



Treatment and care for pregnant women who use alcohol and/or other drugs

Information for Service Providers

Women dependent on alcohol are at the highest risk of having a child born with Fetal Alcohol Spectrum Disorder. What are some of the ways service providers can support pregnant women with serious alcohol and/or other substance use concerns?

TOP BARRIERS to Seeking Help and Support Reported by Pregnant Women who Use Alcohol:

- ▶ Shame and guilt
- ▶ Fear of child welfare involvement and/or having a child removed from their care
- ▶ Feelings of depression and low self-esteem
- ▶ Belief or hope that they can change without help
- ▶ Unsupportive or controlling partner
- ▶ Not having enough information about available services
- ▶ Waiting lists at addictions treatment agencies

TOP SUPPORTS Reported by Pregnant Women who Use Alcohol:

- ▶ Supportive service providers
- ▶ Supportive family members
- ▶ Supportive friends/recovery group members
- ▶ Children as motivators to get help
- ▶ Health problems as motivators

HOW YOU CAN HELP

- 1 Find out more about specialized prenatal supports and services for women with addictions in your community. Advocate for women and help to reduce barriers to timely and effective care and supports.
- 2 Many women with addictions are able to stop or significantly reduce their alcohol consumption during pregnancy. Provide encouragement and positive feedback about even the smallest changes. If abstinence does not appear achievable, consider harm reduction approaches.
- 3 Substance use often intersects with issues such as poverty, unsafe or inadequate housing, violence and abuse, food insecurity, and other health and social issues. Help women deal with their immediate needs and issues.
- 4 Some women may be reluctant to discuss their substance use or to seek care and support. Give them time. Relationships take time to build and it's never too late to address alcohol use during pregnancy.
- 5 Support women who are at-risk to self refer to the Ministry of Children and Family Development for prenatal support services. Early support is a key component in successful outcomes. Be honest and open about your child protection responsibilities after the baby is born if there are concerns about the baby's safety and well-being.

References

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4. Treatment and Care for Pregnant Women who use Alcohol and/or Other Drugs

Background/Evidence

Accessing health care and social supports prenatally is an important factor in improving maternal and infant outcomes. Without prenatal care, women who struggle to abstain from using substances during pregnancy are more likely to miscarry, give birth prematurely and have infants with low birth weights or who have symptoms of withdrawal [1, 2]. They are also more likely to have their children removed from their care [3]. Thus, it is in the best interests of both women and their infants if they are able to access appropriate prenatal care.

Engaging pregnant women struggling with substance use in prenatal care and services requires an understanding of the barriers they face in accessing services and careful attention to creating the types of supports they need. Women who struggle to abstain prenatally can face stigma, discrimination, and fear of having their children removed from their care [4-7]. Only services that counter the exclusion and marginalization this group of women faces can help them to access the health care they and their infants need [8]. The provision of a safe environment where staff is non-judgmental, respectful, supportive and understanding is integral to women accessing ongoing care [2, 3, 9].

Substance use during pregnancy is often interconnected with issues such as violence in relationships, poverty, lack of stable housing, social isolation, and racism. Services which take into account this larger social context and which support the health and well-being of women and their children together are key [3].

Several communities across Canada have developed “single access” prenatal services where pregnant women struggling with their use of substances are able to access a range of integrated health, emotional and practical supports under one roof. While each of these programs is unique, they all work to address women’s needs from a holistic perspective, and strive to reduce barriers to accessing care and support by providing outreach, supporting women and children together, and attending to issues of trauma and safety. These programs have shown successes in engaging women earlier in pregnancy, higher rates of accessing and completing addictions treatment, increasing likelihood that women will retain custody of their children and improved maternal, infant and child outcomes [10].

Knowing about the location of the nearest such program and/or being involved in developing one in your community may be beneficial to the women you work with. There are also ways that you can work with women in whatever amount of time you have to spend with them that will be helpful. Research demonstrates that brief interventions can be effective in reducing prenatal alcohol consumption [11, 12].

Health and social service providers play an important role in both recognizing and engaging mothers and pregnant women with substance use issues, and thus play a pivotal role in the prevention of FASD [13]. Given the social stigma and misunderstanding of this health problem, it is critical that service providers are able to ask about substance use in a supportive and non-judgmental way that takes into account the larger context of women's lives.

It has been established that the promotion of healthy pregnancies is more effective if it is women-centred – i.e., builds confidence and increases motivation; integrates social justice issues; is holistic and comprehensive, violence and trauma-informed, based in harm reduction principles, and uses motivational interviewing approaches [14, 15]. Having respectful conversations with women around healthy pregnancies, including alcohol and tobacco use, nutrition, prenatal care, and social determinants of health are more likely to be effective if they work to promote self-efficacy and to decrease shame and blame [16, 17].

We are increasingly aware how important it is to have support and treatment for women who themselves have FASD themselves [18]. Adaptations to community based services [19] as well as outpatient and residential treatment programming are being made [20, 21].

Treatment programming tailored to the needs of First Nations, Inuit and Metis women who are pregnant and who have substance use concerns is important. Aboriginal women have defined multiple levels of support and treatment as important in FASD prevention strategies [22, 23]. Barriers to maternal and child health programming in First Nations and Inuit communities can be considerable, and relational approaches relevant to the multiple issues women face and the processes that facilitate healing and reclaiming of cultural identity are important [24, 25].

What You Can Do To Help

1. Find out more about specialized prenatal supports and services for women with addictions in your community. Advocate for women and help to reduce barriers to timely and effective care and supports. Where these services and supports don't exist, build relationships among service providers and try to find ways to work together to support women.
2. Many women with addictions are able to stop or significantly reduce their alcohol consumption during pregnancy. Provide encouragement and positive feedback about even the smallest changes. If abstinence does not appear achievable at this time, consider harm reduction approaches.
3. Substance use often intersects with issues such as violence and abuse, food insecurity, and other health and social issues. Help women deal with immediate needs and issues. Ask women how you can be most helpful.
4. Some women may be reluctant to discuss their substance use or to seek care and support. Give them time. Relationships of trust take time to build and it's never too late to address alcohol use during pregnancy.

5. Create a safe environment for women to discuss alcohol and drug use and to have their questions answered. Utilize violence and trauma-informed approaches to working with women.
6. Do not call child protection during the prenatal period unless a woman has asked you to (You are under no legal obligation to make a report before a baby is born). However, if child protection is likely to be alerted later, it can be helpful for a woman to connect with them during her pregnancy and get the supports in place that will make it more likely for her to be able to parent her new baby.
7. Review the *10 fundamental components of working with pregnant women who are using substances* developed by the Canadian FASD Research Network. ([link to content below](#))

10 fundamental components of working with pregnant women who are using substances

<http://www.canfasd.ca/wp-content/uploads/2013/02/ConsensusStatement.pdf>

The following 10 principles are agreed to be fundamental in engaging and supporting pregnant women who are using substances in order to improve maternal and infant outcomes. This list was developed through a consensus of experts in the field of FASD prevention, and weaves together women's experiences, peer-reviewed research and publications, as well as expert evidence.

1. Respectful

Respect is a vital tool in the elimination of discrimination and stigma and it is pivotal to creating an environment where women can address their health care needs. The implementation of respect as a fundamental principle involves creating conditions for women to discuss their experiences, identifying coping strategies and healing processes to promote women's wellness, and supporting the inclusion and full participation of women in their own health, care, and well-being.

2. Relational

Throughout life the process of building relationships and connecting with other people can be extremely important. Women who are most at risk for heavy drinking during pregnancy have experienced some form of social disconnection, whether that be from their friends or family, the larger community, or other types of relational engagement. It is vital to acknowledge that the process of growth, change, healing, and prevention of harm does not happen in isolation. It moves forward through interactions with others in long-term, supportive, trust-based relationships. Therefore, paying attention to the relational dynamics of interpersonal connections in day-to-day life, as well as in comprehensive treatment settings, can enhance the successes of initiatives working with pregnant women who use substances.

3. Self-Determining

Women have the right to both determine and lead their own paths of growth and change. Although it may run contrary to many prevailing beliefs in substance use treatment and

prevention approaches, self-determination is fundamental to successful outcomes for women and their infants. As such, the role of health care and other support systems should be to support women's autonomy, decision making, and control of resources, so as to facilitate self-determined care. In order to provide this support most effectively, health systems should involve women in designing models of care, and individually, women should be able to determine their own process of care.

4. Women-Centred

Women-centred care recognizes that, in addition to being inextricably linked to fetal and child health, family health, and community health, women's health is important in and of itself. Empowerment, safety, and social-justice, are all key considerations to this perspective. Women-centred care involves women as informed participants in their own health care, and attends to women's overall health and safety. It also acknowledges women's right to control their own reproductive health, avoids unnecessary medicalization, takes into account women's roles as caregivers, and recognizes women's patterns and preferences in obtaining health care.

5. Harm Reduction Oriented

Supporting pregnant women involves understanding substance use and addictions, including the full range of patterns of alcohol and other substance use, influences on use, consequences of use, pathways to and from use, and readiness to change. Harm-reduction strategies help to minimize known harms associated with substance use and enable connections and supports to develop between women who use substances and available healing services. A harm-reduction oriented response is pragmatic, it helps women with immediate goals; provides a variety of options and supports; and focuses not only on attending to the substance use itself, but on reducing the scope of harms that are more broadly associated with use.

6. Violence and Trauma-Informed

Multiple and complex links exist between experiences of violence, experiences of trauma, substance use, addictions, and mental health. It is important to understand that at times, research initiatives, policy approaches, interventions, and general interactions with service providers can in themselves be retraumatizing for women. When a woman seeks out treatment or support services, practitioners have no way of knowing whether she has a history of trauma or is currently experiencing abuse/violence. Trauma-informed systems and services take into account the influence of trauma and violence on women's health, understand trauma-related symptoms as attempts to cope, and integrate this knowledge into all aspects of service delivery, policy, and service organization.

7. Health Promoting

Promoting women's health involves attending to how the social determinants of health affect overall health. Health promotion approaches draw the lens back so that women's use of alcohol in pregnancy can be understood in its broader context. Prevention and care is not simply about alcohol use. Social determinants of health like poverty, experience of violence, stigma and racial discrimination, nutrition, access to prenatal care, physical environment, experiences of loss or stress, social context and isolation, housing, and so forth all come together to holistically

influence risk factors for women's use of substances, and approaches to care. Accordingly, holistic, multidisciplinary, cross-sectoral, health promoting responses to these complex and interconnected needs are vital to successfully supporting women who are using substances in pregnancy.

8. Culturally Safe

Women who seek help from service agencies need to feel respected, safe, and accepted for who they are, with regard to both their cultural identity and personal behaviours. Recognition of the influence of colonization and migration on a woman's identity is important, as is recognition of the benefits of building on individual and community resilience. Service providers must be aware of their own cultural identity, socio-historical location in relation to service recipients, and pre-commitments to certain beliefs and ways of conceptualizing notions of health, wellness, and parenting. Respect for cultural location and having one's values and preferences taken into account in any service encounter is extremely important, as is respect for and accommodation of a woman's interest in culturally specific healing.

9. Supportive of Mothering

Effective supports for pregnant women using substances must recognize the importance of supporting women's choices and roles as mothers, as well as the possible short- and long-term influences that a loss of custody may have on a woman. Prevention and care approaches need to support the range of models for mothering, including part-time parenting, open adoption, kinship and elder support, shared parenting, inclusive fostering, extended and created family, and so forth. Further, successful programming must attend to the importance of pacing and support in transitions for women as they move between mothering roles.

10. Uses a Disability Lens

Women with varying levels of substance use and mental health may also have disabilities, including FASD. Women need care and prevention responses that fit with what we know about the spectrum of disabilities related to FASD.

(Adapted from 'Consensus on 10 fundamental components of FASD prevention from a women's health determinants perspective' [26].)

Selected Resources & Tools

For service providers:

The role of the treatment provider in Aboriginal women's healing from illicit drug use

<http://www.addictionresearchchair.ca/wp-content/uploads/Staff-Turtle-Findings-FINAL-Feb-3-20091.pdf>

Based in a community-based collaborative research project, this fact sheet outlines the skills and traits that treatment providers found to be important in assisting women on their healing journeys.

Preventing FASD and FAS: Working with pregnant women who use substances

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/hi-asa-women-info-prevent-fasd.pdf>

Information sheet developed by Alberta Health Services for service providers on working with women who use substances during pregnancy, including approaches that are effective.

PRIMA (Pregnancy-Related Issues in the Management of Addictions)

www.addictionpregnancy.ca

The PRIMA project assists physicians in providing care for pregnant and postpartum women with substance use problems through continuing education initiatives and web-based resources on the effects of various substances and clinical considerations.

The Essentials of... Motivational Interviewing

<http://www.cnsaap.ca/SiteCollectionDocuments/PT-Essentials%20of%20Motivational%20Interviewing-20070322-e.pdf>

Developed by the Canadian Centre on Substance Abuse, this document defines and describes Motivational Interviewing and how it can be used to elicit change in substance use.

Empowering Front-Line Staff and Families through a Collection of Lived Experiences: Supporting women who have FASD behaviours and characteristics and/or other related disabilities

http://www.cnc.bc.ca/__SHARED/ASSETS/EMPOWERING_FRONT-LINE_STAFF_AND_FAMILIES_THROUGH_A_COLLECTION_OF_LIVED_EXPERIENCES20638.PDF

Developed by the College of New Caledonia in Burns Lake, this guide includes the stories of women who have FASD, many of whom are pregnant and some of whom are struggling with their own use of substances during pregnancy. It includes descriptions of some of the challenges associated with FASD and some of the characteristics/ behaviours that are common to individuals who have FASD, as well as potential strategies and supports that may be helpful in working with women with FASD.

Reducing the Impact: Working with pregnant women who live in difficult life situations

http://www.beststart.org/resources/anti_poverty/pdf/REDUCE.pdf

Developed by Best Start, this resource manual for service providers who work with pregnant women includes current research, strategies, recommendations and references to further resources. It helps service providers to understand the complexity of socio-economic status (SES) and how to provide appropriate consideration for pregnant women living with low SES.

For women:

You may find the following resources helpful to share with women.

Give and Take: A Booklet for Pregnant Women about Alcohol and Other Drugs (AWARE, 2009)

<http://www.aware.on.ca/sites/default/files/Give-and-Take.pdf>

Booklet written by women to support pregnant women who struggle with substance use issues. It provides information about the effects of alcohol and other drugs on pregnancy and breastfeeding and acknowledges that many women find it difficult to quit or cut down substance use during pregnancy.

Making Connections for Women with Experiences of Abuse

<http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Making+Connections.htm>

This program is designed to support communities in offering support groups to women with experiences of violence, substance use and/ or mental health concerns. Support group locations around BC can be found at this website, as well as a downloadable workbook for women.

Aboriginal Culture as Intervention

<http://www.addictionresearchchair.ca/creating-knowledge/provincial/sharing-the-role-of-aboriginal-traditional-culture-in-healing-from-addictions/>

The project is a conversation with the Saskatchewan community about the role of Aboriginal culture in the journey of healing from addictions. The website includes videos, songs, poetry, written narratives, drawings and music all shared by people who want to tell the story of their healing journey from addictions and how choosing a healthy sense of self as an Aboriginal person is fundamental to the continued journey of wellbeing.

Fact Sheets on Women and Substance Use

<http://www.albertahealthservices.ca/2668.asp>

The 'Effects Series' developed by Alberta Health Services includes seven fact sheets designed to give women specific information about the health effects of various drugs, with a special focus on how drug use may affect pregnancy, birth and child development. The six fact sheets in the 'Woman and Substance Use Information Series' provides information directed to women about specific issues related to their substance abuse, as well as how alcohol and drugs affect the fetus during pregnancy.

From Evidence-to-Practice

Self-Assessment and Discussion Questions

The following questions are intended to support direct-service providers, program leaders, and system planners in reflection on their current practices, policies, and procedures in relation to pregnant women and mothers who use substances. These questions can be used for self assessment or as a tool for group discussion and collective reflective practice

1. What have you noticed about how mothers and pregnant women with substance use problems are treated within the health and social service system? What do you notice about your own reactions?
2. Consider your program, practice, and/or policies from the perspective of a pregnant woman or mother with a substance use problem who needs help. How will you be welcomed? What sort of questions will you be asked? How will it feel talking with a service provider who potentially has the power to impact your ability to mother (i.e., remove custody of your children)? What would make this safer?
3. What can you do in your role to shift media and societal perceptions of mothers and pregnant women with substance use problems?
4. How is your program linking with other agencies in a position to support women's health and reduce harms related to substance use? How is your program supporting women to connect within their communities?
5. What can be done to improve the relationship with the child welfare system to best support the mother-child unit?
6. What steps are being taken to integrate childcare services with current programming?
7. What opportunities are there for staff education for learning practice skills such as motivational interviewing? How does your work environment support ongoing learning and sustainability? How are the outcomes being measured?
8. How are mothers and pregnant women with substance use problems involved in influencing program development specific to your service?

(Taken from 'Mothering and Substance Use: Approaches to Prevention, Harm Reduction and Treatment' [27])

You may also wish to review the service you provide based on the 10 fundamental components of working with pregnant women who are using substances:

10 Fundamental Components	In what ways are the following principles evident in your work with women?	In what ways could each area be expanded on or improved?
Respectful		
Relational		
Self-Determining		
Women-Centred		
Harm Reduction		

Oriented		
Violence and Trauma-Informed		
Health Promoting		
Culturally Safe		
Supportive of Mothering		
Uses a Disability Lens (including being FASD-informed)		

Referrals

Alcohol & Drug Information & Referral Service

1-800-663-1441 Lower Mainland: (604) 660-9382

This service is available to people across B.C. needing help with any kind of substance use issues 24 hours a day. It provides multi-lingual information and referral to education, prevention and treatment services and agencies around the province. There are programs in some BC communities that provide women-only services, and that prioritize pregnant women.

BC Association of Pregnancy Outreach Programs

<http://www.bcapop.ca/>

Pregnancy Outreach Programs (POPs) are located all over BC and provide free prenatal and early parenting support to women who experience health or lifestyle challenges during pregnancy, birth and the transition to parenting. The website provides information, resources, and contact information for programs across the province. 1-604-31-8797

First Nation, Métis and Inuit Specific Programs

If you are living in a First Nations community, contact your local health centre, community health nurse, or community health representative. If you are living outside your First Nations community or feel uncomfortable accessing service through your First Nation, contact your local BC Aboriginal Friendship Centre, Pregnancy Outreach Program, or your local health authority's public health nursing or mental health and substance use team.

BC Association of Friendship Centre's <http://www.bcaafc.com/bc-friendship-centres>

First Nations Health Authority <http://www.fnha.ca/about/regions>

Metis Nation BC - <http://www.mnbc.ca/>

Here to Help <http://www.heretohelp.bc.ca/>

A website of the BC Partners for Mental Health and Addictions. Self-help resources in multiple languages.

Local BC Public Health Unit

Go here to find out the services that are available in your area – search for maternal child health services.

Vancouver Coastal Health Authority - http://www.vch.ca/locations_and_services

Island Health Authority - <http://www.viha.ca/locations>

Interior Health Authority - <http://www.interiorhealth.ca/FindUs/Pages/default.aspx>

Fraser Health Authority - http://www.fraserhealth.ca/find_us/

Northern Health Authority - <http://www.northernhealth.ca/OurServices/ContactUs.aspx>

Mental Health Information Line: 310-6789 (no area code needed)

A provincial line that is answered 24/7/365. It provides empowering emotional support, information on appropriate referral options and a wide range of support relating to mental health concerns. The Here to Help website provides additional information, screening self-tests, and self-help resources related to mental health and substance use.

Motherisk

www.motherisk.org 1-877-FAS-INFO (1-877-327-4636)

Includes up-to-date information for professionals and mothers about alcohol, drugs, and pregnancy. A toll-free helpline is available 9am to 5pm with information in English or French based on continuing research and study by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.

Options for Sexual Health BC (<https://www.optionsforsexualhealth.org/>)

Provides services on sexual health, birth control and pregnancy through clinics, education programs and the 1-800-SEX-SENSE information and referral line. See their [clinic finder](#).

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