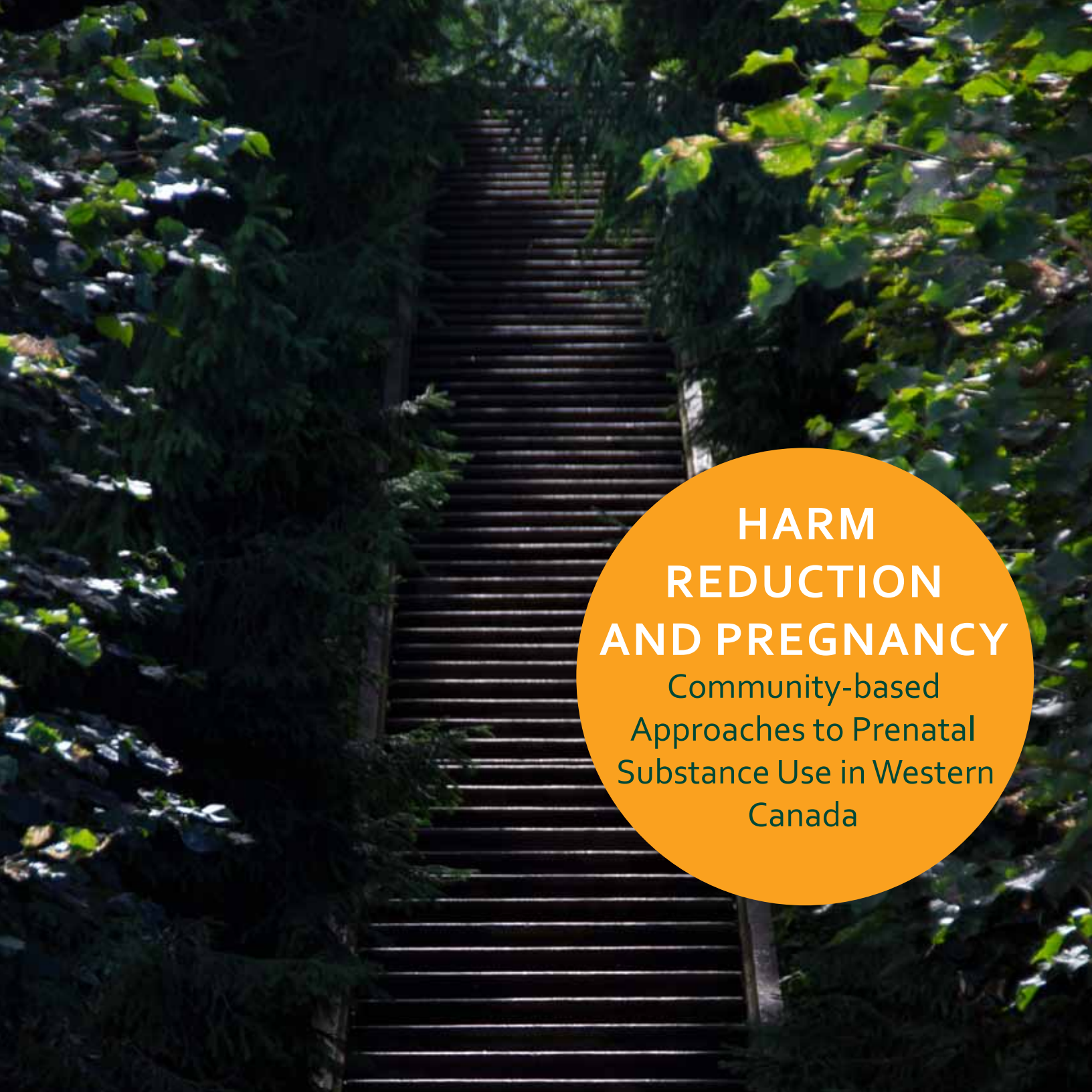


HARM REDUCTION AND PREGNANCY

Community-based Approaches to Prenatal Substance Use in Western Canada

What is harm reduction?

"Harm Reduction refers to policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use."

***Canadian Harm Reduction Network*, http://canadianharmreduction.com**

Since the 1990s, services for pregnant women and mothers using harm reduction approaches have emerged in many areas of Canada. Harm reduction is an approach that helps to reduce the negative effects of alcohol and drug use at the same time as helping women to meet their immediate health, social and safety needs.

Pregnancy is often described as an opportunity to support women in improving their health, including efforts to decrease or stop substance use or increase safer use of drugs. Harm reduction approaches are a pragmatic response to addressing substance use. They recognize that substance use is just one factor among many that shapes a healthy pregnancy and that reducing or stopping substance use at any time during pregnancy can have positive effects on women's health and the health of the fetus.

Many Canadian programs and services are gaining attention for their successes in using a harm reduction approach to engage pregnant women with problematic substance use, improving women's health, and ensuring that women and their babies have the best possible start in life[1-4]. This resource provides a short introduction to harm reduction approaches during pregnancy and uses examples from programs across Canada to illustrate harm reduction 'in action.'

What does evidence-based harm reduction during pregnancy look like?

The following harm reduction strategies have strong evidence of effectiveness in the scientific literature and in practice as ways of supporting pregnant and new mothers who use alcohol and drugs.

- Education and outreach, including sharing information about safer drug use and distributing clean needles and other supplies[4-8]
- Low barrier access to services which emphasize physical and emotional safety, relationship-building, have short or no waitlists, and are provided in an accessible geographical location [7, 9-10]
- Collaboration between health care and child welfare sectors[7, 9-12]
- Buprenorphine and methadone maintenance treatment[13-14]
- Provision of food vouchers, daily hot lunches, and prenatal vitamins[15-17]
- Testing for Sexually Transmitted Infections and other sexual health services[18]
- Addiction counseling, including help with quitting smoking[4, 7, 19]
- Assistance with transportation and child care to attend appointments[4, 7-8, 10]
- Access to integrated program models (e.g., on-site pregnancy-, parenting-, or child-related services offered with addiction services or coordinated referrals to other health and social services)[2, 4-5, 7, 20]

Research shows that harm reduction activities and approaches during pregnancy can:

- Increase engagement and retention in prenatal services and addiction treatment [4, 6-8, 21]
- Increase referrals to other health and social services and increase engagement in services following birth[6-7, 21]
- Reduce alcohol and drug use and improve nutrition[4, 7-8, 18, 21]
- Reduce health care costs[6, 21-22]
- Improve health outcomes for women and their babies, including fewer preterm births and babies born with low birth weight[6, 20-21, 23]
- Increase the number of babies discharged home with their mothers following birth[4, 7-8, 21]
- Encourage breastfeeding, early attachment and improve early childhood development outcomes[4, 7, 24-25]

Harm reduction is cost-effective.

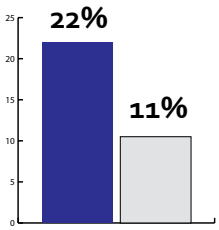
For example:

- The Healthy, Empowered and Resilient (H.E.R.) Pregnancy Program uses professional staff and peer support workers to reach at-risk pregnant and parenting women in inner city Edmonton. A Social Return on Investment Analysis of the program suggested that every dollar invested in the program yielded a return of $8.24 in social value (a conservative estimate based on eight indicators of program impact only).[21]

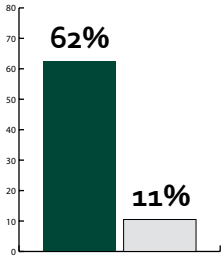
- Between 2008 and 2011, 366 women participated in 25 Parent-Child Assistance Programs across Alberta. A recent evaluation estimated that the program prevented the birth of approximately 31 children with Fetal Alcohol Spectrum Disorder in a 3-year period which resulted in a cost-benefit of approximately $22 million.[22]

- The 2nd Floor Program, a residential alcohol and drug treatment program for women in Cold Lake, Alberta, found that the Social Return on Investment on government funding was 5:1.[26]

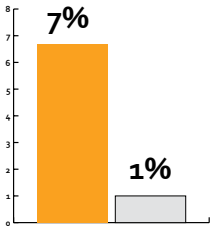
SUBSTANCE USE DURING PREGNANCY IN CANADA



Tobacco
Fewer women smoked daily or occasionally during the last three months of pregnancy (10.5%) than before pregnancy (22.0%).



Alcohol
The proportion of women who reported drinking alcohol during pregnancy was 10.5%, compared with 62.4% of women who reported drinking alcohol during the three months prior to pregnancy.

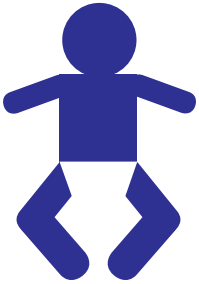


Street Drugs
Seven percent (6.7%) of women reported using street drugs (including cocaine, heroin, marijuana and amphetamines) in the three months prior to pregnancy and 1.0% reported using street drugs during pregnancy.

Source: What Mothers Say: The Canadian Maternity Experiences Survey, *Public Health Agency of Canada, 2009*

QUICK FACTS

- Substance use during pregnancy is common.
- Women from all social and economic groups may use substances while pregnant.
- Many women are able to stop using substances when they learn they are pregnant. Other women continue to face addiction and related health and social challenges when pregnant.
- Overall, alcohol and tobacco are the most commonly used drugs during pregnancy; marijuana is the most commonly used illicit drug during pregnancy.



- Tobacco and alcohol are the drugs that can be most harmful for fetal health during pregnancy, and in the long term for those prenatally exposed.[27]
- Infants who initially show withdrawal effects from substances such as heroin and methadone at birth do not necessarily have any effects later on as children or as adults.[28]
- Some research suggests that infant health outcomes are more closely related to factors like homelessness, poverty, poor nutrition, stress, and infections than to drug use itself.[29]

Prescription Opioids

- In Canada, prescription medication misuse, particularly use of opioid pain relievers such as morphine and oxycodone, is increasing. In 2012, 1 in 6 women (17%) in Canada used opioid pain relievers, with approximately 5% of users reporting abuse of these drugs (0.9% of the total population).[30]
- In 2009–2010, 0.3% of all infants born in Canada were born to mothers who used opioids during pregnancy, with affected newborns staying in acute care facilities for an average of 15 days after birth.[31]

LEARN MORE

Motherisk Alcohol and Substance Use Helpline
1-877-327-4636
www.motherisk.org

PRIMA (Pregnancy-Related Issues in the Management of Addictions)
www.addictionpregnancy.ca

ROOMING IN

Many pregnant women who access community-based services at Sheway give birth at FIR Square, a unit at BC Women's Hospital that provides care for women before and after birth and whose pregnancies are complicated by substance use. A study of 952 moms and babies at FIR Square found that babies who were kept with their moms after birth (rather than separated and observed in a quiet room) had fewer admissions to the neonatal intensive care unit, a shorter hospital stay, were more likely to be breastfed while in the hospital, and were more likely to go home with their mothers.[32]

SHEWAY PROGRAM
Vancouver, BC

Twenty years ago in the Downtown Eastside, one of Vancouver's poorest neighborhoods, very few pregnant women with substance use issues received any prenatal care - nearly all women showed up in the hospital emergency room to give birth. Most of the women returned to living on the streets days later with no help with their substance use or related issues and their children were removed from their care. These days, almost all pregnant women in the Downtown Eastside receive some prenatal care and 70% of children are going home with their mothers.

The Sheway program serves over 150 clients a month, providing a range of health and social service supports to pregnant women and women with infants under eighteen months who are dealing with drug and alcohol issues. Over the years, the program has grown to include early parenting support and early childhood development programs. The program recognizes that many of the women who participate in the program have their own histories of being removed from their families at a young age or are isolated from family and community support. For many women, the Sheway program has been central in ending a multigenerational cycle of addiction, poverty, and child removal.

MAXXINE WRIGHT PLACE
Surrey, BC

One in three women will experience abuse or violence in her lifetime. Maxxine Wright Place is a collaborative partnership between Atira Women's Resource Society, Fraser Health Authority and the Ministry for Children and Family Development. Maxxine Wright Place supports women who are pregnant or who have young children at the time of intake who are also impacted by substance use and/or violence and abuse. Women do not need to have their children in their care to receive support provided there is an ongoing relationship with the child.

Maxxine Wright Place consists of Shelter and Second Stage Housing programs, a licensed Daycare and a Community Health Clinic which provides a wide range of women-centred health and social supports. Some of the supports currently offered include a daily hot lunch program, non-judgmental emotional and practical support, Aboriginal Women's Outreach, medical/nursing care, dental hygienist, infant development consultant, alcohol and drug counselling, donations, liaison with an income assistance worker, housing outreach worker, access to a social worker and a variety of groups on a rotating schedule.

HOUSING

Combining safe and supportive housing with a variety of services for pregnant and parenting women who use substances can be key to helping women access health care, improving birth outcomes, and increasing the chance that moms will be able to care for their babies successfully after birth. The availability of different housing models, from staged housing to emergency to long-term, helps to 'wraparound' supports and services to match women's strengths, needs, and priorities.[33]

PEER SUPPORT

Many street-involved pregnant women are less likely to access health care services due to shame or fear of judgement about their substance use, feelings of depression and low self-esteem, and lack of information about available services. Support workers with past experience of living on the street are able to use their first-hand knowledge of the community and the issues women are facing to help build trusting relationships to overcome many of these barriers. They are also able to help other staff in their program or organization better understand the issues that women are facing and to provide better care and support as a result.[21, 34]

H.E.R. PREGNANCY PROGRAM Edmonton, AB

Streetworks, a needle exchange program in inner city Edmonton, started in 1989. The program has always used a harm reduction approach to meeting people "where they are at" and recognizes that quitting drugs may not be realistic or desirable for everyone. In 2007, the program began to work with street-involved pregnant women. The H.E.R. (Healthy, Empowered and Resilient) Pregnancy program built on the strengths of the existing Streetworks program - outreach, relationship-based work, decreasing barriers to services, and advocacy for individuals living on the streets, using drugs, and working in the sex trade.

Today, an outreach team of health professionals and peer support workers work with street-involved women who are not accessing prenatal care or are receiving less than adequate prenatal care. Over a period of eighteen months, 130 street-involved pregnant women & 117 non-pregnant women received services and support; on average, pregnant women visited the program 29 times from preconception through to the baby's due date. And, while connected with the program, women reported stopping drug use (40%), safer use (37%), and reduction of substance use (26%) at least once during their pregnancy with the program.

HERWAY HOME
Victoria, BC

Many women who use alcohol and drugs during pregnancy have had previous negative experiences with accessing services. In Victoria, women told service providers and community researchers that they often felt scared, vulnerable, judged negatively, or were unable to find the services they needed.

The HerWay Home program began with creating a safe, welcoming environment for women with a history of substance use, poverty, and trauma. The program staff recognized that women needed to feel comfortable talking to program staff or they wouldn't return to access the program's services. As well, rather than expecting women living in difficult circumstances to adapt to existing services, the staff worked to create a program that adapts to women's needs. Women can choose when and how they want to access care. Staff provides helpful information, outreach and advocacy, and flexible ways of working which have led to positive experiences for women and increased opportunities for success.

Between January 2013 and December 2014, 92 women accessed HerWay Home services. Over 3/4 of women gave birth to healthy babies (not affected by substances) and were either able to care for their babies themselves or be involved in planning for their care.

OUTREACH

Transportation challenges, lack of child care, unstable housing, isolation, lack of trust or fear of institutional settings, and poor health are just a few of the reasons why some pregnant women who use substances do not access services and support. Outreach services work with women where they are - on the streets, in their homes, and in the community - and outside of traditional "office hours." Outreach services can include a combination of education, advocacy, and support services. Activities range from handing out clean needles to providing food and warm clothing to information about housing to emotional support.[2,5]

OPIOID REPLACEMENT THERAPY

Prescribed medications such as methadone are often used to help individuals who are addicted to opioids (such as heroin, codeine, and oxycodone) to help manage withdrawal and as part of addiction treatment and recovery. Buprenorphine and methadone maintenance treatment can lead to successful outcomes for many pregnant women who struggle with opioid addiction. Pregnant women with an opioid addiction should gradually reduce their substance use as acute, severe opioid withdrawal can result in miscarriage and premature labour.[13,14]

MANITO IKWE KAGIIKWE (The Mothering Project) Winnipeg, MB

Mount Carmel Clinic in Winnipeg's North End is the oldest community health clinic in Canada. The Mothering Project provides obstetric support, nutrition and food preparation classes, parenting and child development support, and addiction support for vulnerable mothers.

The Mothering Project has developed based on the idea that "the best way to know what people need is to ask them." Program staff help women with whatever issues the women themselves think are the most important, e.g, finding housing, accessing medical care, starting methadone maintenance treatment, seeing a midwife, choosing to smoke marijuana instead of crack-cocaine, visiting with their children in care or attending residential addiction treatment.

Between April 2013 and September 2014, 49 women participated in the program. At the beginning of the program, 100% were actively using substances, 97% had never completed a substance use treatment program and 56% did not have a prenatal health care provider. Over the course of the program, 36% stopped using alcohol and drugs, 47% reduced their use, 39% attended an addiction treatment facility and 100% had a consistent prenatal care team providing care.

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