Aboriginal Women with Substance Use Issues – Improving Access and Quality of Care

Discussing the Issues

In March 2000, a one-day Forum was held in Vancouver for the purpose of discussing issues related to Aboriginal women’s health and access to addiction services.

The Forum was sponsored by the Minister’s Advisory Council on Women’s Health in conjunction with four divisions of the Ministry of Health (the Women’s Health Bureau, Aboriginal Health, Adult Mental Health, and HIV/AIDS Divisions), BC Ministry for Children and Families, BC Ministry of Women’s Equality, BC Women’s Hospital and Health Centre, and Health Canada (Medical Services Division).

The 90 Forum participants were representative of service providers from both on- and off-reserve alcohol and drug treatment programs, Aboriginal women leaders in the health field, Aboriginal organizations, policy makers and planners, as well as specialists in key topic areas.

The event was held to provide an opportunity for discussion and action to improve services for Aboriginal women with alcohol and other drug problems.

The participants recommended action to support a) further networking; b) information-sharing on cultural- and women-centered treatment; and, c) the work of non-government and government agencies in addressing barriers to service, creating new culturally-based healing services for women and coordinating policy and practice.

A report on the Forum discussions is available through the Women’s Health Bureau.

In conjunction with the September 2000 meeting of the Minister’s Advisory Council on Women’s Health, a second smaller meeting took place in Williams Lake to further develop ideas for addressing the needs of Aboriginal women with substance use problems.

At the Williams Lake meeting, Aboriginal women’s health advocates and health policy developers discussed the following issues and actions needed to improve access and quality of care for Aboriginal women.

Defining the Issues

Stigma

Aboriginal women are strongly affected by the pervasive, negative attitudes of society toward women who abuse substances. Public attention has often been brought to bear specifically on Aboriginal women with substance use problems. Most notable was the case of ‘Ms G’, a woman from Winnipeg, who used solvents during pregnancy. Her struggle against forced treatment was heard by the Supreme Court of Canada in 1998. The stigma experienced by Aboriginal women, as well as the punitive actions taken against them, create significant barriers to accessing the treatment and support they need and deserve.

Mothering

A key issue for Aboriginal women with substance use problems is the desire to parent their children and to retain custody as they recover. The trend in child welfare policy is to regard parents’ substance use, as reason, in and of itself, for a child’s apprehension. Fear of losing their children creates a substantial barrier to women in need of treatment.

Note: by the term “Aboriginal”, we mean to be inclusive of women who by ancestry and self-identification are First Nation, Inuit or Metis.
Few programs exist where women can take their children to treatment, and women who wish to go to treatment without their children obtain little support for finding safe, temporary care for their children.

To prevent Fetal Alcohol Syndrome (and other effects of alcohol and drug use on children) it is important for pregnant women to be supported in reducing their use of alcohol and other drugs and in improving their health during pregnancy.

Violence, abuse and inter-generational impact of residential schooling

The residential school system took generations of children from their parents and their communities, and taught them to hate themselves, their parents and their culture. The resultant loss of self-esteem, family, identity, power and culture, and the devastating abuse experienced by these children are strongly associated with substance use/misuse in Aboriginal communities.

Aboriginal women in Canada experience high rates of physical and sexual violence as both as children and adults. Substance use is closely linked to violence and abuse on many levels, particularly as a coping strategy for children and women in the aftermath of abuse.

Design and delivery of Alcohol and Drug Treatment

For many women, the first steps toward healing are to reduce their substance use and to begin to face the many related health and social issues affecting them. Programming that supports women in reducing their use, in making decisions about what type of assistance they need, and in preparing them for alcohol and drug treatment, when decided upon, is completely lacking. Existing treatment programs and self-help groups often do not support such harm reduction efforts and decision making.

Many regions have few treatment options for women, consequently, getting help often involves traveling to a residential treatment program rather than being able to access withdrawal support, counselling, day treatment, and women’s recovery groups in, or near, one’s own community. Moreover, there are very few residential treatment programs in BC with specialized programming for women.

Often services have criteria for admission and for remaining in treatment that are inflexible. This poses another barrier for women trying to focus on health issues, recovery and parenting goals. Among the problems is the restricted funding for Aboriginal women who wish to access treatment through off-reserve programs.

Missing in the continuum of care are both outreach and aftercare programs. Outreach serves to bring women into care, is often effective when it is integrated with help on other health issues and delivered from a stance of caring. Aftercare addresses the fundamental fact that recovery and healing require considerable time – well beyond what short term treatment programs offer.

Supporting women’s leadership

Leadership on the part of Aboriginal women is needed to support community development that addresses the root causes of substance use. Many Aboriginal societies had traditions of female authority, which were challenged under the Indian Act. This Act “removed Native women from their roles as decision-makers and teachers and robbed them of their voice in community affairs” (Anderson, p.18). Now, some Aboriginal women are finding ways to take a leadership role addressing health issues in their communities and furthering their own empowerment.

Addressing the Issues

Eliminating stigma

Health promotion and outreach programs that are women-centered are needed, fostering the wellness and empowerment of Aboriginal women and involving role models for wellness and recovery (including mothers, healers and grandmothers).

Training and education is needed for professionals and paraprofessionals delivering services to help them support and understand the needs of Aboriginal women. Training on how to provide a welcoming, accessible, caring, respectful environment, and culturally appropriate approaches to service are needed.

Public education is needed to counter the negative stereotyping of Aboriginal women with substance problems and as a support so women are able to connect to the positive aspects of their heritage and culture.

Supporting mothers with substance use problems and the prevention of Fetal Alcohol Syndrome (FAS)

Policy in the field of child welfare needs to reflect current harm-reduction approaches for alcohol and drug use problems by focusing on the impact of substance use, not simply the use itself. The emphasis must include strategies that strengthen and support families that go beyond protecting children. Training for child welfare and addiction workers is critical to bringing about change in policy and practice on harm-reduction.
More programming is needed that involves both women and their children in treatment, addressing both mothers’ and children’s needs in the treatment context.

Creative, flexible and supportive ways must be found to help women arrange for their children’s care for the duration of their treatment. Every possible effort must be made to help women pay for childcare while they access counselling/treatment; arrange for safe care of their children while in treatment; and be assured that their children will be returned to their care following treatment in a planned and supportive way.

Expanded day treatment options are needed for mothers who do not wish to leave their children and their communities for intensive treatment. Mobile day treatment that travels to communities is an important treatment modality to serve the needs of these mothers.

Community responses to the prevention of FAS need to be in place including public awareness programs, outreach programs for pregnant women at risk, early intervention programming, and priority treatment for pregnant women. Initiatives that support families affected by FAS are also critical components of a community response. This includes hospital discharge planning, diagnosis and early intervention for affected children, and the full range of long term support for youth and adults living with FAS.

**Addressing violence and abuse - outreach, treatment and recovery**

Services need to “help people know who they are, value themselves and their community and find their place - to be connected again. . . help celebrate resistance, survival and resilience” (Rutman, p.121)

Treatment providers need to integrate healing on violence and abuse issues with healing from the negative impacts of substance use, stressing the connections between them.

Treatment providers also need to provide women-only programs so women have access to safe environments while examining the impact of violence on their lives and to have opportunities to make connections with other women going through similar healing processes.

Mental health problems such as depression, post-traumatic stress, eating and panic disorders are often connected to women’s experience of violence and substance abuse. An integrated approach must be established that will see mental health, substance-use and violence-related interventions delivered in a collaborative and supportive way.

Aftercare programming is needed to assist women who are recovering from addiction to deal with the realities of violence and trauma.

**Addressing gaps and inadequacies in the current alcohol and drug system**

Getting ready - Counselling, guidance and support needs to be in place for those who are not ready for abstinence and for those who are making important decisions about their healing priorities. Support for withdrawal management, regardless of whether the woman wants to change her substance use patterns or not, should be made available. Pre-treatment services are necessary for women who want access to treatment programs and treatment programs must be flexible for women using methadone and prescription medication for mental health problems.

Getting treatment - More treatment and support programs need to be made available and existing services must be made more flexible. More collaboration among agencies should be encouraged to help women deal with violence, smoking and HIV issues and to focus on wellness. These collaborative efforts have been found to improve understanding among service providers and increase access by women.

Reducing financial barriers - Funding bodies supporting alcohol and drug treatment programs on- and off-reserve need to reduce policy barriers regarding access and ensure that women are able to choose the type of treatment they want.

Encouraging holistic approaches - Funders of other programs such as pregnancy outreach programs, violence/abuse services, and Aboriginal Head Start programs for women and children need to find ways to support integrated, holistic services and reduce accountability requirements for services that provide holistic care.

**Aboriginal women’s leadership - community development and training**

Aboriginal women need support to design and deliver health promotion and training initiatives that function at the community level.

- Accessible information is needed on specific cultural traditions for those women who wish to learn more about their culture as a foundation for recovery.
• Training for women, families, service providers and communities on alcohol and drug issues and on effective approaches to healing and recovery is needed.
• In Aboriginal communities methods must be found that encourage women to act on health or other issues that affect them.
• Those who have suffered the devastating effects of residential schooling need to be supported in their healing. In a some communities, joint leadership among recovering elders and younger women are being piloted and these approaches need to be supported.

Taking the Vision Forth - A Call for Action

Advocates for Aboriginal women’s health are committed in their endeavor to improve access and quality care for those with substance use problems and to encourage various organizations to work on necessary change. Key forums for discussion and action identified for taking forth this vision of improved care include:

• Alcohol and Drug Service provider networks
  Reduce unnecessary barriers to service and offer culture and gender specific programming.
• Provincial Government Ministries
  Initiate a government-wide plan for providing comprehensive, integrated and respectful support on substance use issues.
• Health Councils and Tribal Health Authorities
  Support those services that prioritize addictions as a health issue and support integrated care.
• First Nations Summit Groups
  Make substance use treatment and prevention (including prevention of Fetal Alcohol Syndrome) priorities for action among First Nations
• Provincial Aboriginal and women’s organizations
  Support efforts to make addictions a central health issue and advocate for delivery of improved prevention and treatment services for women.
• National Aboriginal and women’s organizations
  Advocate for further improvements in health and the social issues facing Aboriginal women.
• First Nations Inuit and Health Programs, Health Canada
  Provide leadership on substance misuse treatment and prevention, women-centered care, health promotion and integrated holistic care.

References