Experiences of stigma and access to harm reduction services among women who use opioids: Implications for action

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CEWH Research Team for this project

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Collaborating Partners

- The Canadian Centre on Substance Use and Addiction (CCSA)
- The Canada Fetal Alcohol Spectrum Disorder Research Network (CanFASD)
- The Prairie Child Welfare Consortium

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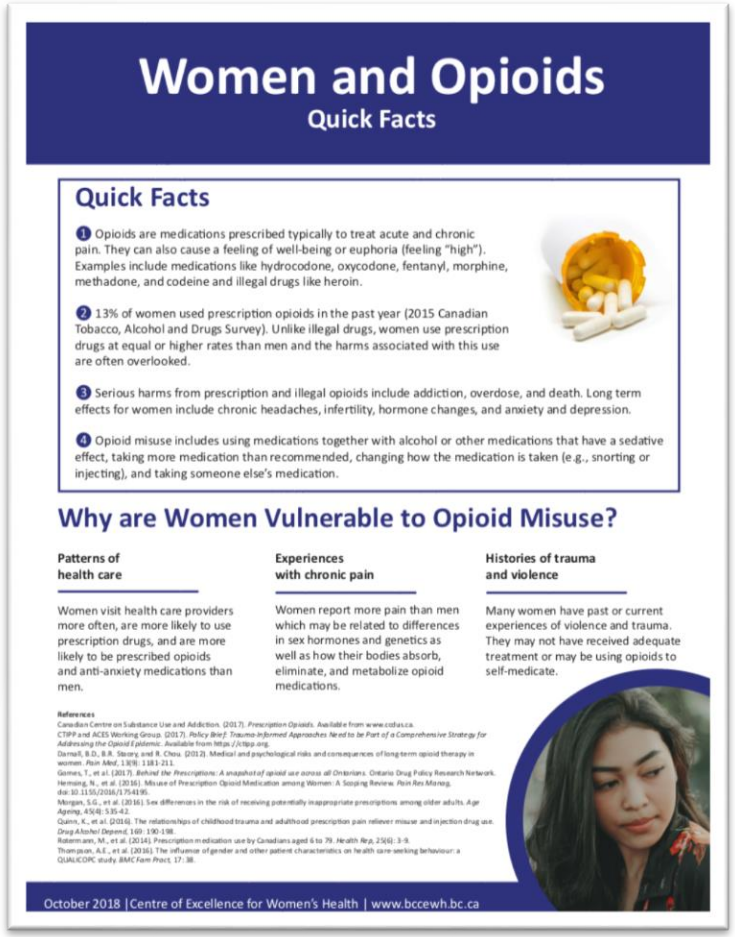
The views herein do not necessarily represent those of Health Canada

Disclosure

I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization

Introduction

Project Goal: Reducing stigma and improving policy and practice responses for pregnant and parenting women who use opioids



Women and Opioids
Quick Facts

Quick Facts

1. Opioids are medications prescribed typically to treat acute and chronic pain. They can also cause a feeling of well-being or euphoria (feeling "high"). Examples include medications like hydrocodone, oxycodone, fentanyl, morphine, methadone, and codeine and illegal drugs like heroin.
2. 13% of women used prescription opioids in the past year (2015 Canadian Tobacco, Alcohol and Drugs Survey). Unlike illegal drugs, women use prescription drugs at equal or higher rates than men and the harms associated with this use are often overlooked.
3. Serious harms from prescription and illegal opioids include addiction, overdose, and death. Long term effects for women include chronic headaches, infertility, hormone changes, and anxiety and depression.
4. Opioid misuse includes using medications together with alcohol or other medications that have a sedative effect, taking more medication than recommended, changing how the medication is taken (e.g., snorting or injecting), and taking someone else's medication.

Why are Women Vulnerable to Opioid Misuse?

Patterns of health care

Women visit health care providers more often, are more likely to use prescription drugs, and are more likely to be prescribed opioids and anti-anxiety medications than men.

Experiences with chronic pain

Women report more pain than men which may be related to differences in sex hormones and genetics as well as how their bodies absorb, eliminate, and metabolize opioid medications.

Histories of trauma and violence

Many women have past or current experiences of violence and trauma. They may not have received adequate treatment or may be using opioids to self-medicate.

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- To promote policy and practice changes to better respond to the needs of pregnant women and new mothers who use opioids.
- Including the use of:
  - harm reduction-oriented
  - trauma-informed
  - sex/gender-informed, and
  - equity-informed approaches

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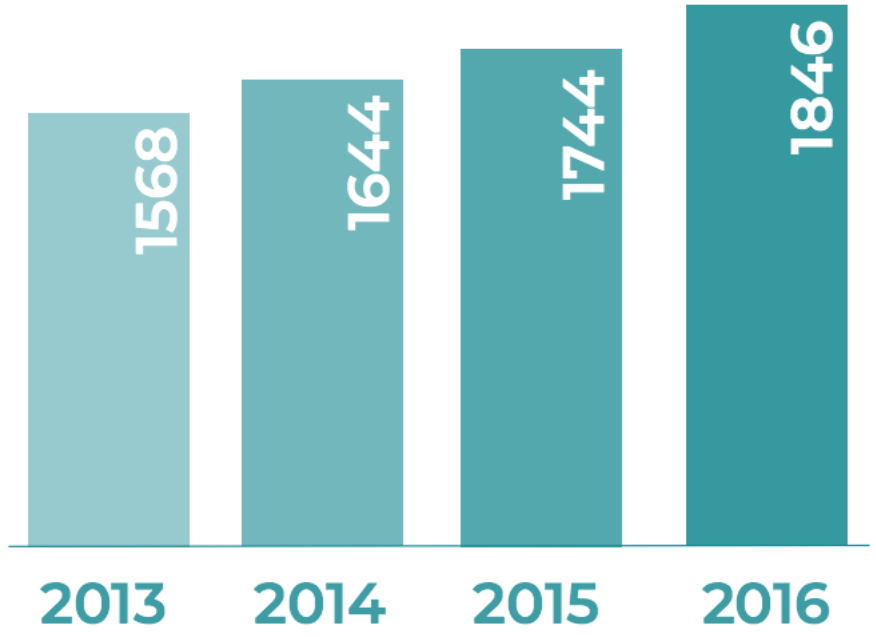
Opioid Use During Pregnancy

- Data on neonatal opiate withdrawal, shows increase in hospitalization rates
  - Few studies on rates of maternal opioid use and misuse in Canada
- Untreated opioid use disorder can lead to poor outcomes for the mother and infant
  - Treatment with opioid agonist therapy (OAT) is highly effective



Neonatal Opiate Withdrawal, In Canada
(Neonatal Abstinence Syndrome)

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Substance use, harm reduction and child welfare involvement

- We have separated children and mothers when there is parental substance use.
- We have viewed the situation as adversarial, versus as connected.
- We have not worked together as fields to support the health of both parents and children.
- We have stigmatized and retraumatized the parents for their substance use problems.
- We have used substance use as a proxy for other problems for which support is needed.

The stats

Caregiver risk

- Alcohol abuse (21%)
- Drug/solvent abuse (17%)

(Public Health Agency of Canada, 2010)

- Substance use problems identified in 56% of investigations involving First Nations children, vs. 25% of non-Indigenous investigations

(Sinha, Trocmé, Fallon, & MacLaurin, 2013)

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Methods

Research Questions

1. In what ways do women who use opioids and/or who are pregnant or mothers and use substances experience stigma, discrimination and judgement?

2. How does stigma and other factors (e.g. policy) impact access to, retention in and outcomes of harm reduction programs and interaction with child welfare for pregnant women and mothers who use substances?

3. What programs, policies, and services could improve outcomes for pregnant women and mothers who use opioids: In the substance use field, in the child welfare field, and as collaboration between the sectors?

Methods

1. **Scoping review:** of academic literature published 1999-2019, and best practice guidelines

2. **Engagement:** web and face-to-face meetings with our collaborating partners and working group

3. **Develop, share and evaluate a Toolkit:** translate findings into a Toolkit for practitioners and policy makers in both systems

Initial Findings

from the Scoping Review

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Stigma

"A social construction comprising negative differences based on a particular characteristic .. being labelled as tainted and viewed as abnormal " (Goffman, 1963).

- **Self stigma:** a person's self belief and feelings around their own worth
- **Social stigma:** when a large group of people endorse common stereotypes and marginalize stigmatized groups
- **Structural stigma**: policies or procedures put in place by an organization or institutions which actively restrict the assistance or options available to people in a stigmatized group

Self/ Internal Stigma

I never wanted to have a baby while I was on methadone… that was really hard for me .. coming to terms with the fact that my baby might be born with withdrawal symptoms just from being on the methadone.

(Stengel, 2014)

I don't believe I am a mother. It's very hard for me because I knew from the beginning that even animals don't leave their puppies.

(Gueta & Addad, 2013)

Just because I had her on methadone, like I must be a bad mother, and like don't take any notice of me; like I don't want the best her on methadone?! for my child, how could I possibly love

(Harvey, Schmied, Nicholls, & Dahlen, 2015)

I felt a lot of guilt. A ton of guilt. And like sometimes I would just look at her [baby], sometimes I still just look at her and I cry.

(Howard, 2015)

We were just being really hard on ourselves and it was really painful 'cause people accept grieving if your child dies right but not if it was taken away. If [...] they were taken away you're automatically evil and you fucked up and you're an abusive piece of shit.

(Kenny & Barrington, 2018)

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Social/ External Stigma

My mom was like, 'You're a junkie'. Even now, I have a job, taking care of my kids …She thinks I'm an unfit mother

(Gunn, 2018)

[It was] really, really hard. I had no support for what I was experiencing mentally and emotionally.

(Kenny & Barrington, 2018).

My sister is always calling me an unfit parent. Because I never raised any of my kids.... But I didn't understand how can you judge me when you drink alcohol everyday as I got high. But by me doing heroin and losing my kids they think mine was worse, more out of control.

(Gunn, 2014)

People that you know, or your neighbors, whatever, people just don't look at you the same way. ….people do treat you different. Like people that I know or have interacted with they totally look at you in a different way. They could never look at you with the same eyes again, and then people are always thinking in the background of their minds ... how bad a mother could she have been.

(Kenny & Barrington, 2018).

My mom does a lot in the church, has a business … I know people look down on them because of me, being in treatment. My sister tells me all the time, I've made the family look bad, got my mother taking care of my kids

(Gunn, 2018)

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Structural Stigma

… they treated you like garbage. It didn't matter, prescribed or not….And it's like, you guys are the ones who put us on this…. they treated me almost like I wasn't her mom."

(Harvey, Schmied, Nicholls, & Dahlen, 2015)

I was treated like crap at that hospital … and I'd get to the point where I just wouldn't show up. It was too much.

(Howard, 2015)

[CPS] felt like I was just an addict and that I could not be a mother to my child... every time they came over that stigma seemed to elaborate itself into something that was always hanging around our conversations

(Kenny & Barrington, 2018).

I guess I feel kind of confused as to, they tell you [methadone treatment]'s your only option yet it's considered so questionable or harmful that they have to call CPS, it's required for your baby and stuff.

(Stone, 2015)

The nurses in the NICU got [my baby] up to the point where she was screaming and then [a nurse] would say, 'Okay, try and breastfeed her the first time.' And she was so excited that [my baby] couldn't even latch on. And [the nurse] did that purposely so that she would give her formula. She wouldn't let me change her diaper. She wouldn't let me hold her. She wouldn't let me do anything.

(Demirci, Bogen & Klionsky, 2015)

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Stigma as a barrier to care

- Fear of being judged a ‘bad mother’, the fear of child protection services and the potential loss of custody of their child impacts women’s access to addiction and health care services

- For women who use opioids and other drugs, self and social stigma often act in conjunction with women’s fear of incarceration and child protection involvement to form a strong barrier to care and disclosure

Promising practices

We are, and will be documenting service and policy responses to mothers who use opioids

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Women and Opioids
Prevention to Treatment

Examples of programs, services and approaches from across Canada that are tackling issues related to women and opioid misuse and addiction.

Sex-Specific Dosages
Better prescribing practices such as fewer prescriptions and lower doses help prevent opioid misuse. Physicians and nurse practitioners should keep in mind that women have an average lower body weight than men and that their bodies metabolize medications differently.

Building Family Resilience
Early-life experiences such as childhood abuse and witnessing violence dramatically increase risk for opioid misuse later in life. Home visiting programs, parenting support, and strong community connections can help promote resilience.

Family-Centred Treatment
Lack of child care and reluctance to be separated from their children prevents many women from seeking addiction treatment. The Family Treatment Centre in Prince Albert, Saskatchewan provides an integrated addiction treatment program for women and their children.

Newborn Care
BC Women's Hospital Fir Square unit provides care to women who use substances including opioids and infants exposed to those substances. In this first-in-Canada program, expectant mothers are cared for during their pregnancy and when born, their babies are cared for in their room by a team of multidisciplinary care providers. Rooming-in as well as skin-to-skin contact and breastfeeding have been found to reduce symptoms of withdrawal in newborns who are substance exposed.

Prescribing Practices
Adverse Childhood Experiences
Addiction Treatment
Harm Reduction
Indigenous Wellness
Gender-based Violence
Maternity Services

Overdose Prevention Sites
Overdose prevention sites are one of the main strategies to address the opioid poisoning crisis. At SisterSpace, a women-only space run by Atira Women's Resource Society in Vancouver, women can find a safe place to access harm reduction support.

Parenting and Intergenerational Trauma
The Mothering Project (Manito Ikwe Kagiikwe) in Winnipeg provides prenatal care, parenting support, and addiction treatment for vulnerable pregnant women and their children with a focus on relationships and Indigenous culture.

Shelters and Transition Houses
Women who have experienced violence and abuse often use opioids and other substances to cope with or numb the pain. Anti-violence programs and services can support women in finding safety and new ways of coping when they are ready.

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Co-planning with pregnant women and wrapping care around the mother-child unit

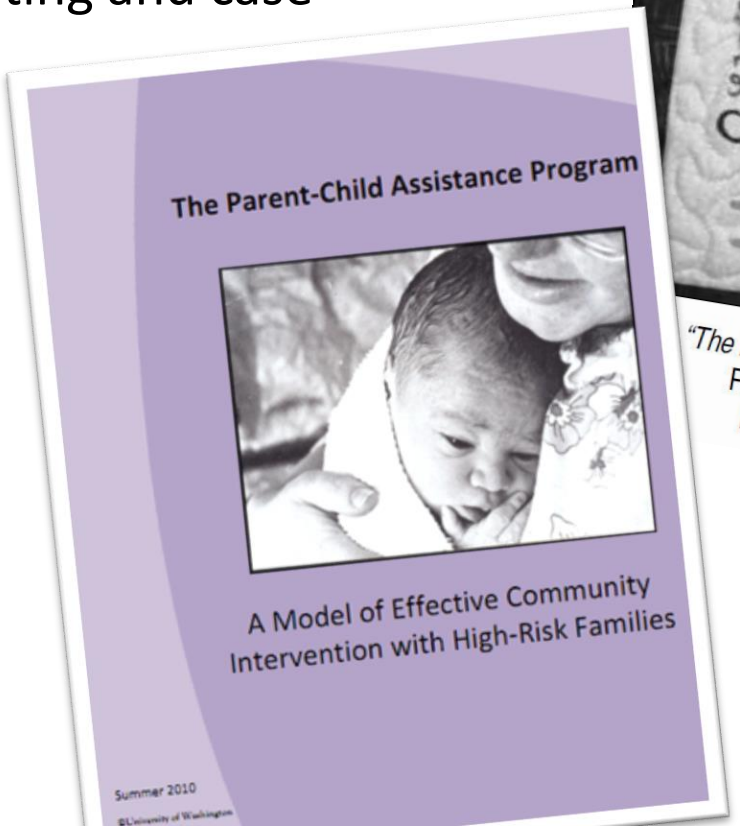
- **Early identification and planning during pregnancy** to encourage women with substance use concerns to engage with harm reduction services and connect with child welfare services on a voluntary basis to be involved in planning

Treatment together or synchronized

- **Gender-sensitive substance use treatment and support services** that respond to the specific needs, characteristics, and co-occurring issues of men and women who have substance use problems.
- **Family-centered treatment services**, including residential treatment for parents in facilities where they can have their children with them and programs that provide services to each family member.

Mentoring

- **Mentoring and family support programs** such as the Parent-Child Assistance Program which provide flexible, holistic, harm reduction-based care and treatment though home visiting and case management.



"The Meaning of Mentorship," Quilt square designed by a participant in the Parent Child Assistance Program (PCAP) Women's Quilt Project. Image Credit: Dorothy Badry, Kristin Bonot, and Jamie Hickey.

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Shared care

- **Shared family care** in which a family experiencing parental substance use and child protection concerns is placed with a host family for support and mentoring.

L.I.F.E. (Living in Family Enhancement) Program
Metis Child, Family and Community Services in Manitoba operates the L.I.F.E. program. In this program, children are placed with their parents in a licensed foster home. The program providers an alternative to the removal of children from their family by supporting the entire family in a supervised setting.

Signs of Safety

- Supports practice change related to parental substance use.
- Not focused on abstinence from all substances or a list of services that a parent must attend
- Safety plans are developed that describe a specific set of rules and arrangements for how the family will go about everyday life and will keep children safe

For example:

- Mom will not use when visiting her children
- Dad or grandma will take care of the kids if mom plans to use substances
- Mom will ask for help if she feels unable to attend her weekly counselling appointment

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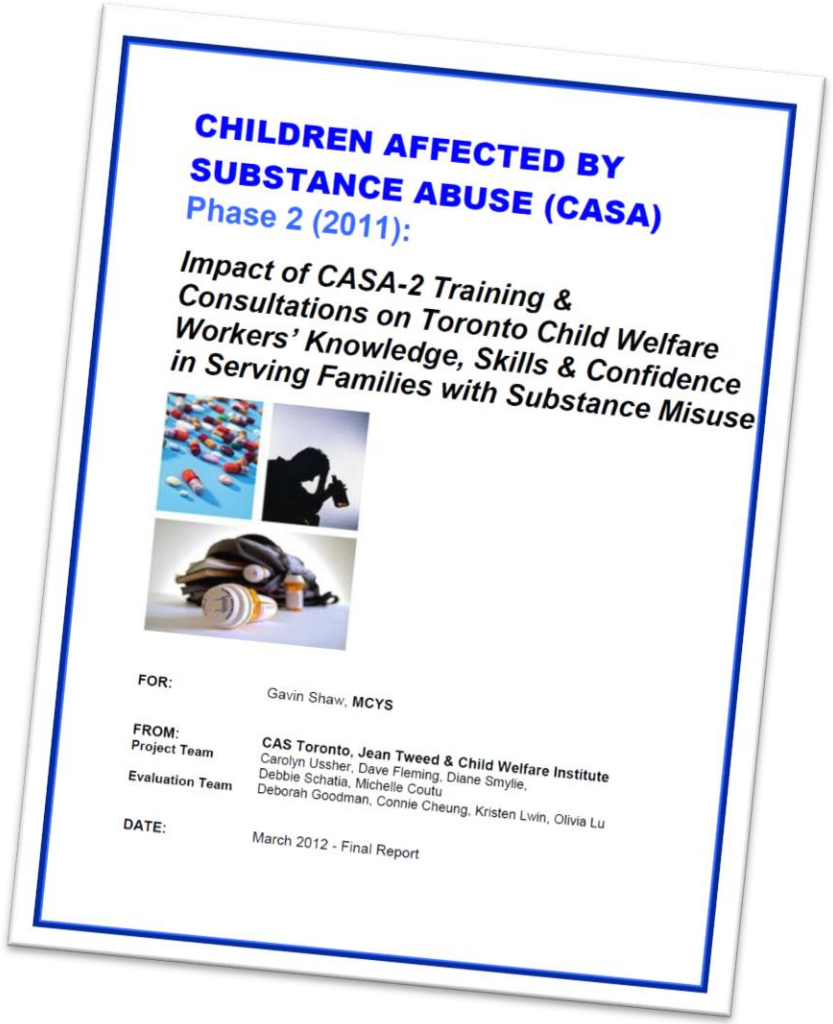
Cross training

- **Cross-training** of child welfare and substance abuse treatment professionals to build an understanding of each other's systems, legal requirements, goals, approaches, and shared interests.

- **Co-location** of substance use and child welfare workers to encourage ongoing consultation and better engagement with women and their families.


CHILDREN AFFECTED BY SUBSTANCE ABUSE (CASA)
Phase 2 (2011):
Impact of CASA-2 Training & Consultations on Toronto Child Welfare Workers' Knowledge, Skills & Confidence in Serving Families with Substance Misuse
FOR: Gavin Shaw, MCYS
FROM: Project Team: CAS Toronto, Jean Tweed & Child Welfare Institute
Carolyn Ussher, Dave Fleming, Diane Smylie,
Evaluation Team: Debbie Schatia, Michelle Coutu
Deborah Goodman, Connie Cheung, Kristen Lwin, Olivia Lu
DATE: March 2012 - Final Report

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Conclusion

- In the context of larger responses to the opioid crisis, experiences of stigma associated with opioid use by pregnant women and mothers, differential access and response to harm reduction services, as well as challenges in interactions with child welfare authorities are important public health concerns to be addressed.

Our further work on this project

- Creating Toolkit for service providers on promising approaches when supporting mothers who use opioids
- Generating policy values

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Thank You!

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Principles for Cross-System Collaboration

Mutual respect, understanding and trust of each other's roles and responsibilities	Common goals and expectations, developed in collaboration with the family, including children and extended support networks	**Understanding that different values and mandates do not prevent collaboration**
Awareness that a "one-size-fits-all" approach to parental substance use is unlikely to be effective	**Open and frequent communication, with attention to confidentiality, consent, and transparency for families**	View of the mother-child dyad or family as the "client" (rather than two clients in opposition to each other where service providers have to "take sides")
Support from leadership	Sharing of resources and infrastructure	**Willingness to try things in a new way**

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Collaboration on community based harm reduction approaches

Ex. Family Support Program Saskatoon

Partnership between AIDS Saskatoon and the Saskatchewan Ministry of Social Services (MSS)

- Program was designed by MSS and AIDS Saskatoon was selected for the pilot in October 2011 because of its dedication to Harm Reduction and its reputation for building relationships with populations that are often seen as hard to engage
- The objective of the program is to provide support to families in crisis to ensure the personal safety of children while allowing them to remain within the family home
- Engagement is voluntary; No time limit on support access

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Peer support initiatives

Ex. Community Action for Families

"We are a brilliant, unapologetic, grassroots movement for social transformation. We are a community of people who are mothers and allies, many of us are people who use drugs, survivors/fighters, sex workers. We are connected through similar harmful experiences of intrusion into the lives of our families, from systems of oppression especially as they relate to the child "welfare" industrial complex. We recognize that internalized oppression creates harm in our communities and in our families. We are working to build nurturing and thriving communities and stronger supportive networks for our families and children to live, learn, and grow."

Support for Moms

•**Weekly Support Group** – Aids Committee of Toronto (ACT) at 543 Yonge St on the 4th Floor every Tuesday from 5- 7 pm
•Resource, Knowledge and Skills Sharing
•Advocacy and Facilitation Training
•Court Support
•CAS Accompaniment

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