



Impact of Motherhood Identity on Women's Substance Use and Engagement in Treatment Across the Lifespan

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BACKGROUND:

- Gender-specific treatment for substance use disorders (SUD) has been understudied and not prioritized in practice.
- Women are underrepresented in SUD treatment settings, comprising **one in three people** with a SUD but **only one in five people** in SUD treatment (UN World Drug Report, 2015).
- Interpersonal factors, including motherhood identity, may impact women's SUD treatment outcomes across the lifespan (Qin, 2020).
- **The purpose of this study was to assess motherhood identity as a potential barrier and facilitator to SUD treatment.**

METHODS:

- Participants were recruited from a clinical trial of a patient-centered decision aid about PrEP for women with SUD. Eligibility criteria included: identified as female; age >18; HIV-; in SUD treatment.
- In **20 individual interviews**, motherhood emerged as a key theme. We then conducted **four focus groups** on motherhood with **12 women** participants who identified as mothers.
- Transcripts were individually coded by two independent researchers in NVivo 12, to detect emergent themes.

RESULTS:

Table 1. Demographic Characteristics of 12 FG participants

Mean age (SD)	42 (12)
Race/ethnicity	Non-Hispanic White 50% Non-Hispanic Black 42% Hispanic/Latina 8%
Mean # children (SD)	2.9 (1.4)
Childcare support	Family/friends 67% None 42% Co-parent 17% Daycare 17%
Mean y in SUD treatment (SD)	4.3 (5.6)
Type of treatment	Medications for opioid use disorder (OUD) 100% Counseling for OUD 25% Medications for alcohol use disorder 8% Counseling for alcohol use disorder 8% Counseling for cocaine use disorder 8%

While motherhood motivated women to treat substance use disorders, women identified **structural barriers**, including fears of child separation and child protective services involvement, that **negatively impacted** treatment engagement. These barriers should be addressed by interventions to engage women in treatment.

Table 2. Key Themes with Selected Excerpts

Expectations and roles as mothers	<i>There is...a lot more shame and guilt around being a mom who's actively using than being a dad who's actively using.</i>
Motherhood as facilitator to SUD treatment Motivation	<i>[My kids are] the main reason I go seek treatment...I don't want to give up 'cuz of them but at the same time I'm devastated that I don't have them.</i>
Family support/grandparenting	<i>My kids though they seen me use drugs...I don't want my grandchild to go through that....Look where my kids end up...They've been through too much with me being on drugs.</i>
Child Protective Services (CPS)	<i>Once you have the system in your life you have to get treatment...you have no choice.</i>
Motherhood as barrier to SUD treatment Child separation	<i>After I lost my son, and after reality hit that the police weren't gonna give him back...that's when I hit rock bottom and...went to the heroin.</i>
Childcare	<i>There's only very few places that allow women children. And it's such long wait lists...Talk about access? So it's like none.</i>
Child protective services (CPS) or Department Children Families (DCF)	<i>When you're trying to hide your use from DCF...I didn't want anybody to know I relapsed this time, I...would have gotten help...sooner.</i>
Housing	<i>I realized in that shelter there was no type of programs...where I can...say I'm looking for a job or I got my kids with me I need daycare...when you give shelter to a woman you should provide all those...things</i>
Incarceration	<i>...I'm gonna stay clean, I'll never go back, I'll never do this, I'll never do that. You say that when you're in jail but when you're home it's a different story</i>
Stigma & disclosure issues	<i>There's still such stigma there really is...you're still judged</i>
Mental health	<i>Now, they [women with SUD]...have to take care of themselves and they were never able to work on that trauma they had.</i>

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