MARITIME CENTRE of EXCELLENCE for WOMEN'S HEALTH

Promoting social change through policy-based research in women's health

Including Black Women in Health and Social Policy Development: Winning Over Addictions

Empowering Black Mothers with Addictions to Overcome Triple Jeopardy

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Contents

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Executive Summary

The primary goal of this project was to engage Black mothers who have addictions, and are or have been involved with a child welfare agency, in an exploration of the issues that impact on them, and the barriers to successful intervention. This participatory project explored three main questions with the women:

1. What are your experiences in dealing with the addiction?
2. What are your ideas and suggestion for how we might develop the research project?
3. Who might be involved?

The women chose not to be involved in phase two of the research. However, they did suggest people and agencies to be invited to the consultation with service providers. The women named their experiences during the data gathering phase of the research. Using thematic analysis, the following themes emerged:

- stigma and shame from the community
- threats from child welfare
- lack of gender-specific and culturally-appropriate services
- lack of supports from extended family and the wider Black community
- the link between the addiction and crime
- support mechanisms that work for these women

The participants talked openly about the stigma they experienced, and the shame they felt, during some encounters in the community. They believed that they received harsher criticism and disdain from the general public than men did. As mothers, they recognized the special burden they had to face, as they were constantly under scrutiny regarding their ability to care for their children. The loss of their children represented failure and contributed to their damaged self-esteem and shameful existence. As we discussed the role of child welfare in their lives, the women repeatedly stated that the threats from child welfare workers did not help. This was particularly painful for those women who sought help for their addiction at the risk of being separated from their children, as there are no gender-specific residential programs in Nova Scotia. Current services and programs are under-utilized by the African Nova Scotian community, and the lack of culturally-relevant services is a significant barrier for these women.

Despite the legacy of African Nova Scotians taking care of their own (Bernard and Bernard 1999; Bernard 1996), many Black women with addictions do not feel a sense of connection to their families and communities. The women in this study indicated that they have few supports from their families or the Black community at large. Some of the women found support in the most unlikely place, prison. For many, being in jail was considered a safe place, and they often sought refuge there when things became difficult.

However, when asked 'what helped?', many of the women did name sources of support. The following themes emerged:

- finding someone who cared
- having recovering addicts as a role model
- spirituality and a belief that things could get better

All of the women could identify one special person who helped them to believe in themselves again. This was often a professional who went beyond the call of duty to help, or an extended family member or kin (community member or friend) who was persistent in trying to help change destructive patterns. A second theme was the significance of role models who were recovering addicts. Having a helper who had 'been there' was important for many of the women. Knowing the experience because she/he had been through it was seen as a tremendous source of support for those who were beginning their recovery journey. Finally, being connected spiritually, and having a strong sense of oneself as a spiritual person who could survive, was identified by the women as a real source of support.

The consultation with agency service providers produced three main themes:

- the majority of services are not culturally relevant
- services do not address systemic issues that impact on substance misuse or abuse, including Black women's access to intervention
- services lack a holistic approach to intervention and prevention program planning and implementation.

1.0 INTRODUCTION

The primary goal of this project was to engage Black mothers who have addictions, and are or have been involved with a child welfare agency in an exploration of the issues that impact on them, and the barriers to successful intervention.

The project's objectives were:

1. To engage Black mothers who have addictions and are or have been involved with a child welfare agency in an exploration of the issues that impact on them, and the barriers to successful intervention.
2. To engage health care workers and social workers in a critical examination of their agency's policies, culture and mandates, and how these interface with the experiences of Black mothers with addictions, who are involved with child welfare agencies, when they access services.
3. To develop a longer term action research project to document and address the structural barriers experienced by these women, and to use the research findings to influence policy and program development.

The field of addictions is a challenging and complex one to understand and deal with. Any discussion of addictions needs to begin with a definition of addiction. For the purposes of this discussion, I use the term to refer to the loss of control over the use of a substance or an activity.

2.0 WOMEN AND ADDICTION

The impact of addictions on individuals varies, however the following implications may result: failing physical health, destruction of family relationships, damaged friendships, jeopardizing employment, financial problems and failing emotional health. Anyone can develop an addiction, and the underlying causes of addiction are as varied as the people involved. One significant difference that has received a lot of attention in the social science literature is gender. The specific treatment issues that impact on women addicts have been well documented. This review of current knowledge focuses on the experiences of women and addictions generally, and the specific experience of Black women and crack cocaine.

According to the Nova Scotia Drug Dependency Services Provincial Women's Addiction Treatment Strategy, women continue to be under represented and under treated in male-based addiction treatment programs. The Provincial Strategy also states gender specific treatment programs such as therapy groups are the most effective approach to reach women. The Provincial Strategy advocates the development of specialized services to address women's particular experiences, issues and realities (Nova Scotia Commission on Drug Dependency, Unpublished, p. a). The strategy is guided by a set of principles that recognize the realities of women's use of addictive substances or activities. The move to provide gender-specific treatment services in Nova Scotia is rooted in an understanding of the barriers to addiction treatment facing women. Of particular concern is the stigma attached to women who are addicts and the impact of shame on their ability to access these services.

2.1 STIGMA OF FEMALE ADDICTION

The notion of stigma and shame is well documented in the literature (Machennan and Pinder 1976; Sullivan 1996). Badiet (1976) argues that because women are expected to fulfill traditional roles such as wife and mother and to be guardian of social values, their use of

illicit drugs or abuse of alcohol is seen as more disturbing than men in similar situations. Drinking by women has never been viewed as socially acceptable (Plant 1997). This also causes the problem to remain hidden. Sullivan (1996: 77) suggests that because women tend to drink and use drugs in the home, the extent of their substance abuse remains largely unknown. Initially, researchers focused on women and alcohol addiction. More recently, attention has been paid to the issue of drug abuse.

Abbott and Shulamith (1997: 38-39) highlight the stigma that society places on women addicts. Women are expected to be caretakers and nurturers. Society stigmatizes women addicts because of the incompatibility with the above noted role descriptions. Abbot and Shulamith (1997: 39) argue that "the result of this intense social stigma **...** forces chemically dependent women into hiding". Furthermore, drug treatment models ignore the special needs of women (Abbot and Shulamith (1997: 41) and tend to view addicts as a homogeneous group. Issues of gender, race, class, sexual orientation, ability or other forms of marginalization are not addressed in most mainstream addiction intervention programs.

2.2 DRUG ABUSE AMONG WOMEN

Drug abuse among women has increased significantly during the past few decades (Agrawal 1995). Like alcohol addiction, women drug abusers are stigmatized and this can have a negative impact on their ability to access treatment services. Robins et al. (1984) report results of a study that found drug abuse was the second most common psychiatric disorder among women aged 18-24 (cited by Agrawal 1995: 161). Vulnerable women are seen as good potential customers by drug dealers (Agrawal 1995).

For many women, the drug of choice is cocaine or crack. According to the College of Agricultural Sciences (http://wwwpenpages. psu. edu/penpages) over five million women (aged 15-44) use an illicit drug, and approximately one million of them use cocaine. This theory is supported by Roberts (1999) who states that cocaine and heroine are the most commonly injected drugs, and women using these drugs are one of the fastest growing high-risk groups for AIDS in North America. Roberts (1999) also suggests that illicit drug use is particularly devastating for women who are living in impoverished communities. In many inner city neighborhoods in North America, cocaine and crack are easy to obtain, and their misuse has reached epidemic proportions. The use of crack cocaine in African communities is of particular interest to this study.

2.3 COCAINE AND CRACK ADDICTION

Cocaine and crack originate with the leaves of the coco plant, which grows primarily in South America. Cocaine is processed into a white powder which is snorted, or melted and injected. Crack is further processed into a substance that can be smoked, or melted and injected (Twist 1989; Smith 1994). My interest in this study is the use of crack.

Cocaine is a highly addictive drug. Smoking crack is even more addictive as it allows very high doses of the drug to reach the brain quickly. Freebasing cocaine increases the risk of dependence.

The use of cocaine produces exaggerated feelings of well-being and confidence in users. Repeated use can lead to a vicious cycle of the positive intensity of the rush and the negative intensity of the crash (Carroll 1994). Both crack and cocaine trap a chemical called dopamine in the section of the brain called the reward system. Dopamine stimulates and restimulates these nerve cells, making the user feel intense pleasure. As a result, the user requires more and more of the drug to re-

experience the intense pleasure felt at first use, which leads to the addiction. The addiction becomes overpowering, and the addict is preoccupied with getting the drug (Carroll 1994; Berger 1987).

Boyd (1999) states that drug use among women has steadily increased and for many, cocaine has emerged as the popular drug of choice. Although cocaine use had historically been associated with the wealthy and celebrities, the relatively low cost of crack has made it available and affordable to people with low incomes. Clearly, the use of cocaine and/or crack has different consequences for women, especially those who are mothers. Women crack users are more likely to get depressed and have lower self-esteem. Both issues can lead to addiction and impact on treatment. In addition, attention has been paid to the effect of addiction on pregnancy, childbirth and children (Goodman 1992; Bingol et el. 1987). Cocaine can cause problems for the fetus if taken during pregnancy. Addiction to cocaine can interfere with a parent's ability to effectively parent. If one's energy is consumed with getting the next fix, then the child's needs may go unmet. Children may be neglected, abused, or left in unsafe situations (Twist 1989; Kennedy 1992).

Crack or cocaine addiction amongst women can also lead to prostitution and shoplifting to support the habit. Such behaviors and actions place the women at risk for legal conflicts and will have a negative impact on their parenting.

2.4 BLACK WOMEN AND ADDICTIONS

In this study, I was particularly interested in exploring the experiences of Black mothers and crack addiction. There has been no research done in Nova Scotia on Black women and addictions. However, research done on the African American experience may provide some insights. Nobles and Goddard (1999) identify three main issues that impact on the use of illicit drugs and alcohol in the African American community:

1. Living in the urban environment as a condition of extreme stress.
2. The general availability of alcohol and drugs in the African American community.
3. The impact of the media and the projection of "taking something" to solve problems.

Nobles and Goddard (1999) argue drug use and abuse has reached epidemic proportions in the African American community. With the emergence of crack as the drug of choice, and its highly addictive qualities, they suggest this presents a clear and present danger to the African American community. Among some youth, the involvement in and use of drugs has taken on a life of its own. Parents, families and communities are challenged by the youth drug culture. Furthermore, the life chances of the present and future generations are being affected as drug use increase (Nobles and Goddard 1999).

Robert's (1999) study which investigated illicit drug use in the lives of 32 drug-using women in two inner-city neighborhoods found that loss, especially multiple losses, resulted in an escalation of drug use. Drugs were readily available in these neighborhoods, and the excitement of street life and drug abuse provided an alternative to a depressing home life. The stressful conditions that come with life in urban ghettos leave people with a sense of hopelessness, depression and painful feelings associated with loss. Roberts (1999) suggests the loss may be associated with childhood abuse, early death of parents or significant others, parental rejection or desertion. Drugs were used by the women in Roberts' (1999) study as a means of escape and of taking control. They provide a temporary

escape. As hooks (1993) says, addictions can become central to the lives of Black women when they experience life-altering stress. For many it is a response to loss.

Boundy and Colello (2001) suggest inner-city addicts are at high risk for having experienced trauma. In addition, women crack users are especially vulnerable to trauma (Fullilove et al. quoted by Boundy and Colello 2001). Many female crack addicts are also at risk of having their children apprehended by state authorities. Fullilove et al. (1992) report that 53 % of female crack addicts have had children placed in foster care. In the Halifax Regional Municipality (HRM), child protection workers indicated that approximately one third of their caseload is Black women who are crack addicts (Personal communication, November 1999).

2.5 SUMMARY

This brief review of the literature suggests that although the issue of women and addictions has received some attention in social science research, little is known about Black Nova Scotian women and their experience of addictions. In addition, despite the evidence that indicates that interventions to deal with addictions need to be gender specific, there are few gender-specific programs and no residential programs for women in Nova Scotia.

Women with addictions face stigma and shame in society and often within their own families. For Black women who are marginalized by gender, race and often class, the struggles are likely more challenging.

The highly addictive nature of crack cocaine and the availability of the drug in low-income neighborhoods places poor people and Black women at great risk of addiction. In some American cities this has reached epidemic proportions, and there is growing concern in Halifax about the prevalence of the drug and the significance of the problems associated with its misuse.

3.0 METHODOLOGY

This study was designed to explore the experiences of African Nova Scotian mothers who are struggling with crack cocaine addiction and have involvement with child welfare agency regarding care of their children. I was particularly interested in examining the barriers to intervention and the types of supports they identified.

The research was conducted in two phases. Phase one involved direct participation from the key stakeholders. A participatory action research design was used in phase one. A group of Black women who were "winning over their addictions" were recruited to participate in the research as co-researchers and participants. This was a challenging process as many of the women had real barriers that limited their level of participation and involvement. However, a core group of six women worked with me throughout phase one of the project. These women have indicated that they are unable to continue their involvement with the research project, and question the viability of the research model.

It is very challenging for vulnerable Black women who are addicts to engage in a research project with service providers, most of whom are white, who hold all the power. Can a participatory research model work with such a power imbalance? I was unable to answer that question in the confines of this study, and this is an issue that requires further investigation. However, it is clear that for the purposes of this study, the participatory model was not the most affective way to approach the research question. There are several questions around methodology that we need to examine here. I have

questioned the notion of real involvement in participatory research elsewhere (Bernard under review). Since the participatory methodology was not doable in this project, phase two was re-designed to accommodate the voices of the women.

Phase two involved a community consultation with service providers regarding programs and services in HRM to address the needs of Black women who are mothers, dealing with addiction and have involvement with a child welfare agency. The consultation provided service providers with an opportunity to discuss the services they are able to provide and to collectively identify the gaps in services available to the target group. Participants also identified barriers in their agencies that limited Black women's access to their programs and strategies they could implement to overcome these barriers. The Black women co-researchers/ partners suggested service providers who should be invited to the consultation.

It was expected that this research would increase awareness amongst Black women with addictions about their needs, existing services and current gaps in services. In addition, it was expected that there would be increased awareness amongst health and social service providers regarding the experiences of Black women with addictions and their access to health and social services. This research has contributed to a heightened awareness amongst Black women and service providers regarding the experiences of Black women with addictions and the challenges they face in trying to access health and social services. There is also enhanced awareness in the wider Black community regarding the everyday reality of Black women who are struggling with addictions.

4.0 Research Findings

This participatory project explored three questions with the women:

1. What are your experiences in dealing with the addiction?
2. What are your ideas and suggestion for how we might develop the research project?
3. Who might be involved?

As previously noted, the women chose not to be involved in phase two of the research. They did suggest people and agencies to be invited to the consultation with service providers. The findings presented below represent the women's experiences in dealing with their addiction.

4.1 Black Women's Experiences

All of the women who participated in this research were addicted to crack cocaine. In addition, the women struggled with addictions such as alcohol, marijuana, hashish and/or cigarettes. Each of the women involved had at least two addictions, most commonly crack and hash.

The women were mothers, and all were involved with a child welfare agency because of their addiction. The majority of the women were living with their children during this research, although they had all been separated from their children at some point due to an apprehension or temporary care and custody order.

All of the participants lived in the Halifax Regional Municipality. Some lived in social housing, and most were living in low-income neighborhoods. None of the women were employed. They were all on fixed incomes, either a disability pension or family benefits. Their ages ranged from 24 to 41.

The women named their experiences during the data gathering phase of the research. Using thematic analysis, the following themes emerged:

- stigma and shame from the community
- threats from child welfare
- lack of gender-specific and culturally-appropriate services
- lack of supports from extended family and the wider Black community
- the link between addiction and crime
- support mechanisms that work for these women

Each of these themes is discussed in detail below, with first voice accounts from the women themselves.

4.2 Stigma and Shame from the Community

The participants talked openly about the stigma they experienced, and the shame they felt, during some encounters in the community. They believed they received harsher criticism and disdain from the general public than men. For example, one woman talked about the names she was called as she stood on the corner:

> *I would stand on … with my boyfriend. We would both be hustling to get a fix … nobody called him names, but people would yell out of their car windows at me, calling me 'slut', 'whore', and saying things like, 'who's looking after your kids bitch'.*

She went on to say quite emphatically,

> *I felt really bad when that happened and it usually made me fight to stay high longer ... I wanted to numb the pain and shame …*

Another woman shared a similar story, describing an experience with her children's classmates:

> *… It was awful to see my kid's friends yelling at me and calling me names … I felt so ashamed … I wanted to run and hide … I tried really hard to move out of the neighborhood to protect my kids from that …*

These women shared many similar stories of stigma and shame. One woman said, "[one person] did try to help me one time, so it was hard to face her when I was off". This woman is referring to how, when she was back on the 'rock', she felt so much shame and guilt that she found it difficult to reconnect with this one source of help.

The theme of stigma and shame is consistent with the literature. Women with addictions are more actively discriminated against and have fewer supports available to them. However, these women are not only dealing with prejudice based on their gender and addiction, they have the added burden of race and class. They are less likely to be able to conceal their addiction. This is consistent with earlier research that indicates that African Nova Scotians are more likely to be over represented in state-mandated agencies (Bernard, Lucas-White and Moore 1993) and to have agencies such as child welfare and income assistance involved in their lives. This relates to the second theme, the impact of threats from child welfare agencies.

4.3 Threats from Child Welfare

As previously noted, all of the women had been, or are currently, involved with a child welfare agency. They had all had the experience of having a child apprehended, or voluntarily giving up custody of their children. For most of the participants this was not a choice but part of a downward spiral of addiction and loss that was hard for them to stop. For many of these women, becoming a mother was one of the most rewarding aspects of their lives and to lose their children was one of the most devastating. The loss of their children represented

failure and contributed to their damaged self-esteem and shameful existence. As we discussed the role of child welfare in their lives, the women repeatedly stated threats from child welfare agencies did not help. There is a clear understanding that child welfare workers must do what is in the best interest of their children, but they question why there are no real services in place to help them meet their children's needs. One woman tells a compelling story:

> *I know that if I kept doing crack they would come and take my kids. I knew because they told me so, every time they come. I hated to see them come, cause each time I thought they would take my boys … I knew it would happen one day … I just couldn't stop using because I was so scared of losing them … The only time I could relax with them was when I was high … I was so scared of losing them I couldn't tell my drug worker what was going on, and I sure couldn't tell my social worker … I had nowhere to turn … the drug was my friend …*

The notion of a vicious cycle, or a downward spiral, is evident in this woman's story. She could not tell her support workers that she was using as she was afraid of losing her children. Yet her fears and anxiety about losing her children plunged her further into despair and her dependency on crack. Interventions could not be effective under these circumstances.

Another woman shares a similar experience:

> *I knew that Children's Aid was going to take my daughter, because I saw them take my friend's kids. They made me go for drug testing, and to go for the 28-day program. I did all that ... so I could keep my kids. I gave up crack and alcohol, but I didn't think marijuana would hurt me. I used it to take the edge off. But the minute they found traces of it [marijuana] in my urine, they came and took her … They said they had no choice because I was warned and had signed an agreement … I could never trust them … I'm not addicted to crack or booze anymore. I thought I was doing good and now I have nothing …*

The trade of one substance for another is very common among those suffering from chemical dependency. However, those most affected are usually not informed of the consequences of using other substances, as was the case with this woman. She believed that her use of marijuana, what she considered a safe drug, was not an issue that impacted on her parenting. How can agencies and drug treatment services better service women who are caught in this type of situation? This change in use of substances is consistent with a harm reduction model, but this is seen quite differently by child welfare agencies. Similar issues emerge under the next theme, the lack of gender-specific and culturally-appropriate services.

4.4 Lack of Gender-Specific and Culturally-Appropriate Services

There is only one gender-specific addiction treatment service in Halifax, the Matrix Program offered by the Nova Scotia Commission on Drug Dependency. Matrix provides women-only groups and individual counseling services. They pay particular attention to women's unique needs when they are dealing with addiction issues.

There are no culturally-appropriate addiction treatment services in Nova Scotia. There are no residential programs for women that allow them to keep their children with them. Current services and programs are under-utilized by the African Nova Scotian community. The women in this study indicated lack of culturally-appropriate services was a significant barrier for them. One participant offers a clear perspective on this issue:

I have been to the 28-day program a couple of times, and I got tired of the racist name calling there. I want to see a counselor that looks like me when I go to see someone. We have different things going on and … I want someone who understands me and what I am going through.

Another participant said,

I am sick and tired of telling workers and counselors what it's like to be Black. If I get enough nerve to go there [for drug counseling] then I want to get on with it … How can they help me if they don't know where I'm coming from?

Clearly there is a need for culturally-appropriate and culturally-specific programs. These women want services without the expectation and added burden of having to explain their unique cultural experiences. There is also the issue of racism within programs. Agencies need to ensure that issues of racism amongst staff and other participants are addressed in a timely and effective manner. Participants from the African community will not utilize a service if they anticipate problems around race and racism.

Whilst there was recognition and awareness regarding problems and barriers of racism and the lack of cultural sensitivity in mainstream agencies, participants also noted that they sometimes experience a lack of support and insensitivity in their own families and communities. Some of these issues are explored next.

4.5 Lack of Support from Family and the Black Community

One of the issues of great concern to the participants was the stigma they felt within their own families and in the wider Black community. For many, the disconnection from family and community exacerbated their sense of hopelessness. To feel unloved and unworthy by one's family would cause them to feel unlovable. To be pushed out of your community would make you feel that you do not belong. The drug culture and community become much more important and significant for these women. The lack of connection to family and the Black community is a very real barrier for these women. Some participants expressed frustration with their encounters with the Black community:

I remember being outside … church and as people were coming out. I thought they would help … they didn't. They gave me some pretty bad looks … I thought they would help. How can I expect the community to help me when the church goers won't even take time to help?

The contempt and disdain that these women feel from their own families and community is an issue that requires further attention. Another concern is the inter-generational legacy of abuse within families. Fifty percent of the women in this study came from families where there was a history of alcohol addiction (their mothers, fathers and/or grandparents). In some cases, the alcohol addiction was ongoing. In such situations there are probably few family supports available to the women who were dealing with crack addiction. The following story is illustrative:

... I had nowhere to turn. Mom was high on booze all the time. Dad was long gone. All of my sisters and brothers were addicted to something … None of them could help me and my kids. My brother … was really bad, cause he was violent too. So no one wanted him around. I had to go outside for help … and not many people have time for a crack head like me. The only person who helped was Rev. Moriah ... He helped me get into a detox program out of town. I had to get out of Halifax … I told him I had to get out and he bought my bus ticket and drove me to the bus … No one in my family could help me.

Another woman shared a similar experience:

> *I had no family … you don't have real family when you're a check kid [child in care of a child welfare agency]. I don't trust nobody, and I sure don't want my kids to become check kids … I'm so scared … I'm so scared of losing them. Where can I go to get help? Who's there for me when I hit bottom?*

Although the reasons are very different, both these women experienced isolation and disconnection from family and community. Historically, African Nova Scotians (ANS) have taken care of their own and provided support for family members (Bernard and Bernard 1999). Yet we must be cognizant of the fact that this is not the reality for *all* African people. For various reasons, not all ANS families and communities are willing or able to provide for the needs of their individual members. The loss of family or the disconnection from family and community is like a double-edged sword as it both impacts on, and may contribute to a Black woman's addiction and substance misuse.

4.6 Linking Addiction and Crime

For many women, the misuse and abuse of drugs leads to involvement in crime. This places women in triple jeopardy, as the legacy of a criminal record also carries a lot of shame and stigma, and can lead to the disconnection from family and community. The majority of the women in this study had direct or indirect involvement with crime. At least fifty percent of those who participated had been incarcerated at the Halifax County Correctional Center. None of them had received sentences over two years. All of them had been on probation for a criminal offense. The crimes were either theft under five thousand dollars or prostitution. In all cases, the crime was committed to support the addiction. The following quotations are illuminating. One woman said,

> *I was pregnant, and I was scared. I knew that I had to get clean and the safest way to do that was to go to jail. I had to go to jail to get clean and protect my baby. I broke into ... so the police could put me in jail … I knew I'd get help there … My daughter was born there … but they took her from me … at least she was safe ...*

Another woman said,

> *I wanted to go to jail cause things were getting too hard on the street. I knew I had to get help … I went to detox, but it was too easy to get involved with guys there who were still using … They kicked me out for dating a guy who was in the 28-day program. Jail was a safe place, but there was no programs. I've got a grade seven education and no one will give me a job, not even a cleaning job. I wanted to get some upgrading, so I could get a job, I thought I could do that at the Crec [Halifax County Correctional Center] but they had nothing for me. When I got out I tried to go straight, I was clean for six months but I couldn't get much help. Social Assistance didn't give me enough money to live on and the stress just got to me … The rest is history.*

These women face many barriers. Often what might seem like a safe and supportive environment can leave them feeling disappointed and more frustrated, as voiced in the above story. Other women talked about police harassment. One woman shared her experience as follows:

> *The police were always stopping me for nothing … If I was on the corner trying to score [get drugs] they assumed I was prostituting … No body gets charged for using drugs, but they were always bugging me … I just got tired of the cops picking me up. There was no grounds for arrest but they kept picking me up.*

Another woman shared her experience:

> *My boyfriend was my pimp ... the police never stopped him, or the johns, but they were*

always harassing us [women]. Somebody ought to do something about that …

Women who work in prostitution are more likely to be the target of a police investigation rather than the pimps or johns who are an integral part of prostitution. Whilst these women recognize that their work in prostitution is illegal, they are also painfully aware that the men involved have a much different experience. They see this as a form of injustice, particularly as their work in prostitution is usually to support their addiction. These women have a clear analysis of the sexist treatment they have received.

For many of these women, although the downward spiral of addiction includes involvement in crime, incarceration can also be a form of safety and an opportunity to get off drugs. It seems that incarceration can be a critical point for some of these women. Is this a potential site for some creative programing? This is an issue that requires further study.

4.7 SUCCESSFUL SUPPORT MECHANISMS

Through this research I learned Black women addicts find support in the most unlikely places, for example, prison as noted above. A central component of this research was trying to identify those community resources that the women found helpful in their battle to overcome their addiction. There were three themes that emerged here: finding someone who cared, having recovering addicts as role models, and spirituality and a belief that things could get better. Each of these themes is discussed below.

Someone Who Cares

Many of the women indicated there was one person who extended care, above the call of duty if it was a paid resource, that helped them to learn to care about themselves again. Addictions have a significant impact on one's self-esteem and sense of self. Addicts do not see themselves as worthy. In this study, however, we were told that knowing someone really cared made a significant difference in their recovery journey. The following quotations provide some insights regarding the type of support these "caring individuals" provide to Black women who are struggling with addictions.

I really believed that no one cared. I would stand outside … church, looking for help, but no one seemed to care except the Reverend and one of the young church ladies … They really helped me just by telling me that they cared about me, that I was somebody … They made me look in the mirror, and encouraged me to get help …

Another woman said,

I had one social worker who told me that if I worked really hard to get clean and stay clean … I'd have a chance to get my son back … She told me that I was the best chance my son had at a real future … that it was **up to me** *to make a difference and that I* **could** *make a difference … She really cared about me as a person, and not just as a client … It really helps when someone cares about you …*

Role Models

Having supportive people in the agencies and community made a difference for these women. They also talked about the help they received from other recovering addicts who were their role models. One woman said,

I remember going to Drug Dependence and seeing … there as a counselor. She was clean and she was helping others. I remember when she used with us. When she told me, "If I can do this you can", I began to really believe that I could get off the drugs … she made me believe that … she was a real role model for me …

The importance of role models in the lives of Black people has been well documented in the literature (Bernard 1996; Wilson 1991; Rennert 1993). I have stated elsewhere that anyone has the potential to be a role model or mentor. Use of a role model or mentor is a positive survival strategy (Bernard 1996).

Other women in this study also talked about the importance of role models in their lives. One participant stated:

> *My brother's been clean for five years now … he's my role model. He really helps me to stay clean. I can call him anytime I'm hurting for a fix, and he knows what to do cause he's been there. He's my role model …*

Spirituality

Given some of the women's negative experiences with the Black church, it was interesting to hear them speak of the role of spirituality in their lives. The women talked about the importance of being spiritually centered and connected. For many, finding that spiritual core within themselves helped them in their recovery. Making a clear distinction between spirituality and organized religion, the women stressed the role of believing in yourself and believing that you can change in helping them to stay clean. The following quotations provide some insights into their thinking on spirituality:

> *The change had to come from inside me. Once I believed in me, I knew I could deal with the drugs. When my spirit began to heal I knew I would be okay …*

Another participant spoke of her struggle to be spiritually connected,

> *I grew up in the church, but it was more about the social network rather than the spiritual stuff. Now all I want to do is to get back to that spiritual stuff. I meditate and play spiritual music, I read my Bible and I pray. I want to feel spirit connected, but it's hard to figure it out. I'm still working on that, but I know I'll get there. I need to feel strong and good about me so I won't have to depend on that monkey on my back … I like the feeling of that natural high … It's great …*

The journey to recovery is fraught with challenges but, as indicated by the women themselves, there are also some supports. Sources of hope are found through spirituality, community and family supports, and effective role models. Similar survival strategies have been identified by other members of African communities (Bernard 1996). Despite these positive resources, the women stressed there are too few supports available to them, and that current services are not culturally relevant or adequate to meet their needs.

The service provider consultation was seen as a way of making agencies more aware of their needs as identified by the women themselves. As previously noted, the women decided not to participate in the service provider consultation as they felt too vulnerable. The power imbalance between these mothers who are at risk of losing their children, and the social workers and health care providers was too powerful to overcome in this study. The risks were too great for the women involved. The women had no safety net and were too afraid of repercussions. They also feared re-victimization from the wider community.

Clearly these women are experiencing triple jeopardy. They are dealing with race, gender and class issues simultaneously. In addition, as mothers struggling with addictions, they face stigma, shame, low self-esteem, and live with the threat of losing their children. Living at the intersection of multiple oppressions impacts on the issues that underlie their addictions and their access to appropriate interventions. These are complex issues that are not easily addressed.

5.0 CONSULTATION WITH SERVICE PROVIDERS

The women in this study began the dialogue and the service provider consultation continued that process. Fifteen workers from nine agencies participated in the consultation with service providers (see Appendix 1). A list of potential participants was generated by the women and the principal investigator. The service providers were asked to identify: services provided by their agencies; those programs that were culturally appropriate and gender specific; and gaps in service. The consultation with service providers produced three main themes:

- the majority of the services are not culturally relevant
- systemic issues that impact on substance misuse or abuse are not addressed by current services
- current services lack a holistic approach to intervention and prevention

5.1 LACK OF CULTURALLY-RELEVANT SERVICES

The general consensus amongst the service providers was that there is a severe lack of culturally-specific resources available for Black women who are struggling with addictions. While there is an acknowledgement that some services are attempting to fill this gap, service providers indicated that these were not adequate to meet the real needs of African Nova Scotian women who are struggling with addictions and are mothers. The following responses come from a range of agencies that serve this target group and are illustrative:

> *[We] recognize the lack of services that specifically deal with African-Canadian, native and immigrant women …*

> *[There has] always been an issue of securing support for African- Canadian women who have children (child care, money and transportation are barriers to accessing services) and we must also recognize that women in recovery need support with regards to children … African-Canadian women need a support network, including a worker who is African-Canadian, someone they can identify with.*

> *In our agency there is recognition of the lack of services in African-Canadian communities, and the need to be more accessible to women.*

> *[The] Matrix women's program is specifically geared towards women with addictions, but is limited to outreach. There is a recognized need for a residential, community-based treatment service for women …*

The participants acknowledged there is a lack of services that are both gender specific and culturally appropriate. However, there are some examples of efforts to improve the type of services available. For example we were told,

> *Choices [the Adolescent Addiction Treatment Program] does not do enough at this point to ensure multicultural inclusiveness. African-Canadian adolescents are a priority in the outreach plan at this time … [They] meet once a week with youth at the North End Youth Zone to address goals and strategies. They plan to work with Lana MacLean [an African Nova Scotian therapist in the adult Drug Dependency Commission community treatment program] to effect some change and attempt to reach the African-Canadian adolescent population.*

Initiatives like this help to pool existing resources and to develop resources to bridge identified gaps. Lana MacLean also runs support groups and community-based counselling opportunities to bring services to the community, what we might call 'outreach', with programs targeting specific segments of the population.

Service providers identified the following culturally-specific programs:

Support Group for African-Canadian Women in Recovery, open group discussion for two hours one night a week. Participants can be self-referred or referred through another agency. It is based on an Africentric[1] philosophy and a holistic approach to services.

Recovery in the Hood Program, at the North End Community Centre, meets three nights a week. Appropriate services are provided for multiple stages of the recovery process; participants are predominantly men of African descent.

Sister to Sister is a culturally relevant support group open to all women of colour who wish to share their ongoing concerns and issues while in recovery. The group focuses on issues such as relapse prevention, self-esteem, self-care, parenting skills, family connections, and spirituality.

These services are all offered in Halifax. Services to semi-urban and rural communities are almost non-existent. However, despite the innovative approaches to service delivery described above, service providers noted the overall inadequacy of the current programs.

[1] Treatment programmes that work from an Africentric approach are:

- culturally relevant for the participants
- tap into African history, traditions, rituals
- look at social realities, internalized racism, what it means to be an African-Canadian in today's society
- recognize the need for a collectivity that needs to be in place for successful treatment
- reframe the way we look at things, with a goal of empowerment.

5.2 Systemic Issues That Impact On Substance Misuse Or Abuse

Service providers also noted that a number of the contributing factors to African Nova Scotian women developing addictions are systemic in nature, for example issues of race, class, gender and geography. However, most of the services provided are not culturally relevant for the participants, and lack insight into the social realities of the people being served. There is also a lack of follow-up services and available supports to sustain women after the completion of treatment. There is a growing need for more preventive programs and policy development that takes these systemic issues and the lived realities of women with addictions into account. One worker's views are illustrative:

> *… contributing factors are race, class, gender, and geography. Race is significant in that Nova Scotia has the largest African population, yet there is a tremendous lack of resources. Services are not reflective of racial differences; clients cannot identify with practitioners. Consideration of class is important in terms of accessibility to services. Poor African-Canadian women simply do not have the money to access the benefits of private clinicians and an extended health care system …*

Another participant noted, "[g]ender is a significant contributing factor because of the lack of residential services available for women. Residential transition houses and services are geared toward men only ..."

African Nova Scotian mothers who are struggling with addictions must overcome several barriers to receive services to deal with their addiction, yet current services admittedly fail to address these realities. 'What does this mean for those women involved?' is the question that needs to be addressed. The women's voices presented in this report articulate the traps

that they often find themselves in. As consumers, they could be directly involved in designing policy and programs that fit with their lived reality and meet their needs in a holistic way.

One of the significant issues noted by service providers was the way in which the funding envelope is organized. A woman under investigation by child welfare for neglect or abuse of her child(ren) due to substance abuse can receive services such as addictions counselling. However, if there is a long waiting list, or she is referred to a private therapist to provide racial matching, the service is time limited. If her addiction is rooted in a family history of addictions, or a history of abuse, those problems are not solved in three months. One service provider stated, "Resources are taken away after a woman gets back on her feet, there needs to be a transitional phase that includes support services". Another added, "African-Canadian women with addictions have difficulty in finding professionals to meet their needs. It is difficult and expensive to plug in the appropriate resources. There is also a recognition that we are setting women up to fail when we pull out resources".

There is a strong message here that current funding strategies to provide resources for this group are not working effectively. Policies and programs that pay more attention to these constraints need to be developed if we are to assist this group of women and children.

6.0 STUDY LIMITATIONS

The voices of a few women were heard in this pilot study, hence the findings cannot be generalized. The power imbalance between the women and the service providers was more significant than I had realized. As a result, the original study design was not appropriate for this research. The necessary changes were made to accommodate the women's wishes.

The core focus group met for over one year, with sporadic attendance from approximately half of the women who participated in the study. Here too the challenges that the women were dealing with severely affected their ability to participate in this research. A researcher's desire to do research with a marginalized population must consider the full impact of such a decision. The lived reality and the daily challenges experienced by the group involved needs to be understood by the research team and the implications for involvement in the research clearly articulated and analysed.

Despite these limitations, this pilot study revealed several significant issues that can be explored in further research.

7.0 SUMMARY AND CONCLUSION

This participatory action pilot research project was designed to begin a process of inquiry into the use of crack cocaine addiction and abuse amongst African Nova Scotian women in the Halifax Regional Municipality. The use of crack cocaine in the African Nova Scotian community has received little public attention. However, as a social work educator I have been particularly concerned about the effects of this drug on the stability of families and children. Service providers indicate that there are few African Nova Scotian women who use their services. The women are frustrated by the lack of culturally-relevant services available to them. Additionally, child welfare agency workers are frustrated by their inability to effectively reunite these women and their children. Many of these mothers give up in despair, plunging them even further into their addiction and subsequent behaviours.

All of the women who participated in this research were addicted to crack cocaine. In addition, the women struggled with addictions such as alcohol, marijuana, hashish and/or cigarettes. Each of the women had at least two addictions, most commonly crack and hashish.

The women were mothers, and all were involved with a child welfare agency because of their addiction. The majority of them were living with their children during this research, although they had all been separated from their children due to an apprehension or temporary care and custody order.

The following themes emerged through the data analysis:

- √ **Stigma and shame from the community**. Women with addictions are more actively discriminated against and have fewer supports available to them. However, these women are not only dealing with prejudice based on their gender and addiction, they have the added burden of race and class as well. They are less likely to be capable of concealing their addiction and are more likely to have other agencies involved in their lives, e.g., child welfare and income assistance.
- √ **Other problems underpin the addiction**. For each woman who participated in this research, her involvement with substance abuse was rooted in some other critical issue. For many it was a family history of alcohol addiction, a personal history of abuse survival, either as a child or an adult, an experience of abandonment, and/or an experience of failure.
- √ **Threats from child welfare do not help**. The loss of their children represented failure and contributed to these women's damaged self-esteem and shameful existence. As we discussed the role of child welfare in their lives, the women repeatedly stated that the threats did not help. There is a clear understanding that child welfare workers must do what is in the best interest of their children, but they question why there are no real services in place to help them meet their children's needs.
- √ **Lack of gender-specific and culturally-appropriate services**. There is only one gender-specific addiction treatment service in Halifax and no culturally-appropriate addiction treatment services in Nova Scotia. There is a need for culturally-appropriate and gender-specific programs. These women want services without the expectation and added burden of having to explain their unique cultural experiences. There is also the issue of racism within programs. Agencies need to ensure that issues of racism amongst staff and other participants are addressed in an appropriate manner. Participants from the African community will not utilize a service if they anticipate problems around race and racism.
- √ **Lack of supports from extended family and the wider Black community**. One of the issues of great concern to the participants was the stigma they felt in their own families and in the wider Black community. For many, the disconnection from family and community exacerbated their sense of hopelessness. To feel unloved and unworthy by one's family causes them to feel unlovable. To be pushed out of your community makes you feel that you do not belong. The drug culture and community becomes much more important and significant for these women. The lack of connection to family and community is a very real barrier for these women.

- √ **There is a link between the addiction and crime which leads to other problems**. A number of the women had been in conflict with the law due to their addiction problems. They had either been involved with theft or worked in prostitution to support their habit. There were mixed blessings about being incarcerated: it allowed them to 'get clean' but forced a separation from their children. In addition, their conflict with the law gave them another form of stigma, adding to the jeopardy they already experienced. Addictions and involvement in criminal activities also put these women at risk for a host of other problems.

The women identified three supports that helped them in their struggle to win over their addiction:

- √ **Finding someone who cared**. Many of the women stated that having someone really care about them and extend that care in visible and tangible ways helped them learn how to care about themselves again.
- √ **Having a role model who was a recovering addict**. More than a role model in the wider society, someone who was actually recovering from an addiction was identified as a significant source of help for these women. Having someone who truly understood and knew the struggle of battling addictions from their own experience seemed to be an important component of these women's survival and recovery journey.
- √ **Spirituality**. All of the women stressed the importance of spirituality in their struggle to win the battle over their addiction. More than a belief in a higher power, they defined spirituality as a recognition of the inner sense of peace and serenity that allowed them to believe in themselves and to have faith that things would get better.

Two key themes emerged through the service provider consultation: the agencies recognize they are not effectively reaching African Nova Scotian women and their services are not culturally specific. At the same time, there is a willingness to identify ways to deal with the real and perceived barriers that keep these women from accessing their services.

- √ **Agencies are aware that they are not reaching African Nova Scotian women with addictions.** It was clearly articulated at the community consultation that agencies are not meeting the needs of this target group. There are real and perceived structural barriers for Black women that limit their access to these services. There was an expressed wish to engage in a discussion of alternatives and to put in place a process to address this problem.
- √ **Agency programs are not culturally specific**. The service providers stated that there are few culturally-specific services for African Nova Scotian women who are dealing with addictions. There are no gender-specific programs that allow women to keep their children with them. There is an interest in identifying ways to address these gaps in service and in working with the communities to improve service provision.

Crack and cocaine are highly addictive drugs and, because of its relatively low cost, crack has become the drug of choice amongst those who are economically marginalized. Treatment for cocaine and crack addiction is a long and arduous process. The success rate depends on several factors. Mothers are more likely to be successful in treatment if they have their children with them (Berger 1987). However, Nova Scotia does not have residential pro-

grams specifically designed for women and no program offered in the Atlantic region allows women to keep their children with them. Furthermore, drug treatment and intervention programs must deal with the underlying causes of addictions and the social conditions that underpin abuse and misuse of drugs and alcohol. Dealing with the stigma associated with women and drug abuse must also be placed on the intervention agenda.

8.0 Recommendations

The women and service providers who participated in this pilot study identified a number of issues that impact on the experiences of African Nova Scotian mothers with addictions in their struggle to effectively deal with their addiction and keep their children. The following are their recommendations for change and further research:

1. Develop policies and programs that meet the unique needs of African Nova Scotian women.
2. Treat this issue as a matter of some urgency, especially considering the long-term impact on children, families and communities.
3. Include individuals requiring services as active agents for policy development and change. The voice and reality of the client must be central to the process if policies are going to be successful.
4. Develop residential treatment programs which allow women to keep their children with them.
5. Make existing programs and services more culturally relevant.
6. Create more awareness in the African Nova Scotian community about the real experiences of women who are struggling to 'win over addiction'.
7. Conduct more research on the links between race and other forms of oppression and the impact on women's health.
8. Increase addiction follow-up support services to prevent relapses.
9. Provide more education and awareness training around culture and ethnicity for non-African workers.
10. Build community capacity by establishing links between government and community and non-governmental agencies to work with the African Canadian community to deal with the systemic issues that underpin substance abuse.

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Appendix 1

List of Service Providers Consulted

Nova Scotia Commission on Drug Dependency – Outpatient Services, Matrix and Choices

Alcoholics Anonymous

Elizabeth Fry Society

Department of Community Services – Child Welfare and Income Assistance

The Self Help Connection

The Single Parent Centre

Halifax Regional Police – Victims Services

The Association of Black Social Workers