Engagement of Substance-Using Pregnant Women in Addiction Recovery

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ABSTRACT

This article reports on a qualitative study examining the experiences and recovery needs of substance-using pregnant women, with a primary focus on women's engagement by child protection services (CPS) in addiction recovery programs. Current CPS policies and practices have largely failed to engage these women, despite women's stated desire for recovery support during pregnancy. Three core themes related to women's primary need for safety—the need for collaborative relationships with CPS, children as motivators for change, and needed modifications in the social environment—are discussed. Implications for social policy and direct practice in regard to CPS engagement of substance-using pregnant women in recovery programs are examined.

Keywords: substance addiction, pregnancy, recovery, child protection

Substance misuse during pregnancy is a growing medical and social concern. Drug-exposed infants add costs to the health care system because of their need to stay in hospital longer after birth, and many suffer the effects of prenatal drug and alcohol exposure for the duration of their lives.

Many drug-exposed infants are removed from parental care at birth into the care of the child welfare system, and the most common reason that children come to the attention of child protection services (CPS) is maternal substance misuse (Suchman, Pajulo, DeCoste, & Mayes, 2006). Children's placement in foster care does not ameliorate the problems associated with maternal substance misuse; children of using mothers in foster care are more likely to evidence speech and language delays and attachment problems than are drug-exposed children who remain with mothers working toward recovery (Cosden, 1997).

In this article we adopt a definition of substance addiction recovery as either abstinence from substance use or the amelioration of harm associated with the use of substances, entailing a process of healing and

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transformation that enables one to live a meaningful life and reach one's biopsychosocial potential. We adopt a social determinants of health approach to maternal substance use, which points to the social and environmental elements that contribute to the poor outcomes of many substance-using pregnant women and their newborn children.

Early intervention recovery programs aimed at either abstinence or reduction of harm associated with substance use provide a practical means to maintain the health of the mother, fetus, and newborn child. Drug-using women are motivated to make healthy changes when they become pregnant (Kershnar & Paltrow, 2001), yet the high rate of child removal is a major barrier to women's accessing needed addiction recovery programs (Payne, 2007). The views of these women regarding CPS involvement and their recovery needs, however, have not been studied.

This article presents the voices of women regarding their recovery needs, and incentives and disincentives to engagement in recovery programs. The research was conducted as part of a master's thesis completed at the School of Social Work at the University of British Columbia. This is the unique contribution of and rationale for our research: substance-using pregnant women have not been asked to delineate their recovery needs or preferences, or their views on needed changes to CPS approaches that would facilitate their meaningful engagement in recovery programs. Our first objective was to provide women with a voice in this regard, and to challenge assumptions based on a "deficit perspective" of women's capacities. Contrary to existing stereotypes, we found that women are highly motivated to engage in recovery programs but are prevented from doing so by current CPS policies and practices. Our second aim was to enumerate specific CPS interventions that would foster engagement in the recovery programs women said they needed.

Guided by a biopsychosocial orientation and a strengths-based theoretical perspective that seeks to give voice to women, and to identify women's capacities and how these can be utilized to further women's biopsychosocial healing and recovery process, we posed the following research question: From the perspective of substance-using pregnant women, what aspects of CPS intervention foster engagement in addiction recovery programs?

CHEMICAL DEPENDENCY DURING PREGNANCY

According to Field (2000), since 1990 there has been a sharp increase in the number of infants born with birth abnormalities, traceable to substance use by the mother during pregnancy. Yet measuring the impact of substance abuse on the fetus poses challenges. Most information about drug use is self-reported by women living in impoverished conditions who have come to the attention of the authorities. Often, the genetic and health background of the women, the amount and frequency of drug use, and the stage of pregnancy when misuse occurred are not known (Cook, 1997). Despite these difficulties in measurement, Garcia-Bournissen, Rokach, Karasko, and Koren (2006) concluded that children exposed to drugs or alcohol during pregnancy exhibit a threefold higher prevalence of major medical problems as compared to children not prenatally exposed to substances. Furthermore, prenatal use of alcohol and illicit drugs is considered the leading preventable causes of birth defects (Drabble, Tweed, & Osterling, 2006). Children prenatally exposed to alcohol and illicit drugs experience many short- and long-term medical complications in their psychological, cognitive, physical, and social development (Cosden, 1997). The contextual factors in a women's life also

impact the health of the fetus and child, as prenatal alcohol and drug exposure mostly occurs in the presence of environmental and contextual risk factors that together impede healthy outcomes (Jones, 2006). Bauer et al. (2002) and Poole and Greaves (2007) found that substance misuse during pregnancy usually occurs in the context of poly-drug use, lack of prenatal care, high rates of violence exposure, co-occurrence of other psychiatric problems, inadequate nutrition, and poverty.

In Canada, the fetus is not considered a child until after birth. This guarantees that prosecution based on prenatal conduct will be unsuccessful, as the fetus does not have legal rights or status within Canada's criminal code. In Canada, mandatory treatment has come to be seen as of little value, as it pushes women away from accessing prenatal care (Cook, 1997). There is general consensus (Carter, 2002; Haugaard, 1998; Marcellus, 2004) that voluntary recovery and medical intervention is preferable over mandatory drug treatment or criminal intervention for chemically dependent pregnant women.

Despite legislation that excludes a fetus from the definition of a child who may need protection, CPS policies aim to intervene in the lives of substance-misusing pregnant women. The stated intention is to support substance-using women during pregnancy, yet child protection services often assume that drug use during pregnancy is a form of abusive parenting, and that substance-using mothers will be unable to care for their newborns due to their special needs, especially if their children are diagnosed with conditions such as neonatal abstinence syndrome and fetal alcohol syndrome (Boyd, 2007). As a result, the newborn child may be removed and temporarily or permanently placed into foster care.

When children are in foster care, mothers may be mandated to seek drug treatment as a condition of having their children returned to them. However, this requirement may reinforce the oppression that contributes to women's substance use in the first place (Rutman, Callahan, Lundquist, Jackson, & Field, 2000). Further, women are in a vulnerable state following residential treatment; often, they become overwhelmed and start using again, as they are still poor, isolated, and without supports, all of which lay the foundation for continued use (Weaver, 2007).

Numerous barriers prevent pregnant women from seeking treatment once substance misuse issues have been identified, particularly women's fear of stigmatization and judgment, and feelings of guilt and shame (Carter, 2002; Poole & Isaac, 2001). Fear of child apprehension is a major factor, as is denial of addiction or a belief that it can be managed alone (Finkelstein, 1994; Poole & Isaac, 2001). Some women do not recognize the implications of their alcohol or drug use, or have fears of prejudicial treatment on the basis of their motherhood/pregnancy status and feelings of low self-esteem (Poole & Isaac, 2001).

Systemic barriers include the attitudes of professional service providers and a lack of gender-specific treatment services (Carter, 2002; Finkelstein, 1994), poor staff training (Howell, 1999), staff turnover (Perrin, 2006), distrust of the health care system (Carter, 2002), lack of child-care options (Haugaard, 1998; Howell 1999), lack of information about treatment options and waitlists for treatment services (Poole & Isaac, 2001), and the overall lack of treatment services for drug-addicted pregnant women. Further, programs generally do not allow women to retain care of their children while in treatment (Leslie & Roberts, 2001), and women become reluctant to seek treatment due to time spent away from their children (Lester, Andreozzi, & Appiah, 2004). Overall, there is limited programming that addresses the needs of women who become pregnant while using substances, and many women do not have the practical means required to access the limited support programs that do exist (Lester et al., 2004).

METHODOLOGY

Recruitment/Sampling

Our study established the following eligibility criteria: women were between 20 and 45 years of age, had used alcohol or illicit drugs while pregnant, and their children were 5 years of age or younger at interview. Participants were recruited from three sites in Vancouver: the Vancouver Area Network of Drug Users, Peardonville House Treatment Centre, and Options: Services to Communities Society. Each site was provided with recruitment posters, and invitation letters were distributed to women who expressed interest in the study and met eligibility criteria. Presentations were then made to the women at each site regarding the purpose of the research, and interviews were scheduled with all the women who volunteered.

A total of 10 women were thus recruited. Five of the women had one child, one woman had two children, one had three children, one had four children, and two had five children. Eight women were recovering from their addiction and two were active users. The period of heavy drug or alcohol misuse ranged between 4 and 18 years. Six women indicated that their drug of choice was cocaine (crack), while two used crystal methamphetamine and two struggled with alcohol addiction. All the women lived in impoverished conditions. Five women were of Aboriginal ancestry and five were Caucasian; all were English speaking.

Four women reported that their children were placed in foster care by CPS. Three mothers had their children placed in the care of their parents. Three mothers had kept their children while they were engaged in recovery programs.

Instrumentation

Semi-structured interviews were conducted using guiding questions focused on what the women most needed from CPS to allow them to engage in recovery programs while pregnant and using substances. In this context women were asked about their alcohol and drug use, the extent to which their feelings or behaviours about substance use changed when they discovered that they were pregnant, their main needs at that time and the degree to which these were addressed, what helped and what hindered in getting their needs met, the "pros and cons" of accessing treatment services, what would have made it easier for them to approach and access treatment services in the early stages of pregnancy, and what they considered to be the main components of an effective recovery program. Interviews averaged 1 hour in length, and women were given the opportunity to participate in a debriefing session after their interview.

The interviewer (Parveen) has a professional background in community-based social work with youth, particularly young women struggling with poverty, alcohol and drug use, and pregnancy. Her awareness of teenage pregnancy and addiction developed into a broader interest in prenatal substance misuse among women in their child-bearing years.

Data Analysis

Each interview was audio recorded and transcribed verbatim. Transcripts were analyzed, and coding categories were derived directly from the data, as we used a reflexive grounded theory approach of a constant comparative method and content analysis. Content analysis focused on the content of the narratives,

with repeating ideas noted and developed into preliminary categories and subthemes. Standard coding procedures were used to reduce and interpret the data. Coding occurred at three levels: open coding (as data were collected, concepts were suggested by the original words of the participants); axial coding (as data were compared with new data, clusters of data emerged and categories were constructed and coded); and selective coding (categories emerging from the data were integrated and refined, and a theoretical scheme was developed to explain how each of the categories relates to the others).

To ensure the validity of the themes derived from the transcribed interviews, respondent validation was conducted through member checks. Copies of findings (tentative themes and subthemes) were made available to the participants, requesting their feedback. Respondents verified that the generated themes accurately captured their needs to help foster treatment engagement.

RESULTS

Three core themes emerged from participant accounts of substance use and recovery needs during pregnancy: collaborative relationships with CPS, children as motivators for change, and modifications in the social environment. Each of these themes was broken down into a number of subthemes. Pseudonyms are used to maintain the anonymity of the participants.

Collaborative Relationships With Child Protection Services

The need for collaborative relationships with child protection workers was identified as central to women's recovery process. Four essential components of this relationship were described: approachability and collaboration, accountability and opportunity without judgment, recognition of strengths, and consistency and continuity.

Approachability and collaboration. Eight of the 10 women highlighted the primary importance of being able to approach CPS for help during pregnancy without the threat of child apprehension. The fear of apprehension kept these women from seeking needed support and assistance. Rather than acknowledging their substance use and being honest in requesting help, the women indicated that they were more likely to hide and deny their problems, and conceal their substance use. Helen summarized this as follows:

> You hide your drug use because you're scared they're going to apprehend your baby when, you know, you hide it and go back to it and just keep stuffing it [using drugs], and you've got all that shame and guilt and you don't want to talk to anybody…

As women were concealing their drug use, they further isolated themselves, even when they wanted and needed support. Women's fear of child apprehension became a significant source of stress in their lives during pregnancy.

Six women identified the need for CPS intervention during early pregnancy, indicating that they would have readily engaged CPS if they felt supported rather than threatened. They recognized the benefits of early intervention in their recovery process, including better health for themselves and their children. For example, Danielle talked about how her daughter's learning difficulties could have been less serious if she had not been afraid to trust and approach CPS for help when she first became pregnant.

Accountability and opportunity without judgment. During pregnancy and after giving birth, women needed CPS workers who allowed them the opportunity to demonstrate their capacity to parent, despite their history of substance use. They wanted a chance to prove that they could take care of their children with non-judgmental support from CPS workers, who would give them hope that change is possible. They felt judged as unfit parents and punished when their children were removed. The women also valued direction and resources to assist with the change process. As Frances stated,

> I needed the social worker to make me feel competent—like anything is possible … someone who is going to say that there's a way … there is hope and they can point you in the right direction and give you options.

Women stressed the importance of CPS workers' asking them about their current needs and exploring how these could be best met. Women felt valued and empowered when recovery goals were jointly negotiated, and women's stated needs kept front and centre, rather than being told what they needed to do. As Linda described,

> People always told me that I had to get clean … saying you can't be doing this to this baby, you have to get clean, and I said, I know, I know, and another barrier I think was, people telling me that I have to get clean … and my total attitude was—I don't have to do fucking shit.

Being told what to do was associated with women becoming resistant to suggestions; they needed to be included in decisions regarding their lives. Yet accountability to their social workers was also identified as an important component of a collaborative relationship. Women wanted CPS to hold them accountable for commitments and decisions made jointly, and to acknowledge their efforts. Two women appreciated their social workers' "tough love, holding-accountable approach." They felt they were given an opportunity to build a collaborative relationship based on the goal of effectively parenting their children, and then held to task in that regard.

Betty's social worker helped her to make a list of what she needed to do in order to achieve her goals. For example, having to provide regular hair samples made it difficult "to sneak, to do drugs." Linda had to call her social worker every morning, and provide a random urine sample when requested. These women did not feel judged, but built a supportive relationship with their worker, who kept them accountable. As Betty stated, "It's keeping me straight, right?"

Recognition of strengths. Women emphasized the importance of CPS workers' recognizing their efforts and honesty as strengths, rather than using knowledge of their struggles against them. Such recognition allowed women to feel that they were capable, and promoted self-efficacy, a core element of women's recovery. Recognition of strengths and steps toward recovery empowers and supports women in their recovery journey. A majority of the women, however, reported being reprimanded rather than commended when they admitted their struggles. When women's help-seeking efforts are unrecognized or held against them, their ability to trust and approach CPS at a time of need is diminished. Women need to feel safe when asking for help, with the ability to ask for assistance recognized and acknowledged as a strength.

Consistency and continuity. Consistency and continuity of CPS workers was important for women, especially when women had invested time and effort to develop a trusting relationship with a particular worker. Women emphasized the particular stress of feeling abandoned, given their past difficulties in developing a trusting relationship and history of childhood abandonment and abuse. When the approach of

a new worker was inconsistent with that of the previous one, "starting over" also posed challenges. Helen elaborated as follows:

> You get different workers and you just get to know a worker and then next thing that worker is off on a leave, and then you get another worker and it is happening again.… We just got to know him, he's now leaving so it's like, wow … we're going to have to meet all these other needs of another worker but we already done half of what we've been asked to do—it's just discouraging.

Follow-through from CPS workers was another aspect of professional consistency and building trust. Women talked about the promises their workers had made with little follow-through, which resulted in women feeling as though they were not worthy of respect. Helen described how, in her view, her worker broke a promise:

> When I cleaned up toward the end of my pregnancy, my social worker promised me if I was clean when I gave birth to my baby he wouldn't be apprehended.… Yes, I was clean for 60 days, and he still apprehended my baby.

Having lost trust in a particular worker, it became difficult for women to continue to engage in recovery, and it became harder for new social workers to re-engage them.

Children as Motivators for Change

A second major theme was inclusion of children as part of women's recovery process, and recognition by CPS of the importance of women's attachment to their children. Nine women indicated that they gained strength from their children, who became their motivation to change. Conversely, removal of their children was associated with relapse and long-term addiction. Linda stated,

> There is a reason for everything … and there was a reason why I was a drug addict.… There's a reason why I had a baby … and I believe in my heart the reason I had a baby is to get me out of my drugs.

Whether it was in the context of weekend access or full custody of their children, the presence of children gave women a reason to pursue recovery, a reason to not use. Marla summarized this as follows:

> My child has motivated me because she's one of the ones I'm getting better for … because if I'm not good—she ain't coming home.

Children gave these women a sense of purpose that provided meaning to their lives. Children fulfilled unmet needs, for a family, a sense of connection, a relationship and bond that many women wished they had had while they were growing up. Linda and Betty elaborated as follows:

> I think that the only thing that's going to stop me [from using] … is having a family because I never had a family that sits down at the table … and eats together and does things together. [It was] just always me alone in my room or my mom and her friends drinking. You know I never had that family life—now I have it.

> The longer I have, that I remain sober, and the more time I spend with my son, the more reason I have to stay clean and [have] more strength.… The main motivating thing is taking care of him.

Women expressed the joy and fulfillment that they associated with motherhood. They looked forward to being clean, having a home, and being a "normal family." Women whose children were living with them confirmed that they would be still be struggling with addiction if they had lost custody. Linda stated,

> Even my boyfriend said, "If that baby gets taken away from you, that's the end of you.… You will die … as a junkie … you will die as a junkie" … and I truly believe that in my heart.

Women who attended recovery programs with their babies indicated that they received the help they needed, and maintained recovery because of their sense of responsibility to their child's needs. The women's need for responsibility was fulfilled via exercising their role as parents.

For these reasons, five women identified the need for a recovery process that allowed their children to accompany them in treatment, indicating that actively parenting their children was a powerful asset in their recovery. The majority of the women felt that recovery that does not permit children is a barrier, and some indicated they would have not entered a recovery program that did not allow them to bring their children. This is not to say that their recovery was guaranteed, but that the presence of their children gave them a reason not to use substances. Jill explained,

> While I was pregnant with him, I thought, well when I have him maybe I can use again—whatever, right? Once he was out I was like, no way, I can't do that.… Things changed, right?

Frances indicated that she worked hard to have her children returned from foster care, and she succeeded. But she recalled,

> I went from 2-hour visits twice a week to full time with four kids and that was like, whoa … So I ended up going back to my addiction—they were apprehended [again]…

Gradual and incremental support is vital to women's recovery. Women who became pregnant while using substances wanted to change; however, they needed support to proceed in their recovery process in a gradual manner.

In circumstances where their children had been apprehended, women expressed the importance of not losing contact. Access visits provide an incentive to work toward recovery. Jill stated,

> I think like even if I am still using, I should still have supervised visits. Just don't completely cut me off from seeing my child, you know, because that's not right—the child should be able to know who their mom is still, you know.

Women did not want their children to feel abandoned, but to know that their mother was working to improve her health and circumstances so she could be the mother they needed.

Children are a source of strength, provide motivation, and represent family connection—vital to mothers' recovery process. All of the women stated that they wanted to make a positive change in their lives, often for the first time, during pregnancy and after giving birth. They emphasized that they needed CPS to support them through this change process by including their children in their recovery plan.

Modifications in the Social Environment

Finally, several women said that recovery programs should consider the multiple needs of substance-using pregnant women within the context of their lives, rather than providing addiction recovery in isolation. They identified both instrumental and mental health needs.

Instrumental needs. Housing, transportation, an educational emphasis in recovery, and support services under one roof were identified as core practical needs vital to the recovery process. Seven of the women did

not have a stable living environment at the time of their pregnancy. When women did not have the necessities for healthy living, their lives became more stressful and complicated with their pregnancy. Angie recalls, "We were homeless … we were living on the streets.… [My partner] he'd go for days without eating to make sure I ate—made sure the baby got enough." Linda indicated that "for the first half of my pregnancy, I was basically living in a crack house." Having a supportive living environment helped these women to make the changes they wanted to initiate when they became pregnant. Safe housing was identified as women's primary instrumental need.

Transportation was another important practical need for women attending recovery programs. Kelly recalls, "I was very sick all the time [during pregnancy]. You know she actually came and picked me up, right at my door." Transportation assisted women to engage and continue with accessing support, when it would have been easier to shut the door and stay home.

A majority of women felt that recovery services should ideally be at one location and available on a long-term basis. Ongoing support is necessary; women need help before and after the birth of their children. This support can slowly begin to take the place of the substance use.

According to the women, an educational component that addressed the multiple issues in their lives should be an essential component of a recovery program. They want to know more about their living options, healthy pregnancy, and effective parenting. Angie summarized this as wanting to know "how to look after themselves … make sure they eat properly and get enough sleep … not only for them but for the development of the baby." Learning about breastfeeding and nutrition was identified as a critical need.

Education about harm reduction techniques was also requested. Betty indicated that not all substance-using women are able to abstain from substance use while pregnant, and thus it is vital to provide education on harm reduction techniques. She elaborated as follows:

> There's all these different myths running about what's worse or what's better. If you're thinking about damage … it's good for pregnant people to know [the facts]. If you're going to smoke crack while you're pregnant … is it more harmful to your fetus to smoke it on brillo, on copper, on stainless steel brillo or on ash or cooked in ammonia or baking soda? … Like, does one do more damage than the other? Those are all the things there's no information about.… This is something to think about for harm reduction.

Mental health needs. Although women used substances for a variety of reasons, all stated that their use was a coping mechanism or a form of self-medication. It is important that women have the opportunity to examine the purposes that substances serve in their lives.

Substance-using women's pregnancy is experienced as a new source of anxiety alongside multiple existing stressors, including their continued struggles with unresolved issues from childhood. Most women have hidden their childhood pain in their addiction as a means of coping, and need support in this regard. As Danielle explained,

> These people [CPS] are making my life miserable because they weren't giving me the help that I needed. They weren't giving me the treatment that I needed and I needed to go into treatment … and deal with my crack issues … and deal with grief and loss issues … and all these freaking issues that I had going on … and I was left out in the cold to deal with all this shit by myself.

Women wanted the support of social workers to help access recovery programs that incorporated their past and current struggles; women wanted an opportunity to talk about underlying issues. As Carly stated,

> We never talk about abuse by our significant others … and we never talk about our drug use while we're pregnant because nobody wants to talk about that because they'll shun you. [That] is how you feel, [so] that's not on the topic.… Like, oh yeah, I used this when I was pregnant and I kept using all throughout my pregnancy and drinking my face off.… It blows my mind but it's not who they [substance-using pregnant women] are.… It was their escape route, and you know if they talked about it and got it out, you know, they don't need to go back to that shit … and they could start over and know what it's like to live clean…

It is not until the issues of childhood trauma, grief, and loss are dealt with that these women can move forward in their recovery process.

Finally, the women made it clear that they were seeking gender-specific recovery programs that utilized mutual aid and peer support as core components. The importance of fostering the development of sustaining relationships with women facing similar life circumstances was identified as critical. In addition, women emphasized that a "one-size-fits-all" formula of recovery would not work; offering a menu of choices and multiple paths to recovery, including both abstinence- and harm reduction-based approaches, are particularly important to women who have felt disempowered throughout their lives.

DISCUSSION

The 10 women in our study were given an opportunity to identify the core elements of CPS engagement that would facilitate their recovery process. The themes they identified point to the need for a women-centred, harm reduction model of recovery that honours and values women's primary attachments with their children. This model acknowledges that women are motivated to make positive changes in their lives when they become pregnant; their pregnancies present a unique opportunity for CPS workers to support them toward recovery.

Currently, when substance-using women become pregnant, they face a dilemma. The impending birth of a new child serves as a strong motivator to eliminate or reduce substance use, but the threat of punitive responses from CPS serves as a barrier to seeking help. The fear that their child will be apprehended prevents women from approaching recovery services, and mothers go to great lengths to hide their addiction, sacrificing their desire and need for recovery. Our respondents clearly indicated that they would have engaged recovery programs if assured that they would not be separated from their children.

Child protection workers have conflicting mandates of parental support and child protection authority when dealing with substance-abusing pregnant women. These contradictory role expectations impede effective service provision. Our participants were subjected to CPS surveillance both before and after their children were born, regardless of their recovery desires and efforts. When CPS offers both antenatal recovery programs and postnatal child protection services, it becomes difficult for women to believe that support can be provided without the threat of child removal. Child protection workers thus struggle to engage and provide support to these women.

A range of alternative CPS responses to pregnant substance-using women have been developed. One is to work collaboratively with recovery programs to develop conjoint services that can reach out to women without the immediate threat of apprehension. It is important to explore with women the recovery context in which they feel most safe. For example, given the role of public health nurses in promoting prenatal care, would women feel safe approaching their services? Within this approach, CPS could oversee, fund, and assist public health outreach workers and nurses to implement women-centred harm reduction prenatal

support services. The role of CPS would be to remain in the background, monitoring progress and assisting in securing resources rather than actively investigating risk.

In regard to core elements of recovery programs themselves, our research found that after giving birth, women are reluctant to access recovery services, particularly residential programs, when they cannot have their children living with them, at least on a part-time basis. Separation from children is thus a barrier to recovery, as children represent the major motivator in mothers' recovery process.

According to the women we interviewed, recovery programs need to provide for an ongoing, long-term process that attends to their distinct and shifting needs before and after giving birth. They seek integrated recovery services that address all of their stated needs and focus on the social context of their lives, as opposed to focusing on substance use in isolation. Gender-specific programs that emphasize peer mutual aid support are also important; mothers' guilt and shame are best addressed in interaction with other women who have faced similar life challenges. This helps to normalize the experience of being in a recovery program and creates a sense of safety and friendship, in addition to providing an opportunity to help others. Culturally specific services that build upon traditional healing practices are also critical, particularly in the context of a child protection system in Canada in which fully half of children in government care are of Aboriginal descent.

Finally, there are instances where children need to be removed from parental care in the best interests of both mother and child. What needs to be recognized, however, is that child apprehension is a severely traumatic experience for most mothers, and a key factor in relapse and long-term addiction. Therefore, if it is deemed necessary to remove a child after a thorough strengths-based assessment that provides women with support, CPS workers need to address the trauma associated with apprehension. Trauma support services should be readily available, and mothers should be engaged in recovery programs, with some degree of ongoing contact between mother and child ensured. Mothers who do not heal from such separation trauma continue to carry this pain with them for the rest of their lives.

CONCLUSION

Pregnancy and birth provide a unique opportunity for service providers to support women and help to build on their motivation toward healthy change and recovery. Yet although substance-using women desperately want support during their pregnancy, and are looking to become engaged in recovery programs and services, they are prevented from doing so by current child protection policies and practices. Despite their fears regarding child apprehension, the mothers in our study all wanted to have a better relationship—defined as non-judgmental, strengths-based, collaborative, and accountable—with their child protection workers. Thus CPS policies and CPS workers' attitudes toward substance-using pregnant women are the most critical elements of facilitating their engagement in recovery.

Our study incorporates the perspectives of substance-misusing pregnant women on their successful engagement in addiction recovery programs into current evidence-based knowledge of effective child protection policy and practice. In our view, it is essential that CPS review and resolve the inherent contradiction between strengths-based preventative programming and deficit-based child protection work. Furthermore, CPS must resolve the contradiction of working in the best interests of both mother and child. There are situations when the interests of the two parties conflict and the child protection mandate will need to be enforced.

What is lacking, however, is a clear and consistent policy and practice approach with pregnant women who are using substances, including guidelines for removing the child from parental care and seeking alternative placement. Is drug use alone enough to warrant CPS involvement or should there also be clear evidence of child abuse or neglect?

Substance-using pregnant women need to be encouraged to seek recovery programs. Their successful engagement in these programs is most likely if their motivation to make healthy changes in their lives is recognized and acknowledged, barriers are removed, and the supports they need are available and accessible.

RÉSUMÉ

Cet article rend compte d'une étude qualitative au cours de laquelle nous avons examiné la situation et les besoins des femmes enceintes qui consomment de l'alcool ou des drogues, et tout particulièrement ceux des femmes qui participent à des programmes de lutte à la dépendance offerts par des services de protection de l'enfance. Ces services ont généralement peu de succès auprès de cette catégorie de femmes, bien que celles-ci affirment vouloir mettre fin à leur dépendance pendant la grossesse. Nous discutons de trois thèmes majeurs liés aux besoins de ces femmes : l'établissement de relations collaboratives avec les services de protection de l'enfance, les enfants comme motivation de changement et la nécessité de transformer l'environnement social. Nous examinons ensuite les implications que peuvent avoir ces résultats sur les politiques et les pratiques des services de protection de l'enfance qui souhaitent faire participer des femmes à des programmes de lutte à la dépendance pendant la grossesse.

Mots clés : dépendance à l'alcool ou aux drogues, grossesse, rétablissement, protection de l'enfancee

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