

Research article

Open Access

## "New Choices" for women with addictions: perceptions of program participants

Wendy Sword\*<sup>1</sup>, Alison Niccols<sup>2</sup> and Aimei Fan<sup>3</sup>

Address: <sup>1</sup>School of Nursing, HSc 3N25G McMaster University 1200 Main Street West Hamilton, Ontario L9N 3Z5 Canada, <sup>2</sup>Infant-Parent Program Bldg. 74, Chedoke Child & Family Centre Hamilton Health Sciences Box 2000, Hamilton, Ontario L8N 3Z5 Canada and <sup>3</sup>Clinical Epidemiology & Biostatistics McMaster University Evidence-based Practice Centre Courthouse T-27 Building, Rm. 327 1280 Main Street West Hamilton, Ontario L8S 4L8 Canada

Email: Wendy Sword\* - sword@mcmaster.ca; Alison Niccols - niccols@hhsc.ca; Aimei Fan - afan@mcmaster.ca

\* Corresponding author

Published: 15 April 2004

Received: 09 July 2003

BMC Public Health 2004, 4:10

Accepted: 15 April 2004

This article is available from: <http://www.biomedcentral.com/1471-2458/4/10>

© 2004 Sword et al; licensee BioMed Central Ltd. This is an Open Access article: verbatim copying and redistribution of this article are permitted in all media for any purpose, provided this notice is preserved along with the article's original URL.

### Abstract

**Background:** Substance use in pregnancy is a major public health problem. It can have profound effects on pregnancy outcomes, and childhood health and development. Additionally, women who use substances have their own health-related issues. Although intervention is important, these women often have difficulty using traditional systems of care. The New Choices program is a centralized, multi-sector approach to service delivery that has attempted to overcome barriers to care by offering one-stop shopping in a supportive environment. As part of an evaluation of this program designed for women who are pregnant and/or parenting young children, interviews were conducted with participants to gain insight into their experiences in New Choices and perceptions of any changes attributed to program involvement.

**Methods:** A qualitative, exploratory design was used to guide data collection and analysis. Four women participated in a focus group interview and seven women agreed to individual interviews over the course of the program evaluation (N = 11). A semi-structured interview guide was used to explore women's experiences in New Choices and their perceptions of the program and its impact. The interview data were analyzed using NVivo software and an inductive approach to data analysis.

**Results:** The emergent themes captured women's motivations for attending New Choices, benefits of participation, and overall quality of the program. Children were the primary motivating factor for program enrollment. Perceived benefits included decreased substance use, improved maternal health, enhanced opportunity for employment, increased access to other resources, enhanced parenting skills, and improved child behaviour and development. Women highly valued the comprehensive and centralized approach to service delivery that provided a range of informal and formal supports.

**Conclusions:** Interview findings endorse the appropriateness and potential efficacy of a collaborative, centralized approach to service provision for women with substance use issues. Although the findings provide insight into an alternative model of service delivery for women with addictions, future research is needed to evaluate the effectiveness of the intervention. Research also is needed to determine which program components or constellation of components contribute to desired outcomes, and to learn more about processes that underlie changes in behaviour.

## Background

Substance use in pregnancy is a major public health problem. Measuring prevalence of substance abuse in pregnant women is problematic because it can involve single or multiple substances, including alcohol, prescription and over-the-counter medications, and illegal drugs such as cocaine, marijuana, heroin, and barbiturates [1-3]. Additionally, self-reported substance use underestimates the extent of the problem and urine toxicology screens are only selectively administered [4]. Estimates of the percentage of women who use substances or have substance dependency during pregnancy vary, but are in the range of 5 to 20% [2,5].

Maternal use of alcohol and other drugs can have profound effects on pregnancy outcomes as well as on childhood health and development. Although the findings are inconclusive, substance use has been found to be associated with low birth weight and premature delivery [3,5]. It also can lead to neonatal abstinence syndrome or withdrawal syndrome, with 55 to 94% of neonates exposed to opiates in utero developing signs of withdrawal [6]. Other negative health consequences of maternal substance use during pregnancy include respiratory distress or depression in the newborn infant, infection, physical deformities, and compromised neurobehavioral progress after birth [7,8]. Children born to women who used substances during pregnancy are at greater risk for impaired physical growth and development, behavioural problems, and learning disabilities [9-15].

Women who use substances have their own health-related issues. Frequently substance abuse coexists with mental health problems and a history of physical and/or sexual abuse [2,3,16,17]. Moreover, these women commonly have special medical needs, poor nutrition, inadequate housing, relationship problems, and lack meaningful social support, education, and employment skills [7,18-20]. Substance abusing women also are likely to be involved with the court system and child protection services [19]. Women who continue to use substances after childbirth often have limited capacity for parenting and are unable to provide a stable, nurturing environment for their children [21,22]. Substance abuse has been associated with child neglect and abuse [23,24].

Although intervention can benefit women, their offspring, families, communities, and society as a whole, women with substance use issues have difficulty using traditional systems of care [2]. Services are not accessed for a number of reasons: fear of losing custody of children; fear of forced treatment or criminal prosecution; lack of treatment readiness; coexisting mental illness; guilt, denial and/or embarrassment regarding their substance use; and lack of transportation and/or child care [2,18,25]. System-

related issues also present barriers to care. Negative attitudes of health care providers and responses that stigmatize women can deter them from receiving prenatal care [20,26,27]. In addition, traditionally there have been separate service delivery systems for prenatal care and substance abuse treatment rather than a collaborative approach that offers a continuum of care to meet women's complex needs. Health care workers might lack not only the knowledge and skill to identify substance abuse, but also familiarity with available resources and therapeutic management; workers in substance abuse treatment are unlikely to have the capacity to adequately address needs specific to pregnant women [2,25].

The importance of comprehensive, coordinated, and individualized service provided by an interdisciplinary team of professional who are supportive, nonjudgmental, and nurturing has been widely acknowledged [2,3,7]. The New Choices program is an example of a centralized, multi-sector approach to service delivery in a large urban centre in Ontario, Canada, that offers one-stop shopping for women with substance use issues who are pregnant and/or parenting young children. The program components include addiction groups and counselling, nutrition counselling and skill development, parenting education, peer support, and an enriched children's program. In addition, it provides linkages with prenatal services, a family physician, a perinatal home visiting program, and other services as appropriate. The program is individualized in that women are assisted in defining their needs and goals as well as in designing their own program for change. Therefore the program is not set in terms of a specific structure or length of time. Attendance at New Choices has ranged from 1 to 12 months, with the average length of involvement being 4 months. Sometimes clients will be involved for a few months, leave, and then return to the program at a later date. The long-term objective of New Choices is to improve the health and well being of women and their children by providing a flexible program that offers information, support, treatment, and advocacy services in a safe, welcoming environment. This latter feature has been deemed essential to the process of change for women with addictions [7].

An evaluation of the New Choices program used valid and reliable measurement tools to assess substance use, social support, mental health, nutrition, parenting ability, and child development upon entry into the program, and at 3 months and 6 months thereafter. Interviews also were conducted with women to obtain a more in-depth account of their experiences in New Choices and their perceptions of any changes that could be attributed to program involvement. The findings of these interviews are reported in this article.

## Methods

A qualitative, exploratory design was used to guide data collection and analysis. All women who participated in New Choices for a minimum of 3 months during the program evaluation period were invited to participate in interviews. Four women participated in a focus group interview and seven women agreed to individual interviews (N = 11). The focus group was conducted with women who had attended New Choices during the previous year. The intent then was to individually interview all seven women who were new to the program at 3 months, 6 months, and 12 months post program entry. However, it was not always possible to reach women for the follow-up interviews. Two participants were interviewed three times, four participants were interviewed twice, and one participant was interviewed once. Therefore, a total of 15 individual interviews were conducted.

A research assistant conducted the interviews, which were audio taped and later transcribed. A semi-structured interview guide was used to explore women's experiences in the New Choices program. The researchers discussed and identified the most important issues to be included in this guide given the objectives of the program. In the focus group and in the initial individual interviews, women were asked to comment on: personal goals upon entering the program and progress towards achievement of these goals; impact of the program on the women's lives, their children's lives, and access to services; and, general perceptions of New Choices including service delivery characteristics. The research assistant used follow-up questions or probes that were conversational in nature to encourage the provision of rich information within each of these broad areas of exploration [28]. With the exception of personal goals upon program entry, the same issues were explored in all subsequent individual interviews. The interview guide allowed for similar and comprehensive data to be gathered from all participants [28]. It also allowed for issues most relevant or significant to a particular participant to be pursued in greater depth.

The interview data were analyzed using NVivo software and an inductive approach to data analysis. Two members of the research team independently coded the interviews. Initially open coding was done in which each meaningful segment of the interview transcripts was coded using the exact words of the participants or a term that connoted those words [29]. These open codes were descriptive in nature (e.g., child "came out of his shell", learned to share). The researchers looked for similarities in the data and assigned the same code to data that had some common characteristic [29]. The analysis proceeded to pattern or thematic coding in which the descriptive codes were clustered into groups of related conceptual codes or themes (e.g., positive effect on child's social develop-

ment). Finally, the researchers met to compare and discuss coding schemes and reached consensus on the emergent themes.

## Participants

Participants ranged in age from 21 to 36 years when they entered New Choices. Fifty-four percent of the women were married or living common-law, 85% were receiving social assistance, and 25% were involved with the criminal court system. About two-thirds (69%) had children who were not living with them, 58% were involved in the family court system, and 69% were involved with a child protection agency. Reported substance use upon program entry was as follows: nicotine 92%, alcohol 67%, marijuana 50%, crack 33%, cocaine 25%, tranquilisers 17%, and barbiturates 17%. The children in the program ranged in age from newborn to 6 years. The women, on average, attended New Choices 20 out of the 24 days the program was offered in each 3-month period.

## Findings

The themes captured women's motivations for attending New Choices, the ways in which participation in New Choices had changed their lives and their children's lives, and their perceptions about the quality of the program.

### **Motivation to participate in New Choices**

Almost all of the women interviewed acknowledged that their children were the primary motivation to participate in New Choices. Many women with addiction issues lose custody of their children or do not have their children living with them. When asked about her reasons for attending New Choices, one woman said, *"It was the point of staying clean from cocaine, getting my children back."* Another participant remarked, *"The biggest motivation is that I'm going to keep my kids and I'm going to keep my sanity. Those two good things and then I can just pretty much conquer the world."*

### **Impact on women**

All of the women interviewed noted the positive impact New Choices had had on their lives. These effects were consistently described as decreased substance use; enhanced mental, social and physical health; improved parenting skills and knowledge; increased opportunity for employment; and increased awareness of and access to other services in the community.

### **Substance use**

Almost all women commented that coming to New Choices helped them to stop or decrease use of drugs and/or alcohol and to resist the urge to relapse. One woman remarked:

*I'm a bit smarter now because when I see people who are walking around high on crack, I won't bullshit, I do itch for it especially when I get upset. It makes me smarter because I can see it now. Before I couldn't. I couldn't identify. Now I can. It's just a matter of staying at that point when I'm strong enough not to do it anymore.*

Change in substance use was attributed, in part, to "self-discovery" and learning strategies to reduce use:

*... substance abuse has been around my whole life. We have to try and have an understanding and to know why you're doing things that you're doing and maybe it gives you a chance to rethink it and maybe something else that would help to deal with the situation. Like you can cover it up but it's not going to solve your underlying problem. So like there's a lot of self-discovery, things that I really like.*

Another individual commented:

*Well, I don't think it's a problem that you can just solve, it's an ongoing thing, but it [New Choices] gives you much ... you're much better prepared to deal with it and you can understand yourself a lot better. So I think once you have those tools you have a much better chance of not falling into the same trap.*

Hearing other women's stories in the addictions group sometimes served as a reminder of the impact of addiction:

*Yeah, just go in and see what happens to people when they don't [stop] is reason enough to. You see the problems that it causes in people's lives ... So you can just see how damaging it can be if you let it get out of hand, that it can really be devastating to the family.*

Listening to others also gave women encouragement and a sense of hope because "you see the other girls step-by-step improving their lives." One participant stated, "The one that's talking, going through the exact same thing. Seeing her put her life back together and achieve so much, yeah, it just gives you the willpower knowing that it can be done." Women valued the peer support they received in the addiction group:

*Most of the girls like it when they're going to the group and they're going for the addiction group and they're sitting with a bunch of other women. They need the support of the other women, not just the counsellors. They want the support of other people. They want to see someone that's going through it, they want to see how they're advancing, they want to get that motivation to advance themselves as well.*

*And coming here on that Tuesday, it just made me realize hearing other people say to me that that wasn't healthy, that I had to change something. And when I told them I knew that I had*

*to change something, they came out and said, "If you're sure you need to change something this is how you can get help." Other than that I would've gone home and just taken it, dealt with my day.*

#### *Mental, social and physical health*

During the interviews, participants explained how New Choices had impacted positively on their health. One of the goals of the program is to empower individuals to make healthy choices, and many of the women commented on their increased sense of control: "And that's the main thing of becoming clean is getting control of your life, and I have control and that's all that matters to me. I control my future and my destiny." Another participant vividly described her sense of control as follows:

*I used to have anxiety attacks, but I've worked through those by just convincing myself that nothing is going to overpower me, no drugs, no man, no nothing is going to overpower me but me. So only I can control me and my thoughts and my feelings. Me doesn't want to do those drugs anymore.*

The validation and positive reinforcement women received through New Choices raised self-esteem: "It's almost embarrassing, I feel too important sometimes. They make you feel really good about yourself. That's good." Another woman remarked, "I don't feel like a low-life when I come in here and that's what I meant before is that they treat me like a real person in here. They don't treat me like, oh, you're a drug addict." The following comment illustrates the process of self-esteem enhancement experienced by some women:

*They slowly build up your self-esteem. You could have a bad day, yeah. It's alright to have a bad day though, you know, as long as you're going on to the next day and you're not making the same mistake as you made the day before, and just follow through and reach that goal because you can reach it. And they reinforce the positive attitudes a lot and that's what you've got to keep. You've got to keep that positive attitude. It may slide to negative ... oh why bother, I'll just give up ... but no, they're there to bring it back up and make sure you keep that positive attitude. Because once you have that positive attitude you're going to go ahead and go through it.*

New Choices also had a positive effect on women's confidence: "Yeah, like I know if I put my mind to it so I can pretty much do I want to do. If I can visualize the goal and stay focused." Another participant said:

*When I first started going to, for the first couple of months when I went to New Choices my confidence was iffy at certain times, certain situations. But now I have no problem in my confidence, my self-esteem is just fine. I really don't care what anybody else thinks now. It's all about what I think. And yeah they've really helped and built that up. They really did. Because*

*I was ... it wasn't so much my self-esteem when I went there but my confidence. But now I know I have the confidence. I know I can do it.*

Other remarks conveyed the importance of increased confidence. For example, one woman noted:

*I'm very confident now that when I go out, I go out with my friends if I go anywhere or do anything and these people are drinking around me, that it's ok, that I don't have to drink. I don't care what they say. I don't feel I have to drink, and shouldn't have to convince anybody else as long as I'm convinced myself.*

In addition to improving emotional well being, New Choices provided opportunities for enhanced social health. Women commented favourably on the support they received through the program. For example, a participant stated:

*Actually, most of the girls get along really, really good. I was actually surprised. I thought they were all going to be some evil women but no, they were really nice, they were really helpful, they listened great. They were always there to hand out their advice. They're always sharing their stories. All giving you the confidence ... oh yes, you can do it. Giving you positive reinforcement, "Oh don't worry about that, you can do it, you can do it." And keeping you on track as well, yeah. Their friendships were pretty good there.*

Other women reported, "It's given me a place to come if I needed just to talk to somebody," "Well, I think it's been a positive influence in my life because you can meet with other people who have similar goals as yourself. They keep checking in with you," and "They're all there to support you. You can just speak your mind and they don't judge you for it because they've all been there and done it." The enhanced support decreased women's sense of isolation and loneliness:

*It's good to know that I've got people that are willing to say, listen you're going through something right now and we're here to help you, you're not alone. And that's a big part of making any changes or even trying to get clean off of anything is you have that feeling of being alone, because whether it's a drug or a man or whatever, there's an attachment. I have a place now that I know if I fear that I'm going to break, I can call. I don't have to feel that anymore.*

New Choices also contributed to enhanced physical health in that participants concurred that the program provided useful information on nutrition and highlighted its importance. Women commented, "They teach you how to do cooking or meal ideas, things like that" and "I liked the nutrition and I liked the budgeting. I found that to be probably the most practical information that I was getting." Another

woman noted, "Nutrition is the key for me, it's definitely key for getting healthy myself so that I could overcome my addictions."

#### Parenting

Women who were interviewed agreed that they gained knowledge about parenting and learned new parenting skills. Some women were more resistant to the parenting program than others: "About the fact of the parenting thing, that's the one thing I had a problem with is people telling me how to be a parent ... and I don't believe in textbook parenting." However, most of the comments about the program were positive. One woman said:

*Stuff that I'm getting now and I never knew about it. It's more so information on stuff like how to help counsel my kids during the divorce, how to help my son stay mentally healthy, but still disciplining him when he needs to know when he's done wrong but not crush him for what was done. Just, there's little things everywhere that I'm picking up on.*

Participants talked about particular parenting strategies they had learned. For instance, one woman remarked:

*Almost at the end of each day or even during the program we'll touch base and come up with new ideas on things that [child's name] needs help ... the sticker program for one. That's really helped him... Because he'll think about sticker and then he'll stop himself ... That's definitely something I want to try to carry on at home with all four kids, the sticker and different tactics.*

New Choices also helped women understand their children better, as reflected in the following comment:

*Well, in regards to me as well, it helps me understand [child's name] a little more because I realize that because at one point in time, just to give an example, at one point in time he was hitting everybody. He just hit them for no reason, especially little babies that weren't doing anything. So I was like horrified that he was doing such a thing. I didn't know if I spawned Satan's child or what was going on. And they taught me that, oh no, a lot of other kids I see now, a lot of other kids do that. Because now he's at it, at it, at it. I see other children doing the same thing. It helped me not compare is the wrong word, it helped me relate to other children really better than [child's name] because I saw the behaviours of other children.*

#### Employment opportunities

Women in New Choices commented favourably on the employment component of the program. Employment was important to the women "because ... [it] gives back to a person because you're out there doing it for yourself. Like there's nothing more rewarding than your own pay cheque every week." Another participant reflected on the importance of pre-employment counselling as follows:

*She was doing the employment group. She made us feel so good about ourselves. She gave us workbooks on self-esteem and employment, and reintegrating into society and everything. She took us to, it was like a second hand store, for clothes and she got us business suits. Oh, it was beautiful. We felt so good. ... And it was, it was a huge chunk of our recovery because isn't that like a huge thing is self-esteem. Yeah, I went back to work. It was great. Yeah, I felt ten feet off the ground.*

However, women's readiness for employment varied and often was related to family circumstances, as suggested by this comment:

*Like I'm not ready for employment, I have four kids. They're all babies. There's only one in school. So the employment thing would have helped in a couple of years, and she gave me a lot of stuff to help me for when I am ready so that was good, but otherwise it's not. I'm not ready to go look for a job. I mean my kids aren't even in day care.*

#### Access to other services

Many participants reflected on their increased access to other services through involvement in New Choices. One woman reported that this enhanced access was one of the things that attracted her to New Choices:

*I think that's what attracted me to New Choices was that you were not really, as a group you seemed to be able to reach out to a lot of other agencies as well. And I need that. I don't want to feel as though I'm just left alone on my own. Although I do these things independently, I can at least access them easier.*

Another participant said:

*They helped me with a lot of other services as well, like I was given an opportunity to speak to many different professionals from all different agencies and stuff like that, and psychiatrists. That was a good experience to be able to talk to him. And just provided me with a lot of different services here like CPR, you know.*

Women identified a number of other services made accessible to them:

*Before I went there I didn't know about the Women's Centre at the YWCA, now I do. I think that would have been helpful for me to find out about their program a lot earlier than I did. They did make me aware of it. And the car seat programs.*

*Counselling groups outside of here. Counselling groups for children who have witnessed abuse outside of here. Bedding services through the Social Assistance.*

*They helped with the women's shelter. When I left my husband they gave me all the one numbers that I needed to have and con-*

*tacts at that point. ... They are extremely helpful and knowledgeable to get you what you need.*

#### Impact on children

The women observed that New Choices had had a positive effect on their children's behaviour and development, including improvements in motor skills, social skills, and language skills. In discussing changes she had noted in her child's behaviour, one woman said, *"Like before, well, yeah, it was a discipline because before he was having problems hitting everyone, and now he's totally out of that where he ... I don't have to get mad at him. He's just been so good."* Another participant commented, *"It's given [child's name] an opportunity to express his feelings in different ways to cope when he's angry. And to be around with other children who have been through similar things like he has."*

When asked about how her child benefited from participation in the children's program, one woman reported, *"His fine motor skills, definitely."* Another participant remarked, *"Oh I love it. I think it's great. I think it teaches a lot of kids motor skills which [child's name] was really lacking of."* Comments on children's social skills development included the following: *"Oh she's very social. Like before she would shy from people"* and:

*My kids enjoy it. They like the playtime. They like the people that are involved around them. They've learned how to share more being here because there's a lot of kids here. I think it's a growing experience for them as well.*

Some women noticed improvements in their children's language and speech: *"I think he can express himself more which is good" and "Like I said she uses her words a lot more now ... She's more expressive."* Enhanced language and speech development was sometimes attributed to linkages with appropriate services:

*If you need any help with your children such as my child had a speech problem and they had Early Words to come into the group and work with him and now Early Words works with him at the day care ... And it's something I wouldn't have considered doing ... And yeah it did help because without the information New Choices had given me he wouldn't be at the stage he's at right now with his speaking, into day care. All that was because of New Choices.*

#### Quality of the program

Every woman who was interviewed commented that participating in New Choices had been a positive and meaningful experience. One participant remarked, *"Well, it was a positive, like you said, it was a positive experience for me while I was here and I'm ready to move on now."* Another woman said,

*Yeah I really enjoyed the program and I would recommend it highly to anyone who happens to have some type of issues. And it doesn't even necessarily have to be Children's Aid, just if you want to take a step back and have a look at your life and reassess yourself and maybe take a step in a new direction, I would really recommend it.*

### **Staff**

Most respondents agreed that staff members in New Choices were very supportive. One woman described how she was assisted through a difficult period in her life:

*I was so confused I didn't know what to do at the time. I came here and I talked with a counsellor and I talked with a couple of them, and they helped me. They helped me figure ... what I needed to do with myself, what I needed to do with my health. And I took it from there. I went home and packed my bags.*

Women felt that staff respected them and their choices:

*They acknowledge that. They don't try and change your mind. They respect where you are, that's what you want to do, and they work on that with you. They give you a different choice than AA. Just AA and one-on-one counselling. They give you a third choice.*

Another comment was, *"They've been very supportive of all of the choices and the decisions that I've made."*

Although women generally felt supported, some participants were concerned about confidentiality in relation to reporting harm or the potential for harm to a child to child protection services. One woman said, *"I don't tell them [staff] too much about that. They'll call the Children's Aid and stuff like that."* Another participant stated:

*The one thing that I would probably say could be improved was the confidentiality between what people disclose and what the counsellors need to report to the Children's Aid. I feel if they report everything no one is going to be able to say what's really going on and then really they're not going to benefit from the program if they're afraid to open up and say what they're really thinking. So I think that could be kind of harmful.*

Some women were not in agreement with the obligation to report, as suggested by the following comment:

*Well, I was told that if anybody reports any drug or alcohol, you must report it to Children's Aid immediately and I don't think that's good because it's an addictions group, so if you think you want to have some you should be able to talk through it with somebody and maybe they can give you some support instead of being worried about saying, "What's really going on?" and have to deal with it on your own.*

### **Program components**

The comprehensive nature of the program was an important feature to clients:

*The thing I like about New Choices is it doesn't just focus around the person who has the addiction, but you also focus around, ok, what's going on in your life to make you do this, how is your family reacting to this, do you have children, who's taking care of your children during this time. All of these things come up. And they also help them focus on dealing with your children because they're growing up with an addictive lifestyle. So they help you to deal with them and learn how to take care of them throughout this period.*

One of the features of New Choices is the provision of bus tickets, food vouchers, and clothing. Women expressed appreciation for these items as follows: *"Well, yeah, they also give you bus tickets and food vouchers. I find it helpful. If you're down and out and you need to buy the milk, you've got your food voucher, you can get a bag of milk" and "Yeah, donations, I found that very helpful. I got a lot of good clothes for the kids and myself. So it is resourceful, and I mean I bring things in myself for the donations program."*

In spite of the generally positive comments about the addictions group, there were differing opinions about the group size and structure. Some women expressed preference for a smaller group of *"three or four, then that leaves enough room for you to discuss things and get feedback, to have your space for validity because a lot of the time you need to be validated."* It also was mentioned that women's different stages of recovery sometimes made it difficult to relate to and share with others: *"...on the negative side, everybody has a different stage. There are some people who are just coming off the street and then there's somebody that's been clean for a year."*

The women highly valued the children's program and described how their children enjoyed participating in it:

*The first couple of times she was like not very sure of it [the children's group]. She didn't know and maybe some of the kids were a bit rough or whatever. But she got a good grip of it and went with it. Yeah, she loves it. She looks forward to group. She asks me almost every day, mommy, is today group day? "Not today, Tuesday." When's Tuesday? "Tuesday is coming." When?*

Women remarked favourably on the staff's interaction with their children. One woman said:

*I love the day care program. [Child's name] absolutely adores [staff member name] and all of them. It's great. They make the kids very comfortable. They play with them. They amuse them...Yeah she loves it.*

Although women were positive in their comments about the impact of New Choices on their children's life, a few women mentioned that they would have liked more of a focus on education in the children's program. One participant said, "You've got to have some educational force in there somewhere, especially for the children getting older and getting ready to go to school and stuff. I think that would be a benefit."

Women who did not have custody of their children appreciated the additional opportunity for supervised visitation available through New Choices. The importance of this feature to one individual was expressed as follows:

*Oh, if I didn't have this place to visit I think I'd go nuts because to see, like I can see my two older babies whenever I want but [child's name], I'd have to see her like only in that visitation for that and I can't stand it.*

New Choices played a role in helping some women regain custody of their children. As one participant said:

*The urine samples proof helped [getting children back] plus letters from New Choices. It's just simple stuff like that they help you with. Like the planning for your future. You know what's going to help you, what's really not going to help you, and I think that was like really important because if I didn't have my daughter I'd probably just have went back out.*

#### "One stop shopping" model

Participants in New Choices liked the one-stop service the program provided, and it reportedly was meeting their multiple needs:

*That's convenient, very convenient. You've got your drugs, you've got your alcohol addiction, you've got your parenting, you've got your employment. You've got everything wrapped up all in one and saves you from going from one place for one thing and then going to another place for another thing. It's more time convenient. You go there you deal with all your problems all that one day ... You've got it all right there.*

*You're involved with your kids as well as taking care of your addiction problem. Like your children, it's the only place I know where you can bring your children. Like you can in the AA but you have to sit there with your child.*

Some women, however, were dissatisfied with the location of New Choices. As reported by one participant:

*I wish they had a more convenient location. It's kind of far out to take one bus and then transfer onto another bus. You're looking at a half hour with kids on the bus. One girl with four kids, I felt sorry for her dragging all them kids down there. Yeah, they need a more convenient, maybe downtown location, where all the buses meet so if any of the girls are coming from anywhere*

*they're all meeting at the same place without having to transfer and drag buggies and drag kids.*

Another woman commented on the importance of location especially for women with addictions:

*And when you're dealing with addiction and you're dealing with children and you're dealing with life and you're trying to cope, you throw some screwed up bus schedule that you have to take this bus to this place and this bus to this place and then get off and walk two blocks and walk up one, I mean you're literally screwed. ... I'm making myself nuts. I'm going to go use just because I'm coming here. It's stressful.*

## Discussion

The finding that children were a primary motivating factor for participation in the New Choices program is congruent with others' suggestions that pregnancy and childrearing are main incentives for engagement in treatment for addictions [7,30,31]. Many of the women were involved in child protection services. Regaining custody or not losing custody of their children was a goal for some participants, a finding consistent with that of Howell and Chasnoff [19]. At the same time, some women in New Choices were cautious about what they told staff for fear of being reported to child protection services. In Ontario, Canada, members of the public and professionals have an obligation to report suspicion, based on "reasonable grounds," that a child is in need of protection [32]. There is no mandated drug testing or reporting of maternal alcohol or drug use as there is in some jurisdictions in the United States [33]. Women should be aware of professionals' legal obligation to report, but be assured that child protection agencies will not undermine their well being and that of their children by terminating parental rights, except in situations where it is clear that the child is in an unsafe environment [33].

Participation in New Choices reportedly contributed to decreased substance use. Other programs that provide a wide range of services for women with addictions have noted improvements in substance use [e.g., [2,25,34]]. As suggested by Rosenbaum and Irwin [20], diminished use is more realistic for many women than complete abstinence. Women need to be supported in their "harm reduction" strategies, which include not only decreasing substance use but also making other lifestyle changes and seeking prenatal care [20]. One specific lifestyle change supported by New Choices was improved nutrition. Because women who use drugs generally maintain poorer nutritional status than non-drug-users, nutrition education is regarded as a critical element of programs for pregnant or parenting women with substance use issues [35,36].



Participants' accounts of how New Choices affected their mental and social health are relevant in the context of women's recovery process. As noted by Kearney [37], awareness of choice and enhanced sense of control are empowering to women and contribute to recovery efforts. Identity revision, which involves taking on a new personal and social self, is a sustaining factor in health behaviour change [38]. Having the opportunity to share experiences, obtain advice, and receive positive reinforcement from peers might be especially important. Many women with substance use issues are isolated and lack close ties with family and friends, yet constructive social support can foster recovery and maintain gains made in treatment [4,36].

Women with addictions face barriers to employment, including limited education, work history and skills training [4,40]. It, therefore, is not surprising that New Choices participants valued the employment component of the program that offers them pre-employment counselling and job skill training. If programs are to be successful in reducing substance use, attention to the social problems encountered by women (e.g., lack of job skills and economic self-sufficiency) is important [41,42].

Participants remarked that New Choices enhanced their capacity to parent effectively. McMurtrie et al. [43] attested to the importance of parenting education as a component of addictions treatment. They suggested that women need to be exposed to positive parenting models, be assisted in responding to their children's needs and in developing a positive parental self-concept, and be provided hands-on opportunity to improve parenting skills. Other studies similarly have reported that parenting education for women with substance use issues is perceived to be beneficial by participants, and can improve self-esteem, parenting knowledge and attitudes, and parenting satisfaction [44,45].

Women in New Choices commented on improvements in their children's behaviour and development that could be attributed, in part, to the enriched children's program. Early child development interventions are effective in preventing developmental delay in children at risk [46]. Given that the period of child development from birth to 5 years of age is critical and substance use is associated with lower quality of parental stimulation [46,47], it is important that programs for parents with addictions include opportunities for enhanced development in early childhood.

A comprehensive, coordinated and centralized approach to service delivery was valued by the women interviewed in this study. The collaboration and cooperation of multiple community-based services enhanced access to a range of services for women and their children. There is consen-

sus that treatment programs should address women's social and mental health needs as well as children's needs through parental interaction and child care [3]. Transportation services and childcare might be important components of programs because women who have substance use issues often lack adequate transportation and baby-sitting options [3,7,43]. The findings of this study suggest that even with the provision of bus tickets, transportation can be problematic for women. Thus careful selection of program location to minimize the burden for women is important. Because fear of stigma is a barrier to seeking care [18], it is essential that programs for pregnant and parenting women with substance use issues be staffed by professionals who provide service in a nonjudgmental, non-punitive, and culturally and linguistically appropriate manner [3,27].

Although the findings provide insight into an alternative model of service delivery for women with addictions, the study is limited in a number of ways. The findings represent the views and experiences of a small sample of women with addictions who were served by one particular program. Participants were at varying stages in their treatment process at the time of interview, which could have influenced perceptions about the program. However, the sample was not large enough to address differences in perceptions given the stage of treatment and recovery. The interview data presented in this article are limited because they are based on participants' perceptions and perspectives that are subject to distortion due to personal bias, emotional state, self-serving responses, and selective recounting of positive aspects [28]. Moreover, the responses of focus group participants might have been influenced by the presence of others. Nonetheless, the qualitative findings are consistent with the results of quantitative measures of substance use, social support, mental health, nutrition, parenting ability, and child development [48].

## Conclusions

Women with substance use issues present with complex biopsychosocial needs, which become even more complicated if they are pregnant or parenting [40]. Findings from the interviews with women support the appropriateness and potential efficacy of a collaborative, centralized approach to service provision to meet their multiple needs. Women commented on the benefits of participation in New Choices for both themselves and their children. These benefits included decreased use of substances, improved maternal health, enhanced opportunity for employment, increased awareness of and access to other resources, enhanced parenting skills, and improved child behaviour and development. Program participants, in general, spoke very favourably about New Choices, acknowledging the importance of a coordinated approach

to service delivery that enabled them to access multiple formal and informal supports in one location.

Future research is needed to evaluate outcomes objectively to determine that the intervention has a positive impact on both women and their children. A variety of outcome measures, including substance use, birth outcomes, parent-child interaction, and health and social services utilization, should be examined using an experimental or quasi-experimental design and a larger sample. Research also is needed to determine which program components or constellation of components contribute to desired outcomes. Furthermore, there is a need to learn more about processes that underlie changes in behaviour. Triangulated study designs using both quantitative and qualitative methods allow for comprehensive understanding, and also provide meaningful direction for program development.

### Competing interests

None declared.

### Authors' contributions

WS participated in the design of the study, co-supervised data collection, participated in data analysis, and had primary responsibility for writing the manuscript.

AN participated in the design of the study, co-supervised data collection, and made essential contributions to different aspects of the manuscript.

AF participated in data collection, assisted with data analysis, and made essential contributions to different aspects of the manuscript.

### Acknowledgements

This study was funded by the Hamilton Community Foundation. The authors wish to thank the New Choices Evaluation Committee, especially Dr. John McLennan and Michelle Van Tuyl; research assistant K.C. Scott; and the collaborating agencies, staff members, and clients of New Choices. The Ontario Ministry of Health and Long-term Care also provided financial support for preparation of this manuscript. The results and conclusions are those of the authors, and no official endorsement by the Ministry is intended or should be inferred.

### References

- Akram G: **Over-the-counter medication: an emerging and neglected drug abuse?** *Journal of Substance Use* 2000, **5(2)**:136-142.
- Corrarino JE, Williams C, Campbell WS 3rd, Amrhein E, LoPiano L, Kalachik D: **Linking substance-abusing pregnant women to drug treatment services: a pilot program.** *J Obstet Gynecol Neonatal Nurs* 2000, **29(4)**:369-376.
- Howell EM, Heiser N, Harrington M: **A review of recent findings on substance abuse treatment for pregnant women.** *Journal of Substance Abuse Treatment* 1999, **16(3)**:195-219.
- Kissin WB, Svikis DS, Morgan GD, Haug NA: **Characterizing pregnant drug-dependent women in treatment and their children.** *Journal of Substance Abuse Treatment* 2001, **21**:27-34.
- Kelly RH, Russo J, Holt VL, Danielsen BH, Zatzick DF, Walker E, Katon W: **Psychiatric and substance use disorders as risk factors for low birth weight and preterm delivery.** *Obstetrics & Gynecology* 2002, **100(2)**:297-304.
- Neonatal drug withdrawal: American Academy of Pediatrics Committee on Drugs.** *Pediatrics* 1998, **101(6)**:1079-1088.
- Curet LB, Hsi HC: **Drug abuse during pregnancy.** *Clinical Obstetrics and Gynecology* 2002, **45(1)**:73-88.
- Kenner C, Dreyer L, Amlung S: **Identification and care of substance-dependent neonates.** *J Intraven Nurs* 2000, **23(2)**:105-111.
- Arendt R, Angelopoulos J, Salvator A, Singer L: **Motor development of cocaine-exposed children at age two years.** *Pediatrics* 1999, **103(1)**:86-92.
- Cosden M: **Risk and resilience for substance abuse among adolescents and adults with LD.** *Journal of Learning Disabilities* 2001, **34(4)**:352-358.
- Covington CY, Nordstrom-Klee B, Ager J, Sokol R, Delaney-Black V: **Birth to age 7 growth of children prenatally exposed to drugs: a prospective cohort study.** *Neurotoxicology & Teratology* 2002, **24(4)**:489-496.
- Delaney-Black V, Covington C, Templin T, Ager J, Nordstrom-Klee B, Martier S, Leddick L, Czerwinski RH, Sokol RJ: **Teacher-assessed behavior of children prenatally exposed to cocaine.** *Pediatrics* 2000, **106(4)**:782-791.
- Martin CS, Romig CJ, Kirisci L: **DSM-IV learning disorders in 10- to 12-year-old boys with and without a parental history of substance use disorders.** *Prevention Science* 2000, **1(2)**:107-113.
- Mick E, Biederman J, Faraone SV, Sayer J, Kleinman S: **Case-control study of attention-deficit hyperactivity disorder and maternal smoking, alcohol use, and drug use during pregnancy.** *J Am Acad Child Adolesc Psychiatry* 2002, **41(4)**:378-385.
- Swanson MW, Streissguth AP, Sampson PD, Olson HC: **Prenatal cocaine and neuromotor outcome at four months: effect of duration of exposure.** *J Dev Behav Pediatr* 1999, **20(5)**:325-334.
- Horrigan TJ, Schroeder AV, Shaffer RM: **The triad of substance abuse, violence, and depression are interrelated in pregnancy.** *Journal of Substance Abuse Treatment* 2000, **18**:55-58.
- Hans SL: **Demographic and psychosocial characteristics of substance-abusing pregnant women.** *Clinics in Perinatology* 1999, **26(1)**:55-74.
- Hankin J, McCaul ME, Heussner J: **Pregnant, alcohol-abusing women.** *Alcohol Clin Exp Res* 2000, **24(8)**:1276-1286.
- Howell EM, Chasnoff IH: **Perinatal substance abuse treatment: findings from focus groups with clients and providers.** *Journal of Substance Abuse Treatment* 1999, **17(1-2)**:139-148.
- Rosenbaum M, Irwin K: **Pregnancy, drugs, and harm reduction.** In *Drug Addiction Research and the Health of Women* 1998 [<http://www.nida.nih.gov/WHG/DARHW-Download2.html>].
- Kelley SJ: **Stress and coping behaviors of substance-abusing mothers.** *Journal of the Society of Pediatric Nurses* 1998, **3(3)**:103-110.
- Schuler ME, Nair P, Black MM: **Ongoing maternal drug use, parenting attitudes, and a home intervention: effects on mother-child interaction at 18 months.** *J Dev Behav Pediatr* 2002, **23(2)**:87-94.
- Dunn MG, Tarter RE, Mezzich AC, Vanyukov M, Kirisci L, Kirillova G: **Origins and consequences of child neglect in substance abuse families.** *Clinical Psychology Review* 2002, **22(7)**:1063-1090.
- Peterson L, Gable S, Saldana L: **Treatment of maternal addiction to prevent child abuse and neglect.** *Addictive Behaviors* 1996, **21(6)**:789-801.
- Corse SJ, Smith M: **Reducing substance abuse during pregnancy: discriminating among levels of response in a prenatal setting.** *Journal of Substance Abuse Treatment* 1998, **15(5)**:457-467.
- Carter CS: **Perinatal care for women who are addicted: implications for empowerment.** *Health & Social Work* 2002, **27(3)**:166-174.
- Milligan R, Wingrove BK, Richards L, Rodan M, Monroe-Lord L, Jackson V, Hatcher B, Harris C, Henderson C, Johnson AA: **Perceptions about prenatal care: views of urban vulnerable groups.** *BMC Public Health* 2002, **2(25)**: [<http://www.biomedcentral.com/1471-2458/2/25>].
- Patton MQ: *Qualitative Evaluation and Research Methods* Newbury Park, CA: Sage Publications, Inc; 1990.
- Glaser BG: *Basics of Grounded Theory Analysis: Emergence vs. Forcing* Mill Valley, CA: Sociology Press; 1992.
- Chavkin W, Wise PH, Elman D: **Policies towards pregnancy and addiction. Sticks without carrots.** *Annals of the New York Academy of Sciences* 1998, **846**:335-40.

31. Higgins PG, Clough DH, Frank B, Wallerstedt C: **Changes in health behaviors made by pregnant substance users.** *International Journal of Addictions* 1995, **30**:1323-1333.
32. Ministry of Community, Family and Children's Services: **Reporting child abuse and neglect.** [<http://www.children.gov.on.ca/CS/en/programs/ChildProtection/Publications/repChAbuse.htm>].
33. Paltrow LM: **Punishing women for their behavior during pregnancy.** In *Drug Addiction Research and the Health of Women.* United States Department of Health and Human Services Rockville, MD: National Institutes of Health; 1998:467-501.
34. Evenson RC, Binner PR, Cho DW, Schicht WW, Topolski JM: **An outcome study of Missouri's CSTAR alcohol and drug abuse programs.** *Journal of Substance Abuse Treatment* 1998, **15(2)**:143-50.
35. Andrulis D, Hopkins S: **Public hospitals and substance abuse services for pregnant women and mothers: implications for managed-care programs and Medicaid.** *Journal of Urban Health* 2001, **78(1)**:181-98.
36. Himmelgreen DA, Perez-Escamilla R, Segura-Millan S, Romero-Daza N, Tanasescu M, Singer M: **A comparison of the nutritional status and food security of drug-using and non-drug-using Hispanic women in Hartford, Connecticut.** *American Journal of Physical Anthropology* 1998, **107(3)**:351-61.
37. Kearney MH: **Truthful self-nurturing: a grounded formal theory of women's addiction recovery.** *Qualitative Health Research* 1998, **8(4)**:495-512.
38. Kearney MH: **Identity shifts as turning points in health behavior change.** *Western Journal of Nursing Research* 2003, **25(2)**:134-152.
39. Falkin GP, Strauss SM: **Social supporters and drug use enablers: a dilemma for women in recovery.** *Addictive Behaviors* 2003, **28**:141-155.
40. Uziel-Miller ND, Lyons JS: **Specialized substance abused treatment for women and their children: an analysis of program design.** *Journal of Substance Abuse Treatment* 2002, **19**:355-367.
41. Gregoire TK, Snively CA: **The relationship of social support and economic self-sufficiency to substance abuse outcomes in a long-term recovery program for women.** *Journal of Drug Education* 2001, **31(3)**:221-237.
42. Kelly PJ, Blacksin B, Mason E: **Factors affecting substance abuse treatment completion for women.** *Issues in Mental Health Nursing* 2001, **22(3)**:287-304.
43. McMurtrie C, Roberts P, Rosenberg KD, Graham EH: **Child care and parenting education within drug treatment programs for pregnant and parenting women.** *Women's Health Issues* 1998, **8(4)**:246-253.
44. Camp JM, Finkelstein N: **Parenting training for women in residential substance abuse treatment. Results of a demonstration project.** *Journal of Substance Abuse Treatment* 1997, **14(5)**:411-422.
45. Hiebert-Murphy D, Richert M: **A parenting group for women dealing with child sexual abuse and substance abuse.** *International Journal of Group Psychotherapy* 2000, **50(3)**:397-405.
46. Anderson LM, Shinn C, St Charles J, Fullslove MT, Scrimshaw SC, Fielding JE, Normand J, Sanchez-Way R, Richardson T, Centers for Disease Control and Prevention: **Community interventions to promote healthy social environments: early childhood development and family housing: a report on recommendations of the Task Force on Community Preventive Services.** *MMWR RECOMM Rep* 2002, **51(RR-1)**:1-8.
47. Jester JM, Jacobson SW, Sokol RJ, Tuttle BS, Jacobson JL: **The influence of maternal drinking and drug use on the quality of the home environment of school-age children.** *Alcohol Clin Exp Res* 2000, **24(8)**:1187-1197.
48. Niccols A, Sword W: **"New Choices" for mothers with addictions and their children: preliminary evaluation.** *Submitted to Journal of Substance Use* 2004.

### Pre-publication history

The pre-publication history for this paper can be accessed here:

<http://www.biomedcentral.com/1471-2458/4/10/prepub>

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:  
[http://www.biomedcentral.com/info/publishing\\_adv.asp](http://www.biomedcentral.com/info/publishing_adv.asp)

