

Addressing social
determinants linked to
women's substance use -
poverty, housing,
mothering, trauma . . .

International Council on Alcohol and Addictions
Women in Addiction Convention
Stockholm, September 19, 2016

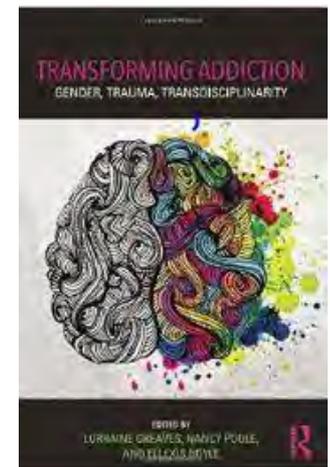
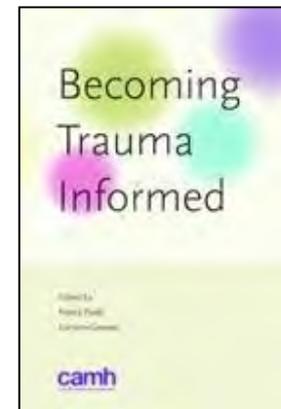
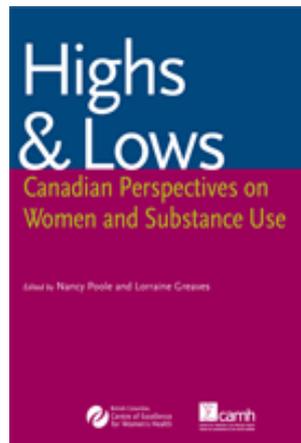
Nancy Poole, PhD



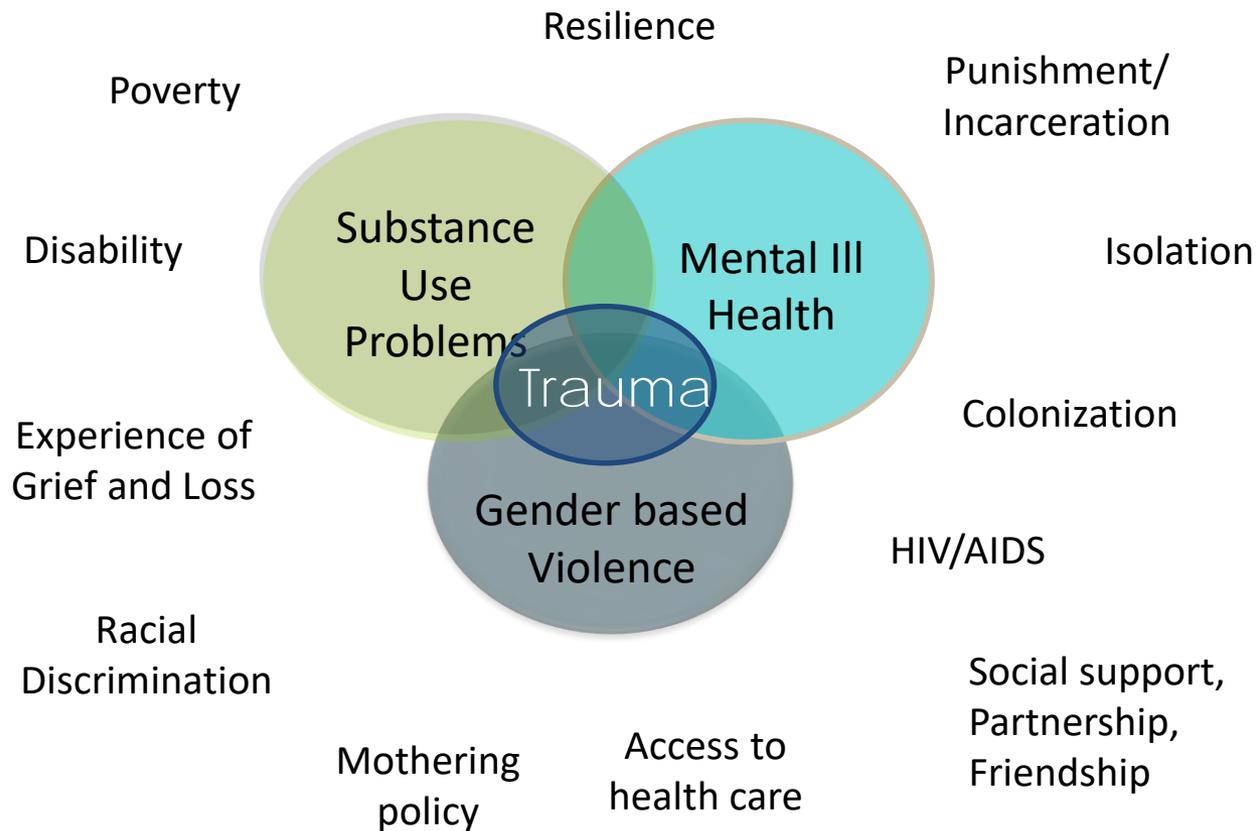
Nancy Poole



- Leads virtual networks and communities, which support critical thinking on gender, substance use and transformative learning and practice.
- Leads change on trauma-informed practice with governments and organizations across Canada
- Leads research and knowledge exchange on prevention of FASD, for CanFASD Research Network

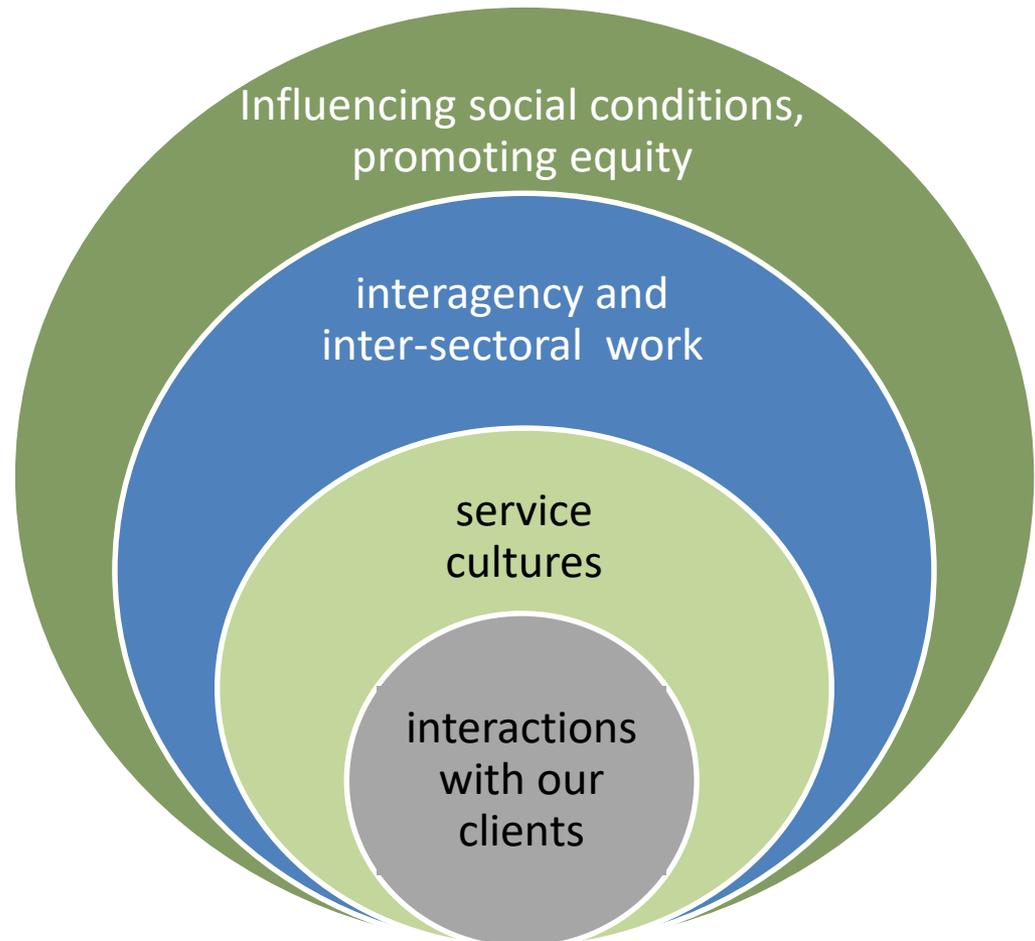


A view of the complexity of women's substance use



A view of the levels where change is needed to promote women's health

Important to consider how we work on substance use and social determinants of health at all these levels



Multiple forms of evidence

Listening to the experiences of women/mothers



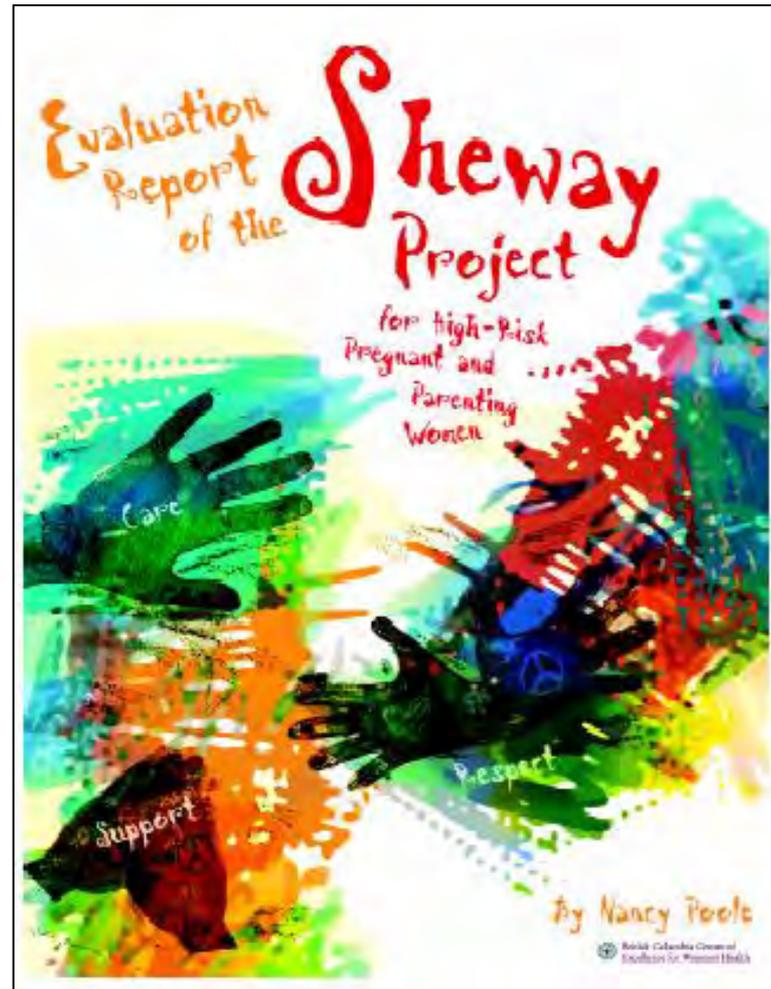
Apprehensions: Barriers to Treatment for Substance Using Mothers, BC Centre of Excellence for Women's Health

“We're slipping through the cracks and everything else, and when you push and shove and take away the children and stuff, I mean, we're losing mothers in droves here, you know, so there's a flaw in the system.”

Voice of mother in treatment from *Mothering Under Duress* study



Women's programming examples from urban neighbourhoods with poverty, homelessness, alcohol and drug use . . .



<http://bccewh.bc.ca>

Sheway's Philosophy of Service

Based on the recognition that the health of women and their children is linked to the conditions of their lives and their ability to influence these conditions;

- Services are voluntary, flexible, welcoming, non-judgmental
- Support women's self-determination, choices and empowerment
- Utilize a Harm Reduction approach
- Respectful and understanding of First Nations culture, history and traditions
- Link women and their families into a network of social, emotional, cultural and practical support



Support to build networks
- both friendship and
ongoing service support
networks

Healthy Babies,
Infant/Child
Development

Pre and postnatal
Medical Care and
Nursing Services

Drop In

Out Reach

Crisis Intervention

Advocacy

Support

Advocacy and
Support on Access,
Custody and other
Legal issues

Nutritional Support
and Services

Advocacy and
Support on Housing
& Parenting issues

Support/ Counselling
on Substance
Use/Misuse issues

Connecting with other services

Support on HIV,
Hepatitis C and
STD issues

Support in reducing
exposure to violence
and building supportive
relationships

Reducing barriers to care



Sheway
Model

What services did women choose to access?

- *All of it!*
- *The clothes for the kids.*
- *The nurses to get the shots.*
- *The alcohol and drug counsellor to work out your problems with trying to get off drugs.*
- *The social workers, settlement workers, you know.*
- *The nutritionist.*
- *Everything, yeah, all of it.*
- *I took different stuff – I (got referred to) a parenting program, a native awareness one – and for me that's what really helped me, because, like, I didn't even know how to parent. I was too tied in to when I lost my three children, so I had a lot of issues to deal with.*
- *The doctor that came here every Thursday.*
- *Lynn's (the Infant Development Worker) sewing machine. Lynn has stuff on loan for babies and helps you work through the development stages of the children*

Overarching theme

*You could come here
and not be judged*



Most important change made while at Sheway

- *The **self-esteem I guess, like, you know, when you're first coming off the street for the first year, it's** kind of rough and Sheway's there to support you and you start getting some of your self-esteem back.*
- *like we didn't have the patience, we didn't have the understanding of calming the baby, you know, instead of getting angry, or just trying to work through, you know, them teething. . . So for me the most important thing that I've learned around here is **patience.***
- *And them **talking through things with you** instead of going, "Oh, well, just, don't worry about it and blah blah blah" or something – like they asked me how to work through the situation and they got you to do most of the work on it, you know, like the talking of whatever was going on and how to work through it, rather than just giving you answers.*
- ***To stop using drugs** was the most important change.*
- ***To respect yourself.***
- ***I learned to value myself as a person other than just as an object, an object to go out and use men to get whatever I needed** – so that's why being around all these women you know, I realized that's not all there is to life.*

The Mother-Child Study: Evaluating Treatments for Substance-Using Women

A Focus on Relationships



Given the impact of trauma on relational capacity, agencies working with mothers and children have found that perceived support from service providers, and children's and mothers' ability to feel secure with others, is related to improved outcomes for mothers and children.



Manito Ikwe Kagiikwe: The Mothering Project, Winnipeg

- Peer Driven Program Development – Women’s Advisory Committee
- Drum Group and opportunities for healing related to the drum
- Low Threshold Intake process
- Valuing of Experiential Wisdom
- Oriented towards kindness
- Trauma informed approach - Motivational Interviewing, building space with TIP in mind, gardening, food as medicine, yoga and mindfulness activities.
- Dedication to participant engagement and consent to share information.
- System navigation and interdisciplinary collaboration





SUPPORTING PREGNANT AND PARENTING WOMEN WHO USE SUBSTANCES

What Communities are Doing to Help

Communities across Canada are becoming increasingly aware of issues related to pregnancy, alcohol and substance use, Fetal Alcohol Spectrum Disorder, and child health and development. In many communities, the needs of pregnant women with substance use issues are of particular concern as they often intersect with issues such as poverty, unsafe or inadequate housing, violence and abuse, food insecurity, and other health and social issues.

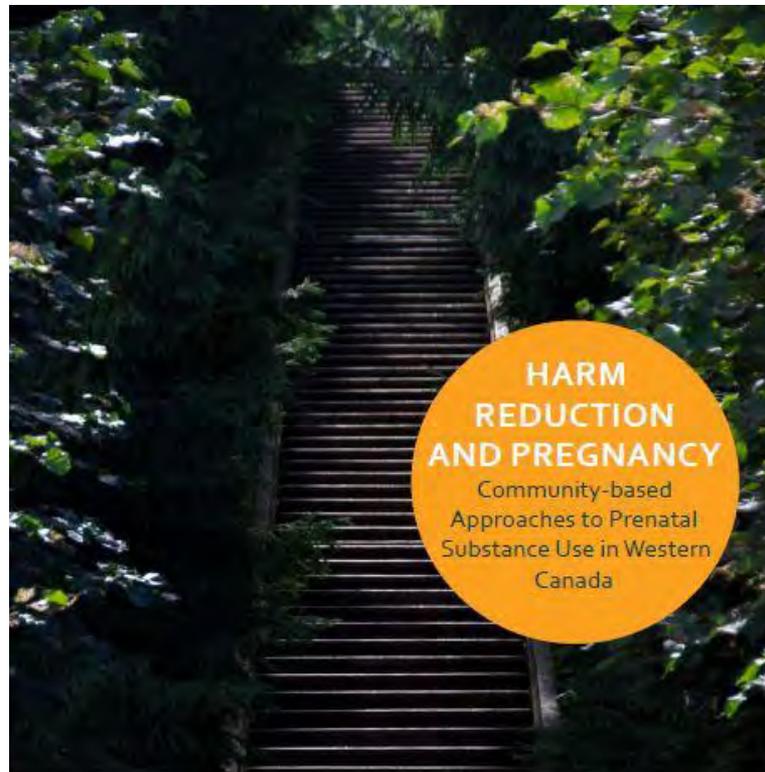
Many people are asking questions about how to support women and their babies/young children so that they can have a healthy and safe start in life. In the early 1990s, several communities began to develop integrated responses to addressing the needs of pregnant and parenting women with substance use issues. These early programs included *Sheway* in Vancouver's Downtown Eastside and *Breaking the Cycle* in Toronto. Nearly 20 years later, the research

evidence clearly supports this type of program as an effective way of addressing the needs of pregnant and parenting women who use substances.

While all these programs are different in philosophy and mandate, they all seek to provide a range of services under one roof (a "one-stop shop" or "single-access" model), address women's needs from a holistic perspective, provide practical and emotional support, and strive to reduce barriers to accessing care and support. Another important similarity is that all of these programs started as a unique network of cross-sectoral partnerships that developed a common vision, values, and goals.

In this document, we profile the development of single-access programs in four different communities and talk about why this type of program works.

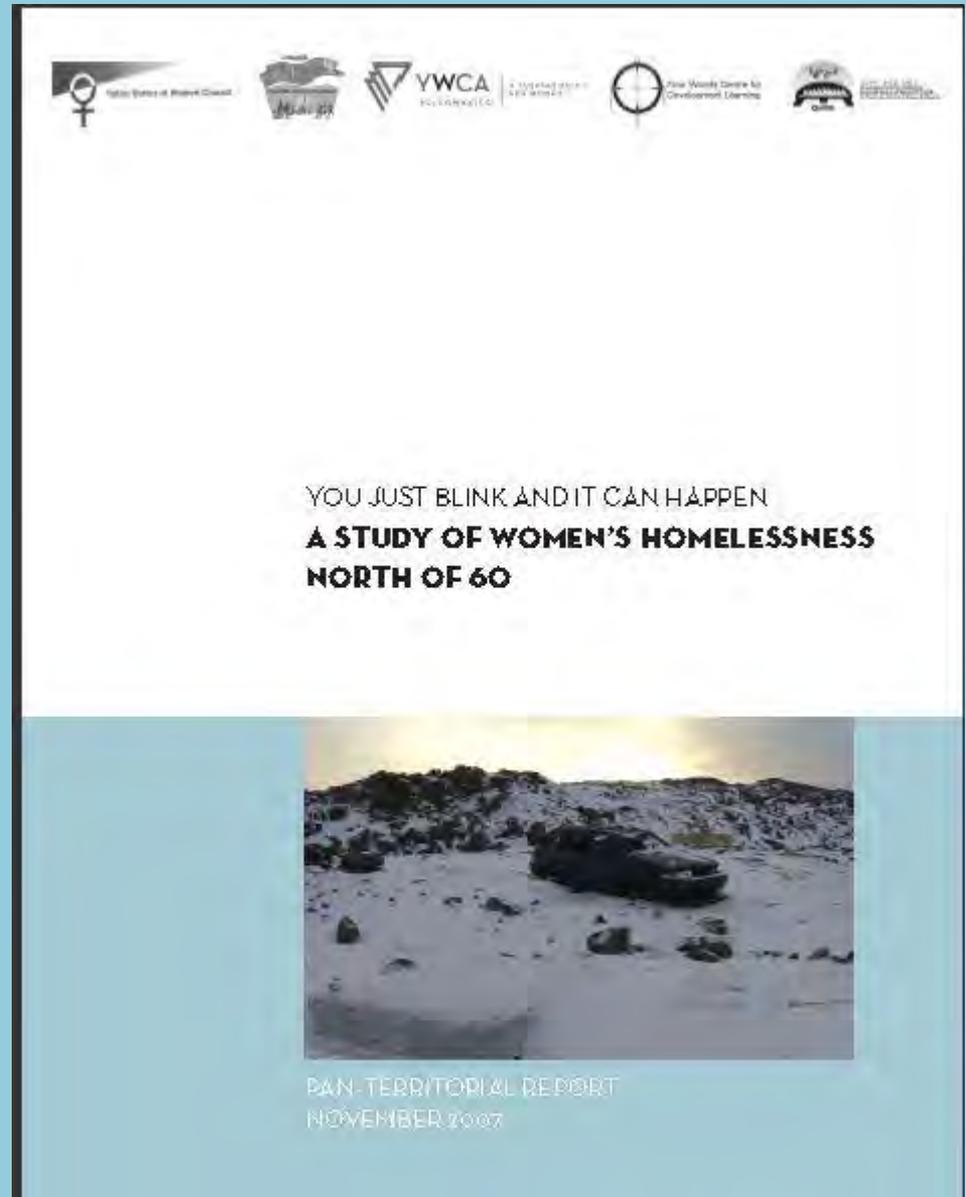
Canada FASD Research Network's Action Team on Prevention from A Women's Health Determinants Perspective • www.canfasd.ca

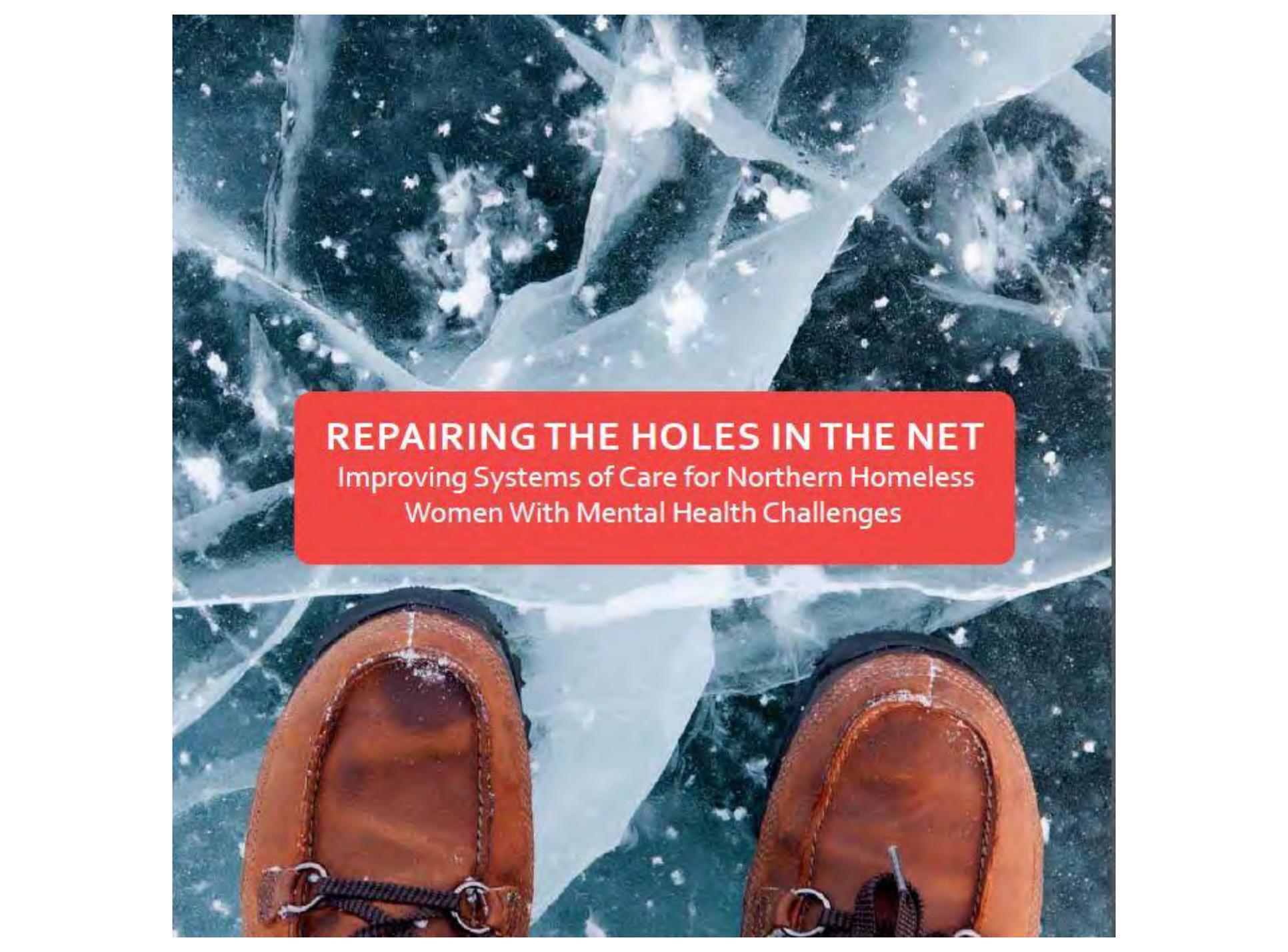


**HARM
REDUCTION
AND PREGNANCY**
Community-based
Approaches to Prenatal
Substance Use in Western
Canada

<http://bccewh.bc.ca/> publications alcohol and FASD prevention

Examples from
remote northern
communities,
assisting
Indigenous
women, linking
to southern allies





REPAIRING THE HOLES IN THE NET

Improving Systems of Care for Northern Homeless
Women With Mental Health Challenges

Discussion by service providers and policy analysts in virtual and local communities of practice

Topics discussed:

Why gender matters

How change happens

Trauma informed practice

First Nations and Inuit perspectives on mental health

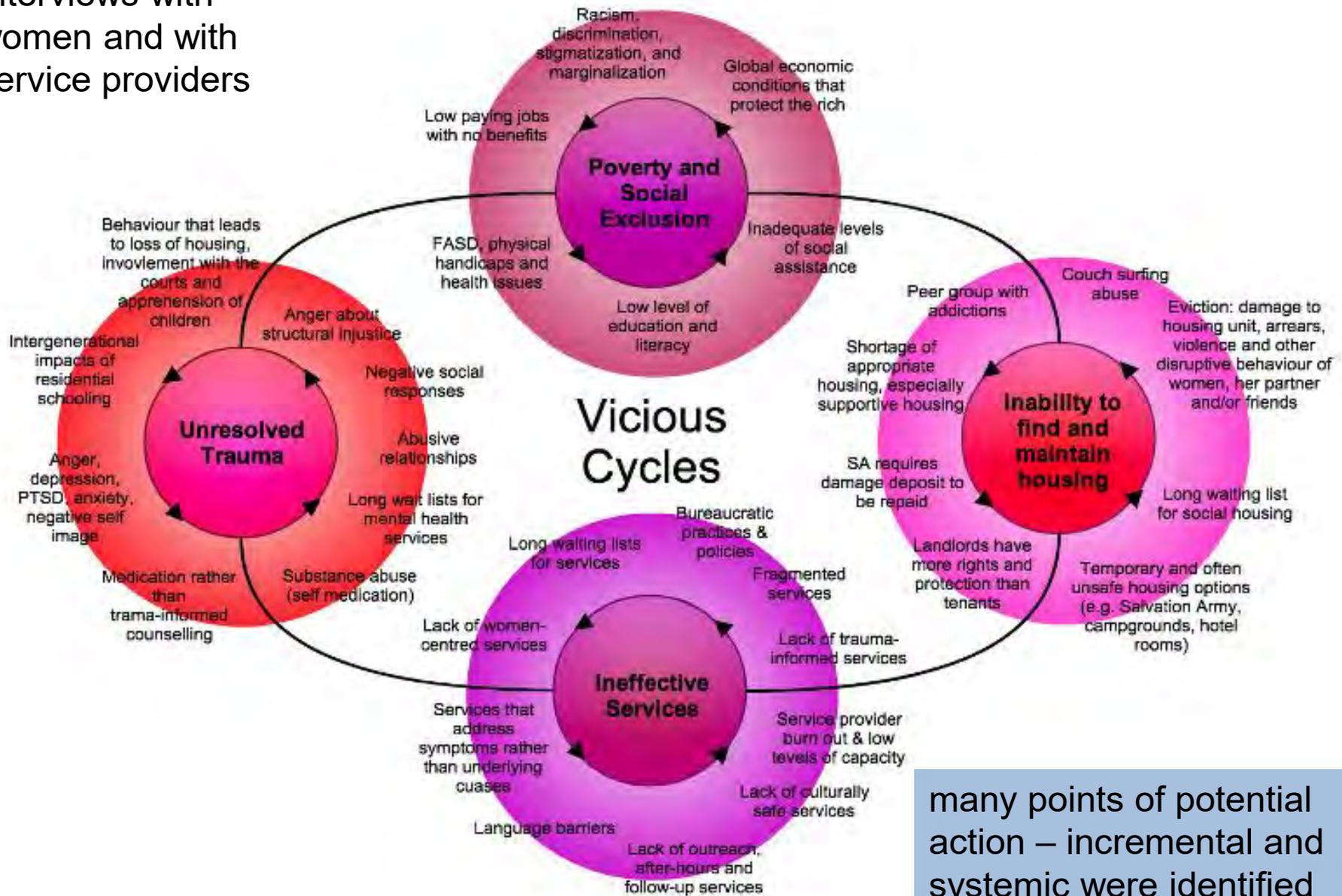
'Housing first' and other housing models

Social finance

Communities of practice

Mental health issues among homeless and at-risk women

Interviews with women and with service providers



many points of potential action – incremental and systemic were identified

Trauma – informed approaches are key

Not treatment for trauma

Instead:

- working with an awareness of how trauma affects women's ability to connect
- Creating safety
- Offering choice and empowerment
- Teaching skills for self regulating

Trauma-Informed Practice Principles

Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote healing.

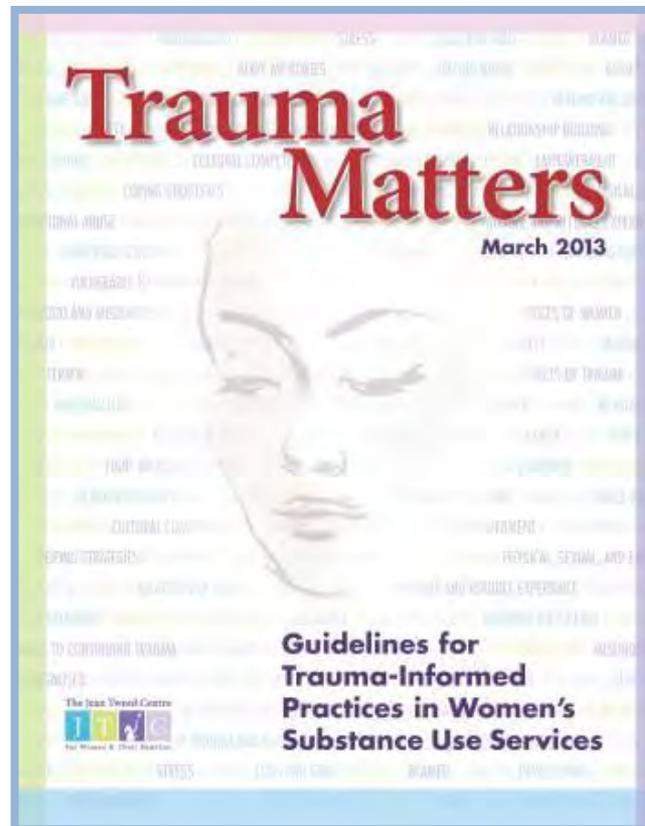
<p>Trauma Awareness</p> <p>Trauma awareness is the foundation for trauma informed practice. Being 'trauma aware' means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).</p>	<p>Safety and Trustworthiness</p> <p>Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building strong and trustworthy relationships and service engagement and healing. Developing safety within trauma-informed services requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.</p>
<p>Choice, Collaboration And Connection</p> <p>Trauma informed services encourage opportunities for working collaboratively with children, youth and families. They emphasize creating opportunities for choice and connection within the parameters of services provided. This experience of choice, collaboration, and connection often involves inviting involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service users' rights and grievances.</p>	<p>Strengths Based and Skill Building</p> <p>Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy. A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of 'emotional learning' and 'social learning.'</p>

TIP in women's substance use treatment in Canada

The Jean Tweed Centre

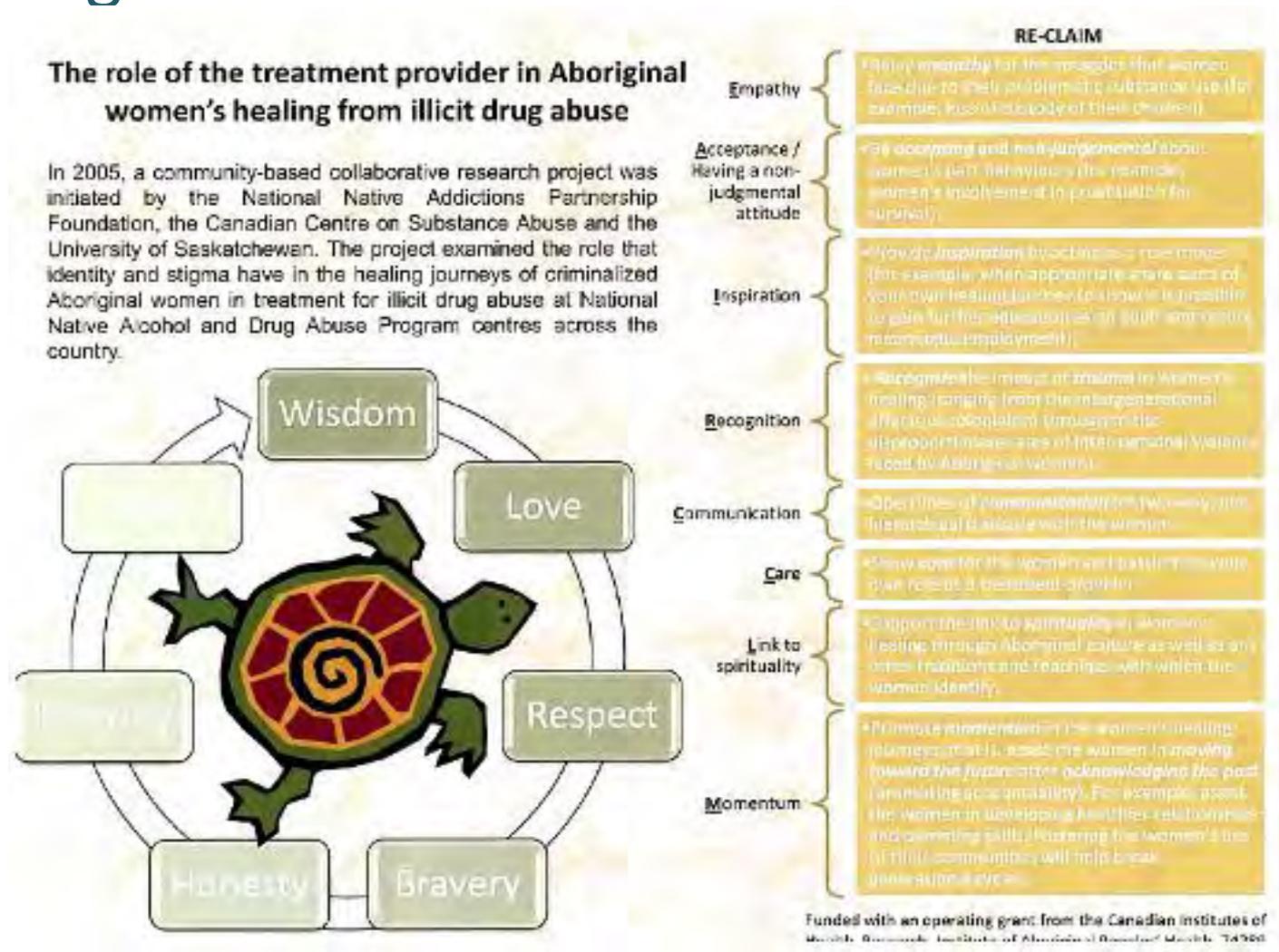


For Women & Their Families

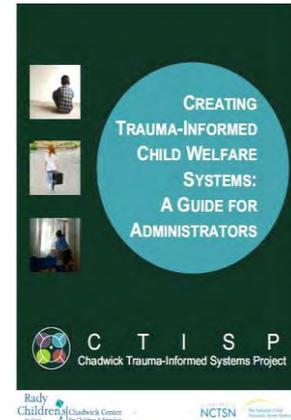


RECLAIM Principles - guiding treatment for Indigenous women in Canada

Women identified the RECLAIM principles as important for treatment providers to understand and apply when supporting Aboriginal women's healing from illicit drug abuse.



Linking to other trauma informed systems



- *A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices.*

Essential Elements of a Trauma-Informed Child Welfare System Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

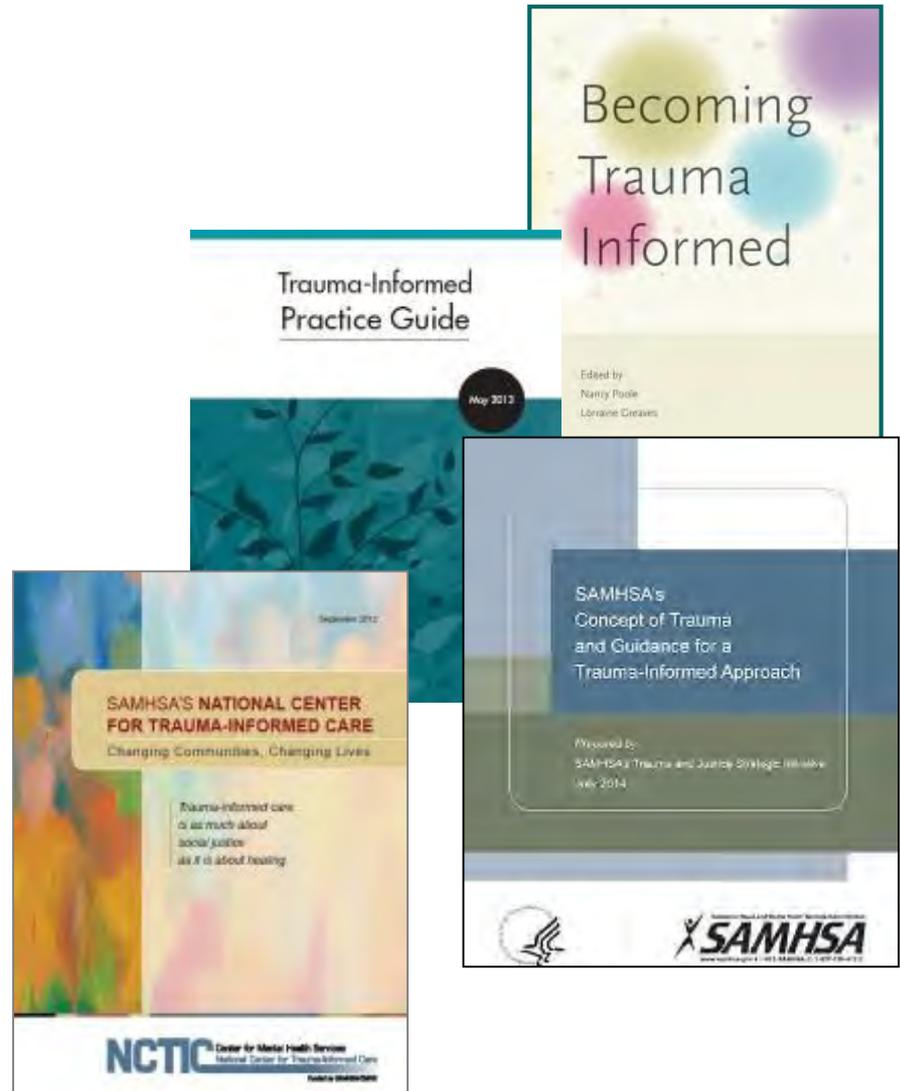
Systemic approach - Project Kealahou

- for Hawaii's female youth who are at risk for running away, truancy, abuse, suicide, arrest and incarceration.
- PK builds on sustained **cross-agency efforts** among the state's mental health, juvenile justice, education, and child welfare systems to promote system-of-care (SOC) principles of community-based, individualized, culturally and linguistically competent, family driven, youth-guided, and evidence-based services.
- In addition, PK emphasizes **trauma-informed** and **gender-responsive** care in serving its target population of females ages 11-18 years who have experienced psychological trauma.

Suarez, et al (2014) Project Kealahou: Improving Hawaii's System of Care for At-Risk Girls and Young Women through Gender Responsive, Trauma-Informed Care." *JOURNAL OF MEDICINE & PUBLIC HEALTH* 73 (12).

Trauma Informed Practice as a movement

- Trauma Informed Practice is a movement - it includes changes in the way we think about how we provide social and health care services
- TIP means changes at the practice, program, and policy level
- “is as much about social justice as it is about healing”



**Looking back
to go forward**





UNITED NATIONS
Office on Drugs and Crime



Substance abuse treatment and care for women:

Case studies
and lessons learned

Drug Abuse Treatment Toolkit

“Gender responsive”
programs are those that consider the needs of women all aspects of their design and delivery, including location, staffing, programme development, programme content and programme materials

www.unodc.org/pdf/report_08-30_1.pdf

Guiding principles for gender responsive treatment

- **Environment** – create an environment based on safety, respect and dignity
- **Relationships** – develop policies, practices and programmes that are relational and promote health connections to children, family, significant others and community
- **Services** – Address the issues of substance abuse, trauma and mental health through comprehensive, integrated, culturally relevant services
- **Economic and social status** – provide women with opportunities to improve their socio-economic conditions
- **Community** - Establish as system of community care with comprehensive collaborative services

www.bccewh.bc.ca

<http://promotinghealthinwomen.ca/>

www.coalescing-vc.org

<http://addictionsresearchtraining.ca/>



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Welcome to the
British Columbia
Centre of Excellence
for Women's Health.

We are a research and knowledge exchange centre focused on girls' and women's health, with strong roots in policy, practice, academic and community networks.



We engage in research and evaluation that produces evidence to improve girls' and women's health, and promote a women-centred approach to health.



We involve researchers, service providers, policy makers and women's health advocates at all stages of research and knowledge exchange processes.



We partner with local community agencies, and provincial, national and international organizations, initiatives and networks to conduct research and to exchange knowledge.

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