

# SUPPORTING BIRTHING PEOPLE WHO USE SUBSTANCES BY FACILIATING CONNECTION TO HEALTH AND COMMUNITY SERVICES



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## INTRODUCTION

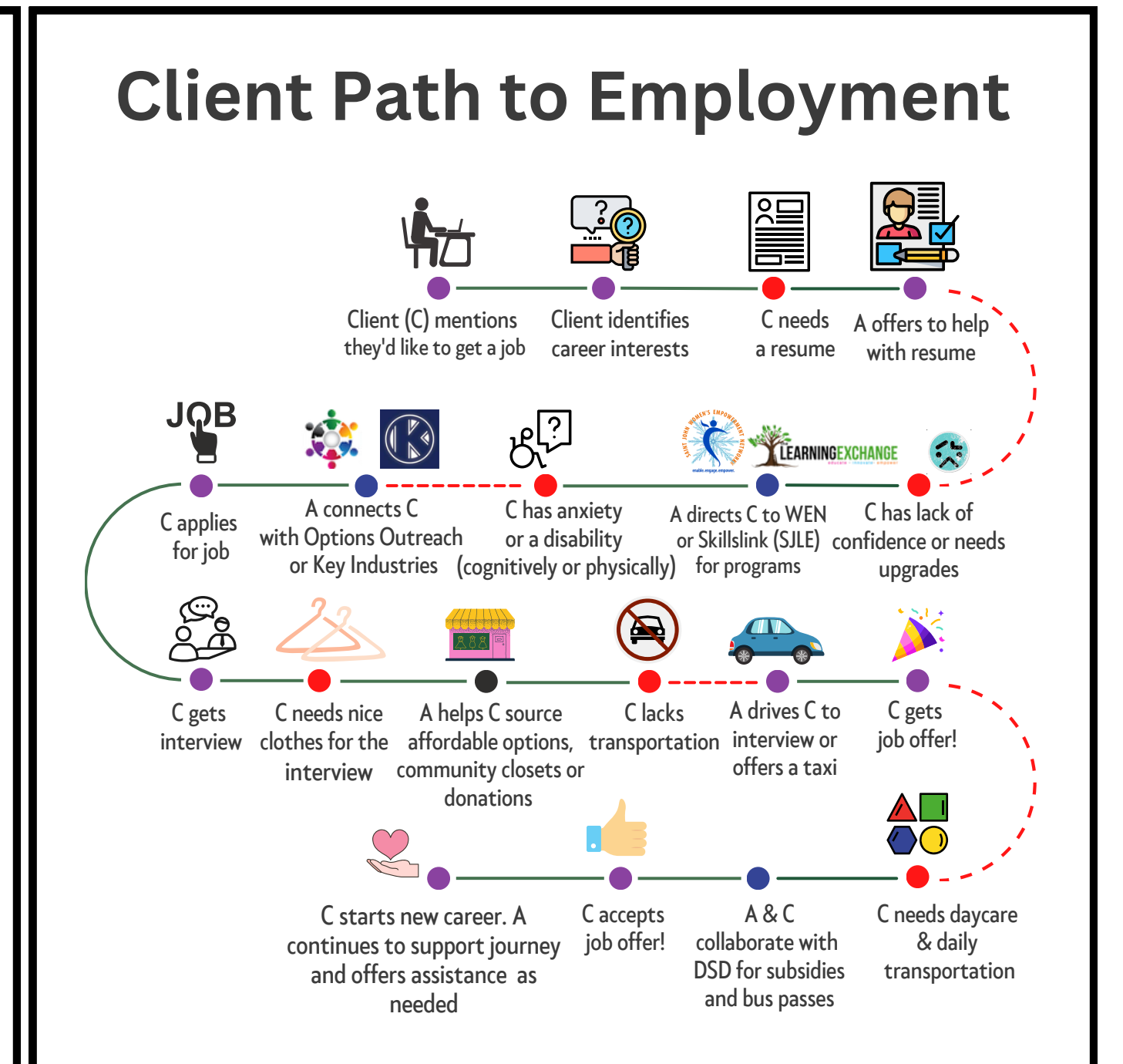
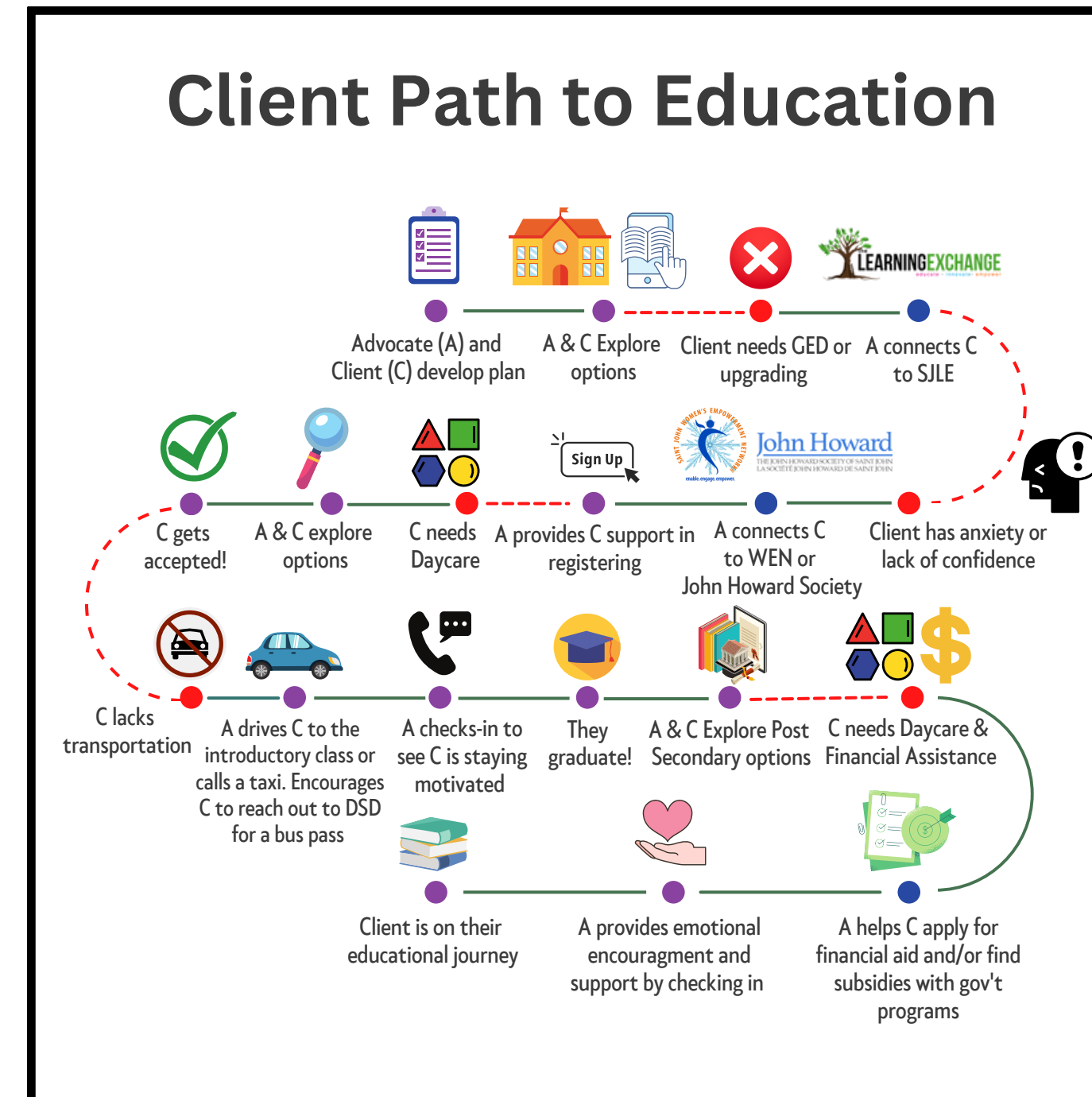
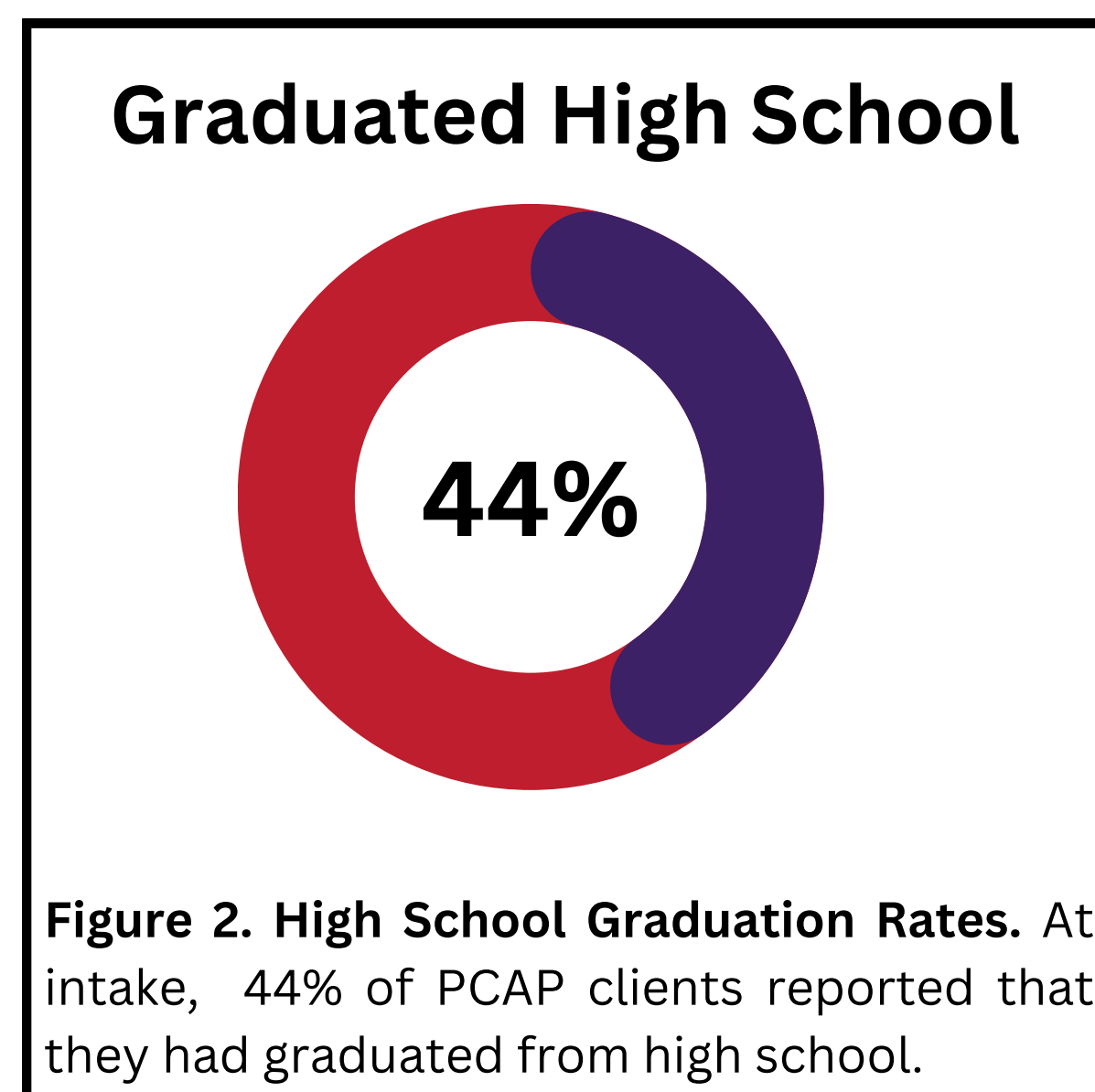
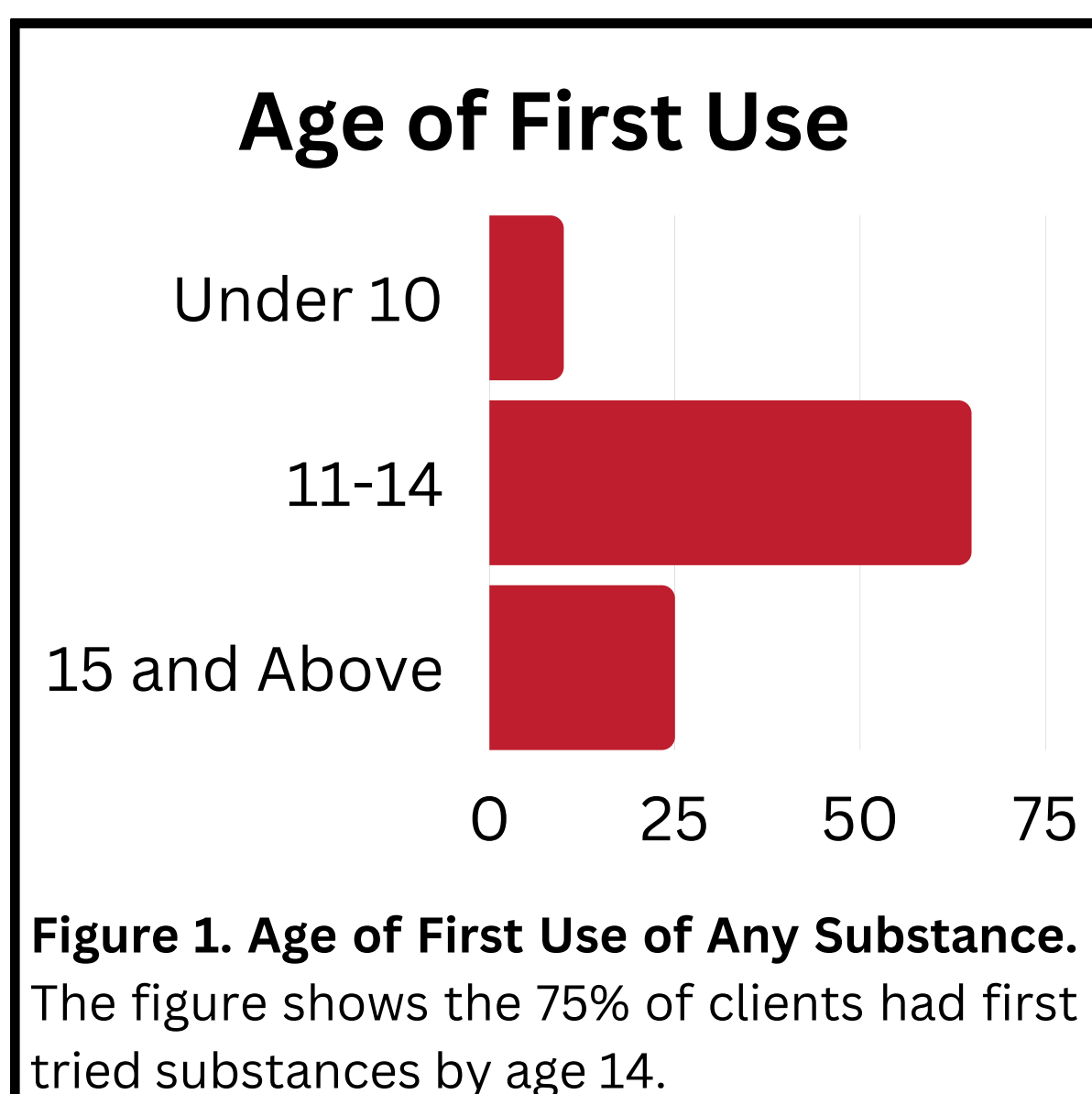
The Parent-Child Assistance Program (PCAP) is a trauma informed, harm reduction and evidence-based community intervention for birthing people who use substances (BPWUS). PCAP Advocates support BPWUS and their families to mitigate systemic barriers and stigma to create and maintain community connections and access to services. The current study will delineate the service and community connection outcomes of the pilot phase of PCAP.

## METHODOLOGY

This retrospective, observational study of 71 PCAP clients at various stages in the program will describe demographic and socioeconomic factors of PCAP clients upon intake into PCAP, including age, number of children, age-of-first-use, and adverse childhood score (ACE). Rates of connection to various services while in the program through frequencies and means. This includes health services, training and skill development, legal services, and community building exercises.

## RESULTS/FINDINGS

The average PCAP client is 27 years old with 2 children. The majority first used substances by the age of 14 (75%), did not graduate from secondary school (56%), and they have an average adverse childhood score (ACE) of 6 out of 10. Only 58% of clients report ever having a close relationship with their mother, 41% with their father, and 80% with their own children. Most have experienced emotional, sexual, and/or physical abuse (94%). While in PCAP, 18% of clients participated in academic/vocational training, 37% in personal/social skills training, and 41% participated in positive recreation and enrichment activities. Further, 87% participated in recovery programs, and most clients (80.3%) and children (74.6%) were connected to health care services.



## Relationship and Social Supports Profile

At intake, clients are asked if they had ever had a long-lasting, meaningful relationship with people in various categories, including parents, friends, spouses and their children.	Only 41% reported ever having a close relationship with their father.	Only 58% reported ever having a close relationship with their mother.	82% had been victims of intimate partner violence.
	80% reported ever having a close relationship with their own children.	73% reported ever having a close relationship with friends, 69% with a spouse.	94% have been victims of physical, sexual and/or emotional abuse in their lifetime.

Figure 3. Relationship and Social Supports Profile. Among PCAP Clients at intake, 58% report ever having a close relationship with their mother, 41% with their father, and 80% with their own children. Most had experienced emotional, sexual, and/or physical abuse (94%).

## Service Connection During PCAP Enrollment

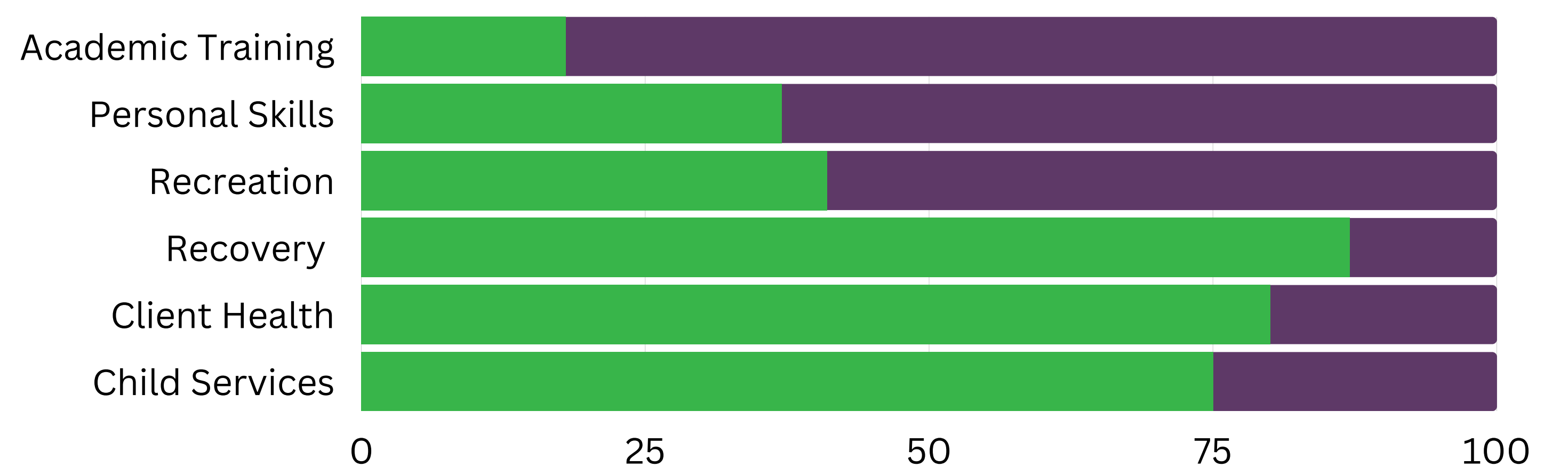


Figure 4. Service Connection During PCAP Enrollment. While in PCAP, 18% of clients participated in academic/vocational training, 37% in personal/social skills training, and 41% participated in positive recreation and enrichment activities. Further, 87% participated in recovery programs, and most clients (80.3%) and children (74.6%) were connected to health care services. Examples of Advocate support on the client journey are shown in the figures above.

## CONCLUSION

Trauma-and-violence-integrated-care (TVIC) acknowledges the connection between violence, trauma, negative health outcomes and behaviours. These approaches focus on minimizing harm and retraumatization, to promote a sense of safety, control, and agency for individuals that interact with systems and programs. TVIC models move beyond treatment and recognize that systems have a role to play in reducing harm. This helps to reduce the stigmatization and harm of vulnerable populations, while simultaneously mitigating conditions of marginalization. Embedding this approach into systems, policy and programs can improve population health, social outcomes, and system responsiveness. PCAP uses a harm reduction and strengths-based approach to support BPWUS to build autonomy and self-efficacy. Current findings demonstrate that PCAP clients were engaged in health care, recovery, and skill development training while in PCAP. Mitigating barriers to create access to services improves the quality of BPWUS and their families.

## REFERENCES



PCAP is a unique program that provides personalized support for women/birthing people who use substances by pairing them with an Advocate for three years. Advocates work with clients to identify, set, and achieve their goals. Together, Advocates and clients connect with community resources, and navigate complex systems to build the client's personal assets and autonomy.

Parents who use substances are more likely to experience adversity and feel isolated from their communities. The impact of this directly impacts their children, and the cycle continues. PCAP is only one part of the puzzle needed to disrupt this cycle. Our families need support from every aspect of their community. In the last year, we have watched our first clients graduate from the program. We are so excited for what the future holds for them.



PCAP Team: Holly Seale, Lead PCAP Advocate; Kelly Carline, PCAP Advocate; Hallie Merry, PCAP Advocate; Also Pictured: Joanna Beckett.

