

Women's Substance Use Treatment and Recovery

What do we know and what are the research and evaluation priorities for Canada?

As substance use treatment is further developed in Canada, it is important that it be sex and gender informed. This report fosters discussion of gender-specific treatment and recovery for women and identifies a research agenda to support getting us there.



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This report reflects the outcomes of a 2024 project: *Identifying Research and Promising Practices to Inform Sex and Gender Informed Treatment and Recovery for Women with Substance Use Concerns in Canada*, funded by the Canadian Institutes of Health Research (CIHR) through a Planning and Dissemination Grant.

It reflects the findings of a rapid review of current evidence on women’s treatment and recovery, an environmental scan of women’s programs, and the results of a three-part virtual meeting with Canadian researchers, service providers, and organizations interested in women’s substance use treatment and recovery.

The rapid review of academic research identified promising approaches in sex- and gender-informed treatment and recovery pathways for women and girls. The environmental scan of women-focused programs in Canada increased visibility and encouraged connections between existing services. The three-part meeting fostered exchange and discussion and identified key research priorities for Canada.

This report integrates findings from the virtual meetings, the rapid review, and the environmental scan and makes recommendations for research and evaluation priorities in services and systems serving women and girls with substance use concerns.



Introduction

BACKGROUND

Twenty years ago, a United Nations Office on Drugs and Crime (UNODC) document defined “gender responsive” substance use treatment programs as those that considered the needs of women in all aspects of their design and delivery, including location, staffing, program development, content and materials. The UNODC highlighted guiding principles for gender responsive treatment, including creating supportive environments, initiating relational practices and policies, integrating mental health, substance use and trauma/violence services, improving the social determinants of health, and creating community based comprehensive care^[1].

In the face of increasing need, and despite efforts in service delivery, there is considerable unmet need for appropriate treatment and recovery support for women in Canada. Further, there has been limited Canadian research on substance use treatment and recovery approaches to determine best practices with women and their children. Much more research is needed in Canada to address all the sex and gender-related factors influencing substance use by women, the significant barriers to care and recovery, and overall system improvements that will provide wider access to tailored approaches for a broad range of women and their children.

In the USA, a groundbreaking study on Women, Co-occurring Disorders and Violence (WCDVS) resulted in the first articulation of trauma-informed, gender-specific substance use treatment for women who face both substance use and trauma concerns^[2-5]. Also in the USA, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a treatment improvement protocol entitled *Substance Abuse*

Treatment: Addressing the Specific Needs of Women which included comprehensive substance use treatment models for women and children concerns^[6].

In Canada, programs such as the Aventa Centre of Excellence for Women with Addictions in Calgary and the Jean Tweed Centre in Toronto have created a localized continuum of treatment/recovery services centred on women-specific needs that include stabilization, live-in and day treatment, and aftercare options, yet there continue to be few treatment/recovery services for women that proactively address sex and gender factors in their programming across Canada.

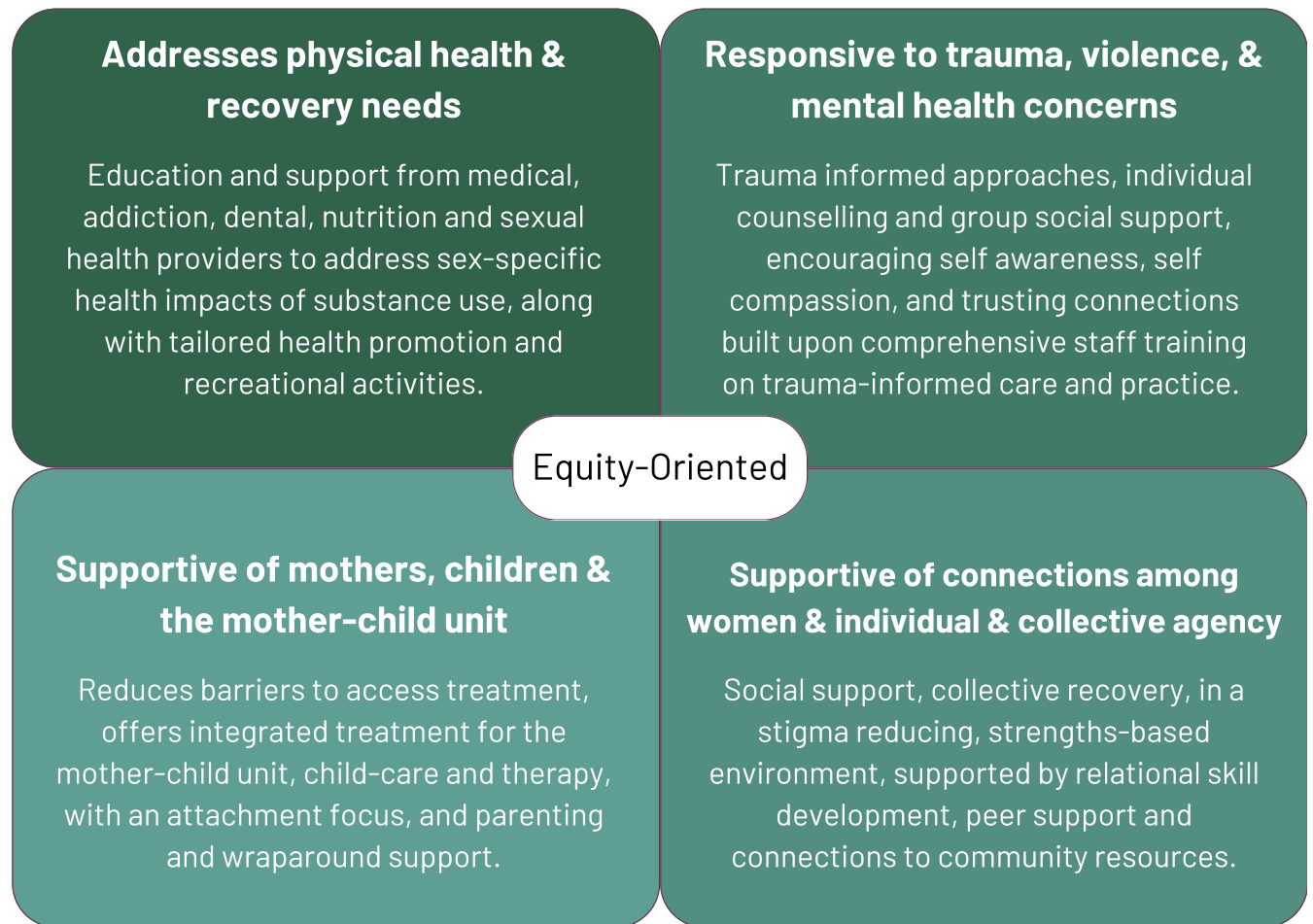
In the current context of increasing prevalence of substance use by women and girls, an ongoing nationwide drug crisis, and increased evidence of the harms of alcohol, it is important to further expand evidence-based sex/gender-sensitive and specific substance use treatment and recovery pathways, and trauma-informed, equity oriented, culturally safe care. This expansion requires us to address the social and structural determinants of health, which underlie and prolong women's substance use, and limit access to appropriate treatment and recovery. All women in Canada should have easier and equitable access to evidence and gender-informed treatment and recovery pathways that work, to support them and their children as they seek better mental and physical health. This will require improvements in both women's services as well as the broad and interconnected social, health and economic systems that affect women's substance use, treatment and recovery.

THIS REPORT

How do we get there? This report will foster an important and coordinated discussion on solutions for Canada. The full scope of women-centred treatment and recovery support has been under researched and underfunded^[7-9] in Canada. In order to determine a research agenda we convened a three-part meeting of researchers, service providers and organizations interested in women’s substance use treatment and recovery. We presented the current evidence from a rapid review, catalyzed discussion among participants, and identified key research questions and priorities for change, along with making important connections among current practitioners in Canada.

What follows is a discussion framed around four main elements foundational to women’s treatment and recovery, as identified in our discussions and in the literature, and captured in *Figure 1*. Overarching these elements are the important Indigenous identified principles of generating a sense of purpose and belonging and introducing meaning and hope to women who are using substances and who are trying to embark on treatment and recovery^[10]. Underlying these goals is broad action on the social and structural determinants of health.

Figure 1: Four Elements of Women’s Substance Use Treatment and Recovery



Sex and gender-informed treatment and recovery practices are urgently needed that respond to and mitigate the impact of social and structural determinants of women’s health.

Evidence on Women's Treatment and Recovery Approaches

1. ADDRESSES PHYSICAL HEALTH RECOVERY NEEDS

Sex- and gender-informed substance use interventions address both the effects of substance use on women's bodies as well as incorporate physical health interventions. Research is needed to better understand the specific impact of physical health interventions on treatment outcomes.

First and foremost, it is important to recognize the importance of education on the impacts of substance use on female bodies. Sex differences research suggests that, from absorption to metabolism, substance use has more deleterious impacts on female bodies compared to male bodies, even when using lower amounts and less frequently ingesting. From absorption to metabolism, hormonal, anatomical, genetic and other sex-related factors can make females more prone to alcohol- and drug-related diseases and organ damage^[6]. For example, women may become intoxicated on lower amounts of alcohol, and progress to alcohol use disorder or dependence faster, all of which leads to negative impacts such as impairment, poor health, accidents, vulnerability to assault, and overall lower quality of life^[11-13].

Not surprisingly, women in substance use treatment often have co-occurring physical illnesses and health conditions^[6, 12]. Substance use in women is associated with adverse health outcomes including liver, kidney, gastrointestinal, and heart diseases^[11, 14, 15]; difficulties with ovulation and menstruation^[6, 11, 16]; cancers^[11, 14, 15]; increased risk of sexual victimization and sexual risk behaviours^[11, 12]; and anxiety, depressive, posttraumatic stress, eating, and other externalizing issues^[12, 17]. Women in treatment also report higher rates of chronic pain and are more likely to be prescribed and use opioid medications^[13, 18].

As a result, sex- and gender-informed programs and interventions have offered primary care^[19-25], obstetrics and gynecology services^[25-27], dental care^[28], physiotherapy^[29] and physical therapy^[27] as part of women's treatment and recovery plans to address physical health. Programs have also integrated health content into group therapy and educational sessions, addressing topics such as the effects of substances on women's health^[30-32], the female body/anatomy^[33-35], women's sexuality^[23, 36-38], sexually transmitted diseases (STDs)^[33, 35], eating problems and disorders^[30-32, 36], nutrition^[30, 34], and overall women's health issues^[24, 30, 39]. One randomized study evaluated a treatment program that incorporated psychosocial workshops on subjects like breast health, sexual and reproductive anatomy, STDs, and assertiveness and communication skills. Participation in these workshops was linked to more positive attitudes toward practicing safer sex and increased self-esteem. In non-randomized studies, similar workshops were associated with longer stays in treatment and improved outcomes^[35].

Supportive services also matter. Nutritional supports such as food bags, vouchers and meals, and nutritional counselling are offered in women's substance use treatment and recovery programs^[23, 24, 40-42]. Providing nutritional support has been correlated with positive health outcomes. An evaluation of the Sheway program for pregnant and parenting women in British Columbia found significant correlations between infant birth weight, gestational age at admission, time in prenatal care, and the receipt of food bags through the program^[24].

Supporting women's physical health in recovery means addressing the specific effects of substance use on female bodies, as well as incorporating comprehensive health interventions into treatment and recovery plans.

There is also research on sex- and gender-informed interventions that consider movement and body-based needs. Several of these studies report positive outcomes and perceived benefits from participants^[43-46]. A Canadian study showed that the use of complementary therapies such as massage and physical activity (e.g., walking, swimming) were well received among pregnant women and girls in substance use recovery. Participants' endorsements were based on fit, self-awareness, growth, healing and holistic wellbeing^[43]. A USA study that evaluated a trauma-informed yoga program for low-income women with substance use disorders reported that all of the women who participated ultimately enjoyed the experience despite initial skepticism. Participants appreciated the opportunity for movement, relaxation, and describe a sense of accomplishing something positive^[44].

Another Canadian study that examined the effects of a live-in inpatient program for adult women with a substance use disorder (SUD), and the same treatment plus yoga, found statistically significant changes for somatic symptoms, depression, anxiety, post-traumatic stress disorder (PTSD), cravings, self-efficacy, and mindfulness in both groups. Participants in the treatment plus yoga condition significantly improved in range of motion and the lack of premeditation (e.g., failure to consider consequences before acting)^[45]. Finally, a USA study with parenting women in treatment for opioid use disorder found a relationship between mindfulness and improved parenting behavior, particularly for women with higher Adverse Childhood Experiences (ACEs). This intervention included meditation, dyadic activities, mindful movement, and other mindful exercises^[46]. Several other studies mention the integration of body movement^[23, 47] and psychodynamic approaches^[48] into treatment or as complementary activities, but did not report on the effect of these components on treatment outcomes.

Insights from Canadian Treatment Providers and Researchers

In our three-part meeting with Canadian treatment providers and researchers, participants noted that women in treatment and recovery face complex physical health issues, such as periodontal problems, chronic pain, liver disease, gastrointestinal issues, sexual health concerns, and sexually transmitted infections. These conditions are exacerbated by trauma, gender-based violence, and limited access to health and social services. Reflecting the literature, various physical health interventions have been integrated into women's treatment services across Canada, including access to primary, sexual, and dental care; partnerships with pain clinics; nutrition services; daily walks; yoga; recreational therapy; nature-based activities; and educational workshops on women's health and wellness. Other interventions include mindfulness-based martial arts, rowing, and animal therapy.

However, several challenges were reported in fully integrating these physical health interventions. These include a lack of staff and program funding, limited access to physicians, increasingly complex client needs requiring more intensive care, the high costs of food and other basic necessities, and competing organizational mandates. The meeting participants also emphasized the importance and difficulty of tailoring interventions to individual wellness levels and physical activity preferences.

Both service providers and researchers discussed the need to enhance research and practice to better address women's physical health in recovery. They emphasized the importance of coordinated care, greater access to physicians and recreational resources, and the benefits of partnerships with outdoor education organizations to integrate physical exercise in therapy. Participants also called for free and trauma-informed dental care, along with training in motivational interviewing and trauma-informed care for medical and dental professionals, in order to create a more supportive healthcare environment for women in recovery. In summary, they highlighted the need for increased funding to improve service integration and the provision and evaluation of physical health interventions.

Key research questions to advance substance use treatment that address women’s physical health/recovery needs in Canada:

Services
<ul style="list-style-type: none">• How are substance use treatment and recovery services partnering with medical, dental, wellness and recreational services to address women’s physical health needs and how do these services impact treatment outcomes related to physical health recovery?
<ul style="list-style-type: none">• What education is being provided to women on: 1) the sex-specific health effects of alcohol and all other types of drug use, and 2) the gender-related factors that mediate substance use and SUDs, and how does this affect treatment outcomes?
<ul style="list-style-type: none">• How do equity-related factors—such as socioeconomic status, geographic location, race/ethnicity, ability levels, income- affect women’s access to care and activities for physical health recovery?
Systems
<ul style="list-style-type: none">• How can treatment and recovery programs for women be structured to ensure comprehensive, coordinated, and integrated care across various physical health domains?
<ul style="list-style-type: none">• How can partnerships between substance use service providers and outdoor education organizations be established and maintained to enhance physical health through integrated physical exercise and therapeutic activities?
<ul style="list-style-type: none">• How does housing instability and poverty impact treatment outcomes for women’s physical health recovery in the short and long term?
Evaluation
<ul style="list-style-type: none">• What are best practices for studies and program evaluations to measure physical health treatment outcomes and the effectiveness of physical health interventions in women’s recovery programs?

2. RESPONSIVE TO TRAUMA, VIOLENCE AND MENTAL HEALTH CONCERNS

Equally important is the integration of adequate responses to trauma, violence and mental health issues to women in substance use treatment programs. Numerous USA-based studies have examined the 12-session Women's Recovery Group intervention in comparison to mixed-gender Group Drug Counseling^[32, 49-52]. The manual-based Women's Recovery Group addresses topics such as the impacts of substance use on women's health, relationships, violence, mood and anxiety disorders, recovery skills, stigma, caregiving, and self-help groups^[32, 49-52]. Women in the Women's Recovery Group had greater reductions in drinking alcohol and substance use, higher treatment satisfaction^[49, 50], and enhanced support through increased affiliative statements and feelings of safety, self-embrace, intimacy, empathy, and honesty^[32, 51]. While both Women's Recovery Group and Group Drug Counseling groups showed reductions in average substance use days during treatment and at 6 months post-treatment, they were not statistically significant^[52].

A key issue in women-specific treatment is the epidemic level of violence against women including intimate partner violence, sexual assault, harassment, stalking, coercive control, and ACEs. Women-specific treatment integrates tailored support to address the impact of gendered violence and other trauma.

A series of studies analyzed the results of two gender-responsive curricula based on the Women's Integrated Treatment model designed by Stephanie Covington: 1) Helping Women Recover: A Program for Treating Addiction and 2) Beyond Trauma: A Healing Journey for Women^[53]. Helping Women Recover consists of seventeen sessions in four modules: self, relationships, sexuality, and spirituality. Beyond Trauma comprises three modules and eleven sessions, focusing on violence, abuse and trauma, the impact of trauma, and healing from trauma^[53].

These curricula were adapted and tested with groups of women such as those who were in prison or drug court^[37, 38, 47, 54]. In these studies, counseling staff underwent training workshops with the designer of the curricula before providing the sessions^[37, 38, 47, 54]. The findings show that these interventions increase trauma awareness^[37, 47], decrease reported substance use and depression, trauma symptoms (including anxiety, sleep disturbances, and dissociation)^[53] and PTSD symptomatology^[38], and improve safety and trustworthiness^[53]. Women have also reported lower reincarceration rates^[54], and more positive treatment perceptions^[38].

Research on interventions for co-occurring disorders (including SUDs) is key to understanding approaches to treatment. Evidence indicates that effective treatment requires a combination of approaches to address the complex needs of women. A systematic review of gender-responsive and integrated SUD treatment programs for women with co-occurring disorders found that in 15 of 19 controlled trials, integrated interventions performed similarly to standard treatments in reducing substance use, while in four trials they were more effective, particularly in addressing trauma and mental health issues^[36]. Integrated interventions such as Seeking Safety and Helping Women Recover showed better outcomes regarding trauma and psychiatric symptoms, and higher client satisfaction and treatment adherence, compared to standard treatments^[36].

A narrative systematic review of interventions for reducing post-traumatic stress disorder and problematic substance use among women with experiences of interpersonal violence shows that women with severe baseline symptoms of PTSD and substance use experience more substantial reductions in PTSD with treatment, with those having higher substance use severity showing greater treatment effects^[55]. However, women who had recently experienced

interpersonal violence tended to benefit less from interventions. The emphasis on trauma-informed practices was crucial for both organizational and individual healing, with recommendations including enhanced case management and support services to improve retention and aftercare^[55]. Access to peer support was associated with greater reductions in substance use, although the type and quality of support varied, and families were less supportive or even encouraged drug use^[55]. Relational factors such as self-awareness, connection with others, and a sense of purpose were strong facilitators of recovery, alongside long-term support for self-identity^[55].

Other studies show that the incorporation of trauma-specific elements in treatment improves service delivery for women with complex behavioural health needs^[56], short-term and long-term retention^[5], and lowers distress levels^[57]. Additionally, women whose PTSD symptoms improved during treatment were better able to manage their substance use afterward, underscoring the importance of treating PTSD alongside SUD^[58].

A systematic mapping review examined strategies for addressing gender-based violence (intimate partner violence, domestic violence, physical, sexual, and psychological violence) in drug addiction treatments involving women^[59]. Substance abuse by partners, polydrug use, alcohol and cocaine use in sexual contexts, lack of support, financial dependence, childhood sexual abuse, ongoing trauma, bullying, restraining order violations, recent imprisonment, mental health issues, HIV risk, pregnancy, and sex work were all identified as risk factors^[59]. Barriers to treatment included partner drug use, insecurity, coercive control, fear of losing children, professional prejudice, poor communication, confidentiality issues, and a lack of understanding of violence. Protective factors included abstinence, family support, and concern for children^[59].

Several studies examined the impact of SEEDs (Support, Education, Empowerment, and Direction), a sober living home model that integrates trauma-informed care, gender-responsive and transitional housing, peer support/mentoring, domestic and sexual violence support groups, culturally appropriate case management, and skills training^[60-64]. Results showed that women agreed that the sober living home was trauma-informed^[61]. Women reported high levels of sense of community which were linked to lower PTSD and depression symptoms and higher coping self-efficacy and sexual assault resistance^[60]. In a qualitative study, women reported that their involvement with the SEEDs program was crucial for their recovery, primarily by meeting their needs for tangible resources like food, clothing, and shelter, as well as providing emotional support through community connections, which helped promote their recovery^[62]. Women also recognized the complexity between childhood victimization, domestic and/or sexual violence and SUDs and the importance of emotional support, sense of community connection, agency, and empowerment^[62]. After participating in the SEEDs program, most women reported moderate to high levels of post-traumatic growth which was related to reduced depression and an increased sense of community^[63]. Women who resided exclusively at SEEDs throughout the study showed better outcomes on most measures compared to those who lived in other locations during the study period^[64].

Insights from Canadian Treatment Providers and Researchers

In the second meeting with Canadian treatment providers and researchers, the discussion focused on how treatment and recovery programs are addressing violence, trauma and mental health in order to better serve women who use substances. It was suggested that women's treatment and recovery services are increasingly incorporating trauma-informed care to effectively address trauma and violence experienced by the women who access these services.

Trauma-informed approaches involve establishing a paced process to build trust without pressuring clients to share or engage with trauma histories too soon, with all staff and peer support workers undergoing trauma-informed training. Programs aim to create a trauma-sensitive environment with safe physical spaces, policies against violence, and by supporting mindfulness and compassion. Integrating these practices into daily operations is essential, not just

therapeutic sessions. Organizations may also involve clients in creating safe environments and offer trauma-specific groups to address varying needs. Supports include providing women-only rooms and programming within co-ed settings, while also providing women with the option to choose co-ed environments if preferred.

Despite these practices, there remains a pressing need for further research into trauma-informed practices within organizations and programs. Qualitative studies, in particular, are crucial for gaining insights into the experiences of those using these services. Investigating the long-term effects of trauma across generations and developing effective prevention and healing intervention strategies during treatment are key areas that require attention. There is also a need for advanced, accessible trauma-informed training for staff and clear guidelines for treating PTSD and complex PTSD aimed at long-term recovery.

In the Canadian context, systemic improvements are necessary to expand comprehensive support programs, with a focus on how housing and poverty affect re-traumatization and stability after treatment. Integrating expertise from various fields will help create robust trauma-informed care systems.

Key research questions to advance substance use treatment that address women's trauma, experiences of violence, and mental health concerns:

Services
<ul style="list-style-type: none">• What trauma-informed practices are being integrated in treatment and recovery services for women?
<ul style="list-style-type: none">• How are women's treatment and recovery services providing and/or linking to trauma-specific and mental health services?
<ul style="list-style-type: none">• What are the long-term outcomes for women-specific treatment programs, and how can their sustainability be assessed?
<ul style="list-style-type: none">• Which components of trauma-informed care are most promising for different groups of women, and how can these be optimized?
<ul style="list-style-type: none">• How do socioeconomic status and family support influence the effectiveness of treatment programs for women dealing with mental health issues and intimate partner violence?
Systems
<ul style="list-style-type: none">• How are the connections between substance use and intimate partner violence, sexual assault and other forms of gender-based violence being discussed with women, within and across systems of care?
<ul style="list-style-type: none">• What barriers and facilitators exist to the provision of integrated support within treatment settings for women who have experienced intimate partner violence, substance use, and trauma?
Evaluation
<ul style="list-style-type: none">• How are the providers of treatment and recovery services being offered opportunities for continuous learning on offering trauma-informed care, and for promoting trauma-informed organizational cultures?
<ul style="list-style-type: none">• What methodologies can be employed in longitudinal studies to assess the long-term impact of trauma-informed and gender-responsive interventions on women's substance use, mental health, and overall well-being?
<ul style="list-style-type: none">• How can relational factors, such as self-awareness, connection with others, and a sense of purpose, be evaluated for their impact on treatment outcomes?

3. SUPPORTIVE OF MOTHERS, CHILDREN, AND THE MOTHER-CHILD UNIT

Pregnancy, and becoming a mother, is a transition that can represent changes in women's daily life, identity, responsibilities, and relationships. As a result, it is often a time of increased motivation to contemplate or make significant life changes, particularly prompted by women's desire to keep their children safe and in their care^[20]. Many of the barriers to women's treatment, such as experiences of trauma and violence, unreliable transport, housing insecurity, lack of social support, and mental health concerns, can limit accessibility to safe and trusted substance use and health and social services^[27, 65, 66]. These are all compounded by exacerbated stigma, limited childcare options, and limited treatment options available to pregnant and newly parenting women.

Supporting mothers, children, and the mother-child unit recognizes that maternal substance use has an impact on the mother, child, and mother-child interactions. Substance use treatment and recovery services that recognize the mother, child, and mother-child bond as three unique foci may be better able to support important attachment and parenting needs, and enhance women's relational skills and capacity to connect to service providers.

Family-centered treatment options, such as live-in substance use treatment for women and their children, often act as a facilitator to women's treatment access and retention^[65]. However, live-in, family-centered treatment options are very limited. One study from the USA described the co-development of a new live-in treatment program for pregnant and parenting women. The authors found that providing individuals a safe and trauma-informed space to navigate recovery was supportive to women's treatment and retention^[66]. This finding was echoed in another study of a live-in, family-centered treatment program in the USA, which emphasized how that model of care helped women understand their substance use in the context of mothering. The study further found that having family participate in treatment was a key component to treatment completion, and that children benefited from the daycare, therapy, and case management options that were available^[22].

Where live-in treatment options are not available, modalities such as day, or outpatient treatment, can ameliorate barriers to care while supporting the mother, child, and mother-child unit. Integrated, wraparound services that bring together multidisciplinary service providers are essential. Researchers have studied programs involving a wide array of disciplines, such as physicians, including primary care and psychiatry; nurses and nurse practitioners; midwives; mental health professionals, including counselors and clinical psychologists; dental health professionals; substance use professionals, including alcohol and drug counselors; case managers/counselors, outreach workers; child welfare social workers; housing/live-in support staff; food & nutrition professionals; children's health/development professionals; child care workers; cultural liaisons; parenting/family support workers; peer support workers; income support workers; and educators^[20, 40, 67, 68].

Researchers from Ontario, Canada examined the service model for integrated outpatient treatment programs for pregnant and parenting women. These programs provide outpatient women's substance use and mental health treatment, but embed or collaborate with child welfare services, harm reduction programs, parenting or child support services, health, and social services^[69]. Research from the USA found that neonatal outcomes improve in integrated outpatient programs, in part because women have better access to prenatal care^[70]. In Alberta, the Second Floor Women's Recovery Centre is a nine-bed live-in program specifically for women who are pregnant or at risk of having a substance exposed pregnancy. In addition to live-in treatment, medical care, and skill building, Second Floor also

integrates complementary therapies (e.g., yoga, meditation, massage, drumming, reiki, etc.)^[43] into their model of care, to further support pregnant women's physical health and wellbeing.

A similar integrated approach has been described in community-based substance use treatment programs for pregnant and parenting women. A Canadian study evaluated eight community-based, multi-service programs for pregnant and parenting women with substance use and related health concerns. Each program was unique in that it responded to local and regional dynamics, including existing services, gaps, resources and partnership opportunities. Nevertheless, all programs addressed fragmentation of services for substance-using pregnant women or mothers, including multiple intake experiences and entry points for services, and overall poor coordination of services. To ameliorate this, the programs provided some combination of health, wellness, cultural, social and practical supports for their clients^[20].

These studies demonstrate that, while family-centered live-in options may be limited, there is an array of outpatient treatment and community-based services that can be used to support pregnant and parenting women. Though less frequently described in this body of literature, other modalities such as home visitation and case management have also been effective in supporting pregnant and parenting women. These work to reduce substance use, respond to complex and interconnected social determinants of health, support parenting, and foster the mother-child bond^[40, 42, 71].

These findings mirror what was found in a UK scoping review to identify best practices for health and social service providers working with pregnant and postpartum women. The authors mapped UK clinical guidelines, treatment protocols, and good practice guidance for women who use substances during the perinatal period to inform best practices for health and social service providers. The scoping review found that, at the organizational level, a multi-agency and multisectoral approach was recommended for perinatal women's substance use treatment. At a direct service provision level, it was commonly suggested that assessment should consider the wider social, emotional, and practical needs of the individual (e.g., housing). Several guidance documents also stated that a family-based approach should be taken^[72]. However, most focused on the risk to the fetus or newborn baby, with the safety of the child as the central concern, negating the unique needs of women and the mother-child unit.

A final theme in the literature was on the values that can guide pregnant and parenting women's treatment and recovery, including trauma-informed practice and relational approaches. One scoping review reported on the application of the four principles of trauma-informed practice: 1) trauma awareness; 2) safety and trustworthiness; 3) choice, collaboration and connection; and 4) strengths-based approach and skill building, in substance use services for pregnant and parenting women^[73]. The findings emphasize how trauma-informed programs treat women as a 'whole person'^[66, 73]. Trauma-informed practice is helpful in increasing family involvement, family reunification, and educating family members about addiction and recovery. Participants liked having individual counseling and coaching that was trauma focused and helped them resolve past issues, anger, grief, develop positive coping skills, and improve relationships^[67]. A relational approach to treatment also emerged, whereby women were able to improve their social support networks, life circumstances, and wellbeing^[73]. In some programs, peer connections and peer support were also described, emphasizing the benefits of strong support networks and role modeling for women who are seeking long-term recovery^[66, 73].

In general, the research encourages relational, holistic, multidisciplinary, and trauma-informed approaches to support pregnant and parenting women seeking substance use treatment and recovery services.

Insights from Canadian Treatment Providers and Researchers

In our three-part meeting with Canadian treatment providers and researchers, these approaches were confirmed in the insights shared. Participants noted that women's treatment and recovery have made significant efforts to address mothering and substance use during pregnancy. The programs that are available echo the research, in that they integrate treatment and comprehensive support. However, while there are some specialized programs dedicated to supporting pregnant and newly parenting women, these are not readily available in Canada.

Further, while some programs do not include children in treatment, they do connect women with parenting and attachment-based programs. Some of these programs employ intensive attachment-focused curricula, and many cite using trauma-informed approaches. Overall, programs in Canada emphasize the importance of a continuum of support, through case management or co-located models, that facilitate internal referrals without requiring women to exit one program before entering another.

Key research questions to advance substance use treatment for pregnant and parenting women, their children, and the mother-child unit:

Services

- How are women's treatment and recovery services responding to the needs of women as mothers?
- How can trauma and parenting supports be better integrated into substance use treatment programs for women?
- How can substance use treatment and recovery programs address stigma related to perinatal substance use?
- How is education on substance use and maternal health, and prevention of Fetal Alcohol Spectrum Disorder being offered?
- What equity-related factors impact pregnant and postpartum women's access to substance use treatment?
- How are substance use treatment programs tailoring parenting programs to support diverse, culturally grounded parenting practices?

Systems

- What strategies can facilitate and strengthen linkages between governments and community organizations to support the provision of comprehensive care that addresses maternal health, mental health, substance use, housing, Indigenous-wellness and other wraparound programming elements?
- What are the policy improvements needed to further the provision of treatment programs tailored to pregnant and parenting women?
- How is collaboration with child welfare being achieved?
- How can post-treatment transition support be enhanced to ensure continuous care for women moving from treatment to community-based programs?

Evaluation

- What are the key values and structures of family-centered treatment programs?
- What elements of treatment and recovery empower or facilitate agency among pregnant women and new mothers who use substances?
- How is stigma experienced by pregnant and postpartum women being addressed?
- How can relational factors, such as self-awareness, connection with others, and a sense of purpose, be evaluated for their impact on treatment outcomes?

4. SUPPORTIVE OF CONNECTIONS AMONG WOMEN, AND INDIVIDUAL AND COLLECTIVE AGENCY

Women's empowerment, agency, and connections have emerged as important aspects of women's substance use treatment and recovery. Research has demonstrated the benefits of group treatment models tailored for women that encourage women to connect with and support one another over shared experiences^[31, 32, 50-52, 74-80]. And, as mentioned above, the integration of peer support and trauma-informed approaches supporting choice, collaboration, and flexibility contribute to making connections and the development of agency, both found to benefit women's treatment outcomes^[81].

Women's experiences of substance use, including their initiation, patterns of use, and treatment and recovery needs, are often shaped by experiences of trauma, gender-based violence, isolation, and stigma^[32, 62, 82]. As such, women may have internalized blame and shame about their substance use and enter treatment programs feeling disempowered^[48, 80, 82, 83]. Due to these complex and gendered treatment presentations, sex- and gender-informed programs and interventions have recognized the role of social support, and the value of relational, strengths-based and feminist approaches to women's treatment^[6].

Early research from WCDVS brought together representatives from its nine study sites and project consultants to define an empowerment model. They highlighted the importance of respect between service user and provider for each other's knowledge, collaboration on treatment goals, understanding substance use issues in context, offering space for women to support each other, validating women's experiences and choices, providing strengths-based approaches, and skill development to support women's transitions out of treatment. The WCDVS also emphasized including women with lived and living experiences in service design, delivery, and evaluation^[84, 85].

Women have expressed the need for women-specific spaces where they feel safe to discuss gendered experiences and how these experiences relate to their substance use and recovery^[32, 55, 75, 77]. Indeed, some women discuss feeling constrained in mixed-gender groups by social expectations and gender roles, for example, having to "be polite" or support men in speaking up, facing judgement and stigma, and even experiencing sexual violence and objectification within mixed-gender service settings^[32, 75, 77, 78]. In a study with women who accessed a gender-specific safe consumption space within a transitional housing and drop-in centre in Surrey, Canada, the women saw the space as integral, responding to their needs linked to experiences of gendered, race-based, and structural violence^[75].

Connections among women have emerged as an important mechanism of recovery for women, with research demonstrating the importance of group cohesion and building a sense of belonging and community^[48, 60, 76, 77, 79, 80]. Women in single-gender relapse-prevention groups report feeling safer, more frequently offer affiliative statements reflecting emotional and empathic support^[48, 51, 74, 76], and are able to be more open and honest than women in mixed-gender groups^[32]. And, particularly for women with co-occurring psychiatric symptoms or low self-efficacy, there may be more sustained reductions in drug and alcohol use and other benefits from single-gender groups, especially when experiencing a strong sense of community or affiliation^[19, 31, 50, 60, 63, 76, 86].

Supporting empowerment and connections among women involves offering opportunities for social support, community resources, addressing stigma and shame, and honouring women's agency in their own lives and recovery journeys.

Peer support models also support connections among women and are uniquely placed to support women's empowerment^[55]. Peers have been integrated into various settings, including outpatient models^[81, 87, 88], therapeutic communities within carceral settings^[28], and sober living homes^[60-64]. Research on the impact of treatments that integrate peers have found efficacy in reducing drug use, criminal activity, and exposure to trauma^[28, 55, 57, 64, 81, 87] as well as improved treatment engagement, mental health, housing security, and employment^[28, 57, 64, 81, 87]. Women report that peer relationships help reduce feelings of shame, provide inspiration and hope, and have a strong influence on their recovery^[62, 66]. Peers see themselves as creating an environment where women feel comfortable and experience emotional safety, as well as providing models for, and illustrating the possibilities of, long-term recovery, and perceive their roles as part of their own recovery journey^[66, 82].

Women report that recovery involves the rebuilding of the self in a safe and supportive environment^[48, 62]. Empowerment and agency are fostered in various ways, by providing: integrated substance use and violence response programs^[60-64, 75, 89], both formal and informal group settings^[40, 48, 75], choice and collaboration in identifying recovery goals^[48, 66, 81, 83, 90, 91], support for psychological and emotional health^[89, 90], trauma-informed and trauma-specific treatment^[19, 28], relationship and communication skill building opportunities^[48, 60-64, 90], understanding gender roles and relations and how they influence substance use^[28], life and parenting skill development^[19, 40, 60-64, 89, 90, 92, 93], and vocational and financial training^[40, 60-64, 92, 93]. Some programs have integrated an intentional focus on gender roles and stereotypes into group treatment models^[94] and educational sessions, and have focused^[94] on shifting power dynamics in group therapy to be more egalitarian^[48], encouraging women to find their voice^[94], build resilience against shame and stigma^[48, 95], identify their strengths, and be agents in their own recovery^[81, 91-93, 96].

Research exploring what service providers see as important to offer in women's treatment has found that empowerment, and building networks and support emerge as key themes^[37, 97, 98]. Service providers want to be able to offer treatment programs that focus on building self-confidence, assertiveness, and support women to develop social networks and a more positive self-identity^[97, 98].

Some treatment programs bring together elements of empowerment, agency, and connection among women, such as Helping Women Recover, which is often paired with Beyond Trauma (both described above), and VOICES, an adaptation of Helping Women Recover for girls. Helping Women Recover and VOICES focus on developing self-esteem and self-efficacy, group cohesion, peer support, and discussions about relationships and sexuality, spirituality, and understanding gender roles and stereotypes. Beyond Trauma focuses on developing coping skills and recognizes the connection between trauma and substance use for women^[54, 94]. Women in these groups report positive experiences which they credit to a sense of support and unity with other women and discovering that they are not alone in their experiences^[53].

More research that considers how experiences of empowerment, connection, and agency are influenced by race/ethnicity, ability, age, income, and other equity factors is needed to inform promising practices. For example, one study examined participants' views of a sober living home that incorporated peers and focused on empowerment opportunities, self-efficacy and resilience. It found that white respondents compared to non-white respondents were more likely to feel that the home was culturally responsive and inclusive. Additionally, those with higher rates of financial stress and housing instability were less likely to perceive the home as trauma-informed in several domains^[61]. These findings raise questions about differential experiences and require more investigation.

Insights from Canadian Treatment Providers and Researchers

In meetings with Canadian treatment providers and researchers, empowerment, agency, and connections among women were discussed in the context of live-in treatment, aftercare, and as a recovery alternative to formal treatment. In the context of live-in treatment, the environment itself was seen as important for creating opportunities for connection and enhancing empowerment by providing opportunities to practice relational and life skills in supportive settings. Mentorship, alumni and peer involvement, and sharing stories and experiences were seen as important for the development of social support networks that could be maintained post-treatment, as well as offering hope to women, and reinforcing that they are not alone in their experiences.

Some services offered group activities centred around client hobbies to help clients reengage with interests beyond the treatment program, and foster community, fun, and normalcy. Coffee meetups, knitting circles, bird watching, and walks were some of the informal, group activities that were organized by services or peers, with service providers emphasizing the importance of accessibility. Some providers discussed the challenge of finding balance to support safe and inclusive environments, recognizing that some women may experience the intensity of live-in or group activities as overwhelming.

As empowerment, agency, and connection were already seen as priorities that were being integrated into interventions, meeting participants focused on needed enhancements to research and evaluation processes and methodologies to continuously improve supports and service approaches. Specifically, finding appropriate measurement tools to accurately reflect women's experiences and feelings of connection and safety was identified as a key challenge. While qualitative measures, such as client testimonials and journey mapping were highlighted as important for amplifying women's voices and experiences, quantitative measures were also seen as important for capturing the impact of services in this domain.

Participants expressed an interest in combining qualitative questions with validated survey tools to create a comprehensive evaluation framework for women's substance use treatment and recovery services. Documentation of recovery journeys, demonstration of the value of multiple types of supports, longitudinal outcomes, and relational measurement tools were all suggested as potential enhancements to current evaluation practices.

Key research questions to advance substance use treatment that support empowerment, agency, and connection among women:

Services
<ul style="list-style-type: none">• Where are the gaps in Canada in women's treatment and aftercare options that focus on empowering women to be active agents in their recovery?
<ul style="list-style-type: none">• How are transitions to women's and to community services and recovery groups being supported?
<ul style="list-style-type: none">• What kind of education is offered to providers about women's agency, power, anger, individual and collective strengths? What are actions that have been identified for change?
<ul style="list-style-type: none">• How do race/ethnicity, ability, age, income, and other equity factors impact how empowerment, connection, and agency are experienced in treatment?
Systems
<ul style="list-style-type: none">• How can collaborations between women-serving organizations build on organizational strengths, support service providers, and create continuity for the women they serve?
Evaluation
<ul style="list-style-type: none">• What feminist and women-centred evaluation frameworks are available for measuring the impact of women's treatment on empowerment, agency, and connection among women?
<ul style="list-style-type: none">• What tools exist for meaningfully measuring empowerment, agency and connection among women?

Conclusions

Providing accessible pathways to substance use treatment and recovery for women who use substances is a critical issue in Canada. Currently, there is an under supply of appropriate gendered treatment options that incorporate and reflect the influence of sex- and gender-related factors affecting the health and wellbeing of women who use substances, and their children. This is despite an ongoing drug crisis, increasing evidence of the harms of alcohol, and broader issues such as violence, housing and food insecurity that influence many women's health and well-being.

There is clearly a need, and room for, developing more accessible, flexible and comprehensive treatment and recovery approaches that assist women in succeeding in their treatment and recovery journeys. While aspects of this need have been documented in Canada for over 25 years, it is clearly time to amplify efforts and further specific suggestions for improving systems and services. This means bringing together the efforts of researchers, treatment providers and policy makers in a common vision, that builds upon evidence and coalesces resources.

In this spirit, this report has summarized existing international research on approaches to women's substance use treatment, and insights from a three-part virtual meeting of treatment providers and researchers with first-hand knowledge of the Canadian landscape. The research evidence, and the insights from the virtual meetings have been presented in four categories reflecting concerns with health, trauma, pregnancy and parenting, and social connections. These concerns mirror treatment components and outcomes in ideal treatment services that foster successful recovery paths for women with substance use issues. Going forward, each of these areas will need to be enhanced in service availability, system design and policy responses in future improvements and actions in Canada.

The recommendations included in this report have been categorized by area of interest and organized as to whether they pertain to services or systems. A final category of recommendations is concerned with ongoing evaluation approaches to ensure quality improvement, focused on broadening methods, widening scope and including more precise, quantitative, and client/participant informed measures and outcome development. While priorities are always hard to select, we recommend four key initiatives below that constitute a place to start in making a difference to the lives of women and their children as they navigate substance use treatment and recovery pathways in Canada.

A place to start. Research questions to improve women’s treatment and recovery in Canada.

1. How can treatment and recovery programs for women be structured to ensure comprehensive, coordinated, and integrated care to improve their physical health?
2. What barriers and facilitators exist to the provision of integrated support within treatment settings for women who have experienced intimate partner violence, substance use, and trauma?
3. What structural changes can strengthen linkages between governments and community organizations to support comprehensive care addressing maternal and child health, mental health, substance use, housing, Indigenous-wellness and other wraparound programming?
4. How do race/ethnicity, ability, age, income, and other equity factors impact empowerment, connections, and agency among women in substance use treatment as they transition to community support, services and connections?

It is clear that providing such supports is of extreme importance to women and their children, but equally important to the future of the health and social care systems in Canada. Ultimately, providing more and easier access to **gender specific treatment** and supported recovery to Canadian women with substance use issues must **simultaneously focus on improving gender equity**, in order to have an empowering and lasting effect. This may best be accomplished via a **multi-sectoral effort that effects changes in the overarching social and structural determinants of women’s health**.

Suggested citation: Poole, N., Muñoz Nieves, C., Wolfson, L., Huber, E., Brabete, A.C., & Greaves, L. (2024). *Women’s Substance Use Treatment and Recovery: What do we know and what are the research and evaluation priorities for Canada?* Vancouver, BC: Centre of Excellence for Women’s Health.

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Appendices

APPENDIX 1: ENVIRONMENTAL SCAN OF WOMEN-FOCUSED TREATMENT AND RECOVERY SERVICES IN CANADA

There is a clear need to improve the visibility of treatment and recovery services designed specifically for women and girls in Canada. In the past, the Canadian Centre on Substance Use and Addiction maintained a national directory where gender-specific programs for women could be easily found. Additionally, several provincial organizations provided access to member lists of publicly funded and private addiction treatment centers. However, with these resources no longer available, it has become increasingly difficult to identify treatment and recovery services that tailor their programming to address sex- and gender-specific concerns.

In preparation for the virtual meeting with service providers and researchers, the Centre of Excellence for Women’s Health conducted an environmental scan to identify gender-specific substance use treatment and recovery services designed for women and/or girls in Canada. The scan was finalized after the meetings based on feedback from participants.

This environmental scan identified:

- 46 treatment and recovery service providers that offer services specifically for women and/or girls (7 in Alberta, 19 in British Columbia, 1 in Manitoba, 1 in New Brunswick, 1 in Nova Scotia, 14 in Ontario, 1 in Prince Edward Island, 1 in Quebec, and 1 Canada-wide).
- 10 programs funded through the National Native Alcohol and Drug Abuse Program (NNADAP) and Youth Solvent Abuse Program (YSAP) that include treatment and services specifically for women and/or girls.
- A number of outreach programs designed to reach and support pregnant and parenting women with substance use concerns were also identified.

Table 1: Women-focused Substance Use Treatment and Recovery Services

P/T	Program/Organization	Population	Website
AB	2nd Floor Women's Recovery Centre, Lakeland Center for FASD	Women 15 and over; priority if pregnant	www.lcfasd.com
AB	Adeara	Women	www.adeara.ca
AB	Alcove	Women and their children if any	www.alcoverecoverly.ca
AB	Aventa Centre of Excellence for Women with Addictions	Women; priority if pregnant	www.aventa.org
AB	Henwood Treatment Centre	A co-ed centre with a women-specific program	www.albertahealthservices.ca/findhealth/Service.aspx?serviceAtFacilityID=1093944
AB	McDougall House	Women	www.mcdougallhouse.com
AB	Wellspring Recovery Program, Hope Mission	Women	www.hopemission.com/get-help/womens-recovery

P/T	Program/Oranization	Population	Website
BC	A:Yelexw Centre for Hope and Healing (Women's House)	Women	www.seabirdisland.ca/ayelexw
BC	Addiction Resource Centre, Pathways	Women	www.addictionrehabcenters.ca/pathways-addiction-resource-centre
BC	Amethyst House	Women 19 and over	www.amethysthouse.ca
BC	Anne Elmore House Recovery Program	Women and their children	www.annelmorehouse.ca/transition-house
BC	Avalon Recovery Society	Women (community-based)	www.avalonrecoveryociety.org
BC	Bridgeway Recovery & Addictions Services	Women 19 and over	www.thebridgeservices.ca/recovery-and-addictions-services/bridgeway-intensive-live-in-treatment
BC	Coastal Sage Healing House for Substance Use	Women and non-binary individuals	www.islandhealth.ca/our-locations/mental-health-substance-use-locations/coastal-sage-healing-house-substance-use
BC	Charlford House	Women 19 and over	www.charlfordhouse.ca
BC	Chrysalis Society	Women 19 and over	www.chrysalissociety.com
BC	Elizabeth Fry Society	Women	www.efry.com/we-can-help/programs-services
BC	Haida Gwaii Society for Community Peace	Women	www.hgscpeace.ca/programs/supportive-recovery
BC	Hannah House, InnerVisions Recovery Society	Women	www.innervisionsrecovery.com/womens-drug-treatment
BC	Heartwood Treatment Centre, BC Women's Hospital	Women 19 and over	www.bcmhsus.ca/our-services/provincial-integrated-mental-health-addiction-programs/heartwood-treatment-centre
BC	Karis Support Society	Women	www.karis-society.org
BC	North Coast Transition Society, Supportive Recovery Program	Women and their children if any	www.ncts.ca/addictions-programs.html
BC	Peardonville House	Women, and women with children if any	www.peardonvillehouse.ca
BC	Turning Point Recovery Society	Women	www.turningpointrecovery.com
BC	Union Gospel Mission – several locations in BC	Women, and women with newborns	www.ugm.ca/get-help
BC	Westminster House	Women and girls	www.westminsterhouse.ca
MB	Breezy Point Women's Program	Women	www.bhf.ca/women-treatment-program

P/T	Program/Oranization	Population	Website
NB	Sophia Recovery Centre	Women (community-based)	www.sophiarecoverycentre.com
NS	Marguerite Centre	Women 19 and over	www.themargueritecentre.com
ON	Amethyst Women's Addiction Centre	Women 18 and over (community-based)	www.amethyst-ottawa.org
ON	Breton House	Women 19 and over	www.bretonhouse.ca/for-residents
ON	Cornerstone to Recovery	Women 18 and over	www.cornerstonetorecovery.com
ON	Empathy House of Recovery	Women 18 and over	www.empathyhouseofrecovery.org/about-us
ON	Grant House, Street Haven	Women 24 and over	www.streethaven.org/addiction-services.html
ON	Hope Place Women's Centre	Women 18 and over	www.hopeplacecentres.org/womens-live-in-treatment-centre
ON	House of Sophrosyne	Women 16 and over	www.sophrosyne.ca/programs-services
ON	Jean Tweed Centre	Women	www.jeantweed.com
ON	Monarch Recovery Services	Women 16 and over	www.monarchrecoveryservices.ca
ON	Renascent	Women	www.renascent.ca/womens-addiction-rehab
ON	Vesta Recovery Program for Women	Women 18 and over	www.vestarecoveryprogram.com/contact-us.php
ON	Women's Inpatient Unit, Centre for Addiction and Mental Health	Women	www.camh.ca/en/your-care/programs-and-services/crisis-and-critical-care-unit-7
ON	Women's Residential Treatment Program, Pinewood Addiction Services	Women 18 and over	www.lakeridgehealth.on.ca/en/ourservices/Women-s-Residential-Treatment-Program.asp
ON	Womankind Addiction Services, Saint Joseph Healthcare Hamilton	Women 18 and over	www.stjoes.ca/hospital-services/mental-health-addiction-services/addiction-services/womankind-addiction-service
PEI	Women's Addictions Extended Care	Women 18 and over	www.princeedwardisland.ca/en/information/health-pei/addictions-extended-care-residences
QC	Mother and Child Program, Portage	Women and their children	www.portage.ca/en/quebec/mother-child-program
CAN USA	SHE RECOVERS ^(R) Foundation	Women (community-based)	www.sherecovers.org

Table 2: NNADAP- and YSAP-funded Programs

P/T	Program/Oranization	Population	Website
AB	Blood Tribe Youth Wellness Center (Adolescent, First Nations, Metis and Inuit Female Program)	Girls and young women 12-17	www.bloodtribe.org/index.php/2024/04/11/blood-tribe-youth-wellness-center-female-intake-04-29-24-08-16-24
BC	Nenqayni Youth Centre	Girls and young women 13-18	www.nenqayni.com/programs/youth-family-inhalant
BC	Telmexw Awtexw Treatment	Women 19 and over	www.stsailles.com/telmexawtexw
BC	Wilp Si'Satxw Community Healing Centre (Women's Health and Wellness Program)	Women 19 and over	www.wilpchc.ca/summary-program-schedule/six-week-womens-health-wellness
MB	Whiskyjack Treatment Centre	Girls and young women 12-17	www.whiskyjacktreatmentcentre.ca
NS	Eagles' Nest Recovery House (Aboriginal Wellness for Addictions Women's Program)	Women 19 and over	www.nadaca.ca/in-patient-treatment-centres/eagles-nest
NS	Mi'kmaw Lodge (Aboriginal Wellness for Addictions Women's Program)	Women 19 and over	www.nadaca.ca/in-patient-treatment-centres/mikmaw-lodge
ON	Nimkee Nupigawagan Healing Centre	Girls and young women 12-17 & 18-25	www.ysac.info/?page_id=20
SK	Ekweskeet Healing Lodge (Women's Treatment Program)	Women 18 and over	www.onionlakehealth.org/event/ekweskeet-healing-lodge-2022-2023-residential-treatment-program-intake-dates
SK	White Buffalo Treatment Centre	Girls and young women 12-17	www.wbtc.ca/the-centre

Table 3: Pregnancy-focused programs (outreach and drop-in)

P/T	Program/Oranization	Population	Website
AB	Mothers-To-Be-Mentorship Program, Lakeland Center for FASD - Cold Lake	Pregnant or recent postpartum	www.lcfasd.com/educate-prevent
AB	H.E.R Pregnancy Program, Streetworks - Edmonton	Pregnant and postpartum up to 6 months	www.catie.ca/programming-connection/the-her-pregnancy-program
AB BC NB	Parent-Child Assistance Program -several locations across AB and BC; Saint John, NB	Pregnant or new mothers	www.alberta-pcap.ca/ ; https://www.nbsocialpediatrics.com/parent-child-assistance-program

P/T	Program/Oranization	Population	Website
BC	Healthy Care Pregnancy Program, BC Association of Pregnancy Outreach Programs - several locations in BC	Pregnant and postpartum up to 7 months	www.bcapop.ca/HCPP
BC	HerWay Home - Victoria	Pregnant and postpartum up to 6 months	www.islandhealth.ca/learn-about-health/pregnancy-birth-babies/herway-home-hwh
BC	Hiiye'yu Lelum Society House of Honorable Mothers - Duncan	Pregnant and women with infants	www.hofduncan.org
BC	Maxxine Wright Community Health Centre, Atira - Surrey	Pregnant or women who have young children	www.atira.bc.ca/what-we-do/program/maxxine-wright-community-health-centre
BC	Sheway - Vancouver	Pregnant and parenting women	www.vch.ca/en/location-service/pregnancy-outreach-program-sheway
MB	Manito Ikwe Kagiikwe (The Mothering project) - Winnipeg	Pregnant and postpartum up to 12 months	www.mountcarmel.ca/how-we-help/early-learning-parenting
ON	Mothercraft/Breaking the Cycle - Toronto	Pregnant; women and their children under the age of 6	www.mothercraft.ca/index.php?q=ei-btc
ON	Ontario Association of Young Parent Agencies	Young parents and their infants	www.oaypa.ca/about



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The Centre of Excellence for Women's Health respectfully acknowledges the First Nations, Inuit, and Métis peoples as the first inhabitants and traditional custodians of the lands where we live, learn, and work.