Addressing Barriers to Accessing Treatment Services for Mothers with Substance Use Disorder

by

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Addressing Barriers to Accessing Treatment Services for Mothers with Substance Use Disorder

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Acknowledging with respect the Lekwungen peoples on whose traditional territory this project was completed and the Songhees, Esquimalt, and WSÁNEĆ peoples whose historical relationships with the land continue to this day.

I acknowledge people and families who have lost someone due to the overdose emergency. It is a fundamental health right to have access to substance use treatment services. This includes having access to treatment settings that are low-barrier, trauma-informed, culturally safe, and respectful. Substance use affects everyone – we are all affected by this overdose emergency. The criminalization of people who use substances needs to stop and efforts must be redirected to providing support for people to heal. I would like to express my appreciation to everyone who is helping their communities throughout this emergency – who at times are putting their own mental health on the line to support others. Thank you for your service and support.

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Executive Summary

Introduction

Substance Use Disorder is a single disorder measurement that ranges in severity and is scaled on a spectrum from mild to severe (American Psychiatric Association, 2013, p. 1). This disorder is recognized as the physiological, behavioural and cognitive loss of control over the use of substances, leading to recurrent issues in an individual's social, vocational, and interpersonal parts of life (Rehm et al., 2013, p. 633; Mahmood, Vaughn, Mancini, & Fu, 2013 p. 333). This disorder may appear differently in individuals based on diverse experiences that contribute to an individual's pattern of use, including variables such as gender, age, race/ethnicity, class, and experience with trauma and oppression, (Pelissier & Jones, 2005, p. 344).

Mothers with substance use disorder experience significant interpersonal and socio-cultural barriers when accessing treatment services (Taylor, 2010, p. 393). Gender roles are a component of these barriers, as they that set expectations for women's behaviour; this negatively stigmatizes women who use substances as they deviate from expectations set by gender roles (Boyd et al., 2018, p. 2262). Other gender-specific barriers include caregiving roles, fear of stigma, comorbid disorders, non-gender specific services, lack of available child care, and housing issues (Taylor, 2010, pp. 394-395; Olsson & Fridell, 2018, p. 2). Treatment programs that fail to address these gender-specific barriers will not meet the diverse needs of mothers with substance use disorder.

Societal views of social identities based on race/ethnicity further complicate access to treatment services (Purdie-Vaughns & Eibach, 2008, p. 377). For example, racial minorities experience higher incarceration rates related to substance use than privileged whites (Ferrer & Connolly, 2018, p. 968). This also exemplified in the increased response of medicalization to privileged whites (Dollar, 2018, p. 306). This inequality can result in countless barriers to accessing treatment services that overlap with gender-specific issues for mothers that are racialized minorities. Furthermore, racial variables intersect with socioeconomic status to further complicate access to treatment services (Nguemo et al. 2019, p. 1).

In addition to racial bias, mothers that have lower socioeconomic status experience higher rates of discrimination and disparities in access and utilization of healthcare and social services (Lewis, Hoffman, Garcia, & Jo Nixon, 2017, p. 151). Lower socioeconomic status is also linked to other barriers that reduce a mother's ability to access treatment including fear of losing work, lack of child care, and increasing experience with stigmatization (Taylor, 2010, p. 384; Stringer & Baker, 2018, p. 4) which can contribute to a decrease in health outcomes for mothers.

Further to the effects of gender discrimination, racial bias, and lower socioeconomic status, Indigenous mothers experience the ongoing and residual effects of the historical traumas of colonization. The National Inquiry into Missing and Murdered Indigenous Women and Girls (NIMMIWG) reveals the ongoing and past systemic violence against Indigenous women and girls (NIMMIWG, 2019, p. 8). The product of this systematic violence has led to unprecedented numbers of missing and murdered Indigenous women and girls.

The literature illustrates that experience with violence can correlate with substance use rates (Covington, Burke, Keaton, & Norcott, 2008, p. 388; Najavits, 2009, p. 294; Bebbington et al., 2011, p. 33; Tompkins & Neale, 2018, p. 47). The effects of violence on Indigenous people may contribute to the high rates of overdose among Indigenous communities. In 2018, 12.8% of total overdoses in British Columbia were that of Indigenous people which was 4.2 times the rate of other British Columbians who experienced overdose deaths (First Nations Health Authority, 2019, p.1). Further research is necessary to understand this correlation.

The purpose of this study to uncover opportunities to reduce barriers for mothers managing their substance use patterns, promote culturally safe supports for mothers, and improve the overall experience of treatment for mothers with substance use disorder. To do this, this project (1) outlines barriers that mothers with substance use disorder experience in accessing treatment, and (2) uses an intersectional approach to understand how factors such as gender, race/ethnicity, Indigeneity, and socioeconomic status influence a mother's ability to approach treatment services.

Methodology and Methods

This primary research question is:

- What are the barriers that mothers with substance use disorder experience in accessing substance use treatment services on Vancouver Island?

The secondary research questions are:

- How can barriers to access be reduced?
- How does access to services differ for Indigenous mothers?
- What additional resources are necessary for improving the experience of mothers with substance use disorder in a treatment-based setting?

To address these questions, this research used a qualitative methodological approach in two parts: interviews and grey literature review. Two 30-minute interviews were collected in-person and by phone, depending on the preference of the interviewee. The interviews with representatives from the Vancouver Island Health Authority and the First Nations Health Authority were recorded using an audio recording device, manually transcribed, then thematically coded and analyzed. A grey literature review was completed to support the findings

of these interviews. The information collected from the grey literature review was found by searching the key themes from the informant interviews in Google. The main themes identified by interview analysis are discussed in the findings section alongside information collected from the grey literature review.

Key Findings

The key themes identified in the interviews established that considerable barriers related to gender, trauma, and child welfare services exist for mothers with substance use disorder. More specifically, the themes highlighted issues of motherhood, child apprehension and advocacy, gender, basic needs, experience with trauma, and peer support.

The differentiation in the structure of programs noticeably illustrated the discrepancy of western and Indigenous values. Instead of treating the individual, Indigenous-led programs use a holistic approach of supporting the family entity as well as the Indigenous mother. This is reflective to the needs of Indigenous families and communities in context to the ongoing effects of intergenerational trauma, as healing is a necessary process for the family as a whole. A holistic approach provides an opportunity for families to heal together and connect back to Indigenous values.

Barriers associated with the theme of motherhood include child welfare and child-centred policies. The interviews and grey literature highlight that the well-being of mothers can be missed in child-centred approaches. Additionally, it was recognized in the interviews that these approaches may not support the capacity of mothers in accessing treatment services, as mothers were less likely to access treatment services in fear that disclosing their substance use would lead to them losing custody of their children.

The findings identified a distinction between men and women and their experiences with substance use. It was expressed by the interviewees that a gender lens is valuable to the development and implementation of treatment programs. Such a lens understands that women may be triggered by a male presence in treatment. Consequently, providing gender-specific programs addresses some barriers related to gendered violence. Both the non-Indigenous and Indigenous-led programs discussed in the interviews understood that men and women have different healing processes and advocated the value of supporting both genders through their healing journey.

Basic needs were also identified by the interviewees as an essential component of a mother's ability to access substance use treatment programs. Some of the programs discussed in the interviews offered primary care in addition to basic needs support such as grocery vouchers,

food, bus tickets, and if available housing supplements for women accessing their services. This provided mothers the ability to focus on their treatment and healing process.

The interviewees additionally spoke to the importance of trauma-informed practice to promote healing for women in treatment settings. Through this discussion, it was acknowledged that a mother's experience with trauma can correlate with her substance use. Therefore, services that use trauma-informed practice ensure that mothers are not retraumatized in treatment and receive support throughout their healing process.

Peer support was documented in both the interviews and literature as a piece that improved the experience of mothers in treatment. Peer supporters can appreciate the experience of mothers in treatment as they have experience with similar circumstances, which differs from therapeutic support. Peers are viewed as equal because of their shared experiences which can reduce the power dynamic some clients may feel in client-service provider relationships. Accordingly, peer support provides the opportunity for mothers to see others with similar situations thrive in treatment which can empower through their treatment process.

The findings from interviews were corroborated by similar themes in the literature review. This illustrates that mothers with substance use disorder experience consistent challenges relating to gender, race, and social stigma when accessing treatment services. This information provides a starting point to evaluate the current structure of service delivery and strengthens the rationale for the opportunity to improve treatment services for mothers with substance use disorder.

Recommendations

The recommendations are intended to address barriers for mothers with substance use disorder in accessing treatment services. This includes improving the overall treatment experience for mothers participating in these services.

- **Continue to Support the Development of Indigenous-led Programs:** The importance of having access to Indigenous-led programs was detailed throughout the literature review and findings. This recommendation is dependent on the decision of the First Nations Health Authority. It requires the Mental Health and Substance Use branch to connect with the First Nations Health Authority regarding funding for a project to determine gaps in available Indigenous-led treatment programs throughout the province. Therefore, the First Nations Health Authority would receive funding to contract an organization to complete a comprehensive analysis and evaluation of access to Indigenous-led treatment services in British Columbia. The purpose is to develop an improved understanding of where Indigenous-led services are missing. This could be used to strategically plan funding allocations to allow the opportunity for Indigenous-led

treatment services to be developed and implemented in areas where these resources are absent.

- **Develop Strategies to Engage with Mothers with Substance Use Disorder:** This research illustrated challenges in recruiting mothers with substance use disorder to participate in a study that requires them to disclose their substance use. The researchers witnessed the systemic stigma of mothers who use substances, as they were required to add a "duty to report" passage in the consent forms for mothers, even though the research did not elicit information that would require a duty to report. Engaging with mothers is important in capturing the living/lived experiences of barriers in accessing treatment services. This recommendation involves analyzing current protocols and practices for engaging with mothers with substance use disorder. The purpose is to develop strategies, void of systemic stigma, to improve the ability to engage with mothers with substance use disorder and lead to overall improved understanding of the barriers they face.

- **Expand Provincial Trauma-informed and Cultural Safety Training Modules**: This recommendation developing provincial trauma-informed and cultural safety training modules to be hosted on the BC Government's Mental Health and Substance Use webpage. This signals to the sector that the Mental Health and Substance Use branch further endorses the implementation of trauma-informed and cultural safety practices in the delivery of services. This is important to make a shift in how services are provided. This recommendation would help mothers accessing treatment services, as it would educate service providers on the benefit of trauma-informed and/or cultural safety to improving the efficiency of their services.

- **Establish an Inter-ministerial Strategy to Improve Service Networks:** This acknowledges the importance of strengthening service networks. This recommendation requires provincial ministries of British Columbia to develop an inter-ministerial strategy to improve the linkages between social and healthcare services. This requires collaboration between policy-makers at the Ministries of Health, Mental Health and Addictions, Children and Family Development, and Social Development and Poverty Reduction to establish a strategy to link social and healthcare services to strengthen connections between service providers, improving overall service delivery for British Columbians accessing multiple services. This is significant for mothers with substance use disorder as the burden of having to navigate through various services is a barrier to accessing treatment services.

These recommendations provide context for improving access and efficiency of treatment services for mothers with substance use disorder. The barriers recognized in the literature review

and findings are addressed by these recommendations with the potential to benefit not only mothers accessing services but how services are provided to all British Columbians.

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1.0 Introduction

1.1 Defining the Problem

Motherhood is a complex role and status that is deeply entrenched in social and cultural norms. This results in responsibilities for women mainly associated with supporting the development of children. The emotional connection between a mother and child has an imperative function that extends beyond childhood (Ruhl, Dolan, & Buhrmester, 2014, p. 427) and attention to this concept has predominantly been directed at how mother-child relationships influence child development (Banwell & Bammer, 2006, p. 505). This view often neglects to address how motherhood affects the lives of mothers specifically, which influences the mother's well-being and the overall health of her family and children (Elms, Link, Newman, & Brogly, 2018, p. 4; Werner, Young, & Amatetti, 2007, p. 13). Compared to their male counterparts, mothers with substance use disorder experience greater barriers to accessing efficient and safe treatment services. (Elms, Link, Newman, & Brogly, 2018, p. 4). These barriers are caused by societal factors such as gender norms and stigma related to caregiving which reduce their ability to access social services (Covington, 2008, p. 378; Taylor, 2010, p. 394). As such, perceptions of motherhood in society result in greater stigmatization of mothers with problematic substance use as their use signifies a violation of traditional gender and caregiving roles (Thomas & Bull, 2018, p. 31).

Problematic substance use is defined as a physiological, behavioural and cognitive loss of control over the use of substances, leading to recurrent issues in an individual's social, vocational, and interpersonal parts of life (Rehm et al., 2013, p. 633; Mahmood, Vaughn, Mancini, & Fu, 2013 p. 333). The clinical classification of this behaviour is Substance Use Disorder as defined in the fifth edition of the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The diagnostic criterion for this disorder is a single disorder measurement for the previously separate categories of substance abuse and substance dependence. This measurement ascends on a continuum from mild to severe as substance use disorder can range in severity (American Psychiatric Association, 2013, p. 1). Substance use disorder appears differently in individuals as various factors contribute to a person's pattern of use. This includes gender, age, race/ethnicity, class, and experience with trauma and oppression, which influence the etiology of a person's substance use (Pelissier & Jones, 2005, p. 344).

Access to Treatment Services for Substance use Disorder

Access to treatment services is influenced by various factors including gender, race/ethnicity, and class. Vulnerable populations experience greater disparities in access and utilization of services compared to privileged populations (Lewis, Hoffman, Garcia, & Jo Nixon, 2017, p.

151). This discrimination is created and reinforced by social biases that disadvantage people based on minority status, gender, Indigeneity, race/ethnicity, and class (Nardone, 2018, p. 751; Tang, Browne, Mussell, Smye, & Rodney, 2015, p. 699; Purdie-Vaughns & Eibach, 2008, p. 377; Galea & C, 2002, p. S136). These social biases are embedded in systematic structures that present barriers for people experiencing vulnerability when accessing services. This creates systemic inequalities in service delivery and leads to inequitable access (Nardone, 2018, p. 751).

The ideologies of gender are influenced by different cultures with their own values, beliefs, and behaviours, which create social and psychological norms within a society (Nardone, 2018, p. 751). This has historically divided genders into distinct roles. These gender roles create cultural norms that define the societal expectations of how women and men should behave (Zahnow, Winstock, Maier, Levy, & Ferris, 2018, p. 82). Traditional gender norms often position women as passive beings, that are submissive and obedient to their male counterparts, establishing societal biases that create gender inequality and discrimination (Nardone, 2018, pp. 751-756). These distinct expectations favour male dominance which reinforces a culture of gender inequality (Nardone, 2018, pp. 751-756; Lamont, 2013, p. 189). Those who are non-conforming to these gender norms experience additional stigmatization and barriers. This is illustrated in the lower rate of women who access treatment services due to gender-specific barriers that emphasized gender roles and norms (Goodyear, Haass-Koffler, & Chavanne, 2018, p. 340; Lamont, 2013, p. 191).

With pervasive social assumptions about gender roles, gender is considered a factor that influences both substance use patterns (Boyd et al., 2018, p. 2261) as well as access to services (Thomas & Bull, 2018, p. 30). Namely, the expectations and social norms of gender impact the development of substance use disorder in people (Umubyeyi, Persson, Mogren, & Krantz, 2016, p. 2). Substance use has historically been viewed as a male-dominated activity; however, this view has shifted as more attention is directed at female expression and power, recognizing that women use substances and experience their own challenges (Fox & Simha, 2009, p. 103; McHugh, Votaw, Sugarman, & Greenfield, 2018, p. 12). This awareness has drawn attention to gender-specific issues experienced by women and their relationship with substances (Pelissier & Jones, 2005, p. 344). It is important to acknowledge an individual's gender when observing their substance use patterns, as women and men use substances differently based on social, physiological, behavioural, neurological, and pharmacological factors (Lev-Ran, Le Strat, Imtiaz, Rehm, and Le Foll, 2013, p. 7). However, the effect of gender is not limited to a person's substance use patterns, as it can also influence referral pathways to treatment services.

Referral pathways to treatment differ for men and women. Men are commonly referred to treatment services by their family, place of employment, or the criminal justice system, whereas women are more likely to experience referrals from service-based structures (Grella, 2008, p. 330). This includes service providers who experience initial contact with women for mental

health issues, child care, or sex work among other factors. This referral stream creates barriers for women, as they must be involved in other health or social services to receive support in entering treatment, whereas men receive this support from family or friends without the involvement of service providers (Grella, 2008, p.330). This creates prejudice as women are discredited at the outset of their treatment because of their involvement in other health and social services. This elicits societal judgment that becomes internalized, influencing treatment outcomes (Grella, 2008, p.330). Women may also experience stigma in accessing supplementary services due to their problematic substance use. As such, women are less likely to access treatment services due to fear of additional stigma, extending beyond the initial stigma associated with negative views cast upon those who access social services.

Due to these divergent experiences, women and men access substance use treatment services at disproportionate rates. This disparity caused by interpersonal, social-cultural, and structural contexts create barriers for women and their decision and ability to access substance use services (Taylor, 2010, p.393). These barriers increase vulnerabilities including limited access to health and harm reduction services and create additional challenges for women coping with substance use disorder (Boyd et al., 2018, p. 2261). When considered alongside gender-specific obstacles and oppression faced by women and the divergent experiences between genders, it is important that treatment services acknowledge gender to avoid reducing the number of women accessing treatment.

Societal views of an individual's race/ethnicity can further complicate access to treatment services (Purdie-Vaughns & Eibach, 2008, p. 377). This is illustrated by the high rates of racial minorities incarcerated on charges related to substance use and possession (Ferrer & Connolly, 2018, p. 968). Criminalizing racial minorities creates racial disparity, reinforcing the initial racial bias which caused the higher rates of incarceration (Ferrer & Connolly, 2018, p. 968). The criminalization of racial minorities is polarized by the more common response of medicalization towards advantaged whites (Dollar, 2018, p. 306). This favouring of privileged people in treatment settings creates additional barriers for racial minorities in accessing treatment.

Addressing barriers caused by racial biases cannot be complete without observing the intersectionality of socioeconomic status. Individuals with lower socioeconomic status experience higher rates of discrimination and disparities in access and utilization of services (Lewis, Hoffman, Garcia, & Jo Nixon, 2017, p. 151). Race/ethnicity and socioeconomic status are social and economic factors that influence the determinants of one's health (Galea & C, 2002, p. S136); experiencing minority status in either is associated with decreased health outcomes. People from lower socioeconomic classes have additional considerations to accessing treatment such as loss of work, child care, and increased stigmatization, which established significant barriers and reduce the number of those who access treatment (Taylor, 2010, p. 384;

Stringer & Baker, 2018, p. 4.) These barriers stop people who are experiencing socioeconomic vulnerability from seeking treatment services.

In Canada, it is well recognized that Indigenous people are still experiencing the residual effects of the historical traumas of colonization. This is shown in the high rates of Indigenous people that use substances as a means to cope with ongoing and past colonial policies (Jongbloed, Pearce, Pooyak, Xamar, Thomas, & Demerais, 2017, p. E1352). In 2018, 12.8% of all overdose deaths in B.C. were of First Nations people. This was 4.2 times the rate observed of other residents who experience overdose deaths (First Nations Health Authority, 2019, p.1). Indigenous women experience additional trauma due to gender discrimination. This is clearly demonstrated by the National Inquiry into Missing and Murdered Indigenous Women and Girls, which addresses violence against Canada's most vulnerable citizens whose experiences were the product of systemic causes (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019, p. 8). Acknowledging the systematic racism that persists within health and social services is important to dismantling these practices which re-traumatize Indigenous peoples by their lack of cultural safety (Victor, Shouting, DeGroot, Vonkeman, Brave Rock, & Hunt, 2019, p. 44). This stresses the importance of respecting the traditional protocol, language, and views of the Indigenous communities these services are directed to serve and support.

1.2 Project Purpose

The Ministry of Health (the Ministry) is responsible for ensuring that all British Columbians have access to quality, appropriate, cost-effective, and timely health services (BC Ministry of Health, 2018, p. 5). The Ministry partners with regional health authorities who are responsible for health service delivery. The province has five regional health authorities: Vancouver Island Health Authority, Vancouver Coastal Health Authority, Fraser Health Authority, Interior Health Authority, and Northern Health Authority. The Provincial Health Services Authority operates province-wide health programs and specialized services by managing quality, coordination, and accessibility (BC Ministry of Health, 2018, p. 5). The Mental Health and Substance Use (MHSU) branch is situated in the Specialized Services Division of the Ministry. It is responsible for coordinating with provincial and regional health authorities to ensure access to mental health and substance use services and resources throughout British Columbia.

This research project is focused on addressing the barriers mothers experience when accessing substance use treatment services. It is important to recognize the intersectional factors that contribute to the disadvantages that mothers with substance use disorder experience in their substance use care. This relates to the unique gender, race/ethnicity, and socioeconomic status issues that affect women and men differently. The purpose of this project is to analyze and recommend options to address the gender-specific and intersectional barriers that mothers with substance use disorder experience in accessing substance use treatment services in British

Columbia. It is acknowledged that gender norms and other cultural and socioeconomic factors intersect to create issues and barriers to treatment services. Mothers who have children under their care experience greater challenges such as additional stigma, lack of proper supports, fear of losing child custody, and challenges with child care while in treatment (Taylor, 2010, pp. 394-395; Olsson & Fridell, 2018, p. 2). This project exclusively examines the challenges that mothers with substance use disorder encounter in seeking treatment for managing their substance use.

1.3 Project Client

The client of this project is the Ministry's MHSU branch. The MHSU branch partners with the regional and provincial health authorities to organize and maintain mental health and substance use services in British Columbia. This includes services implemented to address the public health emergency due to a toxic illicit drug supply, including services supporting women with children.

The MHSU branch additionally works with the Ministry of Mental Health and Addictions (MMHA) to facilitate both the Minister of Health and the Minister of Mental Health and Addictions mandates. This includes the following priorities relevant to this project:

- Work in partnership to develop an immediate response to the opioid crisis that includes crucial investments and improvements to mental-health and addictions services.
- Consult with internal and external stakeholders to determine the most effective way to deliver quality mental-health and addiction services (Government of British Columbia, 2017).

In February 2018, the Government of British Columbia committed to increasing gender equity through the implementation of Gender-Based Analysis (GBA+) in government practices including budgets, policies, and programs (Government of British Columbia, 2019, p. 22). This focuses on building the capacity of public servants with GBA+ to improve decision-making and increase evidence-based policy development to improve systems in British Columbia. Addressing the barriers that mothers experience in accessing substance use services requires GBA+ to observe the intersectionality that influences these issues.

This project supports the Government of British Columbia's direction to implement GBA+ analysis in all budgets, policies, and programs. The information gathered in this research project will provide an overview of how current substance use services are provided. This will examine opportunities to increase the accessibility of substance use services for mothers with substance use disorder. This project may contribute to addressing the overdose emergency by providing information on intersectional and gender-specific accessibilities of substance use services.

1.4 Project Objectives and Research Questions

The objective of this project is to provide recommendations for consideration to reduce barriers and improve substance use treatment for mothers with substance use disorder. This information will provide context to the current barriers to accessing treatment services, as well as options for mitigating these challenges. The project will present information for policy-makers about opportunities to improve service delivery in providing access to treatment services for mothers with substance use disorder in British Columbia.

To inform these recommendations, this research analyses opportunities to improve the delivery of services that are effective, culturally safe, trauma-informed, gendered-informed, and that meet the social and health needs of mothers (Salmon & Clarren, 2011, p. 431). Additional recommendations are made to improving the experience of mothers attending treatment-based settings. The scope of this project is limited to mothers accessing services on Vancouver Island, British Columbia. These mothers are the primary caretakers of the children who live in their care, including adoptive, step, or fostered children.

This research addresses the following primary research question:

- What are the barriers that mothers with substance use disorder experience in accessing substance-use treatment services on Vancouver Island?

Secondary research questions include:

- How can barriers to access be reduced?
- How does access to services differ for Indigenous mothers?
- What additional resources are necessary for improving the experience of mothers with substance use disorder in a treatment-based setting?

The findings of this project help shape understandings of the current state of substance use services on Vancouver Island with specific emphasis on barriers faced by mothers with substance use disorder.

1.5 Background

In British Columbia, the Ministry partners with MMHA and the Ministry of Children and Family Development (MCFD) to facilitate resources for mothers with substance use disorder. As previous mentioned, MMHA is mandated to work in partnership to develop an immediate response to the opioid crisis that includes crucial investments and improvements to mental-health and addictions services (Government of British Columbia, 2017). On April 14, 2016, a public health emergency was declared by the acting provincial health officer under the *Public Health*

Act due to an increase in opioid-related overdose deaths in the province. This declaration allowed for real-time collection, reporting, and interpreting of the health system to recognize immediate risks for people who use substances (Government of British Columbia, n.d.). This included observing how the illicit fentanyl drug supply affected various groups of people who use substances.

Treatment services are a public health response to substance use disorder. These services are positioned to help people manage their substance use by providing necessary supports to allow for a change in their substance use patterns. This serves to benefit individuals with substance use disorder by providing resources to help manage and stop their use. In British Columbia, the regional health authorities are responsible for providing treatment services to their citizens. Treatment services throughout the province vary to accommodate the specific needs of the different regions. This includes rural, remote, and urban considerations. These variables help health authorities address the specific needs of those who live in their region.

The Vancouver Island Health Authority is responsible for providing and managing mental health and substance use services on Vancouver Island. This includes providing central intake services for various entry points to make substance use services easily accessible in multiple ways within communities. Local offices are positioned throughout communities on Vancouver Island to help with accessing varying intake methods (Island Health, 2019, n.d.). There is a variety of treatment services available that include gender considerations including day and evening support groups for men and women, and gender-specific day treatment groups. The Vancouver Island Health Authority does not explicitly list substance use services targeting mothers on their webpage.

The relationship between gender and substance use disorder is acknowledged throughout the literature as there are significant gender differences to the success of substance use treatment. This includes variations in prevalence rates, health service applications, and treatment outcomes (Back et al., 2011, pp. 313-314). The gender of a person influences their experience with services as gender is associated with societal norms, which associate women and men with expectations related to behaviour and appearance. For example, women and problematic substance use are negatively associated and stigmatized, women are expected not to overuse substances in societal norms (Covington, 2008, p. 378). These gendered expectations create challenges for women seeking treatment for their substance use as treatment requires them to disclose their substance use patterns and admit deviation from expected gender norms which can cause emotional stress (Boyd & Boyd, 2014, p, 313).

Having the responsibility and expectation of being the main caregiver in a nuclear family setting creates an additional burden for mothers with substance use disorder (Covington, 2008, p. 378; Taylor, 2010, p. 394). Mothers may desire treatment but lack the support to begin their journey, face the misleading idea that they are unable to care for their children, and experience higher

rates of stigmatization than their male counterparts (Elms, Link, Newman, & Brogly, 2018, p. 4). It is important to acknowledge these hegemonic ideas and how they influence mothers who seek access to services, as they reduce the likelihood of mothers pursuing treatment options. Hegemony is "the social, cultural, ideological, or economic influence entered by a dominant group;" in the context of this research paper, this is referred to as people of privileged whose influence has reinforced oppressive and discriminatory views within society (Merriam-Webster, 2019).

1.6 Organization of Report

This report includes the following sections: literature review, methodologies and methods, findings, discussion and analysis, and recommendations. The literature review analyzed peer-reviewed academic articles based on six key themes:

- (2.2) intersectionalities and inequality of substances use
- (2.3) support for mothers with substance use disorder
- (2.4) barriers for women
- (2.5) gender-specific vs. mixed-gender treatment
- (2.6) trauma-informed and culturally safe practices

The methodologies and methods section detail the qualitative methods used with an intersectional approach to address the primary and secondary questions. The findings detail the main themes of the interviews with health authority representatives from the Vancouver Island Health Authority and First Nations Health Authority and grey literature. These themes include:

- (4.2) motherhood
- (4.3) child apprehension and advocacy
- (4.4) gender
- (4.5) basic needs
- (4.6) experience with trauma
- (4.7) peer support

The discussion and analysis section address the primary and secondary question while providing a comprehensive evaluation of the barriers experienced by mothers with substance use disorder in accessing substance use treatment services. This includes considerations for improving the experience of mothers with substance use disorder in a treatment-based setting and further research inquiries. The key these of the discussion and analysis are as follows:

- (5.2) basic needs

- (5.3) trauma-informed
- (5.4) cultural safety
- (5.5) family-centred
- (5.6) self-determination

The report concludes with recommendations based on the literature review and research findings. The conclusion follows to summarize the final thoughts of this study.

2.0 Literature Review

2.1 Introduction

The purpose of this literature review is to explore primary research on women and mothers accessing substance use treatment services. This includes examining gender roles, race/ethnicity, and socioeconomic status influence the utilization of these services. This literature review references academic journal articles collected from the University of Victoria Summons Database. These articles were selected based on content of gender inequality, ethnic and racial trauma, gender-specific barriers to accessing treatment services, substance use treatments, gender-specific and mixed-gendered services, maternal experience with substance use disorder and treatment services, and trauma and child care/child welfare (Grella, Hser, & Huang, 2006, p. 55; Elms, Link, Newman, & Brogly, 2018, pp. 2-3). The keywords used were substance use disorder, treatment, inequality, race, indigeneity, gender norms, substance use treatment, women, parenting, barriers, child welfare, addiction severity, and treatment referral. The literature reviewed illustrates that there is a lack of trauma-informed, culturally safe, gender-specific, parental support and resources in substance use treatment available to mothers with substance use disorder.

This review found five major themes including intersectionalities and inequality of substance use, supports for mothers with substance use disorder, barriers for women, gender-specific vs. mixed-gendered treatment, and trauma-informed and culturally safe practices. These illustrate the complexities and phenomenology that mothers with substance use disorder experience in accessing substance use treatment services.

2.2 Intersectionalities and Inequality of Substance Use

Focusing strictly on quantitative methodologies often misses the influence of gender, class, ethnic, and racial factors affecting those who use substances, creating an underdeveloped epistemology of substance use. (Campbell & Ettorre, 2011, p. 1). People who use substances experience stigmatization due to the negative hegemonic ideas associated with substance use. This dynamic is strengthened by the criminalization of substance use, as people who use substances are viewed as delinquents because of their potential participation in an illegal drug supply market (Boyd & Boyd, 2014, p. 313). These ideas frame those who use substances as devalued, unimportant, and flawed establishing mistrust based on prejudice rather than reality (Luoma, O'Hair, Kohlenberg, Hayes, & Fletcher, 2010, p. 47). This creates barriers for people needing support as it reinforces self-stigma and discrimination, preventing people from seeking help (Latkin et al., 2019, p. 87).

Gender, socioeconomic status, race and ethnicity are influenced by the complexities of power and oppression. People who deviate from hegemonic and heteronormative views can experience marginalization. These minority groups often face inequalities in accessing health and social resources due to the intricate power structures that favour the privileged (Malebranche & Kissinger, 2007, p. S86). These inequalities create additional challenges for people who have used substances as a means to cope with trauma, as current service delivery can have internal stigmatization, leading to re-traumatizing (Nguemo et al. 2019, p. 1). This raises the importance of treatment services that use respectful multi-layered approaches to promote resilience, healing, and coping skills to assist with managing substance use within an oppressive powered society (Skewes & Blume, 2019, p. 97).

Gender

There is a substantial literature documenting the role of gender on an individual's experience with substance use disorder and their access to treatment services. This information focuses on the intersection of gender inequality and gender norms that produce vulnerabilities and barriers to treatment for individuals with substance use disorder. The gender of an individual influences their substance use patterns and intersects with additional variables such as race and ethnicity, geographical location, housing, socio-economic status, disabilities, sexuality, profession, and age, which further effects of oppression (Najavits, 2009, p. 291; Beijer, Scheffel Birath, DeMartinis, & af Klinteberg, 2018, p. 1391). Gender norms are defined as societal expectations of female and male behaviours. The outcome of these norms tends to favour male dominance, establishing gender inequalities within society (Zahnow, Winstock, Maier, Levy, & Ferris, 2018, p. 82; Nardone, 2018, p. 756; Lamont, 2013, p. 189).

Women who use substances are often viewed as deviant, disorderly, and sexually immoral, as they diverge from the traditional gender norms of women (Boyd & Boyd, 2014, p, 313). This includes the prevalent gender norm that women are obedient and natural caregivers, women who do not meet this norm are perceived as either deviant or less feminine compared to the "traditional" woman (Boyd & Boyd, 2014, p, 313). These expectations have changed over time, but some biases remain, creating gender inequality and violence (Zahnow, Winstock, Maier, Levy, & Ferris, 2018, p. 82; Nardone, 2018, p. 756; Lamont, 2013, p. 189). This is illustrated in the higher rates of interpersonal violence that women experience compared to their male counterparts; this trauma causes negative effects on a woman's overall health and well-being (Najavits, 2009, pp. 290-291). Observing the epidemiology and etiology of substance use among women illustrates the importance of treatment programs that address gender-specific needs (Pelissier & Jones, 2005, p. 344). Therefore, for treatment services to efficiently serve women, a gendered lens must be applied to the implementation and application of programs offered to women (Covington, 2008, p. 378).

Race and Ethnicity

Racialized minorities experience additional stressors and barriers due to both systemic and structural racism. An individual's race/ethnicity influences their substance use with the acknowledgment that substance use may serve as a means to cope with structural inequities caused by racism (Nguemo et al. 2019, p. 1). Further to this, systemic racism is linked to higher rates of incarceration related to substances in racial minorities (Ferrer & Connolly, 2018, p. 968). The association with the criminal system reinforces negative societal biases of racial minorities, establishing further polarization (Dollar, 2018, p. 306). These systems favour privileged people who use substances, as their use does not have assumptions that automatically lead to criminalization (Dollar, 2018, p. 305). This is illustrated by the perceived moral differences between problematic pharmaceutical drug use, commonly connected to those of privilege, and illicit drug use, commonly connected to underprivileged populations (Dollar, 2018, pp. 310-311). The current overdose emergency is an example, as there is increased media and legal attention by the public to this epidemic but often this is specifically directed at the increase of white, middle-class people who have overdosed and died. Media stories humanize white, middle-class people who have died of an overdose, but criminalize those disenfranchised by the current systemic structure such as racial and socioeconomic minorities (Dollar, 2018, pp. 306-313). This shows that problematic substance use can be positioned as a crisis if those of privilege are suffering but neglects to acknowledge the ways in which the epidemic touches underprivileged lives.

In addition, racialized minorities experience higher rates of structural and social stressors. These stressors can cause health disparities due to challenges including language barriers, unemployment, poverty, low socioeconomic status, discrimination, and racism (Nguemo et al. 2019, p. 1). The attribution of racial/ethnic discrimination in substance use patterns is documented in Black populations in Canada, who experience racialized minority status as they represent 3.5% of the country's total population (Nguemo et al., 2019, p. 1). Khenti (2014) observed the structural violence and unequal treatment of Black Canadians by exploring how racial profiling has contributed to incarceration rates of Black men (p. 190). This paper analyzed structural vulnerabilities, the war on drugs, incarceration consequences, and intensified racial profiling, and how these factors influence Black Canadians, specifically regarding Black men. It found that Black communities are disproportionately targeted in the war on drugs, which has caused health-related harm to Black Canadians who use substances (Khenti, 2014, 193-194). This discrimination increases vulnerability within an already vulnerable population. Therefore, rather than reducing substance use by criminalizing people associated with substances, these practices increase use by retraumatizing those who the system fails to serve, causing people to use substances as a means to cope with experienced inequalities (Nguemo et al. 2019, p. 1).

Implementing cultural tools within substance use treatment is important in addressing the racial/ethnic disparities experienced by racialized minorities. Houser (1998) detailed the success of the SAPACCY program, which was directed at integrating traditional drug education and

resistance skills within an Afrocentric value system (p. 3). This encourages participates, specifically youth, to use cultural values to promote self-determination, helping them to develop skills relating to communication, anger management, and coping with family issues (Houser, 1998, p. 2). The overall objective to assist youth in developing coping skills that allow other options than depending on substances. This raises the importance of recognizing racial and ethnic disparity experienced by people accessing substance use treatment and addressing these components to improve overall treatment benefit.

Indigeneity

In Canada, First Nation, Métis, and Inuit peoples (collectively referred to as Indigenous people) experience disproportionate rates of social and structural inequality due to the persistence of colonial policies that govern the country. It is well documented in both the scholarly and grey literature that systemic colonial practices have increased rates of substance use among Indigenous communities, as substances are used as a means to cope with ongoing and intergenerational trauma (Barker et al., 2019, p. 248; Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 1). The effects of these colonial practices are shown in the underutilization of substance use programs by Indigenous communities, lack of culturally appropriate services, increased rates of incarceration of Indigenous people, and in the disproportionate rates of child apprehension in Indigenous communities (Barker et al., 2019, p. 249; Singh, Prowse, & Anderson, 2019, p. E487; Lavalley, Kastor, Valleriani, & McNeil, 2018, p. E1466; Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 2).

Ongoing colonialism further complicates substance use patterns, as Indigenous people with substance use disorder are less likely to utilize substance use programs, as these services often fail to include healing processes that acknowledge the effects of colonialism and intergenerational trauma (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 1). Substance use services that are underutilized by Indigenous communities often use a western model of care that fails to acknowledge Indigenous traditional views and healing methods (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 2). This creates additional challenges for Indigenous people with substance use disorder, as there are a lack of culturally appropriate and safe services available for them to access, which consequentially expands their experience with social and structural inequality (Barker et al., 2019, p. 248; Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 1).

The Government of Canada has not sufficiently acknowledged ongoing colonial practices and the underlying structural barriers influencing the high rates of substance use and overdoses among Indigenous peoples (Lavalley, Kastor, Valleriani, & McNeil, 2018, p. E1466). The effects of societal racism and inequality are shown in the increased rates of Indigenous Canadians who use substances due as a means to cope with the ongoing and extensive intergenerational trauma caused by colonial policies such as the Indian Act, residential schools, Indian hospitals, and the sixties scoop (Victor, Shouting, DeGroot, Vonkeman, Brave Rock, & Hunt, 2019, p. 43). These

policies not only forcibly displaced Indigenous people from their ancestral lands but created physical, biological, and cultural genocide (Barker et al., 2019, p. 248). Research has illustrated that people who survived residential school experience additional risks associated with increased rates of problematic substance use compared to those who did not (Barker et al., 2019, p. 249). This establishes additional complexities to managing substance use patterns, as people are not only required to heal from their problematic substance use but unpack how structural barriers and colonial policies influence their use (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 9).

The effects of ongoing and intergenerational trauma continue with the current top-down structure of health and social services (Lavalley, Kastor, Valleriani, & McNeil, 2018, p. E1466). This establishes additional challenges for Indigenous people in seeking support with their substance use, as services ignore and/or mishandle Indigenous views, traditional, and protocols (Collins & Rocco, 2014, p. 8). As mentioned, this is shown in the underutilization of substance use services by Indigenous communities (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 9). Providing services that do not acknowledge the cultural needs of Indigenous communities or offer culturally safe spaces reinforces the presence of colonialism, reduces the use of health and social services by Indigenous people, and fails to promote healing and overall well-being (Victor, Shouting, DeGroot, Vonkeman, Brave Rock, & Hunt, 2019, p. 44). Therefore, services that use a holistic approach, offering culturally safe programs that use traditional Indigenous healing practices, are better equipped to support their Indigenous clients (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 2). This illustrates that services need to diverge from Western models of care by transitioning to a more holistic approach that respects Indigenous traditions, culture, and protocol with supporting their clients in healing from the complex process of both ongoing and intergenerational trauma and their problematic substance use (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 3).

Indigenous people are also arrested at disproportionate numbers compared to other people living in Canada due to systemic racism caused by colonial practices (Singh, Prowse, & Anderson, 2019, p. E487). This is a significant issue for Indigenous women. Compared to non-Indigenous women, Indigenous women lose 6-9 times more years of life in both of the federal penitentiary and British Columbia provincial jail system (Singh, Prowse, & Anderson, 2019, p. E487). Incarceration reduces a person's ability for social or economic mobility which can lead to further negative health outcomes as people are unable to access the services they need; these effects are extended for Indigenous people as they often have to seek services that do not have awareness to their cultural needs (Victor, Shouting, DeGroot, Vonkeman, Brave Rock, & Hunt, 2019, p. 43). Indigenous people who struggle with substance use disorder may not feel adequately supported by these services, leading to underutilization (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 1). By focusing on colonial practices that lead to incarceration rather than developing and promoting substance use treatment services that are culturally safe and respectful, Indigenous

people with substance use issues will continue to experience the inequality of appropriate supports (Singh, Prowse, & Anderson, 2019, p. E487).

The institution of colonial policy rooted in racism towards Indigenous people is also present in the overrepresentation of Indigenous children in child welfare (Barker et al., 2019, p. 249). These practices do not only affect the mother and family of the child but the well-being of Indigenous communities (Barker et al., 2019, p. 250). These child welfare actions lead to greater intergenerational trauma rather than focusing on family-centered practice that serves to heal the family and community as a whole. It is important to recognize and be accountable to these practices as move towards reconciliation and can reduce the number of Indigenous children in care (Barker et al., 2019, p. 250). Indigenous mothers are less likely or not at all to access substance use treatment due to the discrimination and racial biases within current systems, as they are instilled with the fear and reality of losing their child if they are associated with substance use (Barker et al., 2019, p. 251). Indigenous women are also more likely to be incarcerated for substance use compared to non-Indigenous women, which may also deter Indigenous mothers from disclosing their substance use (Singh, Prowse, & Anderson, 2019, p. 87). This creates inequitable access to substance use services for Indigenous mothers for they unable to receive services without penalty, and within the current system, these systems may lack cultural resources (Victor, Shouting, DeGroot, Vonkeman, Brave Rock, & Hunt, 2019, p. 44).

To support Indigenous mothers, it is also important to recognize that the Western ideologies of family do not match the Indigenous views of family, which extend from parents and children to include aunts and uncles, cousin, grandparents, and community (Tam, Findlay, and Kohen, 2017, p. 250). As Indigenous mothers are responsible for not only themselves but their children and community, it is important to understand how their extended family and community influence their support system, child care, and well-being (Barker et al., 2019, p. 250; Tam, Findlay, and Kohen, 2017, p. 245). As mentioned, family-centred approaches to treatment services are imperative to supporting Indigenous mothers as they recognize that healing is necessary for not only her but her family and community, as they all experience the ongoing and intergenerational effects of trauma; this expands on how Indigenous traditions, views, and protocols are critical to effectively supporting Indigenous people seeking to access substance use services, and reducing the underutilization rates of Indigenous communities (Victor, Shouting, DeGroot, Vonkeman, Brave Rock, & Hunt, 2019, p. 43; Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 1).

Socioeconomic Status

Socioeconomic status is frequently to referred as a contributing factor to substance use patterns in the literature on substance use disorders (Pear et al., 2019, p. 66; Collins and Rocco, 2014, p. 6; Grella, 2008, p. 330). Low socioeconomic status creates additional stress as people must focus on meeting their basic needs (i.e. food, clothing, housing) before they consider accessing health and social services (Grella, 2008, p. 330). Therefore, treatment services must acknowledge how

precarious and insecure employment may influence the ability of people with lower socioeconomic status to access such services (Pear et al., 2019, p. 66). By failing to acknowledge this issue, people who fear the loss of their position due to their participation in a treatment program or those who are unable to participate due to financial instability can be further disadvantaged (Grella, 2008, p. 330).

People who use substances can be further disenfranchised by the lack of affordable, safe, and creditability substances. The type of substances used by an individual is influenced by their socioeconomic status, as the costs and access of certain drugs are only available to people of privileged (i.e. prescription drugs) (Dollar, 2018, pp. 310-311). People can often be stigmatization for using an illicit drug supply, as morally these drugs are viewed differently than prescription drug use, as they are criminalized for being overtly illegal (Dollar, 2018, p. 305). These economic inequalities create unique challenges in accessing treatment, as people of lower socioeconomic status who use illicit drugs may fear that exposing their use could lead to additional consequences related to the criminalization of these types of substances (Dollar, 2018, p. 305; Collins and Rocco, 2014, p. 6).

In addition, there are rural-urban differences in drug use in Canada. Rural and remote areas are associated with high rates of substance use, which may be caused by macroeconomic stressors such as high unemployment, low socioeconomic status, poverty, and low education rates (Pear et al., 2019, pp. 66-67). Pear's study (2019) explored urban-remote variation in the socioeconomic determinants of the overdose emergency (p. 66). This study found that rural communities with high rates of poverty and unemployment had higher rates of substance use; these components influenced urban areas as well in communities with low socioeconomic status (Pear et al., 2019, p. 71). People that experience socioeconomic disadvantages may use substances as a means to cope with personal and community stress (Pear et al., 2019, p. 67). This research illustrates people with low socioeconomic status experience additional challenges based on indirect stressors, such as the economic health of their community, which contributes to their substance use patterns.

Collins and Rocco (2014) found that people within minority groups access health care services at lower rates, which decreased further for those who lived in rural and remote locations (p. 6). The socioeconomic class of an individual influences their geographical location, as it affects the availability of nearby services. This impacts treatment programs for substance use, as urban, rural, and remote communities have different resources to serve their population. People with disadvantaged socioeconomic backgrounds experience reduced privilege within society due to various factors including financial instability and health coverage eligibility. This creates additional imbalances to accessing equitable treatment as people experience a greater reliance on public health services, which may not address their specific needs as well as private services (Grella, 2008, p. 330). Therefore, substance use services should take into account the additional

stressors created by a person's socioeconomic status and use this awareness to provide additional support (i.e. food, housing) to increase the efficiency of treatment and recovery.

2.3 Support for Mothers with Substance Use Disorder

Due to the criminalization of women who use substances, mothers with substance use disorder can be misrepresented as a threat to their children by others (Boyd & Boyd, 2014, p. 313). This generalization is often made before and without observing the relationship between a mother and child. Mothers experience unique barriers to accessing treatment including the fear of losing custody of their children. This prevents them from reporting their substance use patterns and/or seeking appropriate care. Taylor (2010) explored the types of barriers women experience when accessing substance use treatment programs. They found that a lack of access to child care was a major barrier and recommended that child care be added to the framework of treatment programs to improve support for mothers (Taylor, 2010, pp. 393-397).

In the literature, the types of child care discussed were on-site child care programs and/or cohabited family residential treatment programs, which allowed mothers to bring their children with them to the treatment site (Taylor, 2010, pp. 393-397). Having child care available to mothers allowed them to better focus on their treatment without worrying about losing custody of their children, and reduced fear that their participation and disclosure of their substance use would influence their custody (Grella & Joshi, 1999, p. 399). Elms, Link, Newman, and Brogly (2018) found that 75% of women did not attend treatment programs due to the fear of losing their child, and 62.5% did not attend because they were unable to find appropriate child care (pp. 2-3). These studies illustrate the importance of family-centred policies and services that acknowledge the unique needs of mothers with substance use disorder. This significance of understanding and addressing how a mother's experience may differ in accessing treatment compared to those without children under their care (Taylor, 2010, pp. 393-397; Grella & Joshi, 1999, p. 399).

Taylor (2010) suggested that mothers and their children attend residential treatment centres together to mitigate child care issues (p. 397). The Village South Facility in Miami, Florida was one of the first piloted programs to offer inclusive residential treatment for mothers and children. This included the Families in Transition pilot program, which provided resources for mothers with substance use disorder and their children (Jackson, 2004, p. 44). The pilot served a diverse population with different cultures, ages, and marital statuses. Poverty and involvement with the court were common factors for participating families (Jackson, 2004, p. 46). Only 4 of 10 families lived without housing assistance before entering the pilot and 85% of the mothers were involved in either dependency court or criminal court (Jackson, 2004, p. 46). These factors contributed to the threat of these mothers losing custody of their children (Jackson, 2004, p. 46).

This pilot illustrated that mothers with substance use disorder experience additional challenges beyond the need to seek treatment for their substance use patterns.

The pilot program at the Village South Facility additionally offered services for children to mitigate any risks associated with having a parent with problematic substance use. Children who participated in this pilot exhibited signs of emotional disturbances, educational deficits, and behavioural problems (Jackson, 2004, p. 46). The program sought to reduce these vulnerabilities by supporting mothers with parental guidance and belonging which both consequentially promoted protective factors in children (Jackson, 2004, p. 47). It was found that children began to display decreased behavioural problems after they and their mothers participated in these services (Jackson, 2004, pp. 46-49). This illustrated the importance of having supports for mothers as their well-being influences their children. This pilot recognized the benefit of integrated parental and child residential treatment by illustrated benefits for both mothers and their children (Jackson, 2004, pp. 46-49).

2.4 Barriers for Women

The literature on women with substance use disorder describes a disproportionately low rate of women who access treatment services compared to the prevalence of substance use disorder among women (Greenfield et al., 2007, p. 3). The relationship between gender-related issues and substance use patterns is important in recognizing the gender-specific needs unique to the female experience (Grella, 2008, p. 328). This must recognize the power of gender norms and how hegemonic beliefs influence a woman's experience with substance use and treatment access. This stems from the recognition that women may use substances for different reasons than their male counterparts and how their female identity affects their participation with seeking substances and level of comfort with available assistance. These factors create barriers specific to women as treatment services may not be appropriate in understanding the role of gender in substance use and treatment utilization (Grella, 2008, p. 327).

Stigmatization is a major barrier that women experience regarding their substance use and service access (Taylor, 2010, p. 395). This reinforces the feeling of marginalization and affects self-belonging and social identities which are important in recovery (Hughes, 2007, p. 674). Individuals with substance use disorder are stigmatized and perceived as untrustworthy, blameworthy, and dangerous which reduces help-seeking actions (Livingston et al., 2012, p.; Hartwell, 2004, p. 85). This is increased for women with substance use disorder as they also experience additional expected social roles (Covington, 2008, p. 378). Taylor's (2010) study recommended that professionals consult with women regarding issues that are preventing them from accessing treatment to reduce stigma (p. 397). This can be achieved by addressing the gender-specific needs of women by providing women-centred treatment environments to

increase the feeling of safety and comfort (Kauffman, Dore, Nelson-Zlupko, 1995, p. 357; Greenfield, Trucco, McHugh, Lincoln, & Gallop, 2007, p. 39).

Elms, Link, Newman, and Brogly (2018) conducted a focus group study in Kingston, Ontario, which has a high prevalence of substance use (p. 2). This study provides a gendered perspective of substance use, as the two focus groups consisted of ten women, all with a history of substance use disorder. The information collected from the focus groups was recorded, and the data were transcribed, coded, and thematically analyzed. The results found gender-specific barriers to substance use treatment such as the fear that disclosing substance use would lead to loss of child custody, identification and completing admission requirements of treatment program, wait times, the ability for services to address woman-centered issues, fear, safety, and stigma associated with their substance use disorder (Elms, Link, Newman, and Brogly, 2018, p. 1).

2.5 Gender-specific vs. Mixed-Gender Treatment

There is significant scholarship on the role of gender in shaping an individual's experience with treatment services. The literature observes the variation of treatment efficiency based on the structure of gender-specific and mixed-gender treatment. This distinction is important as women experience gendered trauma which may be triggered by a male presence in treatment, leading them to feel unsafe in accessing treatment. Gender-specific models acknowledge the differences in substance use patterns and recognize the need for gender-specific treatment services. Back et al. (2011) highlighted considerable gender differences in substance use disorder prevalence, health service utilization, treatment results, and progression of substance use disorder on a person's emotional and physical health (p. 314). These results illustrated that women experienced shortcomings in their utilization of treatment services, treatment outcomes, and progression of substance use disorder with higher emotional and physical health impacts (Back et al., 2011, p. 314).

Grella (2008) found a distinctive difference between the prevalence of substance use disorder and treatment access between women and men (p. 329). Grella's study (2008) illustrated that men were 2.3 times more likely to have substance use disorder than women and that men accessed treatment more often at a two to one ratio. The pathways to treatment also differed based on divergent referral streams. Women often access treatment through service-based references whereas men were more likely to seek treatment based on encouragement from family and friends (Grella, 2008, p. 330). This emphasizes the importance of highlighting gender-specific trends of substance use, treatment access, and types of support, as these factors contribute to women with substance use disorder admission to treatment and retention.

Elms, Link, Newman, and Brogly (2018) explored the need for women-centred treatment for substance use disorders. This study found that women-centred treatment increased attendance

and retention. Women-centred treatment can improve the ability to address concerns related to child care and child safety and custody. These were prominent barriers that the study acknowledged (Elms, Link, Newman, & Brogly, 2018, p. 2). This addresses some of the gender-specific issues that affect women accessing treatment based on the different gender norms they experience compared to their male counterparts.

Women-centred treatment allows other gender-specific issues to be addressed such as the prominent link between traumatization and substance use in women. Problematic substance use is associated with trauma in men and women. However, research suggests that women are more influenced to use substances based on traumatic experiences. This may be caused by the higher prevalence of physical and sexual abuse they experience compared to men (Covington, Burke, Keaton, & Norcott, 2008, p. 388; Bebbington et al., 2011, p. 33; Tompkins & Neale, 2018, p. 47). Abuse can be inflicted by male intimate partners (Khalifeh, Hargreaves, Howard, & Birdthistle, 2013, p. 462). Therefore, women-centred treatments can improve the feeling of safety and comfort with the absence of a male presence (Kauffman, Dore, Nelson-Zlupko, 1995, p. 357; Greenfield, Trucco, McHugh, Lincoln, & Gallop, 2007, p. 39).

The literature on the gender-specific needs of women illustrates that it is important to acknowledge these needs in order to improve access and retention of treatment services. Women-centred services acknowledge the specific needs of women and structure their services to best meet these needs (Elms, Link, Newman, & Brogly, 2018, p. 6). Research shows the necessity of women-centred treatment services, as they provide a safer and more comfortable experience for women (Kauffman, Dore, Nelson-Zlupko, 1995, p. 357; Greenfield, Trucco, McHugh, Lincoln, & Gallop, 2007, p. 39). These studies illustrate that it is important to consider the specific needs of women to improve their overall access and retention to services.

2.6 Trauma-Informed and Culturally Safe Practices

The link between trauma and substance use was recognized throughout the literature, as substances are often used to deal with past or present trauma. The importance of trauma-informed and culturally safe practices is relevant to observe the relationship between oppression, trauma, and substance use. A trauma-informed lens can improve appreciation of the patient experience and encourage better interactions in treatment settings (Najavits, 2009, p. 295). Those who experience oppression may use substances to cope with the trauma that they have experienced. Due to their experience with maltreatment and the lack of understanding of how these experiences intersect with substance use patterns, people do not have access to suitable treatment that addresses these issues. Therefore, they can be left feeling that treatment is inadequate and unsuccessful in assisting the management of their substance use.

Historically substance use treatment has been focused on the singular notion of the intervention of addiction with the assumption that other issues eventually resolve or are dealt with by other services (Covington, 2008, p. 377). Trauma-informed practices diverge from these traditional practices by acknowledging the suffering experienced by people accessing substance use treatment. This includes recognizing the compounded effects that influence a person's use of substances. Trauma-informed treatment is designed to focus on both an individual's substance use and mental health (Covington, S.S., Burke, C., Keaton, S., & Norcott, C., 2008, pp. 387-388). This offers people an avenue to address their trauma rather than seeking self-medication to reduce trauma symptoms (Najavits, 2009, p. 290). Through this practice, trauma is taken into account, with an increased focus on reducing the triggering of trauma and re-traumatization, the staff are positioned to support coping mechanisms, and patients have the ability to self-manage their trauma symptoms. This patient-centred care establishes mutual decision making and empowerment, allowing holistic care for those to express their needs (Tompkins & Neale, 2018, p. 47).

Culturally safe practices acknowledge the specific cultural components that are important to helping an individual with managing their substance use patterns. Skewes and Blume (2019) observed the relationship of substance use disorder in an Alaskan Native community. Participants of their study felt that a loss of cultural identity and post-colonial trauma contributed to their social and health issues, as they lacked the protective factors that extend from a strong Native identity (p. 96). This feeling of displacement can be reinforced by substance use treatment services that do not identify the specific cultural needs of Indigenous peoples and/or other cultural identities. By acknowledging racial trauma, treatment services can help build partnerships and resilience through culturally safe practices that provide a positive sense of self and cultural identity through preparing treatment services in Indigenous culture and spirituality (Skewes & Blume, 2019, p. 96). This includes developing the understanding that there are different needs and connotations of health that are connected to various cultures.

2.7 Conceptual Framework

The conceptual framework of this research is a holistic evaluation of the structure of substance use treatment services. This will evaluate the equity of substance use treatment services and utilization by mothers on Vancouver Island. This framework observes the various pathways that mothers have used to access substance use treatment while evaluating the barriers they experienced, establishing comprehension of the program implementation of substance use treatment services. This includes examining individual factors such as gender, race/ethnicity, and socioeconomic class, as well as functional components of substance use treatment services such as gender-specific/mixed-gender programs, culturally safe and trauma-informed practices. This will assist in understanding the outputs of substance use treatment services provided by the Vancouver Island Health Authority and/or First Nations Health Authority. Outputs of these

services may be work done towards a gendered analysis of services and program activities completed to improve equity, destigmatization, and equality of access.

The intended outcomes can be analyzed by understanding how substance use services are implemented. This further leads to the overall short-, medium-, and long-term outcomes of the program. The main objective of the intended outcomes is providing mothers with substance use treatment services that promote recovery and management of their substance use patterns. This program evaluation will observe grey literature and interviews collected from a representative from Vancouver Island Health Authority and First Nations Health Authority These interviews can illustrate how programs directed at substance use function within Vancouver Island, as well as the intended outcomes of these programs. The intended outcomes may vary depending on the culture and priorities of the respective health authority. For example, substance use treatment services can be directed at different approaches such as abstinence-based or harm reduction practices. Policy recommendations will be developed and directed at reducing barriers for mothers with substance use disorder in accessing treatment services.

3.0 Methodology and Methods

3.1 Methodology

This project used qualitative research methods with an intersectional approach to the research and analysis to observe how gender, race/ethnicity, Indigeneity, and socioeconomic status influence a mother's ability to access treatment services. The experience of service providers was captured in two key informant interviews, which were thematically analyzed and substantiated with a comprehensive grey literature review that captured barriers treatment services for mothers with substance use disorder.

Qualitative analysis was completed from transcribed interviews collected from the Vancouver Island Health Authority and First Nations Health Authority representatives. Major themes were identified through a thematic analysis. This analysis used a constructionist framework, attending to the theorization of sociocultural contexts and structural conditions to determine the materialization of themes (Bruan & Clarke, 2006, p. 85). The interviews were open-ended as participants used their own words to answer the questions (Flick, 2014, p. 133). Additionally, information was collected through grey literature to provide further context to the major themes that emerged from the interviews. This allowed the researcher to observe how their subjective interpretation of the major themes compared to themes observed in the grey literature.

3.2 Methods

For this project, the researcher interviewed representatives from the Vancouver Island Health Authority and the First Nations Health Authority. These participants were important in understanding the perspective of service providers regarding the operational function of substance use treatment services. Additionally, they provided awareness of ongoing barriers to access for mothers with substance use disorder.

The procedures of this project were as follows:

1. Interview questions were approved by the ethics boards at the University of Victoria, Vancouver Island Health Authority, and First Nations Health Authority.
2. Interviewees were asked for their verbal consent to the interview and were informed that they were able to withdraw from the process at any time during the interview and/or project.
3. Data collection consisting of interviews with the Vancouver Island Health Authority representative and the First Nations Health Authority representative. In total, five questions were asked during the 30-minute scheduled interview (Appendix B).

4. The audio recordings of the interviews were manually transcribed.
5. A thematic analysis was completed on the transcribed interviews. Major themes were categorized using colour coding.
6. A grey literature review was completed to strengthen the emerging themes from the transcribed interviews and reduce any subjective bias.
7. Recommendations were created based on information gathered through the thematic analysis and grey literature review.

There were two recruitment approaches used for interview participants. The Vancouver Island Health Authority representative was recruited via direct contact with the Vancouver Island Health Authority Executive Director of Mental Health and Substance Use. They provided information on a Vancouver Island Health Authority representative to complete the interview, based on the participant's experience with gender-specific substance use treatment services (Appendix D). The First Nations Health Authority representative was recruited by e-mailing the First Nations Health Authority information address (Appendix E). The First Nations Health Authority provided contact information of a representative with extensive experience with Indigenous-led substance use treatment services. The First Nations Health Authority interview provided context regarding the cultural, inclusive, and respectable needs of Indigenous women (Salmon & Clarren, 2011, p. 431).

The interviews were completed in-person and by phone. The interviews were between 30-45 minutes depending on the response of the participant. Participants were informed that their participation was anonymous and that they were able to withdraw from the project at any point. Before the interview process participants were emailed The Letter of Information for Implied Consent (Appendix A) and Health Authority Interview Questions (Appendix B). The letter was reviewed before the interview began and verbal consent was recorded. Both participants were asked to provide verbal permission to allow the researchers the ability to use their personal experiences as the content for the report recommendations. The contents of the interviews were recorded using an audio recording device, and the data was transcribed.

In addition to the two interviews with key respondents, a review of relevant policy literature (grey literature) was completed. The grey literature review was organized around themes drawn from the transcribed interviews, by searching keywords and language that emerged through the transcribed interviews into Google. The keywords used were: substance use disorder, treatment, inequality, race, indigeneity, gender norms, substance use treatment, women, parenting, barriers, child welfare, addiction severity, and treatment referral. The literature initially returned from the key word search was parsed based on its relevance to the themes uncovered from interviews, publication year (within the past 10 years), and published language (English).

This final report will be provided to the MHSU Branch, and representatives from both the First Nations Health Authority and the Vancouver Island Health Authority.

3.3 Data Analysis

The analysis for this project includes the grey literature but focuses heavily on the data collected from the interviews. This is because these accounts provide first-hand knowledge of how current systemic structures influence the utilization of treatment services by mothers with substance use disorder from a service provider perspective. Data collected through transcribed interviews were analyzed using the qualitative method of thematic analysis. This thematic analysis was conducted using a constructionist framework.

The first stage of analysis involved the transcription of the audio recorded interviews. Potential themes were identified and coded into categories associated with specific colours. Data was collated based on relevance to the themes. The themes were refined by an ongoing analysis which involved developing a clear understanding of the themes and ensuring the name of the theme captured the significance of the data (Braun & Clarke, 2006, p. 87). Throughout this analysis, recommendations pertaining to (1) barrier reduction for mothers with substance use disorder, and (2) improvements for overall mother experience with treatment emerged.

3.4 Project Limitations and Delimitations

Limitations

This project intended to interview mothers with substance use disorder, who have completed treatment in Greater Victoria, British Columbia. The first stage of recruitment was completed through the Umbrella Society, a charitable organization whose mission is to provide support to individuals, and their loved ones, struggling with substance use issues. Through this organization, support workers informed their clients of the study and the recruitment poster (Appendix C) was posted on-site at their Pandora Clinic in Victoria, British Columbia. Additional recruitment posters were posted at various public spaces such as community centreboards and the Greater Victoria Library downtown location. Women who were interested in the study were able to directly contact the primary researcher. These recruitment methods did not enroll any participants in the study. There could be various reasons to why the study was unable to recruit mothers such as inclusion criteria, ethics, and time.

The inclusion criteria for mothers located in the Greater Victoria Areas were: those who self-identify as having a substance use disorder; those with experience with substance use treatment; those who had children under their care during their experience with substance use treatment services; and those who are in recovery. As part of inclusion, participants must have experience

with treatment services within the past ten years through public health services or any profit/non-profit based organizations in the Greater Victoria area. Participants that are still accessing services that are not substance use treatment services will be included in the study. This criterion may have been too specific, creating a narrow pool of potential participations.

Focusing on Greater Victoria may have created limitations to this project, as there are no residential treatment programs offered in the area. In some cases, mothers are required to complete residential treatment programs to keep custody of their children; therefore, these mothers would not be eligible for the study as they would have completed treatment outside of Greater Victoria.

However, a great limitation of this research was the harmonized ethics process. The length of the ethic process consumed a substantial amount of the time allocated for data collection. The harmonized ethic process extended over five months, as there were challenges in coordinating three separate organizations (i.e. University of Victoria, Vancouver Island Health Authority, and First Nations Health Authority) to review the ethics proposal. This reduced the researcher's ability to recruit mothers in recovery with experience in completing treatment services in Greater Victoria, as this ethics process filled the majority of the time set to recruit participants. Therefore, for future studies that require a harmonized ethics review, a streamlined approach is necessary to ensure researchers can meet the set timelines of their research.

Additionally, the ethics review required the researchers to include a "duty to report" section (Appendix F). The researchers were hesitant to add this section as the research does not address how mothers' parent their children and the questions are positioned to engage past experiences. Including this section also assumes mothers with substance use disorder may engage in reportable actions, which not trauma-informed as it establishes a sense of criminalization of people who use substances. This may deter mothers from participating as it could have elicited fear or negative association of the research.

The study focused on mothers who have accessed treatment that does not address all mothers with substance use disorder or the specific barriers they may experience. Barriers affecting mothers who are not participating in available services could be missed. These mothers may not be accessing services due to socioeconomic status, fear of stigma, lack of child care, and other various factors (Taylor, 2010). Although, the study addresses some issues as to why mothers do not seek treatment, which may illustrate some of the barriers that mothers who do not access treatment experience.

Delimitations

The structure of the interviews was a delimitation. The study was only able to recruit interviews from representatives of the Vancouver Island Health Authority and First Nations Health

Authority. Therefore, the scope of the interviews is limited. Time is another delimitation as the interviews collected for the project extended only over a couple of months, which does not provide a longitudinal scope of the issue.

4.0 Findings

4.1 Introduction

This section details the findings from the interviews with representatives from the Vancouver Island Health Authority and First Nations Health Authority. The interviews were recorded and manually transcribed for further study. A thematic analysis was conducted on the transcribed interviews and major themes were determined based on the prevalence of these concepts. The interviews had similar comments regarding the challenges mothers experience in accessing treatment services. However, a notable difference was the cultural views related to the structure of a family unit. This is significant as many services are created based on the western ideology of the nuclear family, which contrasts the Indigenous perspective of a family that extends beyond parents and children and includes extended family such as grandparents, aunts, uncles, and community.

A review of grey literature was completed to support the emerging themes from the health authority interviews. The literature was gathered by searching keywords related to the main themes and relevant language into Google. The reviewed literature was selected based on parallels to the data gathered in the thematic analysis, and captured conceptual thinking that may of been missed in the academic articles. The purpose of this review was to capture further information for the discussion and analysis. Additionally, the literature was used to inform the development of recommendations for reducing barriers and improving treatment services for mothers with substance use disorder.

The key themes selected from this research were (4.2) motherhood, (4.3) child apprehension and advocacy, (4.4) gender, (4.5) basic needs, (4.6) experience with trauma, and (4.7) peer support. As trauma is a complex phenomenon caused by various factors, it was divided into the sub-themes of intergenerational trauma and domestic violence. The purpose of this separation is to ensure that the significance of intergenerational trauma and domestic violence are effectively captured. The findings will address the theoretical sociocultural contexts of the themes while observing the influence of structural conditions; this will observe how social cultures affect systematic structures (Braun & Clarke, 2006, p. 85). The key themes and grey literature review illustrate the ongoing barriers that mothers experience with accessing substance use treatment services. This is important to understanding areas for improvement in the current structures of service delivery.

4.2 Motherhood

Motherhood was anticipated as a major theme based on the nature of the research. The theme of motherhood addresses gender-related issues experienced by mothers accessing substance use treatment services. There was also a stronger emphasis on advocacy connected to motherhood throughout the interviews, due to the fact that mothers who use substances can also deal with the anxiety of losing their children due to their substance use. It was clear that mothers also experience the challenge of finding adequate child care to attend treatment programs, as they cannot participate in treatment services without available child care. This establishes significant barriers for mothers seeking services to help with their problematic substance use.

The interviews shared that some treatment programs support mothers by implementing on-site child care. By providing child care, mothers can focus on their participation in treatment, with the knowledge that their children are being cared for. It was understood that child care was a significant component of efficient access and improved retention of services. This reduces the additional burden of navigating and coordinating child care while attempting to enter treatment, which can be challenging for parents with reduced capacity. Additionally, having child care on-site provided a non-judging space where mothers could identify their substance use without being stigmatized and in fear of losing custody their children (Poole & Dell, 2005, p. 6). Mothers attending programs without on-site child care are faced with the burdens of finding a child care provider, giving up their children to attend, or going into hiding from service providers to avoid child apprehension. Therefore, the on-site child care programs were an effective approach to reducing barriers related to child care

The increased stigma of maternal substance use dissuades mothers from accessing substance use treatment (Poole & Dell, 2005, p. 6). This stigma is illustrated in child welfare policies that create significant barriers for mothers due to the fear of losing custody of their children, making it less likely for mothers to disclose their substance use. This was shown in high rates of mothers in treatment settings who report current custody problems and loss of custody in the past (Poole & Dell, 2005, p. 9). These issues are attributed to child-centered practices that limit the rights of a mother rather than providing them with supports to increase health, safety, and capacity to parent (Poole & Dell, 2005, p. 9). Child-centred practices are an important component of child welfare; however, focusing strictly on the child's well-being does not address the necessary supports for building a parent's capacity to care for and support their children. Child apprehension then becomes a consistent outcome as these practices do not consider how family preservation can be achieved by improving the well-being of the family as a whole. Child-focused practices were recognized throughout the interviews as an issue specific to mothers due to their caregiving role. Additionally, these practices were a causal factor of why mothers do not to access treatment.

The interviews demonstrated that reducing additional barriers for mothers and providing sufficient non-stigmatizing supports allows mothers to rebuild their self-esteem, increasing their ability to advocate for their needs. Some of the treatment services discussed in the interviews made changes to their programs based on the input of mothers accessing their services. For example, advisory committees have been created, made up of mothers with substance use issues to provide input to current practices and the development of programs. These advisory committees provide an opportunity for mothers to advocate for their rights and needs, creating the ability to state their feelings, without the fear of being discredited. This is a positive feature of treatment as often mothers are discredited and stigmatized for their substance use which can leave them feeling devalued and inconsequential.

These findings highlight the importance of implementing accessible supports for mothers with substance use disorder. Child care is a significant component of efficient substance use treatment programs, as it allows mothers to access treatment without the fear of losing custody of their child. It was also recognized in the interviews that providing mothers with necessary supports to increase their capacity to support themselves and their families is as an important part of treatment. It is beneficial for services to empower mothers, so they feel positive self-worth and are able to advocate for not only their needs, but their children's needs as well. Consequentially supporting a mother supports her family as well, and these supports can increase efficiency and reduce some of the barriers mothers experience in accessing treatment services.

4.3 Child Apprehension and Advocacy

The interviews highlighted that mothers can be face the reality of losing their children due to a lack of available local treatment services. This is prevalent in child welfare cases that require mothers to attend specific treatment programs. In some cases, this may involve a condition for mothers to attend a residential treatment program to keep custody of their children. For mothers on Vancouver Island, this creates significant challenge as these programs are limited in availability. Mothers who are required to attend residential treatment must travel to northern Vancouver Island or the mainland to receive these services. However, accessing residential treatment may not reduce the fear of losing custody, as mothers may lose custody if they are unable to find proper child care. Some treatment services allow mothers to attend with their children but in other cases, they cannot keep due to some child welfare stipulations. Therefore, these practices may be inefficient in supporting mothers as they nevertheless experience the reality of losing their children, which may deter them from accessing or completing treatment.

It was recognized in the interviews that some staff members experience challenges advocating for mothers in their treatment services, as it was felt that child welfare services did not engage to gain a thorough understanding of a mother's treatment progress. It was noted that mothers have lost custody of their children even if they have completed treatment. The disconnect between

service providers and government child welfare services decreases the ability of treatment staff to advocate for mothers to keep custody of their children. This can discourage staff and mothers from attempting to reason with government child welfare services. Furthermore, it was acknowledged in the interviews that this disengagement also disincentivizes mothers from accessing and completing treatment services, as some child welfare agencies may not consider a mother's progress in treatment when passing judgment on whether the mother can regain or keep custody of their children. It was acknowledged in the interviews that some staff members continue to advocate for mothers and that this occasionally results in positive outcomes.

The Indigenous-led residential treatment program mentioned in the interview allows mothers to attend with their children. This reduces the fear of losing custody if they are unable to find child care while in treatment. It was recognized in the interviews that some issues can persist with government child welfare services despite the involvement of Delegated Aboriginal Agencies. Delegated Aboriginal Agencies are delegated by the Provincial Director of Child Welfare making them a part of the government structure, which may have contributed to these feelings. Although these agencies work with Indigenous communities, these communities do not have full self-determination of their child and family services. Therefore, Indigenous communities must work with child and family services that are structured within a colonial system. It was mentioned that Indigenous-led programs felt that they were better able to support mothers by having staff who previously worked with Delegated Aboriginal Agencies. These staff members were able to guide mothers through the child welfare process of keeping their children. This was important as some child welfare processes may not consider Indigenous culture or protocols regarding child welfare and safety. In these cases, Indigenous mothers are then required to complete the same steps as settler mothers to keep their children.

The interviews highlighted that mothers face additional challenges when entering treatment such as negotiating with various social and health systems. This illustrates the importance of having an advocate to help guide them through these processes. The Substance Abuse and Mental Health Administration of the U.S. Department of Health and Human Services released a report on family-centred treatment for women with substance use disorder. This report recognized that mothers with substance use disorder may have linkages with the legal and child welfare systems and relays the importance of having strong communication between service providers and government representatives (Werner, Young, & Amatetti, 2007, p. 72). It identifies that meeting complex family needs requires coordination across systems, as it reduces conflicting objectives of the different organizations, which improves the efficiency of supporting families (Werner, Young, & Amatetti, 2007, p. 13). Rather than requiring mothers to navigate through different systems without the necessary supports, an advocate can help improve a mother's capacity to focus on their treatment goals without the burden of additional tasks. Staff members may be better able to focus on navigating through systems and ensuring mothers are meeting set requirements, as they are not directly impacted by the ongoing challenges mothers experience

related to their substance use. Therefore, an advocate can serve as a valuable resource for supporting mothers.

Throughout the interviews, advocacy was a significant component in supporting mothers to access and retain treatment. Advocacy may vary from having someone guide mothers through various systems to communicating with child welfare representatives to help mothers' from losing custody of their children. Program staff serve as important advocates as they see the progress that mothers are making and understand that most mothers will do anything to keep custody of their children. Therefore, as they witness this change, they can articulate a mother's progress to government staff. Additionally, as they are not directly involved with the experiences a mother faces, they are better able to navigate through systems. These supports were highlighted as a contributor of efficient treatment programs, as mothers are able to be fully supported, allowing them to focus on their treatment goals.

4.4 Gender

The research questions were structured to understand how gender influences a person's experience with treatment services. Like motherhood, gender was anticipated to be a theme throughout the interviews. It was highlighted in the literature that gender is an important component to consider in the development and implementation of treatment programs, as women and men have different social experiences due to their gender. Throughout the interviews, it was recognized that programs offer low-barrier services to reduce challenges associated with an individual's gender. Some low barrier practices include allowing women to choose their level of participation within services and changing services based on their preferences. This allows women to control their treatment experience and reaffirms their value in deciding what supports they need. It was understood by the interviewees that building women up is an imperative part of treatment, as their self-esteem may be absent or reduced due to the significant stigma they experience. Therefore, the discussed services are supportive in encouraging mothers to feel comfortable with seeking help to manage their substance use.

Including men in treatment services alongside women was discussed in the interviews as an additional gender consideration. In some cases, having men participate in some treatment settings with women was thought to be inappropriate due to the nature of trauma experienced by women who access treatment services. These experiences may include domestic or intimate violence caused by men. It was raised in the interviews that mixed-gender treatment settings can decrease a woman's ability to ask for a man that triggers them to be dismissed from treatment, as the man would also be a client of the program. Therefore, even if a woman was triggered by the presence of a certain man, the treatment program would be unable to fulfill her request for removal. It was commented by a interviewee that this can reduce the ability for women to feel safe, creating a barrier to access, as women may not feel comfortable participating in the

treatment program alongside men. However, both interviews acknowledged that men need supports as well for their substance use issues but that an all-male treatment setting may be more appropriate. Programs for women may refer men to other services to ensure they receive the necessary supports. For example, in Victoria, there is a six-week program for fathers to help them manage their substance use issues, which provides the opportunity for men to participate in treatment with other men in similar situations. This research illustrates that mixed-gender treatment may not be appropriate for all settings; therefore, observing how gender influences the efficiency of a treatment setting is an important part of reducing barriers specific to women.

The separation of women and men was not as emphasized in some Indigenous-led treatment services. It was recognized that women and men may be separated for parts of treatment, such as services directed at healing as it was acknowledged that men and women process differently. It is important to note that this separation was not limited to mothers and fathers but grandpas and grandmas, aunts and uncles, and other caregivers, as some Indigenous-led programs are directed at supporting the family as a whole. It was shared by an interviewee that Indigenous views do not view family in terms of the nuclear family structure, as Indigenous families include extended family and a much larger group of those who surround the children. This is an important distinction as it is the reason why there is not a greater focus on separating women and men in Indigenous-led treatment services.

Providing culturally safe support was discussed in the interviews as an essential component to helping the whole family, as these supports can digresses from historical colonial practices of separating the family. Cultural safety is important as it accounts for the cultural needs of women and their families. It was highlighted in the interviews that cultural safety is important for all substance use treatment services. However, promoting Indigenous-led treatment services was shared in the interviews as an important component in supporting Indigenous women and their families, as these services have the cultural background and protocol knowledge to best support Indigenous families through trauma-informed and healing processes.

The British Columbia Centre of Excellence for Women's Health developed *New Terrain: Tools to Integrate Trauma- and Gender-informed Responses into Substance Use Practice and Policy,* which discusses how women experience disproportionate inequalities (i.e. economic and social) such as domestic violence, sexual assault, and harassment (Schmidt, Poole, Greaves, and Hemsing, 2018, p. 12). This resource details why organizations need to build support for trauma, gender, and sex informed approaches, for it aids in the retention of clients in treatment programs, meeting unique needs of clients, and creating safe gender-specific space (Schmidt, Poole, Greaves, and Hemsing, 2018, p. 13). Furthermore, this toolkit shared that through trauma and gender analysis, organizations are better positioned to support women who access their services by structuring their program to meet the needs of these women. Some of these factors include

ensuring safety, choice and control, trauma-informed practices, cultural supports, and coaching to improve parenting (Schmidt, Poole, Greaves, and Hemsing, 2018, p. 29).

A gender lens is important to build efficient substance use treatment programs, as it helps service providers to recognize that women and men have different experiences based on their gender. This contributes to improving the structure and implementation of programs to better support the needs of those accessing services. The focus on individualistic supports differs in western to Indigenous ideologies. However, each culture recognizes an individual's gender influences their healing needs. By structuring programs with the consideration of how a person's gender influences their experience in treatment, services can reduce the barriers associated with gender.

4.5 Basic Needs

Poverty was recognized in the interviews as a significant barrier for mothers with substance use disorder who are seeking treatment. It was shared that for mothers to achieve their desired treatment outcome their basic needs must be met. It was recognized in the interviews that necessities such as housing and food are essential for mothers to successfully complete treatment. For mothers, this is especially important as they have children under their care who require such necessities. Some of the treatment programs discussed in the interviews provide food and beverages with services, grocery vouchers, bus tickets, and if available rent supplements, to ensure that their client's basic needs are being met.

In addition to satisfying these basic needs, some programs discussed in the interviews offer primary care services at their facilities. Primary care is offered through either a general practitioner or nurse practitioner and assist mothers with various health-related requirements. This may include using a harm reduction approach by providing direct support for mothers to use alternative substances such as opioid agonist treatment, a common opioid substitution. Therefore, mothers can build rapport with health care providers who are directly linked with their treatment program, and who have previous knowledge of their medical needs. Additionally, it was recognized in the interviews and literature that having health professionals integrated into programs that use trauma-informed and culturally safe practices, allows mothers to access services safely without fear of judgement. Consequentially by ensuring that the healthcare needs of mothers are met improves their ability to participate in substance use treatment programs.

A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness recognizes that services are often not positioned to respond to women and children who show indications of suffering (Prescott, Soares, Konnath, & Bassuk, 2008, p. 7). Mothers experiencing ongoing trauma may have difficulty accessing services to support the basic needs of their families. This includes services related to housing, healthcare, and child care (Prescott, Soares, Konnath, & Bassuk, 2008, p. 7). Therefore, programs need to

address the basic needs of mothers and their families and/or guide them to appropriate services for support. It was noted in the literature that the safety and health of the overall family can be improved by supporting mothers, so they are able to meet their child's basic needs (Prescott, Soares, Konnath, & Bassuk, 2008, p. 35). This approach may reduce barriers for mothers as it allows mothers to have their families basic needs met, situating them to better participate in substance use treatment programs.

It was well documented in the interviews and literature that the basic needs of mothers and children must be met for mothers to fully participate in substance use treatment programs. Reducing such barriers associated with housing, food, and healthcare contribute to improved treatment outcomes as mothers are better situated to access services and focus on their treatment goals. Programs that address the basic needs of mothers and children, can reduce some of the challenges mother experience, allowing them to better control the outcome in treatment. This recognizes that in many cases control has been taken from mothers, especially those unable to meet the basic needs of their family. Therefore, this allows mothers to take back control and participate fully in the treatment process.

4.6 Experience with Trauma

The connection between substance use patterns and experiences with trauma was discussed throughout the interviews. It was illustrated that women have gender-specific needs due to their experiences with trauma related to gendered violence. This includes experience with sexual or physical abuse by male counterparts. These forms of trauma create challenges for women to participate in treatment settings with men, as they may be re-traumatized and/or distrust the presence of a male. Therefore, this creates barriers for women seeking access to substance use treatment.

It was recognized that substance use treatment programs using trauma-informed practices strive to provide safer spaces for those accessing their services. These programs recognize that people accessing their services may deal with ongoing or past trauma by using substances as a means to cope. It was acknowledged that substance use treatment programs throughout British Columbia vary as some programs may not exercise trauma-informed practices or consider their services through a gendered lens. Therefore, these services may not offer the necessary resources for women or mothers to heal from their trauma, or even recognize trauma as a determinant of problematic substance use patterns.

It was recognized in the interviews that programs that use trauma-informed practices ensure that women who access their service feel safe and supported. These programs focus on providing a safe space was illustrated in various ways throughout the interviews. Harm reduction was highlighted in the interviews as a trauma-informed approach that ensures safer substance use by

assisting women with alternative drug use such as opioid agonist treatment or marijuana, routes of administration, and/or reducing their substance use. Other trauma-informed approaches to increasing safety included referring women to mental health services, residential services, detox or stabilization beds, and additional preferred treatment services. By providing a trauma-informed approach, staff were able to strengthen their relationships with women accessing their services. Furthermore, with a trauma-informed approach, staff are better able to direct women to services based on their preference and choice.

Experience with trauma was also connected to the reduction of an individual's self-esteem. This was acknowledged by treatment programs that focused on promoting self-esteem. Building a person's self-esteem influences their ability to deal with stigma, shame, and guilt often associated with substance use. Trauma-informed practice is mindful that women accessing substance use treatment services may have extensive histories of trauma, and experience with being significantly judged because of their substance use. Therefore, programs using trauma-informed practice offer their services at a speed that best supports the women accessing their services. These supports are provided without judgment and ensure that the practical and basic needs of women are met before beginning any counseling services. This better supports women in dealing with traumatic events that may arise throughout their time in treatment.

The Centre of Excellence for Women's Health released the *Trauma-Informed Practice and the Opioid Crisis: A Discussion Guide for Health Care and Social Providers*, which details the significance of trauma-informed practice in supporting people with substance use disorder. It shares that trauma-informed practice promotes the ability to heal from trauma, by improving access and engagement with health care and social services, as people are more likely to deal with problematic substance use, mental health issues, and experiences with violence while accessing services (Nathoo, Poole, & Schmidt, 2018, p. 5). Health care and social services must understand the prevalence and impact of trauma on their clients to avoid re-traumatization, improve safety, and to provide individuals with choice and control over their healing process (Nathoo, Pooole, & Schmidt, 2018, p. 6). For improving a person's power to heal consequently supports their ability to manage or hinder their substance use.

In 2013, a *Trauma-Informed Practice Guide* was developed on behalf of the British Columbia Provincial Mental Health and Substance Use Planning Council. This guide serves a resource to enhance awareness, identify efforts of trauma-informed practice, and increase capacity among mental health and substance use practitioners and organizations (Urguhart & Jasiura, 2013, p. 4). It illustrates that gender-informed approaches are important in providing trauma-informed services to mothers with substance use disorder. This includes offering gender-specific services to improve the safety of mothers. Trauma-informed practice recognizes barriers to engaging with services, which can include a person's gender (Urguhart & Jasiura, 2013, p. 26). Therefore, by providing a trauma-informed approach with gender considerations can improve the overall

support provided to mothers with substance use disorder, as it promotes a safer space. These considerations may include understanding how to best approach experiences of trauma with mothers using a gender lens, asking mothers their preferred gender of the practitioner they will be working with, and developing the cultural competence to improve supports (Urguhart & Jasiura, 2013, pp. 23-30). By promoting awareness of gender-related challenges, service providers can improve their capacity to support mothers accessing their programs, resulting in overall more efficient treatment outcomes.

Intergenerational Trauma

Racism and colonialism were discussed as key components in influencing an individual's substance use patterns. For programs that work with Indigenous mothers and families, it was recognized that services must be provided with a holistic approach to ensure that cultural competency is practiced by acknowledging the effects of intergenerational trauma. On Vancouver Island there are Indigenous-led programs that digress from the individualistic model of western practice to a holistic model, which focuses on re-establishing the family circle. This recognizes that through historical and current colonial practices such as residential schools, the 60s scoop, Indian hospitals, and disproportionate rates of Indigenous child apprehension, many family circles have been broken through ongoing, past, and intergenerational trauma. Therefore, non-Indigenous programs need to focus on the connections between family members and Indigenous communities, as they contribute to the outcome of treatment for Indigenous mothers.

It was acknowledged in the literature that the separation of Indigenous children from their parents during the residential school era continues to influence Indigenous communities. As residential schools deprived Indigenous children of the opportunity to learn about parenting through their parents, therefore, these children were unable to develop references for how to parent. This created difficulties for Indigenous parents who attend residential schools as a child, as they did not have formative examples of parenting on which to base their parenting skills. It is important to recognize the effects of colonial practices such as residential schools in order to begin healing from intergenerational trauma. Indigenous-led programs focused on supporting parents through their healing process. It was recognized that through the healing process, Indigenous mothers were better able to connect with their children, improving their overall experience in a treatment program.

Connection to family was acknowledged throughout the interviews. This was especially important in context to the different cultural views of a family. The Indigenous view of family extends beyond the idea of a nuclear family (i.e. father, mother, and children) to include extended family and community (i.e. aunts, uncles, elders). It is important not only to support mothers with substance use disorder but their extended family and community, as the process of healing must include everyone in the person accessing treatment services life. Indigenous families and communities are healing together from historical laws that blocked Indigenous

parents from passing on their beliefs, language, and culture to their children. This left generations without values which reinforced feelings of pain and isolation leading some to turn to substances to cope (NCCIH, 2019, p. 8). Supporting families can lead to healing and repair family circles consequently helping mothers with their substance use issues.

A substance use treatment program discussed in the interviews provided services not only to Indigenous mothers but their whole family. It was understood in the interviews that if a family had not dealt with their trauma and healed from the pain, the mother would only be returning to a setting were ongoing trauma was present. By support the family as a whole, programs were able to guide the healing process of all the family members, providing the opportunity to address the effects of intergenerational trauma. It was shared that acknowledging the pain that past and ongoing trauma creates helps Indigenous families during their healing process. By understanding the callous experiences faced by multiple generations of Indigenous communities, Indigenous families can begin to heal from the trauma caused by colonial practices. This allows families to build up their support systems, connecting back to their traditional values and cultural ways of being, which can assist mothers with their problematic substance use.

Part of trauma-informed practice includes providing information and resources on the effects of trauma, as it promotes healing by providing individuals with the opportunity to observe how trauma has shaped their life experiences (Nathoo, Poole, & Schmidt, 2018, p. 7). When addressing historic and current trauma and substance use issues, observing the role of traditional values and cultural ways of being is important, as they can help to understand the root causes of substance use (Van Bibber et al., 2019, p. 3). Focusing on Indigenous values can help ground Indigenous mothers. This connects mothers back to their communities, where they can begin to understand and heal from trauma caused by colonial practices, allowing them to improve their ability to cope with their substance use patterns. Therefore, trauma-informed practices that promote the process of healing through understanding the effects and causes of trauma, provide improved outcomes for Indigenous mothers seeking treatment.

For Indigenous communities, culture and healing, are necessary supports to helping families find healthier ways of being. Through cultural learning and community strength, Indigenous traditional roles and responsibilities of a family (i.e. mothers, fathers, sisters, aunts, uncles, friends, and elders) can improve the well-being of all children within a community and consequently supports Indigenous mothers (Van Bibber et al., 2019, p. 3). For these teaching focus on the responsibility of the community as a whole to care for a child. Self-determination was a fundamental component recognized in the interviews for Indigenous communities to develop community-led strategies to help Indigenous mothers heal from their substance use issues. These strategies incorporate the traditional knowledge of Indigenous values which understand the importance of an Indigenous woman's family and community to her overall health (Van Bibber et al., 2019, p. 3). This recognizes that it is the responsibility of a community

to ensure a mother's good health (Van Bibber et al., 2019, p. 4). Substance use treatment services therefore need to promote self-determination and/or consider the Indigenous wellness perspective which focuses on community-based strategies for culture and language, managing basic needs and addressing complex issues such as substance use disorder to support the overall well-being of Indigenous mothers (Van Bibber et al., 2019, p. 4).

Domestic Violence

Domestic violence was recognized in the interviews and literature as a significant trauma experienced by women accessing substance use treatment services. It was shared that women who experience domestic violence often feel a loss of control, therefore, treatment programs that use a gender lens and trauma-informed practice ensure that women feel in control of their treatment program. This allows women to set boundaries and goals with service providers. Furthermore, women can decide whether their partner can participate in their treatment program, to further support them. This is important as some women may have experienced domestic violence in the past but not with their current partner. In this case, they may prefer that their partner attend certain parts of the program to support their healing process. Although programs understand that domestic violence creates significant trauma for women and recognizes that a male presence can be retraumatizing; therefore, they work closely with women to determine how to best support their needs.

Problematic substance use is a co-occurring issue with domestic violence. Substance use treatment programs that recognize this connection focus on ensuring that women accessing their services feel safe, that women are at the centre of all treatment efforts, and that women are more than their diagnosis (Mason & Toner, 2012, pp. 3-4). These principles are important to supporting women who have experienced domestic violence, as often these components have been taken away by intimate violence. Women who experience domestic violence also may be less likely to disclose information and in turn, do not receive needed support; therefore, it is important that women are provided a safe space without judgement (Mason & Toner, 2012, p. 70). The *Making Connections: When Domestic Violence, Mental Health, and Substance Use Problems Co-occur* manual discusses other general principles to follow when working with women with co-occurring problems, which include using a woman-centred approach, focusing on strengths and assets, building open communication, and ensuring that she has control over any treatment process (Mason & Toner, 2012, p. 70). These principles are directed at creating safe spaces for women who have experienced domestic violence to encourage them to receive necessary supports, such as substance use treatment.

For Indigenous-led programs, domestic violence was recognized as a product of intergenerational trauma caused by historical and ongoing colonial policies. Therefore, supports for healing were not limited to Indigenous mothers who have experienced domestic violence. Rather than concentrating on separating the couple involved in domestic violence, and the

mother becoming a single parent, these programs supported the couple in healing from domestic violence. The discussed program focused on health both women and men from their experience with domestic violence, and helping men understand why they participated in acts of domestic violence, as domestic violence was viewed as a product of unresolved trauma. To facilitate these different healing journeys, the couple were placed in support groups that best meet their needs. This system digresses from the common practice of separating families from observing the root cause of domestic violence. It was explained that encouraging those to heal from domestic violence consequently helped develop better-attuned adults. This allowed children to have improved results and become more attuned with their feelings, which helps to build resilience in future generations to problems with substance.

4.7 Peer Support

Peer support was recognized in the interviews and literature as a meaningful component of treatment as it allows women who share common experiences to provide support to one another. It provides an opportunity for people of diverse backgrounds with shared experiences to build connections and support each other's processes of healing (Blanch, Filson, & Penney, 2012, p. 13). Seeing other women who are positively influenced by treatment can provide a realistic outcome, encouraging women entering substance use treatment programs. It was shared that this effect increased when women who previously knew each other were reacquainted in treatment. As having one woman already completing treatment exemplified to the other that someone with a similar history could thrive and work towards finishing treatment. Mothers in treatment illustrated that a woman could enter a substance use program and keep custody of their child which served as a reinforcement to a mother's choice in entering a treatment program. Peer support and relationships contributed positively to substance use treatment as it allows women with commonalities to formulate supportive relationships with a peer who can appreciate where they are at.

Women support each other in various ways such as helping new mothers with breastfeeding to attending an Alcoholics or Narcotic Anonymous meeting with a peer who has relapsed. The peer piece empowers women to advocate for themselves and others, build relationships, and creates a community among those who share similar experiences. Peer support provides added encouragement that extends beyond treatment. The interviews discussed that peer groups that have become part of treatment programs have positively influenced the success of treatment outcomes.

For the discussed Indigenous-led programs discussed, peer support was linked to Indigenous values and supporting the community as a whole. This recognizes that intergenerational trauma and ongoing colonial practices influence the well-being of Indigenous communities. Peer support contributes to building resilience in communities, as circles are strengthened, and cultural values

and protocols are shared, allowing people to connect back to Indigenous ways of being. Elder support was acknowledged as an important support to grounding Indigenous mothers with substance use disorder. As Elder were able to guide mothers back to their culture, build strength and resilience, and support their overall well-being and healing. However, supporting mothers is not only the responsibility of an Elder but of the community as a whole. It was shared that Indigenous values view that everyone is connected and supporting and strengthening communities is crucial to the healing of substance-related challenges.

The fundamentals of peer support do not follow a standardized program model. Instead, it focuses on the flexibility and dynamic of connection which involves a mutual appreciation of core values and principles (Blanch, Filson, & Penney, 2012, p. 13). Therefore, peer support is more of an ideology rather than a traditional practice. As it can be applied to various settings and activities depending on the needs of those participating in the services. Peer support establishes a community of equals, as those involved share common circumstances. This intercepts the effects of hierarchical support in-service provider-client relationships, as peers are viewed as equals based on shared experiences. The support offered by a peer differs from a service provider, as peers can appreciate a person's circumstances, and provide the necessary support based on their own experiences (Blanch, Filson, & Penney, 2012, p. 13). Thus, peer support provides more flexibility in supporting others as all relationships are unique and different and do not follow any structured practice.

Peer support in substance use treatment is meaningful in helping women reclaim their own lives. In many cases, women accessing treatment are challenged by past and ongoing trauma, leaving them feeling vulnerable, disheartened, pain, anger, and distrustful (Blanch, Filson, & Penney, 2012, p. 47). Through peer support, women can build significant relationships that promote self-worth, power, and control, allowing them to reconnect and heal. This is important for mothers accessing treatment services, as peer support can help mothers in rebuilding self-esteem, allowing them to become better advocates for their needs and fundamental rights (Blanch, Filson, & Penney, 2012, p. 47). Therefore, mothers can reconnect to themselves and feel empowered to deal with their substance use issues.

Supporting others with shared experiences is significant in treatment settings. Peer support provides a flexible approach to supporting others with their healing process to overcome shared experiences with trauma. Peers can inspire each other by exemplifying their progress of healing from comparable challenges. This is helpful to mothers accessing substance use treatment as they can meet other mothers who were able to complete treatment and keep their children, which can empower them to engage with related programs. Overall, peer support provides another outlook for encouragement in helping mothers manage their substance use challenges.

4.8 Summary

The findings illustrate various components that influence barriers that mothers with substance use disorder face in terms of accessing and participating in substance use treatment. The interviews and grey literature exemplified information collected in the literature review. This included issues related to gender, trauma, and child welfare services. Although the findings included more context to Indigenous values regarding substance use issues and healing. This demonstrated the importance of Indigenous culture and protocols, as Indigenous-led programs digressed from the western model of treating the individual to a holistic approach of supporting communities as a whole.

A thematic analysis was completed to determine emerging themes from interviews collected with representatives from the Vancouver Island Health Authority and First Nations Health Authority. The main themes were motherhood, child apprehension and advocacy, gender, basic needs, experience with trauma, and peer support. Experience with trauma included intergenerational trauma and domestic abuse as sub-themes, as these forms of trauma were pointedly connected to an individual's substance use patterns. Grey literature was used to complement information analyzed from the interviews. The findings illustrated ongoing barriers mothers experience in accessing substance use treatment services.

These barriers included challenges associated with motherhood such as child welfare policies that use a child-centred approach, failing to recognize that providing support to mothers consequently supports their children. It was acknowledged that child-centred policies deter mothers from accessing substance use treatment programs, as they feared losing custody of their children. To support mothers involved in child welfare cases, program staff would help by advocating for them and guiding them through requirements set by child welfare representatives. However, at times staff felt that their advocacy for mothers was not considered in the child welfare cases.

Understanding how gender influences a person's experience in a treatment setting is an important component of developing and implementing substance use treatment programs. This distinction is relevant as men and women have different experiences with substance use. Therefore, programs directed at women must consider the gender needs of those accessing their services. This included understanding how a male presence affects women in their program, as they may have experienced domestic violence or gendered violence by men. Therefore, having male participation in the program could retraumatize women in the program. For Indigenous-led programs, the focus on separating men and women was based on their different processes of healing. Indigenous views did not emphasis individualistic support rather attention was directed to supporting everyone involved, as healing is important for the whole family not only the mother with substance use disorder.

Ensuring that the basic needs of mothers were met was essential to their success in substance use treatment programs. Some programs offered primary care, grocery vouchers, food, bus tickets, and if available housing supplements, to establish that basic needs were being satisfied. This was significant as mothers are responsible for not only their basic needs but the needs of their families. By providing mothers with additional resources, they were better able to focus on their participation in treatment.

Experience with trauma was linked to an individual's substance use pattern. It was also shared that a male presence may retraumatize women accessing substance use treatment programs, due to experience with gender-related violence caused by male counterparts. Trauma-informed approaches to substance use treatment are cognizant of such issues and structure programs to avoid traumatization. Throughout the interviews, it was recognized that trauma-informed practice was important to promoting healing in treatment for women to deal with their trauma. This ensured that women were in charge of their treatment process.

It was understood that intergenerational trauma is linked to substance use patterns. Through colonialism, Indigenous communities have been displaced from their culture and ways of being and left to cope with a society that reinforcing past and current colonial practices. Healing for Indigenous mothers was directed at grounding and connecting them back to their culture and community. Indigenous-led programs digressed from the individualistic approach of western practice, as they provided support not only to the mother but her family as a whole. This follows Indigenous values that understand that everyone is connected, therefore, for the mother to heal her family must also heal. These supports provided improved outcomes for Indigenous mothers.

Peer support was an additional outlet of support for mothers beyond that provided by program staff. Having support from peers, allowed mothers to build relationships with others who have shared similar experiences. Therefore, these individuals were able to appreciate and sympathize with a mother's experience with substance use. These relationships differed from those with service providers, as peers were viewed as equals, rather than the power dynamic felt with service providers. Peer supporters also served as exemplifiers to how treatment has benefited their lives, which empowered mothers to complete their substance use treatment program.

It has been further illustrated through the major themes that mothers with substance use disorder experience additional barriers to accessing substance use treatment programs. These considerations are important in developing and implementing efficient substance use treatment programs to facilitate enrolment, retention, and completion. Mothers must receive necessary supports to heal from their substance use challenges, as their health consequently affects the health of their family. Therefore, if a mother has received proper supports, she is better able to support her family, promoting the well-being of all members.

5.0 Discussion and Analysis

5.1 Introduction

The purpose of this study is to explore barriers to accessing substance use treatment services for mothers with substance use disorder. This research illustrates consistent challenges for mothers, as the barriers recognized in the literature review were highlighted as well in the findings. The literature review and findings of this research will be discussed under the same main themes which include: (5.1) basic needs, (5.2) trauma-informed, (5.3) cultural safety, (5.4) family-centred, and (5.5) self-determination.

This section seeks to answer the research questions and conceptual framework. This is achieved through analyses of (1) the equity of substance use treatment services and utilization by mothers to evaluate the current state of services and (2) the project limitations to suggest areas for further research.

The research addresses the following primary research question:

- What are the barriers that mothers with substance use disorder experience in accessing substance-use treatment services on Vancouver Island?

Secondary research questions include:

- How can barriers to access be reduced?
- How does access to services differ for Indigenous mothers?
- What additional resources are necessary for improving the experience of mothers with substance use disorder in a treatment-based setting?

Recommendations will be established on reducing these barriers to access for mothers based on the information collected through this study and discussed in this section.

5.2 Basic Needs

Mothers coping with ongoing trauma can experience difficulties in accessing social and healthcare services to support their own and child's basic needs (Prescott, Soares, Konnath, & Bassuk, 2008, p. 7). This creates additional challenges beyond the choice of accessing treatment, as mothers may be unable to focus on treatment if their children's needs are not met. Throughout the literature review and findings, it was apparent that having one's basic needs met was crucial to their ability to accessing and completing treatment.

Inequitable access to social and healthcare services creates health disparity among people experiencing challenges related to unemployment and poverty (Nguemo et al. 2019, p. 1). Mothers may choose not to access treatment due to the fear of losing employment or the inability to find adequate child care. These components are crucial for mothers in supporting the needs of their children, as if they are unable to maintain employment, they will not be able to provide food, clothing, or shelter for her children. This can disincentivize mothers from seeking treatment, as managing their substance use may not be considered a priority.

The findings illustrate that having a lack of capacity to meet basic needs is a barrier to accessing treatment services. Programs were able to reduce this barrier by providing food and beverages with services, grocery vouchers, bus tickets, and if available rent supplements. Additionally, some programs offered primary care services on-site to ensure healthcare needs were addressed. This provided the opportunity for women accessing treatment to attend to their health needs with a physician or nurse practitioners, in a setting that was safe and non-judging. These programs recognized that mothers were able to improve their participation in treatment if their basic needs were met.

It is important to recognize that depending on the program length, this assistance with meeting basic needs in treatment settings was a limited period of support. This study was unable to engage with mothers with substance use disorder. Therefore, this analysis is limited to the information in the literature review and findings to providing insight into building capacity to meet basic needs. Further research should consult with mothers with substance use disorder to develop a comprehensive understanding of how to provide support beyond and after completing treatment.

Reduced capacity in meeting basic needs is a complex issue as it intersects with various elements such as gender, race/ethnicity, Indigeneity, and socioeconomic status. This can create vulnerabilities for people due to systemic structures that favour the privileged (Collins and Rocco, 2014, p. 6; Singh, Prowse, & Anderson, 2019, p. E487). Therefore, it is important that policy-makers consider developing and implementing programs, services, and policies using an intersectional approach. This is imperative in supporting mothers with substance use disorder as there are diverse factors that influence their ability to meet their own and children's basic needs.

The current structure of substance use treatment programs various across Vancouver Island. These programs are structured to meet the diverse needs of their communities. It is recognized that this study is limited to the perspective of a few service providers and academic and grey literature, however, the consistency of reoccurring and ongoing issues with mothers not having their basic needs met illustrates the significance of this issue. Therefore, even though the structure of treatment services may vary it is important that they provide coordination and access to supporting a mother in meeting her basic needs. This may require a direction from a governing

body is setting the expectations of how services support mothers' basic needs which may include providing information to the streams of service to establish efficiency in coordination and access. This would understand that communities have diverse needs but that the core of basic needs such as food, housing, clothing, healthcare, and employment are necessary for everyone accessing treatment, as due to their vulnerabilities they may not have access.

Future research should observe how providing support for mothers to meet their basic needs differs depending on their geographical location. For example, coordination of services may not be as attainable in rural and remote areas. Therefore, service providers in those regions would have to be given different resources to support these mothers than those in urban areas. From this, research should understand the best approach to coordinating services from a systems level. Therefore, this would reduce the barriers service providers and mothers experience in seeking access to meeting basic needs. This may include having a case coordinator who could assist mothers in finding affordable housing, employment, and grocery supplies. Through this research this barrier could be reduced, improving the ability for a mother to access treatment and build capacity in meeting basic needs once their treatment process is complete.

5.3 Trauma-Informed

This study arises from issues related to systemic structures that create gender inequality and violence. Throughout the literature review and findings, gender was recognized as a barrier to accessing services. This is illustrated in the disproportionate number of women entering treatment compared to the prevalence of those with substance use issues (Greenfield et al., 2007, p. 3). Understanding the epidemiology and etiology of problematic substance use among women is essential to addressing gender-specific needs (Pelissier & Jones, 2005, p. 344). This insight is significant as research suggest that women are more likely to cope with substances due to traumatic circumstances, as they experience higher rates of interpersonal trauma such as physical and sexual abuse, compared to their male counterparts (Covington, Burke, Keaton, & Norcott, 2008, p. 388; Najavits, 2009, p. 294; Bebbington et al., 2011, p. 33; Tompkins & Neale, 2018, p. 47). These situations have a significant influence on their relationship with substance use.

Part of the trauma-informed practice is to understand how gender influences a person's experience with services. For mothers with substance use disorder, gender roles and expectation associated with women establishes disadvantages for them in accessing treatment services. This includes the social assumption of motherhood that generates stigma for mothers that do not follow this norm (Covington, 2008, p. 378). Mothers choose not to disclose their substance use for fear of stigma and potential loss of custody of their children. This raises the importance of trauma-informed practices at treatment services to ensure that barriers related to these gender-issues are reduced.

The fact that this study was unable to recruit mothers may confirm the fear of revealing substance use. This study intended to conduct interviews with mothers with substance use disorder, who have completed substance use treatment in Greater Victoria, British Columbia. The first stage of recruitment was completed through the Umbrella Society, a charitable organization whose mission is to provide support to individuals, and their loved ones, struggling with substance use issues. Through this organization support, workers informed their clients of the study and the recruitment poster (Appendix C) was posted on-site at their Pandora Clinic in Victoria, British Columbia. Additional recruitment posters were posted at various public spaces such as community centreboards and the Greater Victoria Library downtown location. Women who were interested in the study were able to directly contact the primary researcher. However, these recruitment methods did not engage any mothers. This may be due to mothers choosing not to participate as it requires then acknowledge their substance use, or that there is a lack of mothers who have sought treatment in Greater Victoria who would be able to participate.

Women-centred treatment services can provide a safer and more comfortable experience for mothers (Kauffman, Dore, Nelson-Zlupko, 1995, p. 357; Greenfield, Trucco, McHugh, Lincoln, & Gallop, 2007, p. 39). These services understand how gender-related issues create complex situations and trauma for mothers. Programs must understand gender-related barriers for mothers to improve their access to services. On Vancouver Island, there are women-centred treatment services that support mothers with substance use disorder. These services are trauma-informed and focus on meeting the mothers where she at with her recovery journey. Through the findings, it was recognized that there is a lack of women-centred residential treatment services for mothers to access on South Vancouver Island. It was mentioned that this creates additional issues for mothers as some are required by child welfare representatives to complete residential treatment to keep custody of their children. This raises the fact that there is a gap in women-centred residential service available on South Vancouver Island. Therefore, mothers seeking this type of treatment often have to travel to Central/North Vancouver Island or the Mainland. This creates a barrier and reduces comfort for mothers as they have to leave their community and often children to attend

Further research should observe how many mothers are displaced by the current delivery of residential services. It is important that this address if a mother's attendance of a residential treatment service influences their child custody. This could observe the rates of child apprehension involved when mothers leave their communities to access residential treatment. This research may also examine different residential treatment services' policies regarding having children attend with their parents. This would assist in developing an improved understanding of the gap in service and may improve treatment services for mothers with substance use disorder.

Additionally, further research should examine the number of treatment services on Vancouver Island who use trauma-informed practices. This may involve completing an intensive observation of the use of the trauma-informed practice to understand how to best support service providers in implementing services with this practice. Through this observation, researchers may develop key themes of trauma-informed practice to assisting in developing training for service providers. This could increase the capacity of service providers in implementing and using trauma-informed practices. This may improve overall treatment services for mothers as a trauma-informed lens improves understanding of the patient experience, encouraging healthier interactions in treatment settings (Najavits, 2009, p. 295).

5.4 Cultural Safety

Cultural safety respects that people have diverse backgrounds with various cultural traditions and values. Treatment programs that offer culturally safe services acknowledge that individuals have specific cultural beliefs and protocols that assist them with recovery and managing their problematic substance use. In Canada, Indigenous communities have been besieged with colonial policies directed at cultural genocide. This includes the residential school, the 60s scoop, Indian hospitals, and child apprehension. The effects of these colonial practices have created disproportionate rates of inequitable social and health issues for Indigenous people across the country. Through colonial practices, Indigenous peoples have reported feeling disconnected from their Indigenous identity, which serves as a protective factor and provided grounding for individuals (Skewes and Blume, 2019, p. 96). This creates ongoing and intergenerational trauma which creates barriers to social and healthcare services. Therefore, services must be culturally safe to avoid retraumatization and to respect Indigenous traditions, values, and protocols.

Services that offer culturally safe, trauma-informed and gender-informed services are better positioned to support women accessing their services, as they structure programs around the needs of women who may access their services. Some of these factors include ensuring safety, choice and control, trauma-informed practices, cultural supports, and coaching to improve parenting (Schmidt, Poole, Greaves, and Hemsing, 2018, p. 29). Culturally safe practice support reconciliation and understand how colonial practice have affected Indigenous communities. This practice may prepare treatment services with led by and/or with Indigenous partners to include Indigenous culture and spirituality to develop a positive sense of self and cultural identity for those who attend the program (Skewes & Blume, 2019, p. 96). This includes positioning services to align with Indigenous values and beliefs which provide a holistic approach to treatment services. Therefore, cultural safety must be engrained into services to better support Indigenous mothers and mothers of different cultural backgrounds.

The findings illustrate that cultural safety is meaningful to how services are provided to mothers with substance use disorder. This includes attention to how supports are positioned for

Indigenous mothers and their families. As discussed, Indigenous views of a family do not parallel with the concept of the nuclear family. Family is viewed as a much larger group of those who surround the children. This includes uncles and aunts, brothers and sisters, grandparents, and people within the community. The findings detail as well that individualistic support in treatment does not fit Indigenous views, as the Indigenous approach provides a holistic model of supporting everyone effected by a person's problematic substance use. Services provided with cultural safety practice should consider how the support of their programs extends to helping others within a family. This may include supporting their process of healing which is important for Indigenous families who are afflicted by the effects of intergenerational trauma. This also prevents reoccurring problematic substance use among the younger population, as they are supported by better attuned adults who have healed from the trauma they experienced and of the past generations. Therefore, programs that practice cultural safety may offer additional services directed at supporting others besides the mother with substance use disorder alone.

The service delivery of programs discussed in the interviews shows that culturally safe practices are implemented in the foundation of some programs on Vancouver Island. However, this research is limited as it did not complete a comprehensive engagement with treatment services across Vancouver Island. Therefore, further research of a larger scale should engage with a diverse amount of treatment services across Vancouver Island to develop an improved understanding of if and how cultural safety practices have been implemented into the structure of their programs.

British Columbia has a rich Indigenous population whose communities have different cultural traditions, practices, and protocols. Therefore, it is essential to understand that there is no one-size-fits-all approach to cultural safety and that this practice must adapt to meet the needs of the populations it is serving. Further research may involve consulting with Indigenous mothers to understand whether they felt cultural safety practices are used in social and healthcare services. This would allow for the opportunity to understand and evaluate gaps in culturally safe practices across British Columbia. This information may be used to target cultural safety resources and training to professionals in those areas to encourage and increase the development of culturally safe practices. Furthermore, this research could address gaps in how Indigenous mothers feel their cultural needs are supported. These results may illustrate the different needs of Indigenous mothers throughout the province to develop strategic direction in providing additional supports where necessary.

5.5 Family-Centred

Family-centred support is a holistic approach that diverges from the individualistic model of care. This recognizes that supporting the family as a whole enhances the overall supports for the individual accessing the service. Throughout this research, it was apparent that supports directed

exclusively at mothers do not provide a comprehensive treatment experience, as mothers are often responsible for children under their care. This illustrates the significance of having supports directed at promoting the well-being of families. Family-centred approaches reinforce the notion of family preservation instead of child apprehension, which is a common fear of mothers accessing treatment services (Barker et al., 2019, p. 251). Therefore, providing supports to a mother and her family may improve her overall treatment experience.

By supporting the family as a whole, the safety of a mother and her children is increased. Helping mothers to build their capacity to parent leads to improved health outcomes for their children. This may be achieved by providing family-centred supports rather than the focus on child apprehension when issues emerge in a family. A family-centred approach would examine what resources families need to support their overall well-being. For mothers accessing treatment, this may include staff members assisting her in navigating services for her child or providing resources for her to improve capacity to parent. Research details that family-centred supports range from providing on-site child care to assisting with the coordination across systems to meet the complex needs of a family (Werner, Young, & Amatetti, 2007, p. 13; Taylor, 2010, pp. 393-397). These supports improve the efficiency of treatment services, as they provide resources to address the needs of children, allowing mothers to concentrate on their treatment process.

Child apprehension is a barrier for mothers in accessing treatment services. For Indigenous mothers, this barrier is increased due to active racism and discrimination by colonial policies that have established an overrepresentation of Indigenous children in care, which has deterred mothers from accessing treatment services (Barker et al., 2019, p. 251). These practices reduce efforts towards reconciliation do not help to decrease the disproportionate number of Indigenous children in care (Barker et al., 2019, p. 250). This emphasized the need to examine how services consider the needs of the family in supporting the child. Through a family-centred approach, child welfare agencies may recognize that mothers need assistance to sufficiently support the well-being of their children. This involves pragmatically considering how to best support the mothers, which involves reducing barriers to her accessing treatment services. This awareness requires changing the hegemonic practice of stigmatizing and punishing mothers with substance use disorder to reframing thinking to consider what resources she needs to manage her substance use and improve capacity to parent. Additionally, in child welfare cases involving Indigenous mothers, supports need to be culturally safe and/or provided by Indigenous-led programs to meet her cultural needs in building capacity. The integration of family-centred support in child welfare practices will benefit all mothers with substance use disorder. As current practices are deterring their ability to enter treatment and receive assistance with their use, a shift towards family-centred support would reduce anxieties of accessing treatment due to fear of child apprehension.

It was illustrated in the findings that family-centred practices benefit the overall well-being of mothers and their families. Programs understood that culture and healing are necessary supports for assisting families in finding healthier ways of being. For Indigenous-led services, this extends to strengthening communities by promoting connections to cultural learnings on Indigenous views of traditional roles and responsibilities associated with the family. Indigenous views consider it the responsibility of the whole community to support the well-being of all children (Van Bibber et al., 2019, p. 3). This benefits Indigenous mothers as their support system expands to include aunt and uncles, brothers and sisters, grandparents, and other people within the community to assist with caring for their children. However, everyone must be supported to be able to provide support. As discussed in the research, Indigenous communities must receive supports in healing from intergenerational trauma caused by ongoing and past colonial practices. This strengthens the argument for family-centred approaches to care as it is important to extend support beyond the individual to enhance overall healing and well-being.

For further research, the various types of family-centred supports in treatment settings should be observed. This would develop an improved understanding of what supports are required by families and mothers during their time in treatment services. Therefore, service providers develop a list of key contacts to other services to assist mothers with navigating through other supports. Additionally, with this information relationships could be developed between different service providers to better facilitate connections for those accessing their services. This action could reduce barriers to mothers with substance use experience in accessing services, improving the overall delivery of services. For Indigenous mothers, service providers should be able to offer them Indigenous-led services, so that they may decide what services best meet their cultural needs.

Engaging with Indigenous-led service providers and other treatment programs that use family-centred support would be important to understand the resources these facilities need to provide this level of support. This would involve engaging with front-line staff to evaluate current funding structures and understand how their family-centred approach to services could be expanded or improved. Findings from this research could address gaps in available resources for supporting family-centred practices. This could benefit mothers with substance use disorder as it could improve the overall ability of service providers to deliver family-centred support.

Lastly, future researchers could engage with treatment programs across Vancouver Island to understand how or if they provide supports to family members of their clients. This research could help guide policy-makers in developing resources and training to target areas where family-centred support is lacking or absent. These materials could help service providers in understanding the benefits of a family-centred approach. For mothers with substance use disorder, this would reduce challenges in accessing treatment services due to being preoccupied

with having to support their family or focusing on their family receiving supports before their own support needs.

5.6 Self-Determination

Part of this research sought to understand how access to services differed for Indigenous mothers. Through the literature review and findings, the cultural difference between western and Indigenous values illustrated various challenges with the current structure of treatment settings for Indigenous mothers. The disproportionate rate of Indigenous children in care exemplifies that system changes are fundamental in reducing barriers for Indigenous mothers. As colonial policy and practices persist more attention is needed to transition to self-determination of services direct at Indigenous people.

Persistence colonial policies have established disproportionate rates of lower social and health outcomes for Indigenous people. The literature review and findings illustrate that these ongoing colonial practices are creating increased rates of substance use in Indigenous communities, as substances provide a means to cope with ongoing and intergenerational trauma. Services that do not have the cultural competency in support of Indigenous mothers can lead to further traumatization. This can be avoided by providing options for people to access services that promote cultural safety.

The Indigenous-led programs discussed in the findings understand and/or have experienced how colonial practices such as the Indian Act, residential schools, the sixties scoop, Indian hospitals, and disproportionate rates of Indigenous child apprehension influence Indigenous communities. These programs can provide efficient treatment services for Indigenous mothers as they understand the process of healing required to support, and the additional resources necessary such as family-centred supports. This illustrates the significance of Indigenous-led services to provide improved treatment outcomes for Indigenous mothers.

More attention is required to understand how government may transition to a self-determination model in supporting Indigenous mothers. For services developed and provided with Indigenous values, traditions, and protocols can help to rebuild and strengthen Indigenous communities in healing with the effects that colonial practices have inflicted on their people.

5.7 Summary

It is well documented that mothers with substance use disorder experience significant barriers to accessing treatment services. These challenges were consistent and paralleled throughout the literature review and findings. The purpose of the discussion and analysis section was to use this

information to address the research questions and conceptual framework. Through this analysis, five major themes were determined for discussion: (5.1) basic needs, (5.2) trauma-informed, (5.3) cultural safety, (5.4) family-centred, and (5.5) self-determination. Areas for further research and options for consideration were incorporated into the discussion and analysis of these themes.

The themes were consistently recognized throughout the research, alluding to their importance in addressing the barriers for mothers with substance use disorder in accessing treatment services. These themes all similarly represent components that are lacking in some of the current service delivery of treatment services. Addressing these themes is important to understanding how services may improve the efficiency of these services. Additionally, it is imperative to acknowledge the limitations and opportunities of these themes to advance service delivery through a comprehensive understanding of its current state.

It was recognized that the basic needs of women must be met to access and retain their participation in treatment programs Women who experience poverty are significantly less likely to access treatment services. This intersection with their gender, race/ethnicity, Indigeneity, and socioeconomic status which reinforces vulnerabilities caused by systemic structures that favour the privileged (Collins and Rocco, 2014, p. 6; Singh, Prowse, & Anderson, 2019, p. E487). Some of the supports provided by treatment services included food, healthcare, and child care which significantly benefited mothers attending those centres. This raised the value of having resources for treatment services to coordinate or provide supports to address basic needs and women and their children. With such supports, mothers experiencing vulnerabilities may increase their capacity to access treatment services and participate fully within their programs.

Treatment services that used trauma-informed practice provided an enhanced overall treatment experience for mothers. These programs recognized that women can be retraumatization by services that do not consider how their experiences with trauma influence their treatment process. This may involve mixed-gender treatment services which fail to acknowledge that women experience greater interpersonal trauma such as physical and sexual abuse, compared to their male counterparts (Covington, Burke, Keaton, & Norcott, 2008, p. 388; Najavits, 2009, p. 294; Bebbington et al., 2011, p. 33; Tompkins & Neale, 2018, p. 47). Therefore, a male presence could trigger their past or ongoing experience with trauma, stalling any progress made of healing from that trauma. Furthermore, trauma-informed practice recognizes that gender and substance use have different implications of women, as they experience more stigma related to their problematic substance use. The stigma is even greater for mothers with children under their care. This was illustrated by the study as it was unable to recruit mothers to participate process, which may have been due to the fear of disclosing their substance use because of perceived societal stigma.

Similar to the intent and effect of trauma-informed practice, cultural safety improves the efficiency of treatment for mothers. This was particularly significant for Indigenous mothers, as they experience additional trauma caused by colonial practices that have negatively affected Indigenous people in Canada. Culturally safe practices focus on the awareness that with the process of recovery and managing their substance use, cultural beliefs and protocols must be respected and practiced with the services delivered. The literature review and findings illustrated the importance of cultural safety in services accessed by Indigenous mothers. This involves supporting the Indigenous views of a family by extending resources to help others within the family with their healing process. This digresses from the concept of the nuclear family and extends to include uncles and aunts, brothers and sisters, grandparents, and people within the community. Supporting the family as a whole can decrease the effects of intergenerational trauma, consequentially reducing the risk of problematic substance use in future generations. Therefore, culturally safety can benefit mothers with substance use disorder, as it supports the cultural needs required for them to healing fully through their treatment process.

As mentioned in the discussion of cultural safety, supporting the family as a whole improves the overall treatment outcomes for mothers with substance use disorder. This was demonstrated in the research, as providing supports to address the needs of a family rather than the individual reduced barriers to access for mothers. Some of the discussed family-centred approaches included on-site child care to reduce a mother's fear of child apprehension, assistance with coordination and navigation of other support services, counseling services for family members, and offering primary care services to meet the health needs of the family. For Indigenous families, the support with healing from trauma was influential to the family's ability to heal from intergenerational trauma. This had positive effects on Indigenous mothers in healing and managing their substance use patterns. Overall, family-centred approaches benefited the experience of mothers in treatment as it improved their own and family's health and well-being.

Self-determination was also a major theme in the literature review and findings. This is an important concept to understanding and developing an improved system to support Indigenous mothers. It recognizes that through colonial policies, Indigenous people have experienced disproportionate rates of inequality and that these practices remain an issue in current systems. Therefore, transitioning to a self-determination model can reduce the effects of colonial practices from continuing to disadvantage Indigenous people. This would consequentially improve supports directed at helping Indigenous mothers with managing their substance use patterns.

The main consideration for further research is the need to develop a comprehensive understanding of how treatment services are provided throughout Vancouver Island. This includes observing how programs support the basic needs of mothers and their families, as well as the utilization of trauma-informed, culturally safe, and family-centred approaches. This additional research could strengthen the acknowledgment of the gaps in service addressed in this

study. This would help policy-makers in developing targeted approaches to reducing barriers to accessing treatment for mothers with substance use disorder and assist in improving the overall delivery of treatment services.

6.0 Recommendations

6.1 Introduction

The literature review and findings demonstrate that mothers with substance use disorder experience ongoing barriers in accessing treatment services. These barriers are a result of various components that create vulnerability in mothers seeking assistance for their substance use.

In this section, recommendations will be outlined for the MHSU branch. The purpose of these recommendations is to:

- Reduce barriers for mothers with substance disorder in accessing treatment services
- Improve overall treatment services for mothers
- Inform policy-makers about additional resources that are required for mothers

These recommendations provide options for consideration in improving substance use treatment services for mothers with substance use disorder. The recommendations are ordered based on suggested prioritization.

6.2 Recommendations

6.2.1 Continue to Support the Development of Indigenous-led Programs

Indigenous-led treatment programs are a significant and necessary resource for Indigenous mothers and their families. Throughout the findings, it was apparent that culturally safe services are necessary for British Columbians. Culturally safe services recognize and support the cultural needs of those accessing their programs. To further cultural safety, it is important that Indigenous peoples have access to Indigenous-led programs throughout the province. These services are necessary for promoting healing from ongoing and intergenerational trauma caused by colonial policies and practices and offering programs created with Indigenous views, traditions, and protocols.

The purpose of this recommendation is to expand access to Indigenous-led programs in British Columbia. The execution of this recommendation would require acceptance and agreement from the First Nations Health Authority. The MHSU branch would connect with the First Nations Health Authority to understand their interest in this project. The project involves working with a consultant chosen by the First Nations Health Authority to complete a comprehensive analysis

and evaluation of access to Indigenous-led treatment services in British Columbia. This project would be funded by the MHSU branch but lead by the First Nation Health Authority.

This recommendation would require a low level of effort for the MHSU branch, as the project would be led by the First Nations Health Authority and completed by a consultant. The MHSU branch would be responsible for allocating funding to the First Nations Health Authority which would require some effort in determining an appropriate funding amount.

A potential challenge of this recommendation is that the First Nations Health Authority could decline the request to complete this project. Therefore, the MHSU branch would have to seek an alternative organization to complete this suggested recommendation, which would increase the level of effort for the MHSU branch. Alternatively, the MHSU branch could contract a consultant but this would require ongoing consulting with the First Nations Health Authority to better understand where current Indigenous-led services exist.

The purpose of this recommendation is to understand where Indigenous-led services are absent or needed. This information may be used to strategically plan for and continue support to implementing Indigenous-led treatment services where these services are needed.

6.2.2 Develop Strategies to Engage with Mothers with Substance Use Disorder

The perspectives of mothers with living/lived experience is important in developing strategies to reduce barriers to treatment services. This research project exemplified the difficulty in recruiting mothers with substance use disorder to participate in interviews. All of the information provided to mothers was reviewed by experts to ensure trauma-informed and culturally safe practice; however, this project still experienced challenges with systemic stigma from other organizations during the ethics review which created issues for recruitment. For example, to receive ethics approval the research was required to add a “duty to report” passage (Appendix F) to the Initial Letter of Consent for Mothers. Therefore, mothers may have chosen not to participate in this study due to the fear that disclosing their substance use would result in being negatively stigmatized. This systemic stigma may have reduced the ability of this study to recruit mothers with substance use disorder, which voided the opportunity to capture the living/lived experience of mothers who face challenges in accessing treatment services.

The purpose of this recommendation is to develop strategies to engage with mothers with substance use disorder. This would require analyzing current engagement strategies to ensure that protocols and practices are inclusive and do not exclude populations who are often disenfranchised. This would involve completing a comprehensive inquiry including a GBA+ analysis of the engagement protocols and practices used by the MHSU branch. The purpose is to avoid disincentivizing mothers from participating in any future engagement sessions. The

findings of this recommendation may allow the MHSU branch to determine strategies to improve engagements with mothers with substance use disorder. This recommendation would require a medium level of effort by the MHSU branch.

The challenge with this recommendation is that it does not include an engagement component with service provider and/or peers to better understand current barriers to engaging with mothers with substance use disorder. Therefore, the recommendation may be limited in scope as it relies solely on observing current government engagement strategies. Further research may be necessary to understand the experience of service providers and/or peers in engaging with mothers with substance use disorder.

The execution of this recommendation could increase the ability of the MHSU branch to engage with mothers with substance use disorder. This may improve the number of participants and information collected in research on barriers for mothers in accessing treatment services. With the information collected in engagements with mothers, the MHSU branch could further their understanding and direction towards reducing barriers for mothers in accessing treatment services.

6.2.3 Expand Provincial Trauma-informed and Cultural Safety Training Modules

It is well-documented in the literature review and findings that trauma-informed and cultural safety practices significantly improve the overall outcome of treatment services. In May 2013, the British Columbia Provincial Mental Health and Substance Use Planning Council and leadership at all levels of the British Columbia Mental Health and Substance Use system of care endorsed the development of the *Trauma-Informed Practice Guide*. The objective of this guide is to build on current trauma-informed practices of individuals, practitioners, and programs. It is an influential document for professionals within the mental health and substance use sector, as it illustrates provincial government endorsement of trauma-informed practice.

In 2018, the *Trauma-Informed Practice and the Opioid Crisis: A Discussion Guide for Health* was released. This document promotes trauma-informed practice to health care and social service providers who serve people dealing with problematic substance use. It outlines the practice examples for trauma awareness, safety and trustworthiness, choice, collaboration and connection, and strengthen based and skill building. This guide is valuable resources as it encourages the move towards trauma-informed care in health and social services.

The Declaration of Commitment on Cultural Safety and Humility in Health Services was signed in 2015 by the five regional health authorities, the Provincial Health Service Authority and the Ministry. The Government of British Columbia has also agreed to work with the First Nations Health Authority and the Government of Canada to remove inequalities of health outcomes for

First Nations in British Columbia (Government of British Columbia, n.d.). This signalled to the mental health and substance use sector that cultural safety needed to be increased across the British Columbia health system.

The *San'yas Indigenous Cultural Safety Training* by the Provincial Health Services in British Columbia is another valuable resource for trauma-informed and cultural safety training. The training is an online resource which guides participants through five modules immersed with interactive group discussion. The modules address culture and Canada's Indigenous People, colonization, and cultural competency at work. This resource teaches about the importance of cultural safety and how participants may apply cultural safety to their work.

The previously mentioned documents illustrate that trauma-informed and cultural safety practices have been endorsed by the Ministry's MHSU branch; however, there is no training specifically created by the MHSU branch to reinforce service providers to implement such practices. This recommendation suggests the development of provincial trauma-informed and cultural safety training modules. The development of these training materials must be strategically planned with mindfulness of the capacity of the sector and engagement with key stakeholders in the development of such resources. The online training modules would include free online modules hosted on the BC Government's Mental Health and Substance Use page for the public to access. Physical materials would be available for people who do not have access to the internet. The MHSU branch could also share some of the previously mentioned documents within the developed training modules.

This recommendation could use the following steps for the development and implementation of the training modules. First, the MHSU branch may formulate a Trauma-Informed Training Working Group and the Cultural Safety Training Working Group with mental health and substance use representatives from the five regional health authorities, the Provincial Health Service Authority, the First Nations Health Authority, and other key stakeholders. The purpose of these working groups would be to advise on the development of the training materials. The group would be led by senior leadership from the MHSU branch and would report to provincial government decision makers. Next, the working groups could consult with mental health and substance use frontline professionals to understand the capacity of the sector and interest in the training materials. This step could be followed by contracting an organization to develop the materials, which would be reviewed by the working groups and approved by decision makers. Finally, once launched the training materials could be evaluated to improve efficiencies.

The recommendation would require a medium level of effort as the substantial development of the training materials would be completed by the contracted organization. The significant requirement from the MHSU branch would be coordinating and reviewing the information

included in the training modules with the working groups, consulting with mental health and substance use professionals, and reviewing the draft versions of the training modules.

A challenge with this recommendation is that resources already exist on various platforms for trauma-informed and cultural safety training. Therefore, this recommendation may not be a priority as people can access available information. A solution for this may be coordinating with the organization that host the other resources to develop a single platform where people may access these resources. However, simply listing available resources may not have the same effect as developing online training modules for people to access.

The development of public provincial training modules by the MHSU branch could illustrate the branch's commitment and endorsement of trauma-informed and culturally safe practices. This could signal to the mental health and substance use sector the importance of implementing trauma-informed and cultural safety practices into the delivery of treatment services, which may improve the overall efficiency of these services.

6.2.4 Establish an Inter-ministerial Strategy to Improve Service Networks

This study identified the importance of strengthening service networks to improve the ability of service providers to support women to navigate through the various services they access. This recommendation requires the collaboration of the Ministry, MMHA, MCFD, and the Ministry of Social Development and Poverty Reduction (SDPR) to develop an inter-ministerial strategy to improve service networks. The inter-ministerial strategy would involve developing system changes so social and healthcare services could access information about the client to ensure a continuum of care, and provide an opportunity for the different service providers to communicate with each other to facilitate improved care for the client.

This recommendation would require executive leads from each ministry. The executive leads would join a working group to develop the inter-ministerial strategy. This inter-ministerial working group would report to decision makers for final outcomes and strategic direction. The working group would be responsible to contract a project manager to coordinate the development of the strategy.

The working group would need to develop a Memorandum of Understanding and Terms of Reference to outline the purpose of the working group, roles and responsibilities of the members, and project timelines. This would be developed by the working group through collaboration and consultation with its members, to ensure that the foundation of the working group aligned with the ministries' strategic directions and goals set in their service plans.

This recommendation would require a high level of effort as it involves coordinating with other ministries. This may create challenges as each ministry has its own mandate including service plans, goals, and strategic direction. This would require buy-in from decision makers to accept and start the project, as there are political goals and funding that would have to be considered and negotiated. Additionally, this recommendation requires system changes and would require significant rigor in determining the legality and feasibility to developing a service network, which may require substantial time to accommodate other priorities set by each ministry.

Improving service networks would significantly benefit mothers with substance use disorder in accessing treatment services as it addresses the difficulty of managing the different requirements and tasks set by various service providers. If service providers were connected via a network, communication and care would be improved for their clients. Service providers would be able to advance their understanding, support, and execution of maintaining a mother and her family's social and healthcare needs. This would also allow service providers to coordinate with each other to improve their capacity to refer mothers to other services, support mothers in achieving requirements set by other service providers, and/or modify their service delivery to enhance a mother's experience.

6.3 Summary

The purpose of this section was to suggest recommendations for addressing and reducing barriers for mothers with substance use disorder. The recommendations range from medium to high levels of effort, which could vary depending on the capacity of the Ministry, other ministry partners, and key stakeholders. These recommendations would not only benefit the efficiency of treatment services but increase the overall delivery of services in British Columbia.

The discussed recommendations include:

Recommendation	Description	Participants	Challenges
1. Continue to Support the Development of Indigenous-led Programs – *low level of effort*	Directed at improving access to Indigenous-led programs with funding to the First Nations Health Authority to lead a project for determining gaps in the availability of Indigenous-led treatment programs throughout British Columbia.	• The First Nations Health Authority • Consultant • MHSU branch	• The First Nations Health Authority declines to lead this project

2. Develop strategies to engage with mothers with substance use disorder – *medium level of effort*	Involves analyzing current protocols and practices for engaging with vulnerable populations. Information collected from this analysis would inform the development of strategies to engage with mothers with substance use disorder. This would address how current systemic practices may deter mothers from participating in research where they must disclose their substance use.	• MHSU branch	• Limited scope
3. Expand Provincial Trauma-informed and Cultural Safety Training Modules – *medium level of effort*	Involves developing public provincial trauma-informed and cultural safety training modules on the BC Government's Mental Health and Substance Use webpage. This would indicate the further endorsement trauma-informed and cultural safety practice, which could consequentially make a shift in the delivery of services.	• MHSU branch • Contracted module developer • Representatives from the five regional health authorities, the provincial health authority, the First Nations Health Authority, and other key mental health and substance use stakeholders	• Existing training materials exist which could decrease the priority of this recommendation
4. Establish an Inter-ministerial Strategy to Improve Service	Acknowledges the importance of strengthening service networks with the	• MHSU branch • Representatives from MMHA, MCFD, and SDPR	• Significant level of effort due to system changes

Networks – *high level of effort*	develop an inter-ministerial strategy by the Ministry, MMHA, MCFD, and SDPR. The strategy would link social and healthcare services to strengthen connections between service providers, improving overall service delivery for British Columbians accessing services.	• Project coordinator	• May not be a priority due to other mandates and priorities of the other ministries

These recommendations could increase the overall efficiency of treatment services in British Columbia. They recognize the diverse and unique barriers that influence mothers with substance use disorder in accessing treatment services. However, the benefit of these recommendations could improve supports from anyone who accesses social and health care services in British Columbia. This could have a significant benefit in improving the overall health of British Columbians.

7.0 Closing Remarks

The purpose of this study is to address barriers to access for mothers with substance use disorder. The literature review and findings emerged various barriers to treatment services for mothers related to gender, motherhood, experience with trauma, Indigeneity, race/ethnicity, and socioeconomic status. This study illustrated that mothers with substance use disorder experience diverse challenges that establish greater vulnerabilities, and that supports for mothers is essential for not only their health but the well-being of their children. This study demonstrates that there are necessary changes in the delivery of treatment services to improve supports for mothers with substance use disorder.

At a high-level, the findings of this research include:

- Programs that use a gender lens recognized the gender-specific needs of those who access their services which consequentially improved the safety of their programs
- Trauma-informed and culturally safe practices are important to ensure that services do not retraumatize their clients and that cultural needs are met
- Western ideologies of the family do not fit the Indigenous view of family which extends beyond the parents and children to include aunts and uncles, cousin, grandparents, and community
- Some child welfare and child-centred policies can create additional challenges for mothers, as they fail to acknowledge how supports for mother can improve the overall well-being of children
- The basic needs of a mother must be met for her to effectively participate in treatment services
- The effects of ongoing and intergenerational trauma influence the experience of Indigenous mothers accessing treatment services
- Indigenous-led treatment services are important in providing programs that use Indigenous culture, tradition, views, and protocols
- Peer support is a positive part of treatment, as it provides the opportunity for people with similar circumstances to support each other

The recommendations are suggestions to the MHSU branch in supporting the mental health and substance use sector to improving services for mothers accessing treatment services. These recommendations are:

- Continue to Support the Development of Indigenous-led Programs
- Develop Strategies to Engage with Mothers with Substance Use Disorder
- Expand Provincial Trauma-informed and Cultural Safety Training Modules
- Establish an Inter-ministerial Strategy for Improving Service Networks

Further research is necessary to develop a comprehensive understanding of gaps in treatment services across the province for mothers with substance use disorder. This may include analyzing the rates of services who use trauma-informed and culturally safe practices, gaps in access to Indigenous-led programs, the diverse needs of mothers based on their geographical location, and the need for resources and development of treatment services throughout the province. This additional research may help in reducing barriers to access to treatment services for mothers, as well as improving the overall efficiency of treatment services offered throughout British Columbia.

References

American Psychiatric Association. (2013). *Substance-related and addictive disorders* [PDF file]. Retrieved from https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Substance-Use-Disorder.pdf

Back, S.E…Ling, W. (2011). Comparative profiles of men and women with opioid dependence: Results from a national multisite effectiveness trial. The American Journal of Drug and Alcohol Abuse, 37, 313-323. doi: 10.3109/00952990.2011.5966982

Banwell, C. & Bammer, G. (2006). Maternal habits: Narratives of mothering, social position and drug use. *International Journal of Drug Policy, 17*(6), 504-513. doi:10.1016/j.drugpo.2006.09.005

Barker, B., Sedgemore, K., Tourangeau, M., Lagimodier, L., Milloy, J., Dong, H.,… DeBeck, K. (2019). Intergenerational trauma: The relationship between residential schools and the child welfare system among young people who use drugs in vancouver, canada. *Journal of Adolescent Health, 65*(2), 248-254. doi:10.1016/j.jadohealth.2019.01.022

Beijer, U., Scheffel Birath, C., DeMartinis, V., & af Klinteberg, B. (2018). Facets of male violence against women with substance abuse problems: Women with a residence and homeless women. *Journal of Interpersonal Violence, 33*(9), 1391-1411. doi: 10.1177/0886260515618211

Blanch, A., Filson, B., & Penney, D. (2012). *National center for trauma-informed care report: Engaging women in trauma-informed peer support – A guidebook.* Retrieved from the National Center for Trauma-Informed Care website: https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf

Boyd, J., Collins, A.B., Mayer, S., Maher, L., Kerr, T. (2018). Gendered violence and overdose prevention sites: A rapid ethnographic study during an overdose epidemic in Vancouver, Canada. *Addiction, 13*(12), 2261-2270. doi: 10.1111/add.14417

Boyd, J. & Boyd, S. (2014). Women's activism in a drug user union in the downtown eastside. *Contemporary Justice Review, 17*(3), 313-325. doi: 10.1080/10282580.2014.922797

Bruan, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Campbell, N.D. & Ettorne, E. (2011). *Gendering addiction: The politics of drug treatment in a neurochemical world*. Basignstroke, NY: Palgrave Macmillan. doi: 10/1057/9780230314245

Dollar, C.B. (2018). Criminalization and drug "wars" or medicalization and health "epidemics": How race, class, and neoliberal politics influences drug laws. *Critical Criminology, 27*(2), 305-327. https://doi.org/10.1007/s10612-018-9398-7

Elms, N., Link, K., Newman, A., & Brogly, S.B. (2018). Need form women-centred treatment for substance use disorders: Results from focus group discussions. *Harm Reduction Journal, 15*(40), 1-8. https://doi.org/10.1186/s12954-018-0247-5

Ferrer, B., & Connolly, J.M. (2018). Racial inequalities in drug arrests: Treatment in lieu of and after incarceration. *AJPH, 108*(8), 968-969. doi: 10.2105/AJPH.2018.304575

First Nations Health Authority. (2018). *The impact of the opioid crisis on First Nations in BC.* Retrieved from http://www.fnha.ca/newsContent/Documents/FNHA-Impact-of-the-Opioid-Crisis-on-First-Nations-in-BC-Infographic.pdf

Fox, H.C., & Singa, R. (2009). Sex differences in drug-related stress-system changes: Implications for treatment in substance-abusing women. *Harvard Review of Psychiatry, 17*(2), 103-119. doi: 10.1080/10673220902899680

Galea, S. & Vlahov, D. (2002). Social determinants and the health of drug users: Socioeconomic status, homelessness, and incarceration. Public Health Reports, 117(1), S135-S145. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913691/pdf/pubhealthrep00207-0140.pdf

Goodyear, K., Haass-Koffler, C.L., & Chavanne, D. (2018). Opioid use and stigma: The role of gender, language and precipitating. *Drug and Alcohol Dependence, 1*(85), 339-346. https://doi.org/10.1016/j.drugalcdep.2017.12.037

Government of British Columbia. (n.d.). *How the province is responding.* Retrieved from https://www2.gov.bc.ca/gov/content/overdose/how-the-province-is-responding

Government of British Columbia. (n.d.). *Indigenous health.* Retrieved from https://www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/health

Government of British Columbia. (2017). Minister letter: Minister of Mental Health and Addictions. Retrieved from https://www2.gov.bc.ca/assets/gov/government/ministries organizations/premier-cabinet-mlas/minister-letter/darcy-mandate.pdf

Government of British Columbia. (2019). *Making life better: Budget 2019.* Retrieved from https://www.bcbudget.gov.bc.ca/2019/pdf/2019_budget_and_fiscal_plan.pdf

Greenfield, S.F.,…Miele, G.M. (2007). Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence, 86*(1), 1-21. doi:10.1016/j.drugalcdep.2006.05.012

Grella, C.E., & Joshi, V. (1999). Gender differences in drug treatment careers among clients in the national drug abuse treatment outcome study. *American Journal of Drug and Alcohol Abuse,* 25(3), 385-406. doi:https://www.tandfonline.com/action/showCitFormats?doi=10.1081/ADA-100101868

Grella, C.E., Hser, Y., & Huang, Y. (2006). Mothers in substance abuse treatment: Differences in characteristics based on involvement with child welfare services. *Child Abuse & Neglect, 30*(10), 55-73. doi:10.1016/j.chiabu.2005.07.005

Grella, C.E. (2008). From generic to gender-responsive treatment: Changes in social policies, treatment services, and outcomes of women in substance use treatment. *Journal of Psychoactive Drugs, 40*(5), 327-343. doi: 10.1080/02791072.2008.10400661

Houser, E. (1998). New program uses cultural tools to help african, caribbean youth substance abuse program for african canadian & caribbean youths at donwood institute. *The Journal of Addiction Research Foundation, 27*(7), 1-3. Retrieved from http://search.proquest.com.ezproxy.library.uvic.ca/docview/223308100?accountid=14846

Jongbloed, K., Pearce, M. E., Pooyak, S., Zamar, D., Thomas, V., Demerais, L., . . . Cedar Project Partnership. (2017). The cedar project: Mortality among young indigenous people who use drugs in british columbia. *CMAJ : Canadian Medical Association Journal, 189*(44), E1352-E1359. doi:10.1503/cmaj.160778

Khenti, A. (2014). The Canadian war on drugs: Structural violence and unequal treatment of black canadians. *International Journal of Drug Policy, 25*(2), 190-195. http://dx.doi.org/10.1016/j.drugpo.2013.12.001

Kissinger, P. & Malebranche, D. (2007). Partner notification: A promising approach to addressing the HIV/AIDS racial disparity in the United States. *American Journal of Preventive Medicine, 33*(2), S87-S87. doi:10.1016/j.amepre.2007.04.019

Lamont, E. (2013). Reconciling egalitarian ideals with traditional gender norms. *Gender and Society, 28*(2), 189-211. doi: 10.1177/0891243213503899

Lavalley, J., Kastor, S., Valleriani, J., & McNeil, R. (2018). Reconciliation and canada's overdose crisis: Responding to the needs of indigenous peoples. *CMAJ : Canadian Medical Association Journal = Journal De l'Association Medicale Canadienne, 190*(50), E1466 E1467. doi:10.1503/cmaj.181093

Lev-Ran, S., Le Strat, Y., Imtiaz, S., Rehm, J., & Le Foll, B. (2013). Gender differences in prevalence of substance use disorders among individuals with lifetime exposure to substances: Results from a large representative sample. *The American Journal on Addictions, 22*, 7-13. doi: 10/1111/j.1521-0391.2013.00321.x

Lewis, B., Hoffman, L., Garcia, C.C., & Nixon, S.J. (2017). Race and socioeconomic status is substance use progression and treatment entry. *Journal of Ethnicity in Substance Abuse, 17*(2), 150-166. doi: 10.1080/15332640.2017.1336959

Luoma, J.B., O'Hair, A.K., Kohlenberg, B.S., Hayes, S.C., & Fletcher, L. (2010). The development and psychometric properties of a new measure of perceived stigma towards

substance users. *Substance Use & Misuse, 45*(1-2), 47.57. doi: 10.3109/10826080902864712

Mahmood, S.T., Vaughn, M.G., Mancini, M., & Fu, Q.J. (2013). Gender disparity in utilization rates of substance abuse services among female ex-offenders: A population-based analysis. *The American Journal of Drug and Alcohol Abuse, 39*(5), 332-339. doi:10.3109/00952990.2013.820732

Marsh, T.N., Coholic, D., Cote-Meek, S., & Najavits, L.M. (2015). Blending aboriginal and western healing methods to treat intergenerational trauma with substance use disorder in aboriginal peoples who live in northeastern Ontario, Canada. *Harm Reduction Journal, 12*(1), 1-12. doi: 10.1186/s12954-015-0046-1

Mason, R. & Toner, B. (2012). *Making Connections: When Domestic Violence, Mental Health and Substance Use Problems Co-Occur.* Toronto, ON: Women's College Hospital.

McHugh, R.K., Votaw, V.R., Sugarman, D.E., & Greendfield. S.F. (2018). Sex and gender difference in substance use disorders. *Clinincal Psychology Review, 66,* 12-23. doi: 10:1016/j.cpr.2017.10.012

Merriam-Webster. 2019. Hegemony. *In Merriam-Webster Dictionary Online*. Retrieved from https://www.merriam-webster.com/dictionary/hegemony

Najavits, L.M. (2009). Psychotherapies for trauma and substance abuse in women: Review and policy implications. *Trauma, Violence, & Abuse, 10*(3), 290-298. doi: 10.1177/1524838009334455

Nardone, M. (2018). The powerful and covert role of culture in gender discrimination and inequality. Contemporary Psychoanalysis, 54(4), 747-762. doi: 10.1080/00107530.2018.1540258

Nathoo, T., Poole, N. and Schmidt, R. (2018). *BC centre of excellence for women's health report: Trauma-informed practice and the opioid crisis: A discussion guide for health care and social service providers.* Retrieved from the BC Centre of Excellence for Women's Health website: http://bccewh.bc.ca/wp-content/uploads/2018/06/Opioid-TIP-Guide_May-2018.pdf

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls*. Retrieved from https://www.mmiwg-ffada.ca/final-report/

Nguemo, J. D., Iroanyah, N., Husbands, W., Nelson, L. E., Maina, G., Njoroge, I., . . . Wong, J. (2019). Substance use disorder among african, caribbean and black (ACD) people in Canada: A scoping review protocol. *BMJ Open, 9*(7), e028985-e028985. doi:10.1136/bmjopen-2019-028985

Olsson, T.M. & Fridell, M. (2018). The five-year costs and benefits of extended psychological and psychiatric assessment versus standard intake interview for women with comorbid substance use disorders treated in compulsory care in Sweden. *BMC Health Services Research, 18*(53), 1-13. doi: 10.1186/s12913-018-2854-y

Pear, V.A., Ponicki, W.R., Gaidus, A., Keyes, K.M., Martins, S.S., Fink, D.S.,…Cerdá, M. (2019). Urban-rural variation in the socioeconomic determinants of opioid overdose. *Drug and Alcohol Dependence*, 195, 66-73. doi:10.1016/j.drugalcdep.2018.11.024

Poole, N. & Dell, C.A. (2005). *Canadian centre of substance use and addiction report: Girls, women and substance use.* Retrieved from Canadian Centre of Substance Use and Addiction website: https://www.ccsa.ca/girls-women-and-substance-use

Purdie-Vaughns, V. & Eibach, R.P. (2008). Intersectional invisibility: The distinctive advantage and disadvantage of multiple subordinate-group identities. Sex Roles, 59(1), 377-391. doi: 10.1007/s11199-008-9424-4

Rehm, J., Marmet, S., Anderson, P., Gual, A., Kraus, L., Nutt, D.J.,…Gmel, G. (2013). Defining substance use disorders: Do we really need more heavy use? *Alcohol and Alcoholism, 48*(6), 633-640. doi: 10.1093/alcalc/agt127

Ruhl, H., Dolan, E.A., & Buhrmester, D. (2014). Adolescent attachment trajectories with mothers and fathers.: The importance of parent-child relationship experiences and gender. *Journal of Research on Adolescence, 25*(3), 427-442. doi: 10.1111/jora.12144

Schmidt, R., Poole, N., Greaves, L., and Hemsing, N. (2018). *New Terrain: Tools toIntegrate Trauma and Gender Informed Responses into Substance Use Practice and Policy.* Vancouver, BC: Centre of Excellence for Women's Health. http://dx.doi.org/10.13140/RG.2.2.25260.77449

Singh, D., Prowse, S., & Anderson, M. (2019). Overincarceration of Indigneous people: A health crisis. *Canadian Medical Association Journal, 191*(18), E487-E488. doi: 10.1503/cmaj.181437

Skewes, M.C., & Blume, A.W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychological Association, 74*(1), 88-100. http://dx.doi.org/10.1037/amp0000331

Stringer, K.L. & Baker, E.H. (2018). Stigma as barriers to substance abuse treatment among those with unmet need: An analysis of parenthood and marital status. *Journal of Family Issues. 39*(1), 3-27. doi:10.1177/0192513X15581659

Tam, B.Y., Findlay, L.C., & Kohen, D.E. (2017). Indigenous families: Who do you call family? *Journal of Family Studies, 23*(3), 242-259. doi:10.1080/13229400.2015.1093536

Tang, S. Y., Browne, A. J., Mussell, B., Smye, V. L., & Rodney, P. (2015). 'Underclassism' and access to healthcare in urban centres. *Sociology of Health & Illness, 37*(5), 698-714. doi:10.1111/1467-9566.12236

Taylor, O.D. (2010). Barriers to treatment for women with substance use disorders. *Journal for Human Behavior in the Social Environment, 20*(3), 393-409. doi: 10.1080/10911351003673310

Thomas, N., & Bull, M. (2018). Representation of women and drug use in policy: A critical policy analysis. *International Journal of Drug Policy, 56*(1), 30-39. https://doi.org/10.1016/j.drugpo.2018.02.015

Umubyeyi, A., Persson, M., Mogren, I., & Krantz, G. (2016). Gender inequality prevent abused women from seeking care despite protection given in gender-based violence legislation: A qualitative study from Rwanda. *PLOS One, 11*(5), 1-13. doi: 10.1371/journal.pone.0154540

Urguhart, C., & Jasiura, F. (2013). *BC provincial mental health and substance use planning council report: Trauma-informed practice guide.* Retrieved from the BC Centre of Excellence for Women's Health website: http://bccewh.bc.ca/wp content/uploads/2012/05/2013_TIP-Guide.pdf

Van Bibber, M., Wolfson, L., Poole, N., Lacerte, D., Norton, A., Labounty, B., …Wesley, J. (2019). *BC centre of excellence for women's health report: Revitalizing culture and healing: Indigenous approaches to FASD prevention*. Retrieved from the BC Centre of Excellence for Women's Health website: http://bccewh.bc.ca/wp-content/uploads/2019/11/Indig-FASD-Booklet_November-21-2019-web.pdf

Victor, J., Shouting, M., DeGroot, C., Vonkeman, L., Brave M. & Hunt, R. (2019). I'taamohkanoohsin (everyone comes together): (Re)connecting Indigenous people experiencing homelessness and substance misuse to Blackfoot ways of knowing. *IJIH,14*(1),42-59. doi: 10.32799/ijih.v14i1.31939

Werner, D., Young, N.K., Dennis, K, & Amatetti, S. (2007). *U.S. department of health and human services, substance abuse and mental health services administration report: Family-centered treatment for women with substance use disorders – history, key elements and challenges.* Retrieved from the Substance Abuse and Mental Health Services Administration website: https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Appendices

Appendix A: Letter of Information for Implied Consent

Ethic Review completed by:

University of Victoria

First Nations Health Authority
Health through wellness

ADDRESSING BARRIERS TO ACCESSING TREATMENT SERVICES FOR MOTHERS' WITH SUBSTANCE USE DISORDER

You are invited to participate in a study entitled *Addressing Barriers to Accessing Treatment Services for Mothers' with Substance Use Disorder* that is being conducted by Krystal Dash. Krystal Dash is a student in the department of Public Administration at the University of Victoria and you may contact her if you have further questions by e-mail at kdash@uvic.ca or phone at 250-882-0888.
As a graduate student, I am required to conduct research as part of the requirements for a degree in Public Administration. It is being conducted under the supervision of Helga Hallgrimsdottir You may contact my supervisor at hkbenedi@uvic.ca.

Purpose and Objectives
The purpose of this research project is to understand the barriers mothers experience when accessing substance use treatment services.

Importance of this Research
Research of this type is important because it is important that mothers with substance use disorder receive efficient support as their well-being is strongly linked to their children's development and growth. Mothers who have children living under their care have increased barriers to accessing services. They are less likely to access services because of the fear of losing their children or inadequate child care. Mothers have a stronger concern of losing custody than their male counterparts which may be based on different gendered roles of parenting. This context reduces the number of mothers accessing services for support and assistance relating to substance use. This research project is necessary because its objective is to address the barriers mothers with substance use disorder experience when accessing treatment and to make recommendations on how to reduce or mitigate these barriers

Client
The client of this study is Holly Clow, A/Manager of the Mental Health and Substance Use branch at the Ministry of Health.

Participants Selection
You are being asked to participate in this study because you identify as a representative of Vancouver Island Health Authority.

What is involved
If you consent to voluntarily participate in this research, your participation will include a 30-minute interview consisting of five questions.

Inconvenience
Participation in this study may cause some inconvenience to you, including time and schedule management. To mitigate this, the interview will be schedule at your convenience.

Benefits
The potential benefits of your participation in this research include potential benefit to improve substance use services providing in BC. This creates a benefit to society as substance use can affect everyone and this project may increase the quality and level support patients receive.

Voluntary Participation
Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will discarded soon after your exit.

Anonymity
In terms of protecting your anonymity the interviews will be anonymous using pseudonyms.

Confidentiality
Your confidentiality and the confidentiality of the data will be protected by storing it on a secure UVIC network. Once the audio clip has been transferred from the inactive smartphone device (disconnected for a network and iCloud) it will be hard deleted off that device. After the report is approved, all data will be hard deleted from the secure UVIC network.

Dissemination of Results
It is anticipated that the results of this study will be shared with others in the following ways: final report and oral defense. The final report will be posted on the University of Victoria's library webpage UvicSpace. It will additionally be provided to the client, Ms. Clow at the Ministry of Health, and to the First Nations Health Authority and Vancouver Island Health Authority. Based on your preference, a copy can be provided by directly contacting Krystal Dash at 250-882-0888 or kdash@uvic.ca.

Disposal of Data
Data from this study will be disposed of audio files which will be hard deleted off the recording device and UVIC secure network.

Interview Schedule
The interview may be schedule during either work or personal hours. The interview will be schedule based on the interviewee's preference.

Contacts
Individuals that may be contacted regarding this study include Krystal Dash at kdash@uvic.ca or phone at 250-882-0888 and Helga Hallgrimsdottir at hkbenedi@uvic.ca.
In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Please state that whether you provide **VERBAL CONSENT** to this interview. This indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Please retain a copy of this letter for your reference.

Appendix B: Interview Questions - Health Authority Representatives

1. What was your experience with managing substance use treatment services?
2. Are gender-considerations incorporated into these services?
3. Are there additional considerations for mothers accessing these services?
4. What is the process of determining the stated above considerations?
5. What advice would you provide mothers looking to access substance use treatment services

Appendix C: Recruitment Poster for Mothers with Substance Use Disorder

Appendix D: Vancouver Island Health Authority – Initial Contact

VIA EMAIL
Dear First Nations Health Authority,

My name is Krystal Dash. I am a student of the Master of Public Administration at the University of Victoria. I am currently working on a project to understand barriers mothers experience in accessing substance use treatment services. This project will be submitted as my final project to complete my degree. The client of this project is Holly Clow, A/manager of Mental Health and Substance Use at the Ministry of Health. I am looking to interview a health authority representative whose portfolio involves substance use treatment services. The interviews will consist of five questions held over a 30 minutes period and will be held over the telephone. The interviews will be recorded for analysis but will be destroyed upon the completion of the project. The interviews will be confidential and no identifying information will be collected besides that you are a representative from FNHA. You will be able to withdraw or leave the interview at any point of this project. If you are interested in participating, please contact me at kdash@uvic.ca or 250-882-0888. I will be available to answer any questions necessary. Thank you in advance for your consideration and time thus far.

Kind regards,
Krystal Dash

Appendix E: First Nations Health Authority – Initial Contact

VIA EMAIL

Hello,

I am currently working on a project to understand barriers mothers experience in accessing substance use treatment services. This project will be submitted as my final project to complete my Master of Public Administration degree at the University of Victoria. The client of this project is Holly Clow, A/manager of Mental Health and Substance Use at the Ministry of Health. I am looking to interview a health authority representative whose portfolio involves substance use treatment services. The interviews will consist of five questions held over a 30 minutes period and will be held over the telephone. The interviews will be recorded for analysis but will be destroyed upon the completion of the project. The interviews will be confidential and no identifying information will be collected besides that you are a representative from VIHA. The representative will be able to withdraw or leave the interview at any point of this project. If you are interested in participating, please contact me at kdash@uvic.ca or 250-882-0888. I will be available to answer any questions necessary. Thank you in advance for your consideration and time thus far.

Kind regards,
Krystal Dash

Appendix F: Duty to Report

Duty to Report (as per in the Initial Letter of Consent for Mothers)

I am are striving to create a safe space for you during this interview. However, as you have rights as a participant, I also have obligations as a researcher. Please know that while this interview is not about parenting techniques, you must be aware that should you discuss anything related to child abuse or neglect, I am compelled by law to report any information regarding.