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Research paper

Maternal habits: Narratives of mothering, social position and drug use

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Mothers are frequently voiced about harms to children of mothers who use drugs. We explored the subjective socio-cultural experiences of mothering by women using illicit drugs (heroin mainly and amphetamines) and compared them to those of three other groups of women. Two comparison groups mirrored correlates of illicit drug use, namely: women on low incomes (who did not use these drugs) and women who are employed and therefore likely to be socially isolated (these had partners employed in the Australian Defence Forces). The third group reflected the ideal social norm, i.e. women with medium and higher incomes who did not use illicit drugs. In-depth interviews were conducted with 100 samples, totaling 70 women with children aged five and below residing in Canberra, Australia. All women, irrespective of their employment, found living on a low income, social isolation or being at home with young children difficult, at least sometimes. However, women who use illicit drugs are often blamed for these difficulties in ways that other groups of women are not. They also do not receive the same level of social support that other women enjoy.

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1. Introduction

Public health research provides fertile ground for the display of methodological and ontological differences associated with knowledge generation. How the research ‘subject’ is portrayed is one contested difference. Maher argues that ethnographic accounts illustrating the everyday violence and social suffering of marginalized populations of mothers “can provide a powerful corrective to biomedical and behaviourist paradigms” (2002, p. 322) and that “epidemiological-driven characteristics of risk can- commodate the lived realities of IDUs [injecting drug users], sexual workers and other marginalized groups” (Maher, 2002, p. 312). “Epidemic logic” (Keane, 2002, p. 312) operates on constructing a group at risk of disease and transmitting disease. Like other public health research in

which bodies are “quantified and mathematicized” (Waldby, 1996, p. 97), studies of the epidemiology of drug use (e.g. Sloboda, 2002) employ such logic. The construction of at-risk groups such as drug users often reproduces dominant middle-class values, with those at risk being categorised as sick or deviant (Miller, 2001). While women are no longer as invisible in drug research as they were 30 years ago (Ettorre, 2004), they are now considered to behave in a riskier manner than men because of their involvement in sex work, the sharing of needles and equipment and “by having sex and injecting with high risk partners” (Breen, Roxburgh, & Degenhardt, 2005, p. 253). Feminist authors have noted the construction of the drug-using woman as doubly deviant because of her involvement in a male domain (Broom, 1994; Denton, 2001).

Treatment-based studies of drug-using mothers often focus on women’s shortcomings and their children’s problems. For 30 years or so, researchers of all methodological persuasions have described mothers who use heroin and amphetamines in the following ways. They: lack parenting skills, have relationship problems, have been poorly parented

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elves, are socially isolated and marginalised, have poor skills, are emotionally withdrawn from their children, neglect their children, focus on obtaining drugs; and difficult partner relationships (Barnard, 1999; Barnard & Keganey, 2004; Bays, 1990; Denton, O'Malley, Bammer, & Klee, 2002; Klee, 1998).

However studies on parenting attitudes and behaviours use inconsistent measures and definitions of parenting making it difficult to identify any distinct patterns in terms of drug-use and mothering (Hogart, 1998).

In terms of their children, descriptions have highlighted: exposure to drugs in utero, neonatal abstinence syndrome, and higher risk of mortality, prematurity, low birth weight, developmental delays, behavioural problems, Attention Deficit Hyperactivity Disorder (ADHD), abuse and neglect, and/or substance use problems in later life (Barnard & Keganey, 2004; Bauman & Dougherty, 1983; Bauman & Milne, 1986; Burns, Mattick, & Cooke, 2006; Denton et al., 2002; Gabel & Shindeldecker, 1992).

Vimpani's summary of the risks for children of drug-using mothers is typical, commencing with neonatal abstinence syndrome, cognitive performance deficits, negative emotional tone and deficient play strategies. Such children's behaviours are difficult for mothers to interpret. These children may be more difficult for mothers who are less responsive because of their own drug use and who have personality and mood problems (Vimpani, 2005).

However, meta-analyses have shown that while some associations are found, for example between maternal opiate use and neonatal mortality, relevant confounders such as maternal drug use, were not controlled for (Hulse, Milne, English, & Holman, 1998).

Researchers have also turned to environment for explanation. The environments in which children of drug-using mothers may be raised include: criminal behaviour and drug overdoses among parents and parents' friends, financial difficulties, a chaotic and mobile lifestyle, domestic violence and risk of being removed into custody (Barnard & Keganey, 2004; Denton et al., 2002; Klee, 1998; Richter & Bammer, 2000).

Attempts to explore the relationship between maternal drug use and neonatal mortality have found that some of the increased risk that children experience may be due to the "poor and high risk lifestyle" associated with continued heroin use (Hulse et al., 1998, p. 1040). Similarly, the association of maternal cocaine use and low birth weight may be attributed in part by other life-style factors (Hulse, Milne, Holman, & Bower, 1997).

Researchers, irrespective of their methodological approach, aim to improve the lot of children and often do so through their research. But the epidemiological construction of the deviant risk group is nowhere more evident and with implications for individuals' lives, than in the case of women and their offspring. This is not surprising as the construction of risk categories often pits the health,

the actions and failures of their mothers who are often seen as "incubators" (Denton, 2001, p. 166). The mothers' needs disappear and they are only considered for the harms they transmit to their children. The most extreme examples of deviance are the mothers of the famed "Crack Babies" of the 1980s and 1990s. Researchers at the time found associations between maternal cocaine use and developmental delays and behavioural problems in children (Hawley, Halle, Drasin, & Thomas, 1995) at the same time provoking sensationalised media attention, despite what some argued was a lack of sound scientific evidence (Chavkin & Breitbart, 1997). Women were incarcerated for drug use during pregnancy or had their children removed from their custody (Campbell, 1999, p. 97). While mothers of 'Crack Babies' received the harshest attention, all drug use (including alcohol consumption) by pregnant women and mothers in the United States has seen increases in testing, reporting, criminal prosecution and mandatory treatment arising from political and ideological changes in the mid-1990s (Chavkin, Breitbart, Elman, & Wise, 1998).

Alternative perspectives range from the argument that children's problems may be as much related to conditions of deprivation and poverty under which drug users often live (Emmett, 1998; Harrington, Dobowitz, Black, & Binder, 1995), that risks of child abuse are not concentrated solely among drug-using mothers (Smarsh Hogan, Myers, & Elswick, 2006), or by showing the ways in which mothers attempt to protect their children from the effects of drugs (Richter & Bammer, 2000). We now understand that despite the theory of inexorable and increasing demand for drugs like heroin, many women will decrease, modify or even cease their drug use in response to contextual, including family, factors (Jackson, 2002). Increasingly the voices of mothers who use heroin and others drugs are being recorded as researchers attempt to do as Maher suggests, and understand the situated, everyday reality of their lives (Klee, 2002; Taylor, 1993). But traversing such terrain is ethically complex and contestable (McKegney, Barnard, & McIntosh, 2002).

Intensive mothering

Mothers who use heroin and others drugs are not isolated from social forces despite their marginalization. The practice of mothering has received increasing attention in public and academic discourses and highlights the contradictory forces operating on Australian and other women from developed countries in the early 21st century. Women's increased participation in the labour force (Department of Family and Community Services), falling birth rates (Ford, Nassar, Sullivan, Chambers, & Lancaster, 2003), feminism, and consumerism, among many other trends, and the growing strength of the anti-abortion lobby particularly in the United States, illustrate the complexity around the role and practice of mothering (Hays, 1996). Pressures on women to

g (Lupton, 2000) while at the same time, expectations of mothers have increased over the last half century (1996). Indeed, it is argued that in Western cultures in modernity the “sacralization of mothering [is] the key of meaning creation in human life” (Williams, 2000, p. 10).

Advocates of mothering argue that over the last 50 years experts have promoted the ideal of ‘good mothers’ who devote unlimited amounts of love, time, patience and financial labour to the well-being of their children (Boulton, Brown, Small, & Lumley, 1997; Lupton & Fenwick, 2000). Modern childrearing is highly demanding because the mother should not only be the “centre of the familial attention, but also the person who *guides* the process of ‘childrearing’” (Hays, 1996, p. 57). The social construction of a ‘good mother’ is predicated on the assumption that this demanding role will be performed by suitably-aged, white, western, middle-class women with healthy children (Lupton & Fenwick, 2000; Phoenix & Woollett, 1991). Such views of mothering are hegemonic (Arendell, 1999) or so pervasive that women are expected to embody them without question. However, research suggests that many women’s experiences of good mothering are frustrating, isolating, exhausting, depressing and difficult (Crouch & Manderson, 1993; Hays, 1996; Lupton, 2000).

Women who use illicit drugs do not fit the hegemonic ideal of a ‘good mother’. It is likely that many women, including those who return to work when their children are born, do not live up to the ideals of intensive mothering and are not subjected to the same social surveillance as non-using mothers, poor single mothers, lesbian mothers and single mothers (Arendell, 2000). In addition, Australian women who use drugs are sometimes neither middle-class nor white. Nor are they always the responsible, rational, knowledgeable subject (Coxhead & Rhodes, 2006) constructed by public health and other government policy. As noted earlier, the drug literature is replete with images of mothers as passive and unable to cope (Hunt & Barker, 1996). And the proof of poor mothering is to be found in the production of less-than-perfect children, as in the case of crack babies.

This research was inspired by these anthropological, sociological and feminist perspectives on drug use and on mothering. We planned to treat mothers who use heroin in the same manner as other mothers, and to broaden the focus from just drug-using mothers by reflecting on common practical concerns and problems shared by mothers of different economic status and lifestyles. We sought to examine common experiences associated with heroin use, namely practical difficulties and social isolation, among non-using mothers. This approach is innovative in qualitative, public health research although not uncommon in epidemiological research, where quantitative methods are used to make such comparisons. We were not interested in determining the best practices, but instead in casting a more nuanced light on illicit

Methods

Recruitment

In-depth interviews and participant-observation were conducted in Canberra, Australia in 2001 and 2002. Participants were a purposive sample of mothers who inject illicit drugs ($n=22$) and three comparison groups of mothers: women on low incomes ($n=9$), mobile, socially isolated women whose partners are employed in the Australian Defence Forces and who frequently move ($n=18$), and women with medium and higher incomes ($n=21$). We refer to the four groups throughout as drug-using, low-income, mobile and high-income women. We acknowledge that beyond this study there are many women who do not fit these categories neatly.

We chose the two primary comparison groups – low-income and mobile – based on our previous research (Banwell, Bammer, & Denton, 2002; Richter & Bammer, 2000) and the literature, which identifies these as two primary difficulties affecting mothering practices.

Mothers who injected either heroin or amphetamines regularly in the last 12 months were recruited through a range of drug services in Canberra including a users’ group, a clinic for the children of drug-using parents and by snowballing through women’s personal networks. Mobile women were contacted through personal networks and playgroups established for Defence Force mothers, while both low- and high-income women were recruited through snowballing and a range of playgroups, activities or services for women with pre-school children.

We recruited women with children aged up to (and including) 5 years old because these ages are considered important in children’s intellectual and physical health development (McCain & Mustard, 1999) and is a time in their lives when they are most vulnerable to neglect (Jaude, Ekwo, & Van Voohis, 1995). Many of the participating mothers also had older children. The results include references to these children when experiences with them were intertwined with mothering the younger children.

Interviews

The interviews focused on women’s everyday experiences eliciting their understandings of ‘ideal’ and ‘real’ parenting, how the gaps between the two were managed, and how and where they had obtained their information on ideal parenting. The interviews covered environmental issues focused on stability, security and safety, as well as parenting styles related to emotional and physical availability, discipline and boundary setting, allocation of resources (spending choices) and role models.

The interviews also contained closed questions about socio-demographic information, quantifiable measures of parenting, and drug and alcohol use from (a) the Alcohol Use

ption and harm and (b) the illicit drug use component (Opiate Treatment Index).

Interviews were semi-structured and conversational in that they were conducted at locations chosen by interviewees, frequently their homes, but also in parks while children were at cafes and at playgroups and usually lasted between 30–60 minutes. During the research period the interviewer visited and spent time at playgroups, as well as user groups and services from which interviewees were recruited. The research was also informed by participant-observation undertaken for 6 months for an evaluation of a service for children of drug-using parents (Banwell et al., 2002). Informal discussions and conversations were noted and ideas generated from observations were sometimes incorporated into later interviews. Participant-observation formed the backdrop for the interviews and complemented the knowledge gained during interviews.

The semi-structured components of the interviews were audio taped, fully transcribed and subjected to thematic and content analyses. Field-notes were kept of observations during the interviews, as well as for the auditing process. Analysis involved close and repeated reading of the transcripts with an eye for similarities, differences and inconsistencies both within the groups as well as between them. Themes were coded under themes, some of which were related to predetermined interview topics, while others arose out of the data (see for example, Banwell, 2003).

This paper focuses on the over-arching theme that characterised each group of women's interviews. Reissman (1993) suggests that within a typical in-depth interview there are many "mini-narratives" and there may also be one or more overarching concerns, or as Viney and Bousfield (1991) call it a "core narrative" which represents the "essential story of the story" (Viney & Bousfield, 1991, p. 759). In the interview process, "a particular self is constituted through narratives, occasioned by the presence of the listener, questions and comments. Typically, the moral character of the protagonist is sustained" (Reissman, 1990, p. 1195). This moral character and the narratives that are used to construct it, that we turn to in this paper.

The study was approved by The Australian National University Human Research Ethics Committee. Participants received reimbursement of \$AUD25 for their time, as well as to defray travel and child-minding costs.

Alcohol use

Of the drug-using mothers, 10 reported they had used heroin or other opioids in the last month, three had injected amphetamines and another had injected opioids but not opioids. Of the 10 who had used heroin, 7 were in drug treatment, mainly methadone main-

tenance and some had participated in numerous forms of treatment.

These mothers also used cannabis and nicotine, sometimes quite heavily. Several mothers from the other groups reported cannabis and nicotine use also. Two women in the low-income group had some association with drugs, but in a qualitatively different way. For example, one had been treated for an addiction to prescribed pain-killers and was on a prescribed dose of Mogadon (nitrazepam), while another reported taking an amphetamine-based pill once.

In terms of alcohol use, four women from the drug-using group, one low-income woman and one high-income woman had an AUDIT score of 8 or over, which indicates the likelihood of alcohol problems in women (Banwell, O'Brien, Hamilton, & Attewell, 1999). Two of the drug-using women had scores over 20.

Socio-demographic background

The socio-demographic characteristics of high-income and mobile mothers were similar to each other but different from the drug-using and low-income mothers, who were also similar to each other (Table 1). High-income and mobile mothers were older, more likely to have tertiary qualifications, to be married and to own their own home. However, the mobile mothers' levels of employment were half those of mothers on high incomes.

Most mothers looked after their own children, with the exception of five drug-using mothers. Two of these women had children in foster care, while the rest had informal arrangements with relatives, usually their own mothers, who took primary responsibility for the care of their grandchildren. Several women also had children who were old enough to have left home.

A good mother

The overarching moral tale expressed in these interviews revolved around women's representation of themselves as a good mother. Their interviews told the story of a process in which they constantly worked towards this morally valued identity while managing a string of personal, social and financial obstacles along the way. Typically, their descriptions of their mothering expressed the normative view that mothering is intensely satisfying but also difficult and demanding.

It's challenging. It's the hardest job I've ever had but also the most rewarding (Mobile mother.)

Each group of women's interviews was characterised by a sub-theme that expressed the particular difficulties they faced in attaining and maintaining good mothering. The drug-using mothers' interviews were redolent with a sense of stigmatisation, distrust and fear that overlaid the difficulties that they shared with other groups. For mobile women, it was a sense of

Demographic characteristics of participants

	Drug-use (<i>n</i> = 22)	Low-income (<i>n</i> = 9)	'Mobile' (<i>n</i> = 18)	High-income (<i>n</i> = 21)
Age (years)	29	25	33	33
Age range (years)	19–45	18–31	26–43	24–40
White born (%)	87	89	78	90
Educational attainment				
Primary school to year 10 (%)	72	78	11	12
Primary school to years 11 and 12 (%)	14	22	33	18
Tertiary education (%)	13	0	56	70
Housing				
Defence forces rental ^a (%)	14	0	83 ^a	20
Government rental ^b (%)	73	100	–	5
Home ownership (%)	9	0	17	75
Employment (%)	0	0	44	80
Unemployed including De Facto (%)	48	22	100	85
Annual income				
Less than \$20,000 (%)	91	100	0	0
\$20,000–\$70,000 (%)	9	0	72	65
\$70,000 or more (%)	0	0	28	35
Children				
Number of children (%)	45	67	17	16
One child (%)	9	11	66	48
Two children (%)	36	22	17	10
Three or more (%)	9	0	0	10

^a Refers to living in properties rented through the defence forces, 56% owned their own home (in another city).
^b Refers to living in a shelter.

and for them. Low-income women painted a picture of being limited by financial limitations and a sense that their children were missing out, while women on higher incomes were aware that they were in the cross-hairs of social debates about women's role as mothers and as income earners.

Financial insecurity

Mothers who use illicit drugs are not always poor particularly if they sell drugs (see Denton, 2001) but most drug-using mothers in this study reported living on very low incomes. Some were currently dealing although one was related to a dealer and was sometimes given free heroin, and others had friends who had dealt on occasions. In the past one woman's partner had engaged in dealing which had provided the family with enough drugs to keep their lives harmonious and enough money for more than the basic necessities. Her account reflects the uncertainty of this life and the consequences for her child:

...we'd wake in the morning and have our drugs and we'd have money. And there was more money around at that time too, there was more food in the house, [son] got toys, you know, and I had to end to over compensate. But when things get really bad, all those wonderful things that you've bought for your child, if they're sellable, you will, that's the horrible reality. So the kid goes from one extreme to the other (Drug-using mother).

However, for most drug-using mothers, money was short.

and indeed some mothers expressed concern and regret over their drug expenses. But like low-income women their representations of themselves as good mothers were expressed in similar strategies to manage financial hardship. For example, one low-income mother described how she fed her children on Weetbix [a breakfast cereal] for a week when she was short of food and money. However, by resorting to such means occasionally and with careful financial management mothers on low incomes and drug-using mothers could "get by". Both usually lived in government-supported housing, and arranged for rent, gas, electricity and other payments to be automatically deducted from welfare payments. They registered with charity organizations for food parcels, Christmas hampers and other forms of support. While able to manage their finances, it was still a constant battle to pay extra or unanticipated costs, particularly for their children:

Some weeks I've just gotten by and other weeks, I haven't. Well, the worst week I had was when my son's school camp was on and I had to pay for the school camp and all that sort of stuff (Drug-using mother).

When asked whether she could always buy food, she replied:

I always leave about 4 or 5 dollars in the bank like the Wednesday before pay day in case I need milk or bread or margarine. That's what we always run out of isn't it? Money is always an issue.

ate these women's efforts, their children were likely to enriching activities that most children take for granted. When asked what she would do if she had more money, one on a low income explained:

Well, I'd take the kids on more outings. We'd go on holidays. They'd have already been to the zoo if I had money. They would have already seen certain things. . . . I wouldn't have to shop at St. Vinnies [a charity shop] when looking for clothes for them or waiting for a relative to send me something – I get lots of hand-me-downs – which is great. It saves a lot of problems. And it would just mean I could go to the grocery store and buy exactly what they like (Low-income mother).

Another low-income mother described the difficulties of taking her children to extra-curricular activities, like sports, without a car. The car has increasingly been recognized as a management tool for good mothers to provide enrichment and educational experiences for children (Dowling, 2004). Women without a car rely on the education system for enrichment experiences. However, many sporting activities are provided within the school system, while extra-curricular activities such as live performances and camps can be more expensive. Parents are also reluctant to draw attention to their children by seeking financial assistance (Banwell, Shipley, & Bummer, in press).

Drug-using mothers' stories expressed similar difficulties to those of low-income mothers. Their children's diets, enrichment and opportunities for stimulation were sometimes limited. Their accounts contrasted sharply with those of middle and middle income mothers who often described their children's lives as full of child-centred activities. Interestingly some of the women critiqued the demands of intensive mothering even though their children participated:

I just think society has changed where if your kid's not into swimming, and he's not doing gymnastics, and he's not doing sport, and three playgroups a week, that there's something wrong with you (Mobile mother).

Without the financial resources to undertake these activities, mothers on low incomes and drug-using mothers are limited from what is considered to be good mothering, and their efforts and their children become increasingly marginalized from a range of activities which have now become normalized.

Isolation and separation

Drug-using women were often isolated from families and good friends and had no one to assist them in the day-to-day care of their children. When asked if they had someone to look after their children overnight if an emergency occurred, the mothers said no. Because they felt stigmatized and dif-

group mothering activities. Their descriptions of their friends and acquaintances, most of whom also used drugs, were characterized by a sense of distrust. While stating that drug-using women could be just as good as non-drug using mothers, they acknowledged that sometimes drug-use could lead to lack of attention to children. Distrust was exacerbated by their lifestyle and they told stories of acquaintances who might report them to government services as a pay back for a perceived wrongdoing in connection to money or drugs. Women positioned themselves as good mothers despite their drug-use, by contrasting themselves to other drug-using mothers. One mother attributed her lack of patience with her children to the "drama" of drug-use and lack of support:

I suppose – there's only me. I don't have any family. I've always just looked after myself. My husband . . . when he's not in bloody jail or whatever, so, I've always, I've never been to welfare and things like that (Drug-using mother).

For those drug-using women with family support, there were often costs as well as benefits. Grandmothers had almost completely taken over childrearing for two mothers, although the mothers still had frequent contact. Another woman relinquished care of her child for long periods of time to her parents when her drug use was heavy. Her parents threatened her with loss of custody if she did not manage her drug-use more effectively. A few parents of drug-using mothers provided considerable financial, social and emotional support to their grandchildren. Women's accounts alluded to their good mothering by presenting such arrangements as beneficial for their children but emotionally costly to themselves.

Mobile mothers whose husbands were posted to different locations every few years by the Defence Forces experienced social isolation particularly when their husbands were absent. They also missed the support of their families:

If there were times when I was feeling really down or something like that I had them [parents and siblings] to go to. . . . I've got really nice friends here but I really wish I had . . . my parents or something. It's the only thing I really wish we had. (Mobile mother)

Some felt more comfortable with other Defence Forces families because these understood their lives. A few felt that they or their children were marginalised by non-Defence Forces neighbours:

Like when we were in Melbourne there were Defence Force homes around, and like you usually find that there's one who will make you welcome when you come, and come out and say "if there's anything you need and we're always here." Because you move a lot and you're sort of. . . well for me I don't find it easy in meeting people because I'm sort of fairly shy. When someone's in the same predicament then you've got something sort of familiar to talk

Force". . . I don't know, years ago there was a lot about RAAF [Royal Australian Airforce] brats, the kids were all RAAF brats. . . It's just that any Defence Force member, their kids were little blighters, they were Defence Force brats (Mobile mother).

This mother suggests, difficulties often coalesced around mothering and the well-being of their children. They were concerned about how their children would adapt to a new environment, fit into a new school or make friends in a new neighbourhood.

When drug-using and mobile women discussed the role of partners in supporting them and their children. While having a partner does not necessarily entail a non-supportive partner, some women reported that the men involved in drug use did not make a major contribution to child-care and some were even sent while incarcerated:

In the [drug] scene you know, you're the mother, you look after the kids that's it. But they're [the partners] the first to go [complain] and moan. . . Their priorities are probably not right [in terms of looking after children] but to do something about it; no. They'll whinge and bitch at their wives [wife] to do it all, more than getting in and doing] themselves (Drug-using mother).

Some mobile women had partners who were actively involved in feeding, bathing, and playing with children when they came home from work. They then found their partner's frequent and lengthy absences for work reasons particularly difficult. The Defence Forces administration appears aware of these difficulties that families experience and have developed a range of supports for families (Table 2).

For example, mothers related how Defence Forces informed them to unpack their children's belongings before they moved and to prepare their children's rooms to support their children's sense of security. The introduction of Defence Force staff in 72 schools to assist Defence Force children settle in occurred in 2002. Despite this high level of support, mobile mothers frequently complained of emotional and practical difficulties associated with their dislocation and instability.

In contrast to the support that mobile women received, women who used drugs often had to work hard to negotiate

various bureaucratic systems to obtain assistance for themselves and their children.

Time with children versus employment

Drug-using mothers said they devoted their time to their children by remaining at home with them which, as some pointed out, was more than could be said for mothers in the paid workforce. They could "be there" for their children even if they could not offer material advantages. Good mothering demands a huge investment of 'quality time' but the time provided by women who are not considered ideal mothers is not valued in the same way. Indeed, several women looking back on periods when their use of heroin was heavy wondered how mentally, physically and emotionally available they were to their children:

Like I can look back and even though I thought I was there, when you are on drugs you're not all there. Like everyone says, 'you are, you are, you are' but you're not fully there (Drug-using mother).

In criticizing other women's care-giving, mothers who used drugs heaped censure on other mothers who "drag their kids round Civic" thus describing the practice of obtaining drugs in the central shopping area of Canberra. Mothers who do this are noticeably attending to deviant, non-mothering activities. The stigma attached to this activity was so strong that no participant acknowledged currently doing it although some had done so in the past. Rarely did these mothers question the contexts in which this occurred, such as lack of affordable childcare or support from fathers, or discuss the ways in which other mothers might attend to their own rather than their children's wants and needs. Such stories illustrate the way in which discourses of mothering are hegemonic with women internalizing the values and dictates of the dominant ideology (Arendell, 1999). Such discourses impose contradictory models upon women's views about childcare, leaving them feeling that the one thing they could offer their children was themselves even though some of the time they spent with their children was impaired by drug-seeking and drug-use.

Like drug-using women, high-income mothers commonly expressed their desire to "be there" for their children and placed importance on witnessing or being part of significant events in their children's lives, such when their children first walked or talked.

Non-working high-income women also sometimes criticised women who worked for being less than good mothers. They tended to concentrate on the issue of whether mothers should return to the paid labour force and how old their children should be when this happened and what the effects would be on children:

I don't have a problem with mothers working when they need to, that's a factor of our society that people have to do but it worries me that kids are left for long periods in the

Table 2
Services for defence forces families

Services	
100 p.a. for defence force staff attached to schools (in 2002)	A list of support people
Defence Community Organisation	Written advice on settling children
Liaison officers	Packers and movers
Letterbox	Counselling
Support for older children to attend day care	Support for parents with special needs children

ir discipline and that they don't get a lot of early on and models of behaviour. I wonder whether part responsible for the amount of crime, juvenile (high-income mother).

come mothers placed high value on their time, saw as yet another valuable resource to offer to en:

I had worked very hard and we had good invest- and we were financially stable if I wasn't going to new if I had children I didn't want to work before at to school (High-income mother).

ere also concerned about the difficulties of return-workforce, their loss of work skills and confidence:

in that area was moving very rapidly and I was out of work for two years and I thought if I don't into work now, I'm going to have to go back to I can't afford [the time] to do that (High-income

expressed the view that they were performing the rtant job for society, namely producing the next but that this was socially unrecognized and unre- me voiced ambivalent feelings about the pleasures ties of raising children and the lack of visibility of ne mothers. They were concerned with balancing esires and requirements with what they saw as their od mother in responding to their children's needs:

could like split myself in two. I would love to to work full-time and throw myself into it and all use I really love my work and I love the way that me feel in terms of identity. And then the other d stay home with her [daughter] because she's so and I love being with her. I just don't think it's, ncially it's not viable. I'm not willing to be that I think it would make me bitter and twisted if I (high-income mother).

at with the system (drug-using mothers)

ions about the portrayal of those who use drugs ve around the constitution of the researched as uts in the management of their own lives. Thus (2000) depiction of Melbourne women dealers con- victim status of women who use drugs. Many rks point to women's acts of resistance and agency mework that is beyond their control. Richter and (2000) hierarchy of strategies heroin-using moth- to reduce harm to their children is one example. In mothers who used drugs employed many of strate- Richter and Bammer describe, but these strategies her negative consequences. For example women

who used methadone treatment to repair their maternal iden- tity found their attempts subverted by their heightened visi- bility and the master status of drug-user (Banwell, 2003).

The narratives of mothers who used drugs buttressed their identity as a good mother through accounts of their engage- ment with government and non-government support services. For example, one mother who had only 8 years of educa- tion, was raised in foster homes, and was without family or friends, had been visited by government welfare agents concerned about her children. The mother told how she had already actively sought out the services that her three children required thus satisfying the welfare agency:

I had [someone] from Barnados, I had [community nurse] and [another] nurse, the boys were getting the help with the speech and they were actually in the schools they needed to be in [with remedial programs] all that stuff was already in place (Drug-using mother).

However, just as entering methadone treatment draws attention to women's drug-use, so the use of these services places women under continued surveillance by authorities and enhances the stigma of being in need.

Other services that mothers who used drugs employed were a general-purpose childcare service where children were safe and well-cared for, as well as being isolated from parental drug-use. But most women could not afford such a service. Some women's older children were provided with a "friend" through a charity program. These "friends" took the children for outings and were someone to talk to or assist them, as an alternative to their parents. Mothers valued this resource enormously for the positive values and contacts it provided for their children with no signs of jealousy or bitterness.

Some drug-using parents made good use of a playgroup because it provided their children with activities and offered advocacy, health and support services (Banwell et al., 2002). They appreciated home visits from the outreach nurses whom they trusted. Some had attended parenting courses and were aware of 'correct' discipline and parenting methods although it is not clear if such short-term parenting courses provide them with the tools they required to manage children in the more demanding circumstances of drug-related ill-health or the structural stresses associated with a drug-using life. They actively sought out support services as long as they were not threatened with losing custody of their children (Klee, 1998, 2002).

Conclusions

Our study highlights the value of studying drug-using mothers alongside other mothers for the richer insights this provides. We now briefly reflect on comments made by McK- egney regarding Maher's claims (2002) described in this paper's introduction, for the value of ethnographic research in representing the violence and suffering of marginalised

users. He notes that ethnographically produced narratives have great power to influence the media and politicians and so argues that placing the explanatory emphasis only on the influence of drugs on families reduces them to "representatives of social structure" (McKegney, 2003). They employ their narratives to show that mothers who use drugs are as much passive victims of poverty as other income mothers, and yet poverty is clearly a powerful disciplinary force in the lives of their children. The policy implications of this for the well-being of children are obvious. Mothers in this study experienced to a greater or lesser degree the contradictions, the demands, the juggling act, and the negotiation with professional services that accompany mothering. They took primary responsibility for child-rearing and would be blamed when things go wrong (Hammers, 2000). Some mothers had the economic and social capital to ameliorate some of the gender inequities in child-rearing and domestic work and were able to provide their children with multiple resources, but the drug-using mothers did not usually have access to these forms of capital. Instead, they are marginalised within the predominantly male drug discourse (Moore & Frazer, 2006) and by the hegemonic discourses of mainstream mothering. They are judged by the discursive standards of these discourses which lead them to be blamed, to blame each other and themselves (Jackson & Loxton, 2004). They are often considered to be the "underclass poor" who are morally deficient (Luck, Elifson, & Loxton, 2004) because their difficulties are seen to be of their own making. When they receive special attention it is often viewed by them to be interventionist and punitive and reinforces their sense of stigma and discrimination. This study draws upon the changes culminating in the current laws to call for a liberalizing approach to the current management of heroin use. She argues that the management of family troubles such as divorce demonstrates how to better manage drug troubles (Brook, 2002). Using a similar strategy of drawing upon the non-deviant for comparison leads to dissonance of whether the management of mother troubles will be different in the management of drug troubles for mothers. Placing their narratives of mothers who use drugs alongside those of other mothers illuminates how they all strive to position themselves as good mothers and makes it possible to conceive of improvements in the social conditions of mothering and the whittling away of the contradictions of late modernity. Mothering will be of value to all mothers, irrespective of economic and social position or drug use. Mothers who use drugs should not only have access to non-judgmental specialist services for themselves and their children, they should also be able to access the services and assistance that all mothers have without fear of stigma and discrimination.

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