of Social and Family Affairs.
- Ferrari, A. M. (2002). "The impact of culture upon child rearing practices and definitions of maltreatment." Child Abuse and Neglect **26**(8): 793-813.
- Fishman, P. (1978). "Interaction: The work women do." Social Problems **25**: 397-406.
- Fox, G. L. and C. Bruce (1999). "The anticipation of single parenthood: A profile of men's concerns." Journal of Family Issues **20**: 458-506.
- Frank, D. A., J. Brown, et al. (2002). "Forgotten fathers: An exploratory study of mothers' report of drug and alcohol problems among fathers of urban newborns." Neurotoxicology and Teratology **24**: 339-347.
- Furstenberg, F. F. (1988). Good dads - bad dads: Two faces of fatherhood. Making men into fathers: Men masculinities, and the social politics of fatherhood. A. Cherlin. Cambridge, Cambridge University Press: 213-244.
- Furstenberg, F. F. (1995). Fathering in the inner city. Fatherhood: Contemporary Theory, Research, Social Policy. W. Marsiglio. Thousand Oaks, CA, Sage.
- Furstenberg, F. F. (1998). Social capital and the role of fathers in the family. Men in families: When do they get involved? What difference does it make? A. Booth and N. Crouter. Cambridge, MA, Mahwah, NJ: 295-301.
- Furstenberg, F. F. and K. M. Harris (1993). When and why fathers matter: Impacts of father involvement on the children of adolescent mothers. Young unwed fathers: Changing roles and emerging policies. R. I. Lerman and T. J. Ooms. Philadelphia, Temple University Press.
- Furstenberg, F. F. and M. E. Hughes (1995). "Social capital and successful development among at-risk youth." Journal of Marriage and the Family **57**: 580-592.
- Furstenberg, F. F. and C. W. Nord (1985). "Parenting apart: Patterns of child rearing after marital disruption." Journal of Marriage and the Family **47**: 893-905.
- Garbarino, J. (1996). The soul of fatherhood Paper presented at the Conference on Father Involvement National Institute of Health, Bethesda, MD.
- Garmezy, N. (1985). Stress resistant children: The search for protective factors Recent research in development psychopathology, Journal of Child Psychology and Psychiatry Book Supplement. J. E. Stevenson. Oxford, Pergamon Press. **4**: 213-233.

- Gatrell, C. (2007). "Whose child is it anyway? The negotiation of paternal entitlements within marriage." The Sociological Review **55**(2): 352-372.
- Gawin, F. H. and E. H. J. Ellinwood (1988). "Cocaine and other stimulants. Actions, abuse and treatment." New England Journal of Medicine **318**: 1173-1182.
- GCC (Dec 04). Glasgow's Housing Strategy Investment Priorities 03-08.
- Genty, P. M. (2003). "Damage to family relationships as a collateral consequence of parental incarceration." Fordham Urban Law Journal **30**: 1671-1684.
- Gerstein, D. R., R. A. Johnson, et al. (1997). Alcohol and Other Drug Treatment for Parents and Welfare Recipients: Outcomes, Costs, and Benefits. Washington, DC., US Department of Health and Human Services.
- Gillies, V. (2009). "Understandings and experiences of involved fathering in the United Kingdom: Exploring classed dimensions." Annals of the American Academy of Political and Social Science **624**(1): 49-60.
- Glaser, B. G. and A. L. Strauss (1967). The Discovery of Grounded Theory: strategies for qualitative researchers. London, Weidenfeld and Nicolson.
- Gleeson, J. P., J. M. Wesley, et al. (2009). "Becoming involved in raising a relative's child: reasons, caregiver motivations and pathways to informal kinship care." Child and Family Social Work **14**(3): 300-310.
- Goffman, E. (1959). The Presentation of Self in Everyday Life. New York, Anchor.
- Goodman, A. (1990). "Addiction: Definition and implications." British Journal of Addiction **85**: 1403-1408.
- Goodman, C. C. and M. Silverstein (2001). "Grandmothers Who Parent Their Grandchildren: An Exploratory Study of Close Relations Across Three Generations." Journal of Family Issues **22**(5): 557-578.
- Government, T. S. (2009). Scotland's People Annual Report: Results from 2007-2008 Scottish Household Survey, National Statistics Publication for Scotland.
- Greif, G. L. (1997). Out of touch: When parents and children lose contact after divorce. New York, Oxford University Press.
- Greif, G. L. and M. Drechsler (1993). "Common Issues for Parents in a Methadone Maintenance Group." Journal of Substance Abuse Treatment **10**(4): 339-343.
- Gurney, J. N. (1985). "Not one of the guys: The female researcher in a male-dominated setting." Qualitative Sociology **8**(1): 42-62.
- Guterman, N. B. and Y. Lee (2005). "The role of fathers in risk of physical child abuse and neglect: Possible pathways and unanswered questions." Child Maltreatment: Journal of the American Professional Society on the Abuse of Children **10**(2): 136-149.
- Hagan, J. and B. McCarthy (1997). Mean Streets: Youth Crime and Homelessness. Cambridge, Cambridge University Press.

- Hairston, C. (2001). "Fathers in prison: Responsible fatherhood and responsible public policies." Marriage and Family Review **32**: 111-135.
- Hammersley, M. and P. Atkinson (1995). Ethnography: Principles in Practice (2nd Edition). London, Routledge.
- Hammersley, R., A. Forsyth, et al. (1989). "The relationship between crime and opioid use." British Journal of Addiction **85**: 1029-1043.
- Hammett, T., M. P. Harmon, et al. (2002). "The burden of infectious disease among inmates and releasees from correctional facilities, 1997." American Journal of Public Health **92**(11): 1789-1794.
- Hanks, D. T. and D. M. Smith (2005). Healthy relationships and marriage among fragile families in Baltimore City. Baltimore, Center for Fathers, Families, and Workforce Development.
- Hanson, T. L., S. S. McLanahan, et al. (1997). Economic resources, parental practices, and children's well-being. Consequences of growing up poor. G. J. Duncan and J. Brooks-Gunn. New York, Russell Sage Foundation.
- Harwin, J., N. Madge, et al. (2009). Children affected by parental alcohol problems (ChAPAPs). A report on research, policy, practice and service development in relation to ChAPAPs across Europe, Brunel University.
- Harwin, J., M. Ryan, et al. (May 2011). The Family Drug and Alcohol Court (FDAC) Evaluation Project: Final Report (executive summary), Brunel University.
- Hawkins, A. J. and D. C. Dollahite (1997). Beyond the role-inadequacy perspective. Generative fathering: Beyond deficit perspectives. A. J. Hawkins and D. C. Dollahite. Thousand Oaks, CA, Sage: 3-16.
- Hegi, K. E. and R. M. Bergner (2010). "What is love? An empirically-based essentialist account." Journal of Social and Personal Relationships **27**(5): 620-636.
- Heinz, A. J., J. Wu, et al. "Marriage and relationship closeness as predictors of cocaine and heroin use." Addictive Behaviors **34**(3): 258-263.
- Henwood, K. and J. Procter (2003). "The "good" father: reading men's accounts of paternal involvement during transition to first-time fatherhood." British Journal of Social Psychology **42**(3): 337-356.
- Hernandez, D. and R. L. Coley (2007). "Measuring father involvement within low-income families: who is a reliable and valid reporter?" Parenting Science and Practice **7**: 69-97.
- Hertz, R. (1995). "Separate but simultaneous interviewing of husbands and wives: Making sense of their stories." Qualitative Inquiry **1**(4): 429-451.
- Higgins, E. T. (1987). "Self discrepancy: a theory relating self and affect." Psychological Review **94**: 319-340.
- Hofferth, S. L. and K. G. Anderson (2003). "Are all dads equal? Biology versus marriage as a basis for paternal investment." Journal of Marriage and the Family **65**: 213-232.

- Hogan, D. and L. Higgins (2001). When Parents Use Drugs: Key Findings from a Study of Children in the Care of Drug Using Parents. T. C. s. R. Centre. Dublin, Trinity College.
- Hogan, D. and L. Higgins (2001). When Parents Use Drugs: Key Findings from a Study of Children in the Care of Drug Using Parents. T. C. s. R. Centre. Dublin, Trinity College.
- Hogan, D. M. (1998). "Annotation: the psychological development and welfare of children of opiate and cocaine users: review and research needs." Journal of Child Psychology and Psychiatry **39**: 609-620.
- Hohmann-Marriott, B. (2011). "Coparenting and father involvement in married and unmarried coresident couples." Journal of Marriage and Family **73**(1): 296-309.
- Holt, M. and C. Treloar (2008). "Pleasure and drugs." The International Journal of Drug Policy **19**(5): 349-352.
- Hser, Y.-I., M. D. Anglin, et al. (1997). "Drug treatment careers: A conceptual framework and existing research findings." Journal of Substance Abuse Treatment **14**(6): 543-558.
- Hser, Y.-I., E. Evans, et al. (2008). "Comparing the dynamic course of heroin, cocaine, and methamphetamine use over 10 years." Addictive Behaviors **33**: 1581-1589.
- Hsu, F. L. K. (1979). "The cultural problem of the cultural anthropologist." American Anthropologist **81**(3): 517-532.
- Hunt, G. and J. C. Barker (2001). "Socio-cultural anthropology and alcohol and drug research: toward a unified theory." Social Science and Medicine **53**: 165-188.
- Jaffee, S. R., T. E. Moffitt, et al. (2003). "Life with (and without) father: The benefits of living with two biological parents depend on the father's antisocial behavior." Child Development **74**: 109-126.
- Johansson, T. and R. Klinth (2007). "Caring fathers. The ideology of gender and equality and masculine positions." Men and Masculinities **11**(1): 42-62.
- Johnson, J. L., T. Y. Boney, et al. (1991). "Evidence of depressive symptoms in children of substance abusers." International Journal of the Addictions **25**: 465-479.
- Johnson, J. L. and M. Leff (1999). "Children of substance abusers: Overview of research findings." American Academy of Pediatrics **103**: 1085-1099.
- Johnson Jr, W. E. (2001). "Paternal Involvement among unwed fathers." Children and Youth Services Review **23**: 513-536.
- Jouriles, E. N., R. McDonald, et al. (1998). "Knives, guns, and interparent violence: Relations with child behavior problems." Journal of Family Psychology **12**: 178-194.
- Juby, H., J. M. Billette, et al. (2007). "Nonresident fathers and children: Parents' new unions and frequency of contact." Journal of Family Issues **28**(9): 1220-1245.
- Kalter, N. (1987). "Long-term effects of divorce on children: A developmental vulnerability model." American Journal of Orthopsychiatry **57**(4).

- Kandel, D. B. (1990). "Parenting styles, drug use and children's adjustment in families of young adults." Journal of Marriage and the Family **52**: 186-199.
- Kaplan-Sanoff, M. and S. A. Leib (1995). "Model intervention programs for mothers and children impacted by substance abuse." School Psychology Review **24**: 186-199.
- Kelleher, K., M. Chaffin, et al. (1994). "Alcohol and drug disorders among physically abusive and neglectful parents in a community based sample." American Journal of Public Health **84**: 1586-1590.
- Kelleher, K., M. Chaffin, et al. (1994). "Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample." American Journal of Public Health **84**: 1586-1590.
- Kelley, M. L. and W. Fals-Stewart (2002). "Couples therapy for substance-abusing parents: Effects on children." Journal of Consulting and Clinical Psychology **20**: 417-427.
- Kelley, M. L. and W. Fals-Stewart (2004). "Psychiatric disorders of children living with drug-abusing, alcohol-abusing, and non-substance-abusing fathers." Journal of the American Academy of Child and Adolescent Psychiatry **43**: 621-628.
- Kelley, M. L. and W. Fals-Stewart (2004). "Psychiatric disorders of children living with drug-abusing, alcohol-abusing, and non-substance-abusing fathers." American Journal of Child and Adolescent Psychiatry **43**: 621-628.
- Kelley, M. L. and W. Fals-Stewart (2008). "Treating paternal drug abuse using Learning Sobriety Together: Effects on adolescents versus children " Drug and Alcohol Dependence **92**(1-3): 228-238.
- Kelley, S. J. (1998). "Stress and coping behaviors of substance-abusing mothers." Journal of the Society of Pediatric Nurses **3**: 103-110.
- Kemp, P. A., J. Neale, et al. (2006). "Homelessness among problem drug users: prevalence, risk factors and trigger events." Health and Social Care in the Community **14**(4): 319-328.
- Klingeman, H. K. H. (1992). "Coping and maintenance strategies of spontaneous remitters from problem use of alcohol and heroin in Switzerland " International Journal of the Addictions **27**: 1359-1388.
- Klingemann, H. (1994). Environmental influences which promote or impede change in substance behaviour. Addiction: Processes of Change. G. Edwards and M. Lander. Oxford, Oxford University Press.
- Kolar, A. F., B. S. Brown, et al. (1994). "Children of substance abusers: the life experiences of children of opiate addicts in methadone maintenance " American Journal of Drug and Alcohol Abuse **20**: 159-171.
- Koo, D. J., D. D. Chitwood, et al. (2007). "Factors for employment: A case-control study of fully employed and unemployed heroin users." Substance Use and Misuse **42**(7): 1035-1054.
- Kost, K. A. (2001). "The function of fathers: What poor men say about fatherhood." Families in Society **82**(5): 499-508.

- Kroll, B. (2007). "A family affair? Kinship care and parental substance misuse: some dilemmas explored." Child and Family Social Work 12: 84-93.
- Kulick, D. (1995). Introduction: The sexual life of anthropologists: erotic subjectivity in anthropological fieldwork. Taboo: Sex, identity, and erotic subjectivity in anthropological fieldwork. D. Kulick and M. Willson. London, Routledge.
- Kuramoto, S. J., A. S. B. Bohnert, et al. (2011). "Understanding subtypes of inner-city drug users with a latent class approach." Drug and Alcohol Dependence 118(2-3): 237-243.
- Lamb, M., Ed. (1987). The father's role: Cross-cultural perspectives. Hillsdale, NJ, Lawrence Erlbaum.
- Lamb, M. E., J. H. Pleck, et al. (1987). Effects of increased paternal involvement on fathers and mothers. Reassessing fatherhood: New observations on fathers and the modern family. C. Lewis and M. O'Brien. London, Sage: 107-125.
- LaRossa, R. (1988). "Fatherhood and social change." Family Relations 37(4): 451-457.
- Lee, S. (1993). Family structure effects on student outcomes. Parents, their children, and schools. B. Schneider and J. S. Coleman. Boulder, Westview Press: 43-75.
- Lerman, R. I. and T. J. Ooms, Eds. (1993). Young Unwed Fathers: Changing Roles and Emerging Policies. Philadelphia, Temple University Press.
- Levine, J. A. and E. W. Pitt (1995). New Expectations: Community strategies for responsible fatherhood. New York, Families and Work Institute.
- Liu, W. M., R. Stinson, et al. (2009). "A qualitative examination of masculinity, homelessness, and social class among men in a transitional shelter." American Psychological Association 10(2): 131-148.
- Lupton, D. and L. Barclay (1997). Constructing Fatherhood: Discourses and Experiences. London, Sage.
- Luthar, S. S. and N. E. Suchman (1999). Developmentally informed parenting interventions: the Relational Psychotherapy Mothers' Group. Rochester Symposium on Developmental Psychopathology. D. Cicchetti and S. L. Toth. Rochester, NY., University of Rochester Press. Vol. X: **Developmental Approaches to Prevention and Intervention: 271-309.**
- Macleod, J., L. Copeland, et al. (2010). "The Edinburgh Addiction Cohort: recruitment and follow-up of a primary care based sample of injection drug users and non drug-injecting controls." BMC Public Health 10(101).
- Marryat, L., S. Reid, et al. (2009). Growing Up In Scotland: Non-resident Parent Summary Report. <http://www.growingupinscotland.org.uk>.
- Marsiglio, W. (1993). "Adolescent Males' Orientation Toward Paternity and Contraception." Family Planning Perspectives 25: 22-31.
- Marsiglio, W., Ed. (1995). Fatherhood: Contemporary theory, research, social policy. Thousand Oaks, CA, Sage.
- Marsiglio, W. (1998). Procreative man. New York, New York University Press.

- Marsiglio, W., P. Amato, et al. (2000). "Scholarship on Fatherhood in the 1990's and Beyond." Journal of Marriage and the Family **62**: 1173-1191.
- Marsiglio, W. and M. Cohan (2000). "Contextualizing father involvement and paternal influence: Sociological and qualitative themes." Marriage and Family Review **29**: 75-95.
- Marsiglio, W., R. D. Day, et al. (2000). "Exploring fatherhood diversity: Implications for conceptualizing father involvement." Marriage and Family Review **29**(4).
- Martin, A. and P. Stenner (2004). "Talking about drug use: What are we (and our participants) doing in qualitative research." International Journal of Drug Policy **15**: 395-405.
- Mason, J. (2002). Qualitative Researching. London, Sage.
- McBride, B. A. and T. R. Rane (1997). "Role identity, role investments, and paternal involvement: Implications for parenting programs for men." Early Childhood Research Quarterly **12**: 173-197.
- McIntosh, J. and N. McKeganey (2002). Beating the Dragon: The recovery from dependent drug use. Essex, Prentice Hall.
- McKeganey, N., M. Bloor, et al. (2006). "Abstinence and drug abuse treatment: Results from the Drug Outcome Research in Scotland study." Drugs: Education, Prevention and Policy **13**(6): 537-550.
- McLanahan, S. S., I. Garfinkel, et al. (2000). Unwed parents of fragile families? Implications for welfare and child support policy. (Working paper 00-04-FF). Princeton, NJ, Bendheim-Thoman Center for Research on Child Wellbeing.
- McLellan, A. T., D. C. Lewis, et al. (2000). "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation " Journal of the American Medical Association **284**(13): 1689-1695.
- McMahon, T. J. and F. D. Giannini (2003). "Substance-abusing fathers in family court: Moving from popular stereotypes to therapeutic jurisprudence." Family Court Review **41**(3): 337-353.
- McMahon, T. J., S. S. Luthar, et al. (2001). "Finding Poppa: A comparative study of fathers enrolled in methadone maintenance treatment [abstract]." Drug and Alcohol Dependence **63**: S102-S103.
- McMahon, T. J. and B. J. Rounsaville (2002). "Substance abuse and fathering: Adding poppa to the research agenda." Addiction **97**: 1109-1115.
- McMahon, T. J. and B. J. Rounsaville (2002). "Substance abuse and fathering: adding poppa to the research agenda." Addiction **97**(9): 1109-1117.
- McMahon, T. J., J. D. Winkel, et al. (2008). "Drug abuse and responsible fathering: a comparative study of men enrolled in methadone maintenance treatment." Addiction **103**(2): 269-283.
- Mead, M. (1950). Male and Female. Harmondsworth, Penguin.
- Meyer, B. S. and M. K. Link (1990). Kinship foster care: The doubled edged dilemma. Rochester, NY, Task Force on Permanency Planning for Foster Children, Inc.

- Mezzich, A., W. Bretz, et al. (2007). "Child Neglect and Oral Health Problems in Offspring of Substance-Abusing Fathers." The American Journal on Addictions **16**: 397-402.
- Miles, M. B. (1979). "Qualitative Data as an Attractive Nuisance: the problem of analysis." Administrative Science Quarterly **24**(4): 590-601.
- Miles, M. B. and A. M. Huberman (1994). Qualitative Data Analysis: an expanded sourcebook. London, Sage.
- Miller, T. (2011). "Falling back into Gender? Men's Narratives and Practices around First-time Fatherhood." Sociology **45**(6): 1094-1109.
- Mincy, R. B. and H. W. Pouncy (2002). The responsible fatherhood field: evolution and goals. Handbook of Father Involvement: multidisciplinary perspectives. C. S. Tamis-LeMonda and N. Cabrera. Mahwah, NJ, Lawrence Erlbaum Association.
- Minton, C. and K. Pasley (1996). "Fathers' parenting role identity and father involvement: A comparison of nondivorced and divorced, nonresident fathers." Journal of Family Issues **17**: 26-45.
- Moore, B. C., C. J. Easton, et al. (2011). "Drug abuse and intimate partner violence: A comparative study of opioid-dependent fathers." American Journal of Orthopsychiatry **81**(2): 218-227.
- Moreno, E. (1995). Rape in the field: Reflections from a survivor. Taboo: Sex, identity, and erotic subjectivity in anthropological fieldwork. D. Kulick and M. Willson. London, Routledge.
- Morman, M. T. and K. Floyd (2006). "Good fathering: father and son perceptions of what it means to be a good father." Fathering **4**(2): 113-137.
- Moss, H. B., D. A. Baron, et al. (2001). "Preadolescent children of substance-dependent fathers with antisocial personality disorder: Psychiatric disorders and problem behaviors." American Journal of Addiction **10**: 269-278.
- Moss, H. B., K. G. Lynch, et al. (2003). "Affiliation with deviant peers among children of substance dependent fathers from pre-adolescence into adolescence: associations with problem behaviors." Drug and Alcohol Dependence **71**(2): 117-125.
- Moss, H. B., K. G. Lynch, et al. (2002). "Family Functioning and Peer Affiliation in Children of Fathers with Antisocial Personality Disorder and Substance Dependence: Associations with Problem Behaviors." American Journal of Psychiatry **159**(4): 607-614.
- Moss, H. B., K. G. Lynch, et al. (2002). "Family functioning and peer affiliation in children of fathers with antisocial personality disorder and substance dependence: Associations with problem behaviors." American Journal of Psychiatry **159**: 607-614.
- Moss, H. B., A. Mezzich, et al. (1995). "Aggressivity among sons of substance-abusing fathers: Association with psychiatric disorder in the father and son, paternal personality, pubertal development, and socioeconomic status." American Journal of Drug and Alcohol Abuse **21**: 195-208.
- Mott, F. L. (1990). "When is father really gone? Child contact in father-absent homes." Demography **27**: 499-517.

- Neale, J., S. Nettleton, et al. (2011). "Recovery from problem drug use: What can we learn from the sociologist Erving Goffman?" Drugs Education Prevention and Policy **18**(1): 3-9.
- Nord, C. W. and N. Zill (1996). Non-custodial parents' participation in their children's lives: Evidence from the Survey of Income and Program Participation. Washington, DC, Department of Health and Human Services.
- O'Farrell, T., K. A. Choquette, et al. (1997). "Sexual satisfaction and dysfunction in marriages of male alcoholics: comparison with nonalcoholic maritally conflicted and nonconflicted couples." Journal of Studies on Alcohol **58**: 91-99.
- Ondersma, S. J., S. M. Simpson, et al. (2000). "Prenatal drug exposure and social policy: The search for an appropriate response." Child Maltreatment: Journal of the American Professional Society on the Abuse of Children **5**: 93-108.
- Orford, J., G. Natera, et al. (1998). "Stresses and strains for family members living with drinking or drug problems in England and Mexico." Salud Mental (Mexico) **21**: 1-13.
- Osborne, S. (2002). Diversity among unmarried parents: Human capital, attitudes and relationship quality (Working paper: 2002-01-FF). Princeton, NJ, Bendheim-Thoman Center for Research on Child Wellbeing.
- Osherson, S. (1986). Finding our fathers: The unfinished business of manhood. New York, Free Press.
- Palkovitz, R. (1997). Reconstructing 'involvement': expanding conceptualizations of men's caring in contemporary families. Generative Fathering: Beyond Deficit Perspectives. A. J. Hawkins and D. C. Dollahite. Thousand Oaks, CA, Sage **3-16**.
- Palkovitz, R. (2002). Involved Fathering and Men's Adult Development. Mahwah, NJ, Lawrence Erlbaum Associates.
- Paquette, K. and E. L. Bassuk (2009). "Parenting and Homelessness: Overview and Introduction to the Special Section." American Journal of Orthopsychiatry **79**(3): 292-298.
- Parke, R. D. and A. A. Brott (1999). Throwaway Dads: The myth and barriers that keep men from being the fathers they want to be. Boston, MA, Houghton Mifflin.
- Pasley, K. and S. L. Braver (2004). Measuring father involvement in divorced, nonresident fathers. Conceptualizing and measuring father involvement R. D. Day and M. E. Lamb. Mahwah, NJ, Lawrence Erlbaum Associates: 217-240.
- Pears, K. C., S. L. Pierce, et al. (2005). "Timing of entry into fatherhood in young, at risk men." Journal of Marriage and the Family **67**: 429-447.
- Phares, V. (1992). "Where's poppa? The relative lack of attention to the role of fathers in child and adolescent psychopathology." American Psychologist **47**(5): 656-664.
- Pleck, J. H. (1997). Paternal Involvement: levels, sources, and consequences. The Role of the Father in Child Development. M. E. Lamb. New York, John Wiley and Sons.
- Preble, E. and J. J. Casey (1969). "Taking care of business: The heroin user's life on the street." the International Journal of the Addictions **4**(1): 1-24.

- Prins, E. H. (1994). Maturing Out: An Empirical Study of Personal Histories and Processes in Hard Drug Addiction, University of Amsterdam Press.
- Rhodes, T., L. Watts, et al. (2007). "Risk, shame, and the public injector: a qualitative study of drug injecting in South Wales." Social Science and Medicine **65**(3): 572-585.
- Robb, M. (2004). "Exploring Fatherhood: Masculinity and Intersubjectivity in the Research Process." Journal of Social Work Practice **18**(3): 395-406.
- Rohner, R. P. and R. A. Veneziano (2001). "The Importance of Father Love: History and Contemporary Evidence." Review of General Psychology **5**(4): 382-405.
- Room, R. (2003). "The cultural framing of addiction." Janus Head **6**(2): 221-234.
- Roy, K. M. (2004). "You can't eat love: constructing provider role expectations for low-income and working-class fathers." Fathering **2**(3): 253-277.
- Rubin, D. H., C. J. Erickson, et al. (1996). "Cognitive and academic functioning of homeless children compared with housed children." Pediatrics **97**: 289-294.
- Rudie, I. (1994). Making sense of new experience. Social Experience and Anthropological Knowledge. K. Hastrup and P. Hervik. London, Routledge.
- Sarkadi, A., R. Kristiansson, et al. (2007). "Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies." Acta Paediatrica **97**: 153-158.
- Schindler, H. S. and R. L. Coley (2007). "A qualitative study of homeless fathers: Exploring parenting and gender role transitions." Family Relations **56**(1): 40-51.
- Scott, C. K., M. A. Foss, et al. (2003). "Factors influencing initial and longer-term responses to substance abuse treatment: a path analysis." Evaluation and Program Planning **26**(287-295).
- Scottish Advisory Committee on Drug Misuse: Integrated Care Project Group (2008). Essential Care: A Report on the Approach Required to Maximise Opportunity for Recovery from Problem Substance Use in Scotland. Edinburgh, Scottish Government.
- Scottish Advisory Committee on Drug Misuse: Methadone Project Group (2007). Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland. Edinburgh, Scottish Government.
- Scottish Executive (2001). Moving On: Education, training and employment for recovering drug users. Edinburgh, Scottish Executive.
- Scottish Government (2008). The Road to Recovery: A new Approach to tackling Scotland's drug Problem. Edinburgh, The Scottish Government.
- Seale, C. (1999). The Quality of Qualitative Research. London, Sage.
- Sellman, D. (2010). "The 10 most important things known about addiction." Addiction **105**(1): 6-13.
- Seltzer, J. A. (1998). Men's contributions to children and social policy. Men in families: When do they get involved? What difference

- does it make? A. Booth and N. Crouter. Mahwah, NJ, Erlbaum: 303-314.
- Seltzer, J. A. (2000). "Families formed outside of marriage." Journal of Marriage and the Family **62**(4): 1247-1268.
- Shewan, D. and P. Dalgarno (2005). "Evidence for controlled heroin use? Low levels of negative health and social outcomes among non-treatment heroin users in Glasgow (Scotland)." British Journal of Health Psychology **10**: 33-48.
- Shipman, K. L., B. R. Ross, et al. (1999). "Co-occurrence of spousal violence and child abuse: Clinical Implications." Child Maltreatment: Journal of the American Professional Society on the Abuse of Children **4**: 93-102.
- Sigle-Rushton, W. (2005). "Young Fatherhood and Subsequent Disadvantage in the United Kingdom." Journal of Marriage and the Family **67**: 735-753.
- Sigle-Rushton, W. and S. McLanahan (2004). Father absence and child well-being: a critical review. The future of the family. D. Moynihan, L. Rainwater and T. Smeeding. New York, Russell Sage Foundation: 116-155.
- Sigle-Rushton, W. and S. S. McLanahan (2004). Father absence and child well-being: a critical review. The future of the family. D. Moynihan, L. Rainwater and T. Smeeding. New York, Russell Sage Foundation: 116-155.
- Silverman, D. (2000). Do qualitative research: A practical handbook. London, Sage Publications.
- Silverstein, L. (1996). "Fathering is a feminist issue." Psychology of Women Quarterly **20**: 3-37.
- Slesnick, N., S. Bartle-Haring, et al. (2006). "Homeless Adolescent Parents: HIV Risk, Family Structure and Individual Problem Behaviors." Journal of Adolescent Health **39**(5): 774-777.
- Smith, I. D. (2010). Green Paper on the Family. Centre for Social Justice. London, Centre for Social Justice.
- Stanger, C., L. Dumenci, et al. (2004). "Parenting and children's externalizing problems in substance abusing families." Journal of Clinical Child and Adolescent Psychology(33): 590-600.
- Sterk, C. E. (1999). Fast Lives: Women who use crack cocaine. Philadelphia, Temple University Press.
- Stewart, S. D. (1999). "Disneyland Dads, Disneyland Moms? How nonresident parents spend time with absent children." Journal of Family Issues **20**(4): 539-556.
- Stier, H. and M. Tienda (1993). Are men marginal to the family? Insights from Chicago's inner city. Men, work and family. J. Hood. Thousand Oaks, CA, Sage: 23-44.
- Strathern, M. (1991). Partial Connections. Savage, Maryland, Rowman and Littlefield.
- Strauss, A. L. and J. Corbin (1998). Basics of Qualitative Research: Techniques and procedures for developing grounded theory London, Sage.
- Strengthening Fragile Families Training Institute (2006, November). Integrating responsible fatherhood and relationship education. Washington, DC, National Partnership for Community Leadership.

- Swisher, R. R. and M. R. Waller (2008). "Confining Fatherhood: Incarceration and Paternal Involvement Among Nonresident White, African American, and Latino Fathers." Journal of Family Issues **29**(8): 1067-1088.
- Tamis-LeMonda, C. S. and N. Cabrera, Eds. (2002). Handbook of Father Involvement: Multidisciplinary Perspectives. Mahwah, NJ, Erlbaum.
- Tarter, R. E., T. Blackson, et al. (1993). "Characteristics and correlates of child discipline practices in substance abuse and normal families." American Journal of Addiction **2**: 18-25.
- Teachman, J. D., L. M. Tedrow, et al. (2000). "The Changing Demography of America's Families." Journal of Marriage and the Family **62**(4): 1234-1246.
- Teplin, L. A. (1994). "Psychiatric and substance abuse disorders among male urban detainees." American Journal of Public Health **84**: 290-293.
- Thompson, M. (2003). "The socioeconomic determinants of ill-gotten gains: Within person changes in drug use and illegal earnings." American Journal of Sociology **109**: 146-185.
- Townsend, N. W. (2002). The package deal: Marriage, work and fatherhood in men's lives. Philadelphia, Temple University Press.
- U.S. Department of Health and Human Services. (2011). "<http://www.fatherhood.gov/home>."
- Umberson, D. and C. L. Williams (1993). "Divorced fathers: Parental role strain and psychological distress." Journal of Family Issues **14**: 378-400.
- Valentine, K. and S. Fraser (2008). "Trauma, damage and pleasure: Rethinking problematic drug use." International Journal of Drug Policy **19**: 410-416.
- Valverde, M. (1998). Diseases of the will. Alcohol and the dilemmas of freedom. Cambridge, Cambridge University Press.
- Vanderploeg, J. J., C. M. Connell, et al. (2007). "The Impact of Parental Alcohol or Drug Removals on Foster Care Placement Experiences: A Matched Comparison Group Study." Child Maltreatment **12**(2): 125-136.
- Velleman, R., G. Bennett, et al. (1993). "The families of problem drug users: a study of 50 close relatives." Addiction **88**: 1281-1289.
- Waldorf, D. (1973). Becoming a heroin addict. Careers in dope. D. Waldorf. Englewood Cliffs, NJ, Prentice Hall: 29-46.
- Waldorf, D. (1983). "Natural recovery from opiate addiction: some social-psychological processes of untreated recovery." Journal of Drug Issues **13**(2): 237-280.
- Wall, G. and S. Arnold (2007). "How involved is involved fathering? An exploration of the contemporary culture of fatherhood." Gender and Society **21**(4): 508-527.
- Walters, G. D. (1999). The addiction concept: Working hypothesis or self-fulfilling prophecy. Boston, Allyn and Bacon.
- Warburton, H., P. J. Turnbull, et al. (2005). Occasional and controlled heroin use: Not a problem? York, Joseph Rowntree Foundation.
- Warr, P. and P. Jackson (1983). "Self-esteem and unemployment among young workers." Le Travail Humain **46**: 355-366.

- Wengle, J. L. (1988). Ethnographers in the field: The psychology of research. Tuscaloosa, Alabama, University of Alabama Press.
- White, W. L. (1996). Pathways from the culture of addiction to the culture of recovery: A travel guide for addiction professionals. Centre City, MN, Hazelden.
- Wilens, T. E., J. Biederman, et al. (1995). "Pilot study of behavioral and emotional disturbances in the high-risk children of parents with opioid dependence." Journal of the American Academy of Child and Adolescent Psychiatry **34**: 779-785.
- Williams, S. (2008). "What is fatherhood? Searching for the reflexive father." Sociology **42**(3): 487-502.
- Wright, N., N. Oldham, et al. (2005). "Exploring the relationship between homelessness and risk factors for heroin-related-death - a qualitative study." Drug and Alcohol Review **24**(3): 245-251.
- Zill, N. (1996). Family change in student achievement: what we have learned, what it means for schools. Family-school links: how do they affect educational outcomes? A. Booth and J. Dunn. Mahwah, NH, Earlbaum: 139-174.
- Zill, N., D. R. Morrison, et al. (1993). "Longterm effects of parental divorce on parent-child relationships, adjustment, and achievement in young adulthood." Journal of Family Psychology **7**: 91-103.