

# Partnerships that Move Systems to Improve Women's Health and Prevent FASD



Canadian Centre on Substance Abuse  
Summer Institute  
PEI , July 17 2006



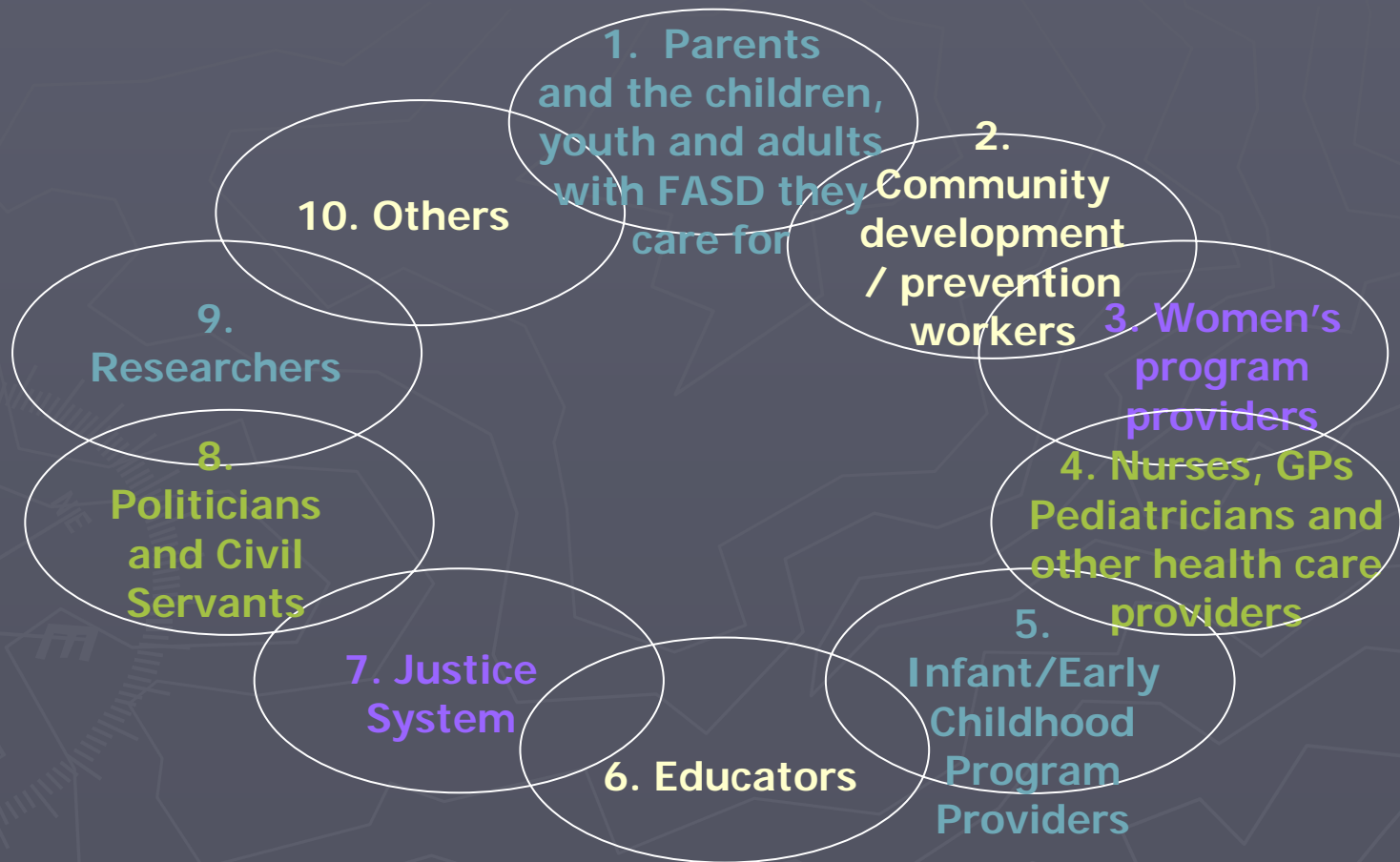
Nancy Poole  
BC Women's Hospital and  
BC Centre of Excellence for Women's Health

# Once upon a time

The BC government funded 3 FASD related positions:

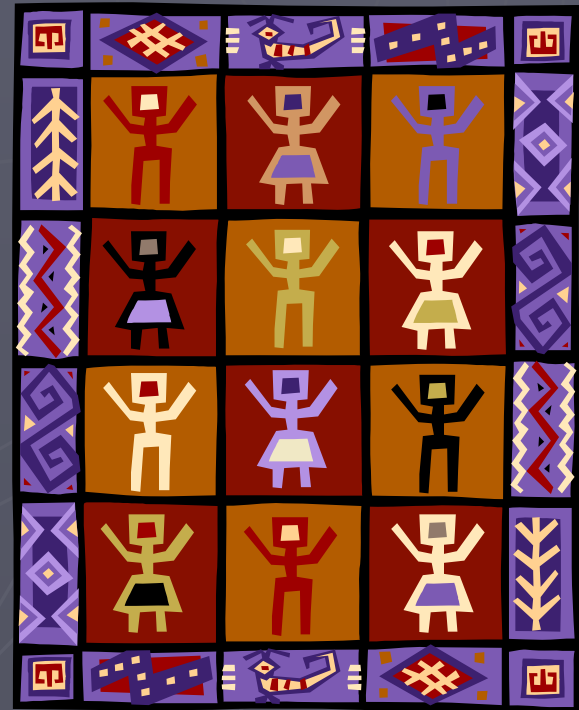
- ▶ a very part time medical advisor, a pediatrician specializing in FASD diagnosis
- ▶ a part time advisor/advocate on early intervention with women with substance use problems
- ▶ a full time health promotion/community development specialist

They in turn:  
brought people to together to define and involve the  
continuum of those with an interest in FASD



# This group agreed upon values for working together

- ▶ Respect
- ▶ Understanding
- ▶ Compassion
- ▶ Hope
- ▶ Cooperation



# Years passed

- ▶ Stellar community development work in Burns Lake, Prince George, East Kootenay Region (Community Healing and Intervention Program)
- ▶ Contributed to CCSA's Best Practices document
- ▶ Contributed to the understanding and development of models of care for high risk pregnant substance using women
- ▶ Contributed to dialogue on and development of diagnostic guidelines
- ▶ Close collaboration with government on development of strategic plan, using Delphi surveys and community consultation
- ▶ Knowledge translation

# FASD Strategic Plans emerged

## 6 key components reflecting the continuum of work required:

1. Community development, health promotion and public awareness strategies to raise awareness of FASD as a life-long disability and the risks associated with alcohol and substance use during pregnancy.
2. Early identification and intervention/support with all pregnant women who use alcohol and their partners/support systems.
3. Focused intervention with high risk pregnant and parenting women and their partners/support systems
4. Timely diagnosis, assessment and planning for children, youth and adults affected by FASD.
5. Comprehensive and lifelong intervention and support for children, youth and adults affected by FASD and their families/support systems.
6. Leadership and coordination of FASD initiatives at the community, regional, provincial and national levels.

# We have continued to articulate and value cross sectoral work

4 sectors involved in achieving the continuum of FASD related work, creating synergy across efforts:

1. community advocates
2. service providers (in the broadest sense including doctors, community based providers, educators, and justice system workers)
3. government/health authority policy makers
4. researchers



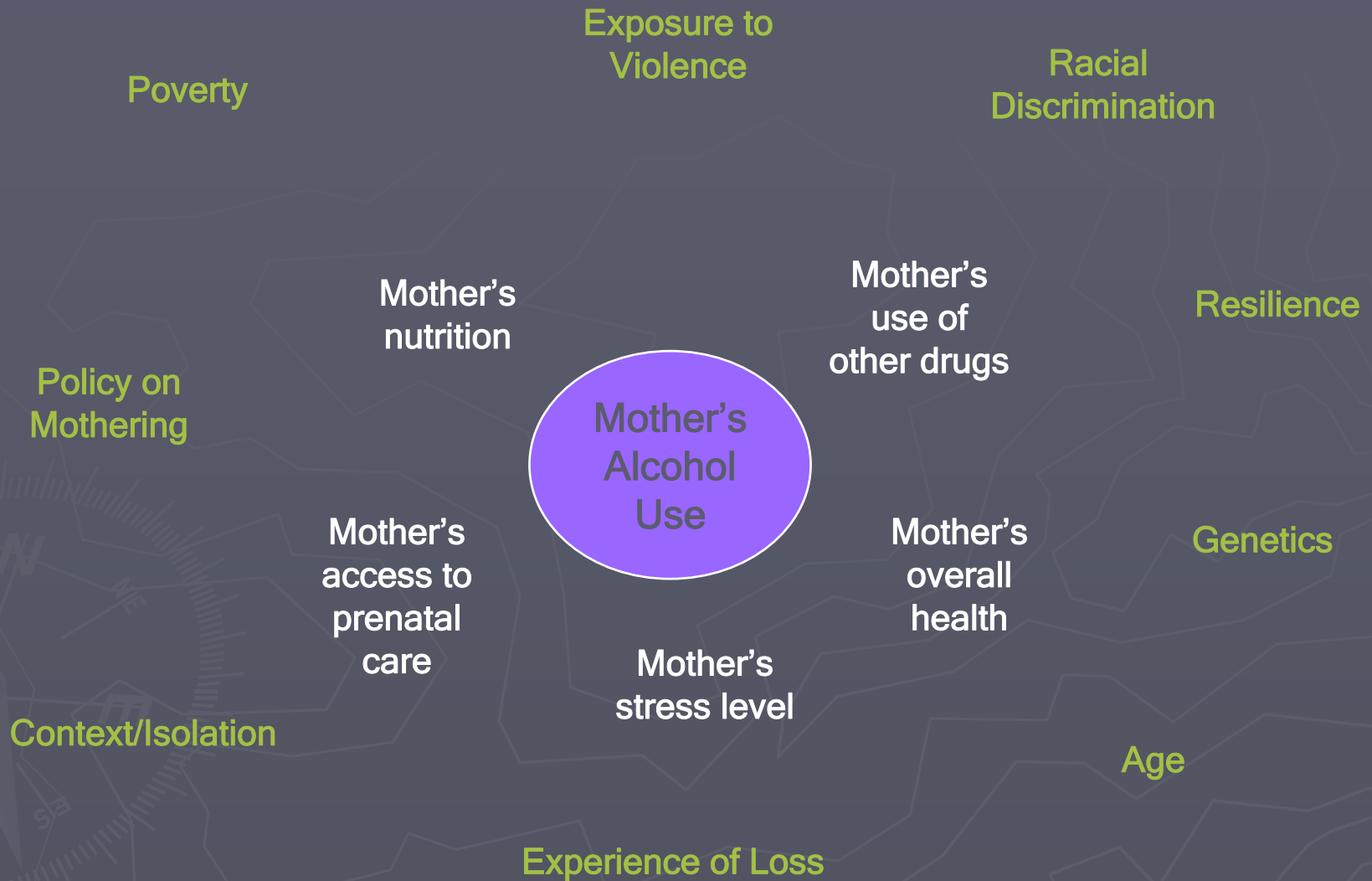


These partnerships across the continuum, grounded in value-based leadership have helped us to:

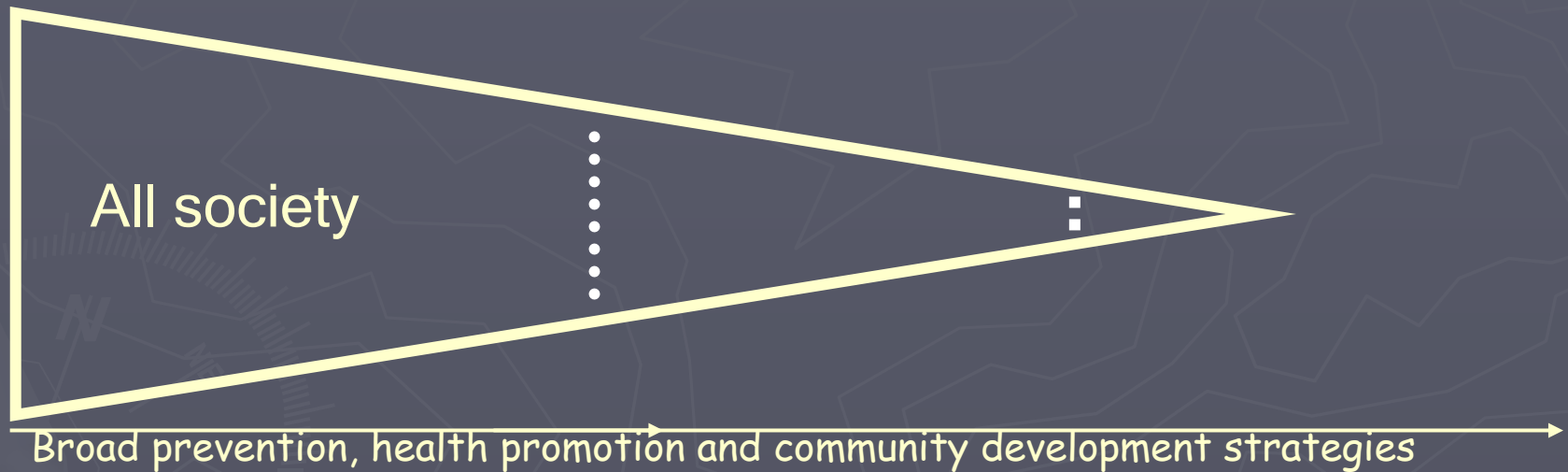
- move beyond a “Just Say No” approach,
- contextualize women’s substance use in determinants of health,
- and plan for/offer a continuum of responses



# It's Not Only About Alcohol



# A multi-level vision for influencing women's alcohol use and related health problems

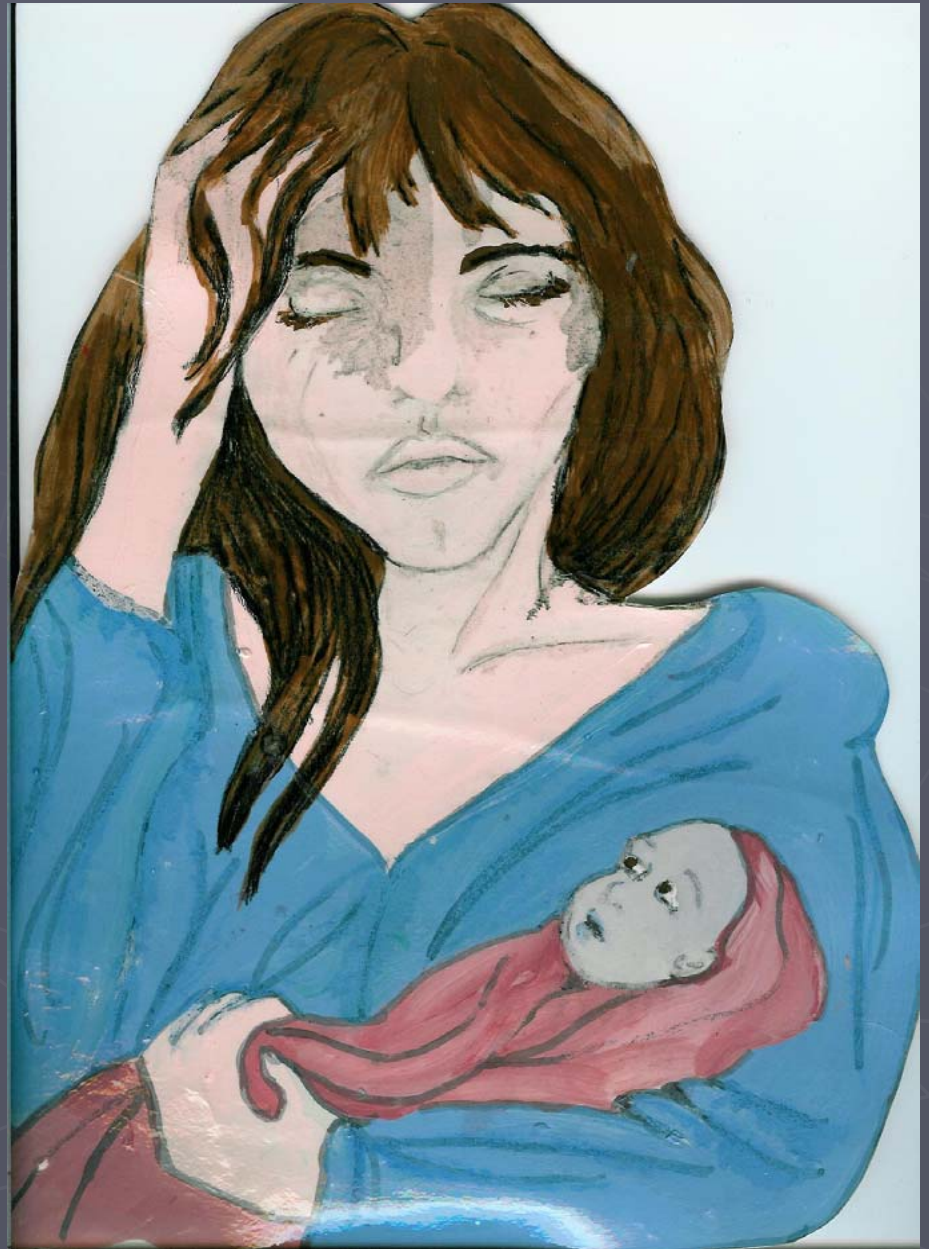


# Current partnership across government and with the Liquor Distribution Branch on prevention messaging

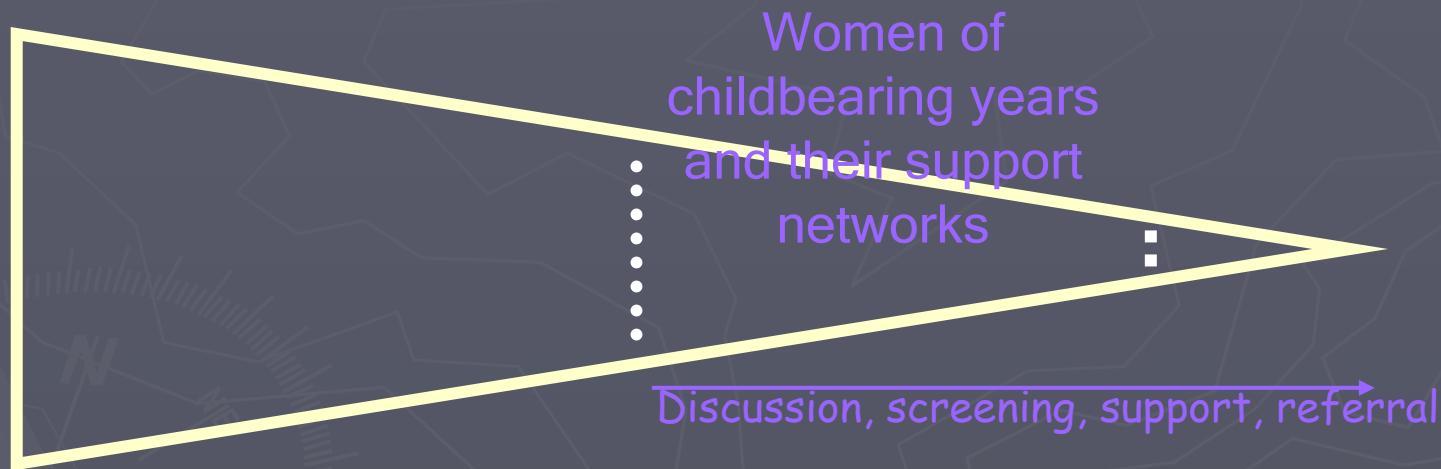
insert jpeg of new BC messaging

Partnerships with  
community based  
women's groups to  
bring in voices of  
marginalized  
women

"My darling baby  
Oh so sweet  
I cannot wait until we  
meet  
Why do I drink and  
hurt you so  
Why can't I stop  
I do not know"



# A second level of influencing women's alcohol use and related health problems



# Promoting Broad Involvement in Discussing Substance Use with Women



# Recognizing that asking Makes a Difference

Supports to accessing treatment cited by pregnant and parenting women:

- Supportive professionals (77%)
- Supportive family members (68%)
- Supportive friends and recovery group members (47%)
- Children as motivation to get help (47%)
- Health problems as motivation to get help (55%)

*Source: Apprehensions: Barriers to Treatment for Substance Using Mothers, BC Centre of Excellence for Women's Health (2001)  
Researchers: Nancy Poole and Barbara Isaac*



# Using Women Centred Tools

## **The SMART Guide**



*Motivational Approaches Within the Stages of Change  
for Pregnant Women Who Use Alcohol:*

*A Training Manual for Service Providers*



Reynolds, W., &  
Leslie, M. (2002).  
*The SMART Guide,  
Motivational  
Approaches Within  
the Stages of  
Change for Pregnant  
Women Who Use  
Alcohol, A Training  
Manual for Service  
Providers.* Kingston,  
ON: AWARE and  
Breaking the Cycle.



# The Help Kit

Tools for professionals working  
with women who use substances  
• screening • intervention • referral



**AADAC**  
Alberta Alcohol and Drug Abuse Commission  
An Agency of the Government of Alberta

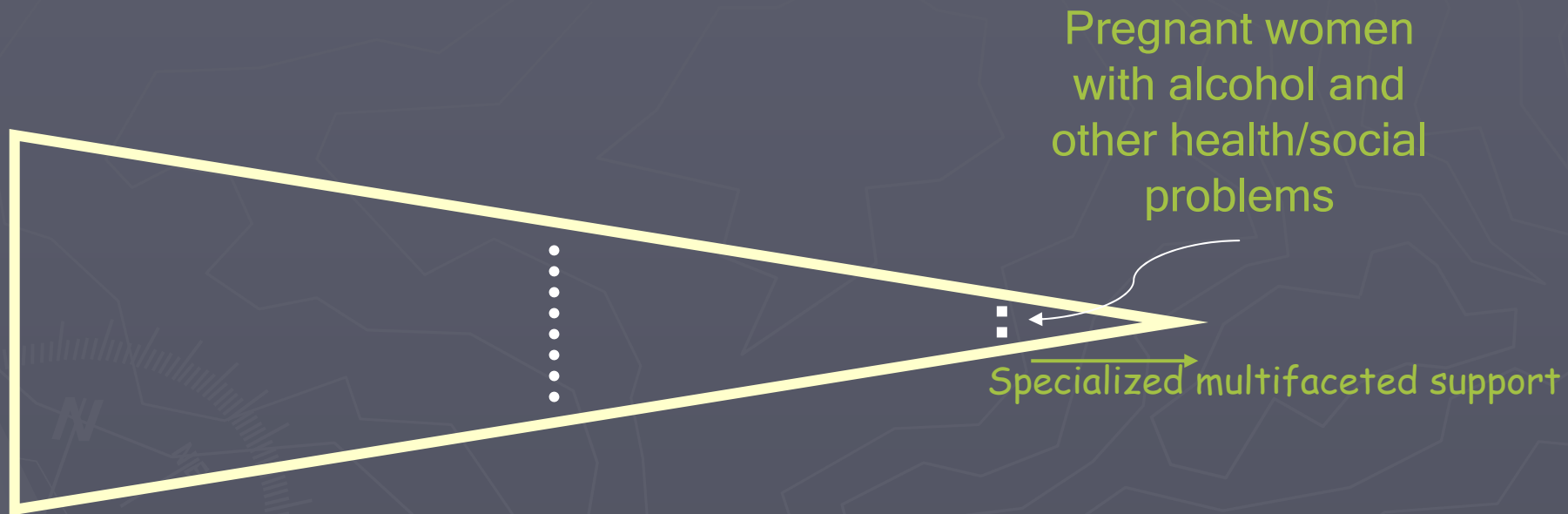
services  
AND  
women

# Moving the focus to women-centred care

requiring a paradigm shift in  
respect, understanding &  
compassion



# A third level of influencing women's alcohol use and related health problems



Building open, welcoming support services  
at every level of care



# Addressing Barriers to Treatment for Mothers

## Barriers to treatment cited by pregnant and parenting women when first accessing support/treatment

- Shame (66%)
- Fear of losing children (62%)
- Fear of prejudicial treatment on the basis of their motherhood status (60%)
- Feelings of depression and low self esteem (60%)
- Belief they could handle the problem without treatment (55%)
- Lack of information about what treatment was available (55%)
- Waiting lists for treatment services (53%)

*Source: N Poole and B Isaac. (2001) Apprehensions: Barriers to Treatment for Substance Using Mothers, BC Centre of Excellence for Women's Health*

# Maternity Care - Fir Square Combined Care Unit at BC Women's and T-Cup at St Joseph's Hospital in Toronto

- ▶ Care centred on the mother child unit
- ▶ Shift from expectation that mothers adapt to systems - to reorganization of providers
- ▶ Continuity of care between community and hospital
- ▶ Work to support child protection and enhanced mothering capacity





# Offering comprehensive and transdisciplinary care

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



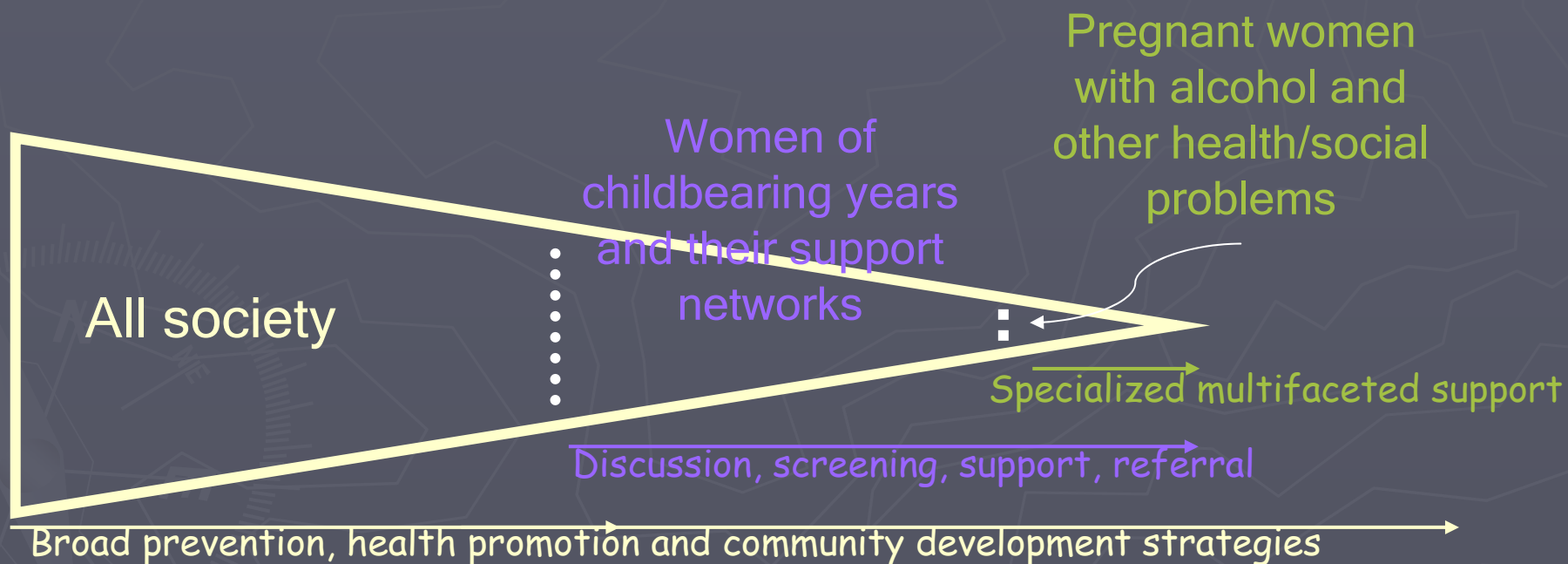
**Sheway**  
**Project**

# Continuing to expand our response

- ▶ Integrating support on trauma related issues
- ▶ Shifting to support for mothering
- ▶ Providing housing



Key leaders, broad partnerships →  
articulation of a response continuum designed  
to improve women's health to prevent FASD



# Vancouver & Area Women's Addictions Services Providers Network



Quarterly meetings for the past 10 years

# Networking across the women's addiction service continuum



- ▶ Methadone clinic providers
- ▶ Detox providers
- ▶ Daytox providers
- ▶ Outpatient providers
- ▶ Day treatment providers
- ▶ Residential treatment
- ▶ Supportive recovery
- ▶ Trauma aftercare groups
- ▶ FASD, HIV, BWSS
- ▶ Anyone who works with women with substance use problems

# Emergent topics



- ▶ Mutual aid options for women
- ▶ Addressing trauma linkages
- ▶ Addressing eating disorders
- ▶ Linking DTES and residential treatment
- ▶ Linkages for women leaving correctional institutions
- ▶ Services for young women
- ▶ Messaging Benzos and SSRIs
- ▶ Supporting sex trade workers with addictions issues

- Involves women as informed participants in their own health care, with the right to control their own bodies

Recognizes the impact of differences and social and economic location

## Empowering

## Respectful of Diversity

- Involves women & recognizes women have authority on their own lives

## Participatory

## Safe

- Establishes emotionally, spiritually, culturally and physically safe environments



## Social Justice Focus

- Participation of women in planning, evaluation, policy and research
- Advocating for women's issues

## Holistic

- Avoids unnecessary medicalization and uses a bio-psycho-social model

## Individualized

- Consideration of health concerns unique to each woman and her personal experience in all her roles

## Comprehensive

- Involves care, health promotion, education prevention, treatments and rehabilitation

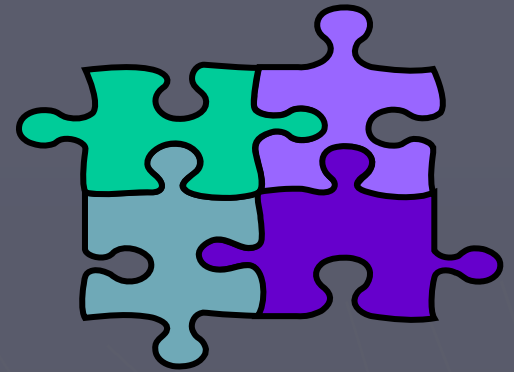


# Benefits



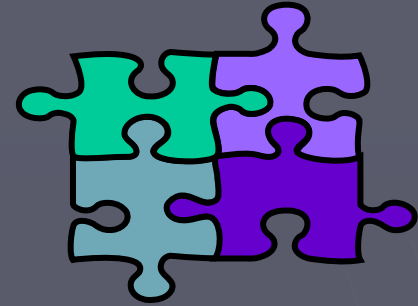
- ▶ Provides context for application of an appreciative inquiry model
- ▶ Supports the integration of harm reduction
- ▶ Some systemic adjustments, arising from advocacy for improved programming
- ▶ Connective across the continuum

# Going Virtual



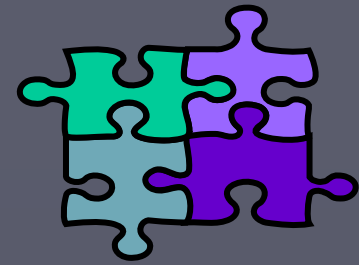
- ▶ Coalescing on Women and Substance Use – Linking Research, Practice and Policy
- ▶ Funded by Health Canada under the Drug Strategy Community Initiatives Fund
- ▶ Involves building of national communities of practice on 6 knotty topics related to women's substance use
- ▶ Uses web based technological support to foster virtual collaboration across distance, sector and other diversities

# Coalescing Goals



- ▶ to catalyse and support meaningful involvement of multi-sectoral stakeholders in identifying better practices in policy and service provision, grounded in the latest evidence and collective practice based insights
- ▶ to expand and strengthen links between research, programming and policy related to women's substance use

# The knotty topics

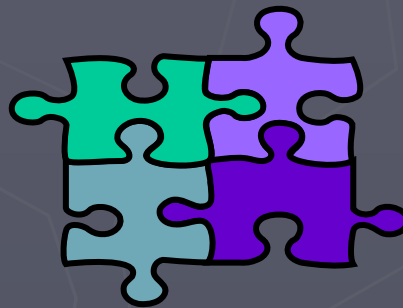


1. helping **violence** shelters, sexual assault centres and related mental health services integrate work on substance use into their settings
2. helping **child welfare** agencies take a strengths based and harm reduction approach in their risk assessments with substance using mothers
3. helping safe injection sites and other **harm reduction** settings take a women centred approach in their work
4. helping addictions services integrate work on **trauma** into their services
5. helping those working on **FASD prevention** to take a women-centred health approach in prevention materials and initiatives
6. emergent issue ??

# Coalescing process

- ▶ Collective posting of documents and weblinks

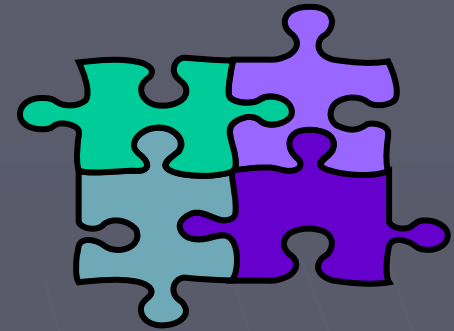
- ▶ Collaborative creation of a range of documents and presentations that have a focus on advocacy for research, policy and practice



- ▶ Online discussions
- ▶ Periodic virtual meetings using shared application capacity and audio conferencing

- ▶ Webcasting and other knowledge translation mechanisms

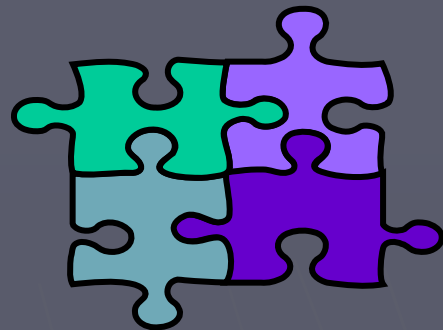
# 1<sup>st</sup> Community Involvement



Participants from 6 provinces and 2 territories:

- From service(15), research (4) and policy (1) sectors
- From local (16), provincial (3) and national (1) organizations
- From addictions (10), violence (4), women focussed (2), child focussed (1) and health (3) sectors

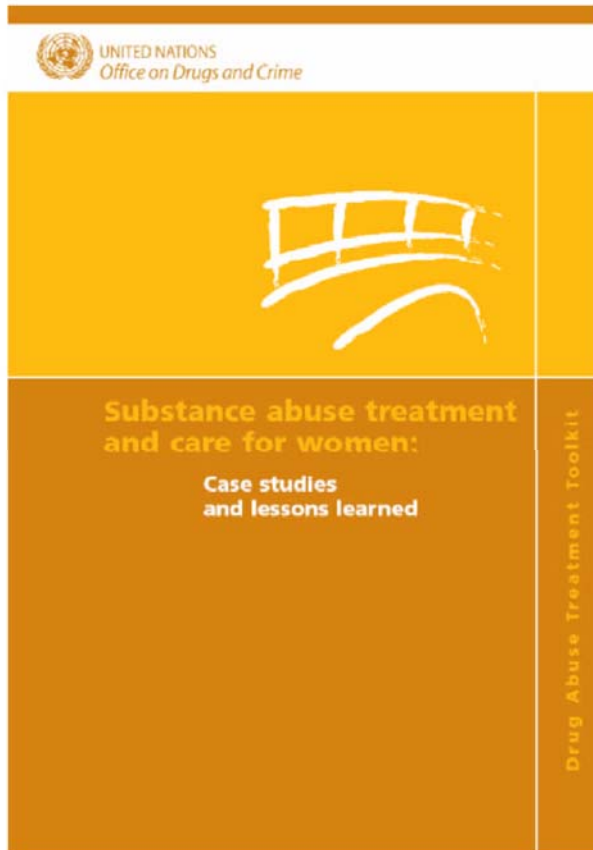
# 1<sup>st</sup> Community - Preliminary Research/practice linkages



- *BCCEWH's Tracking Alcohol Use in Women who Move through Domestic Violence Shelters study*
- *UK's Stella Project manual*
- *AADAC's Effects Series*
- *Najavits' Seeking Safety and other models used in SAMHSA's Women Co-Occurring Disorders and Violence Study*
- *Patti Bland's Screening Chemically Dependent Women In . . . Not Out of our Programs*



# Linking internationally



“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

[http://www.unodc.org/pdf/report\\_2004-08-30\\_1.pdf](http://www.unodc.org/pdf/report_2004-08-30_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

United Nations Office on Drugs and Crime. (August 2004). *Substance abuse treatment and care for women: Case studies and lessons learned*. [http://www.unodc.org/pdf/report\\_2004-08-30\\_1.pdf](http://www.unodc.org/pdf/report_2004-08-30_1.pdf)

# Strategies for overcoming barriers

- ▶ Attention to gender in national drug strategies and policy development, resource allocation and the development and implementation of best practice guidelines for gender-responsive services
- ▶ Political advocacy, networking and linkages at a variety of levels and within services
- ▶ Knowledge transfer, training and networking among professionals
- ▶ Adapting of evidence based interventions to a variety of settings

United Nations Office on Drugs and Crime. (August 2004). *Substance abuse treatment and care for women: Case studies and lessons learned*. [http://www.unodc.org/pdf/report\\_2004-08-30\\_1.pdf](http://www.unodc.org/pdf/report_2004-08-30_1.pdf)

# Upcoming Book

## Highs and Lows: Perspectives on Women and Substance Use in Canada

- ▶ Nancy Poole and Lorraine Greaves, Editors
- ▶ Centre for Addiction and Mental Health, Publishers
- ▶ Release date 2006



**Narratives on women's  
experience from women  
and service providers**

**Locating Women's  
Substance Use**

**Articles on research  
by academic and  
clinical researchers**

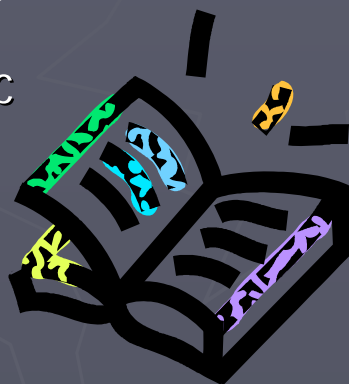
**Moving Forth,  
Addressing Systemic  
Challenges**

**Interconnections:  
Mental Health, Trauma,  
Substances**

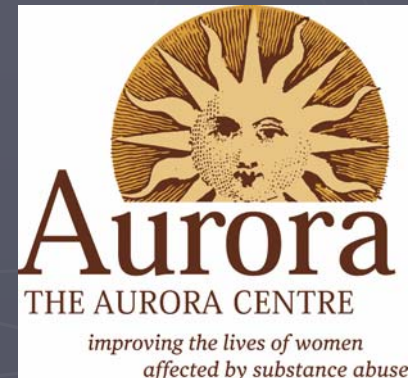
**Responding to Diversities  
& Interconnections,  
and as Programs**

**Pregnancy and  
Mothering**

**Descriptions of service responses and innovations  
offered by service providers and evaluators**



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