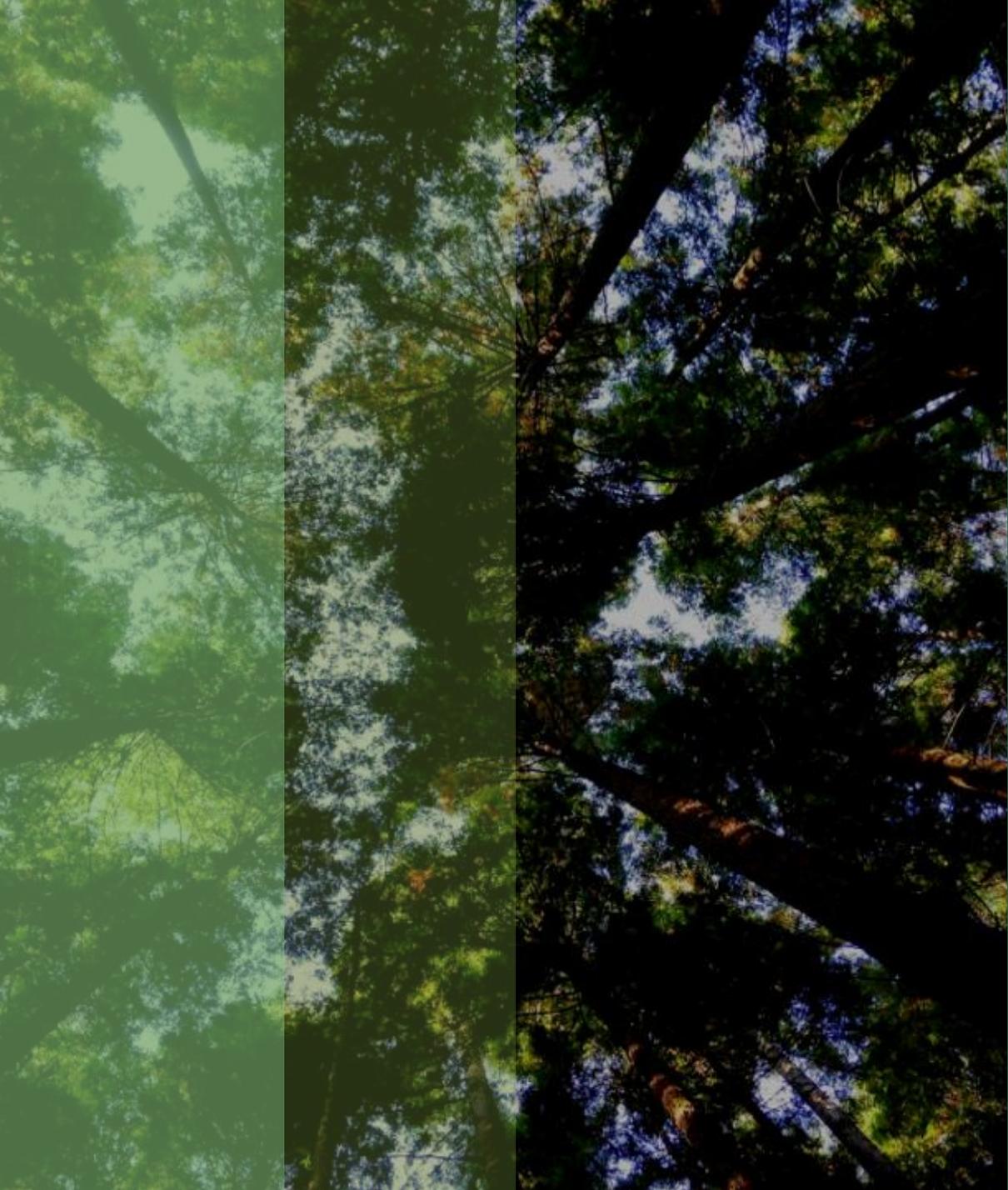


Substance Use and Pregnancy: Updated Sheets for Service Providers

March 2024



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for women's health



Land Acknowledgement

Where to find the sheets on the CEWH website:

- Publications
- Featured Projects → Women, Alcohol, and FASD prevention
 - <https://cewh.ca/featured-projects/women-alcohol-and-fasd-prevention/>

Also available on the CanFASD website.

The screenshot shows the CEWH website page for 'Women, Alcohol and FASD Prevention'. The page features a navigation menu with 'Featured Projects' selected, leading to the current page. The main heading is 'Women, Alcohol and FASD Prevention'. Below this, there is a list of featured projects: 'Communicating Equality', 'Strong Women', 'Women's Chronic Pain and Prescription Opioid Use', 'Applying a Sex and Gender-Based Lens to Prescription Drug Lifecycle Management', and 'Sex, Gender and Cannabis'. A dropdown menu is open for 'Women, Alcohol and FASD Prevention'. To the right, there is a section titled 'We facilitate a virtual Network Action Team on FASD Prevention from a Women's Health' with a diagram of the '10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective'. The diagram consists of a circular path with 10 numbered nodes: 01 Respectful, 02 Relational, 03 Self-Determining, 04 Women-Centered, 05 Harm Reduction Oriented, 06 Trauma- & Violence-Informed, 07 Health Promoting, 08 Culturally Safe, 09 Supportive of Mothering, and 10 Uses a FASD-Informed & Disability Lens. A central blue circle contains the text '10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective'. A text box on the right explains that these 10 components are interrelated and complementary to each other, and provides a link for descriptions and resources.

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Featured Projects > Women, Alcohol and FASD Prevention

Women, Alcohol and FASD Prevention

FEATURED PROJECTS

- Communicating Equality
- Strong Women
- Women's Chronic Pain and Prescription Opioid Use
- Applying a Sex and Gender-Based Lens to Prescription Drug Lifecycle Management
- Sex, Gender and Cannabis

Women, Alcohol and FASD Prevention

We facilitate a virtual Network Action Team on FASD Prevention from a Women's Health

CanFASD
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These 10 fundamental components on FASD prevention were evidenced from a range of sources to highlight key approaches from a women's health determinants perspective. The components are interrelated and complementary to each other.

For descriptions of each component and to access helpful resources click here!

01 Respectful

02 Relational

03 Self-Determining

04 Women-Centered

05 Harm Reduction Oriented

06 Trauma- & Violence-Informed

07 Health Promoting

08 Culturally Safe

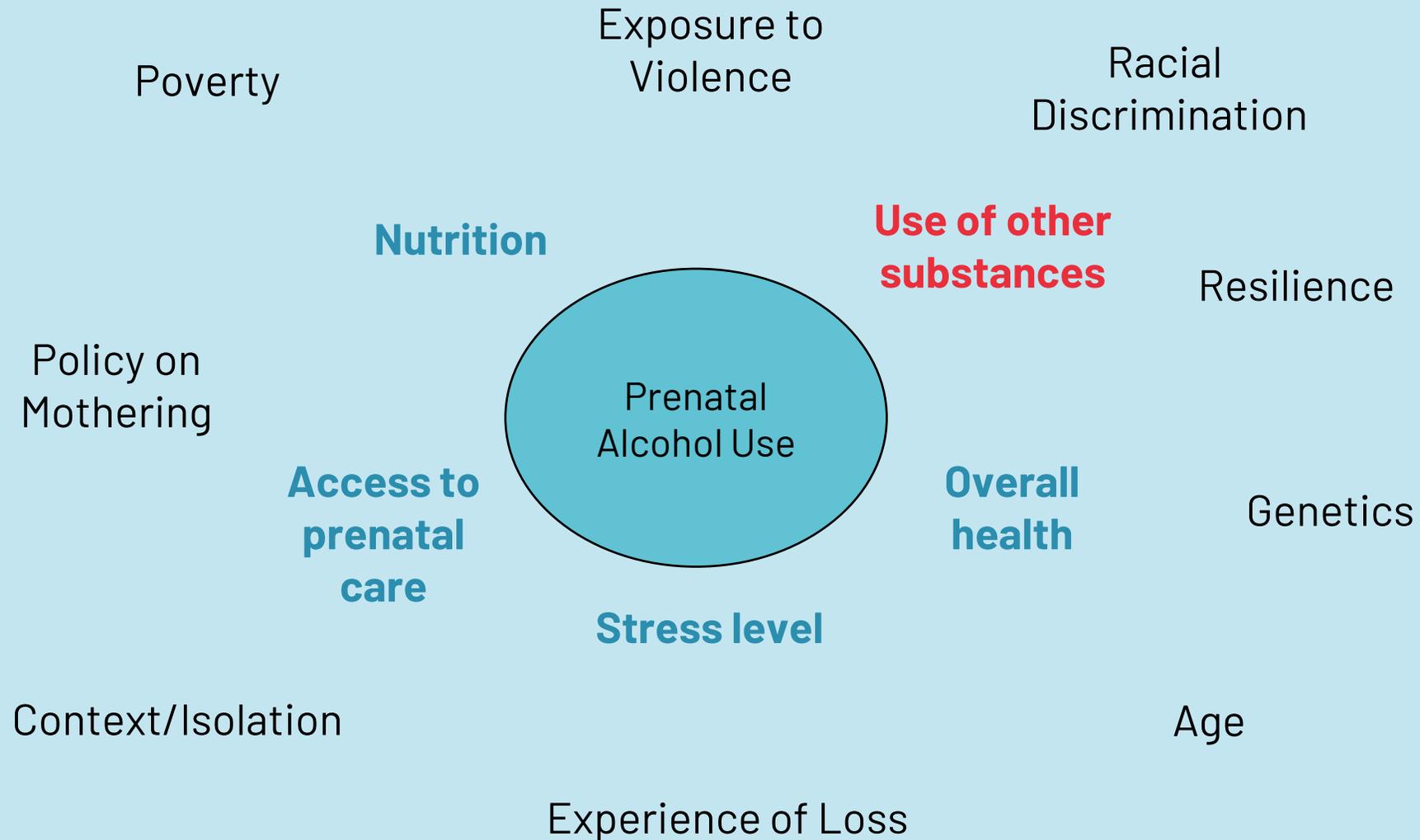
09 Supportive of Mothering

10 Uses a FASD-Informed & Disability Lens

10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective

Determinants Perspective which links researchers, service providers, policy advisors and mothers from across Canada in order to build upon the current knowledge base about Fetal Alcohol Spectrum Disorder (FASD)

It's not only about alcohol...



Data from Canada's National Diagnostic Database

Important for Prevention
Conversation facilitators to
be prepared to discuss and
share info with health care
providers about other
substances

Substances used by mothers with children who have been diagnosed with FASD	Percentage
Nicotine	44%
Cannabis	31%
Cocaine	18%
Opiates	4%
Prescription	12%

Quick view: Women and Alcohol

Topics are the same:

- Info about alcohol as a drug
- Alcohol and women's health
- Alcohol and pregnancy
- Alcohol and breastfeeding
- Alcohol and parenting
- Box about latest alcohol guidance

Women and Alcohol



Alcohol

- Alcohol is widely used in Canada and is deeply embedded into our society.
- Although alcoholic drinks come in various forms (e.g., in beer, wine, rum, coolers), they all contain ethanol, thus the health effects and risks are the same regardless of the type of alcoholic drink consumed.
- Alcohol is a "depressant" drug that slows down parts of your brain that affect your thinking and behaviour as well as your breathing and heart rate.
- Many people drink alcohol for releasing tension and making them feel more at ease or outgoing.
- Drinking alcohol can also make you feel 'drunk' or intoxicated. Signs of being drunk include flushed skin, impaired judgment, reduced inhibition, reduced muscle control, slowed reflexes, problems walking, slurred speech, and double or blurred vision.
- Signs of being heavily intoxicated include difficulty standing, throwing up, blacking out, and having no memory of what you said or did while drinking. Heavy drinking can lead to coma and death.
- Drinking can sometimes result in a 'hangover' about eight to ten hours after your last drink. Symptoms can include headache, nausea, diarrhea, dehydration, shakiness, and vomiting.
- It is possible to develop a physical and psychological dependence (addiction) on alcohol.

Canada's Guidance on Alcohol and Health

The Guidance acknowledges that deciding to drink is a personal choice and that there is a continuum of risk associated with weekly alcohol use. The Guidance can help women think about their drinking and reduce immediate and long-term alcohol-related harms.

Some key points from the Guidance include:

- Your risk of developing several types of cancer, including breast and colon cancer, increases at 3-6 standard drinks per week.
- There are benefits to your health and wellbeing if you do not drink at all.
- When pregnant or trying to get pregnant, there is no known safe amount of alcohol use.
- No matter where you are on the continuum of risk, any reduction in alcohol use is beneficial to your health.

Alcohol and Your Health

- Alcohol affects people differently. The way alcohol affects you depends on many factors, including:
 - Your sex, age, body weight and size, organ function and metabolism
 - Your sensitivity to alcohol
 - The type and amount of food in your stomach
 - How much and how often you drink
 - How long you've been drinking
 - Who you are with, where you are, and what you are doing
 - How you expect the alcohol to make you feel
 - Whether you've taken any other substances (e.g., cannabis, prescribed drugs, illicit substances, etc.)
 - Your family history
- There are risks of alcohol use for everyone, but alcohol affects females more negatively than males. Women experience more negative health effects earlier, after drinking lesser amounts of alcohol.
- Factors such as body size, hormonal effects and enzymes that break down alcohol result in higher blood alcohol levels and faster intoxication for women. Similar factors raise the risk of alcohol-related diseases.
- Many serious illnesses and chronic health conditions are linked to drinking, even at low levels:
 - Alcohol can cause several types of cancer, such as breast, colon, mouth and throat, larynx, esophagus, liver, and rectum.
 - Drinking alcohol can also increase your risk of stroke and heart disease.
 - Drinking is related to numerous other serious health conditions (e.g., diabetes, hypertension, epilepsy, stroke, pancreatitis, dysrhythmias and liver disease and cirrhosis).
 - Women experience more liver injury from lower levels of alcohol, compared to men.



Beer
341ml (12oz.)
5% alcohol content



Wine
142 ml (5 oz.)
12% alcohol content



Spirits
(rum, gin, etc.)
43ml (1.5oz.)
40% alcohol content

What's New: Women and Alcohol

- More emphasis on health conditions linked to drinking, in the *Alcohol and your Health* section
- Attention to maternal and child health risks of alcohol use in pregnancy, in addition to FASD
- Updated definition of FASD
- More detail on breastfeeding risks
- Updated box on Canada's drinking guidance
- Updated references including our paper on women and alcohol, completed for CCSA

Alcohol and Pregnancy

- Drinking alcohol during pregnancy may result in:
 - Miscarriage or stillbirth
 - Having a low birth weight or premature baby
 - Adverse maternal outcomes, such as hypertensive disorders and placental abnormalities
 - Fetal Alcohol Spectrum Disorder (FASD)
- FASD is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential.
- There is no safe time to drink alcohol during pregnancy, as the fetal brain and body develop throughout the pregnancy.
 - All types of alcohol can harm the developing fetus (e.g., beer, coolers, wine, or spirits)
 - Binge and heavy drinking are the most harmful to a fetus
- Often women drink before they are aware they are pregnant. Stopping or reducing your alcohol use as soon as possible and taking care of your nutrition and overall health are the best ways to lower the risks.
- If you have problems stopping or reducing your alcohol use while pregnant, talk to your health care provider about the support and services in your community that can help you.

When you are pregnant, trying to become pregnant, or breastfeeding, no alcohol is safest.

Alcohol and Breastfeeding

- When you drink alcohol, it goes into your bloodstream and into your breast milk. Alcohol use can negatively impact suckling, your infant's sleep and may result in decreased milk production and/or stopping breastfeeding early.
- While babies are exposed to a very small amount of the alcohol through breastmilk, there is little known about the effects of alcohol on breastfeeding. Some research shows that alcohol use while breastfeeding may have negative impacts on child health and development.
- However, having an occasional alcoholic drink has not been shown to be harmful to babies. Ideally, it is best to wait for 3 hours per drink before breastfeeding (the amount of alcohol in your breast milk peaks 30-60 minutes after you drink).
- You can also pump and store breast milk in advance if you are planning to drink at levels that would result in alcohol in your milk the next time you feed your child.

Alcohol, Parenting and Children

- Be aware of the effects of mixing alcohol and other substances when you are responsible for the safety of others. If you are planning to drink a lot, ask someone to take care of your children.
- Keep alcohol in a safe place where your children cannot reach it.
- If your child accidentally drinks alcohol, seek medical attention. Symptoms of alcohol poisoning in children include difficulty breathing, choking or vomiting, confusion or seizures, giddiness, slurred speech, or the inability to walk normally or think clearly.

Drinking Alcohol and Staying Safe

Drinking or being around others who are drinking is also associated with experiences of violence and sexual assault. These incidents are NOT your fault. There are some things you can do to keep yourself and your friends safer. For example, if you are going out drinking, you can make decisions in advance with your friends about how much you want to drink, or how to stay in touch, and get safe transportation home. You can also help other women who may be in an unsafe situation by offering help or calling a friend to support them. Learn about what community supports may be available in your area.

Resources and References

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Canada's Guidance on Alcohol and Health

The Guidance acknowledges that deciding to drink is a personal choice and that there is a continuum of risk associated with weekly alcohol use. The Guidance can help women think about their drinking and reduce immediate and long-term alcohol-related harms.

Some key points from the Guidance include:

- Your risk of developing several types of cancer, including breast and colon cancer, increases at 3-6 standard drinks per week.
- There are benefits to your health and wellbeing if you do not drink at all.
- When pregnant or trying to get pregnant, there is no known safe amount of alcohol use.
- No matter where you are land on the continuum of risk, any reduction in alcohol use is beneficial to your health.

Here is how we briefly summarized Canada's Guidance

Full report:

- <https://www.ccsa.ca/sex-gender-and-alcohol-what-matters-women-low-risk-drinking-guidelines-report>

See also:

- <https://cewh.ca/wp-content/uploads/2022/04/ijerph-19-04523-v2.pdf>

**Questions or
Comments?**

Women and Prescription Opioids

- Expanded sections on what prescription opioids are and important health considerations, including benefits and drawbacks
- Include lesser-known health effects such as hormonal changes, infertility, anxiety and depression

Women and Prescription Opioids

Prescription Opioids

- Opioids are a type of medication prescribed to treat acute and chronic pain.
- Opioids are derived from the Opium poppy plant but can also be made chemically in a lab.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria ("high").
- Opioids are depressant drugs, which means they have a central nervous system depressant effect. This results in the slowing down of the part of the brain that controls breathing.
- Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycontin®, Percodan® or Percocet®), hydrocodone (e.g., Hycodan®, Tussionex®), hydromorphone (e.g., Dilaudid®), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.
- Prescription opioids affect people differently. Some opioids are processed more efficiently by females, and others by males, due to differences in hormones, body weight, fat, and liver enzyme activity.
- Side effects can include sedation (feeling drowsy or sleepy), nausea, vomiting, constipation, depression, suicidal ideation, and memory loss. Use of prescription opioids can also impact your ability to drive, work, and socialize.
- At higher doses, opioid medications can be dangerous through the onset of drowsiness and the slowing of breathing which can lead to a coma and death.
- Prescription opioids are most effective when used short-term. Long-term use can build tolerance, which requires continual increases in dosage to feel pain relief.

Serious harms from prescription opioid medications can include dependence, addiction, overdose, and death. When caught early, an overdose may be treated with drugs such as naloxone (also known as Narcan). Naloxone temporarily reverses the effects of opioids which allows for additional time to get help.

Prescription Opioids and Your Health

Women report higher rates of chronic pain than men and are more likely to be prescribed and use opioid medications.

It is important for women and prescribers to know about the effects of opioids on women's health.

- Women who experience chronic pain report it being challenging to describe their pain to healthcare providers in a way that will not be dismissed. This, in turn, affects not only how/if opioid medications are prescribed, but also how/if attention is paid to how chronic pain has impaired their social, professional, marital, and maternal lives.
- Long-term use of prescription opioid medications in women can cause hormonal changes, infertility, anxiety, and depression. Changes in your hormones may affect your period and libido.
- Long-term, frequent use of opioids to treat headaches can also result in "medication overuse headache", a rebound headache caused by excessive use of headache relief medications.
- Prescription opioid medications can be dangerous when taken in large quantities or misused. Indicators of misuse may include:
 - Using opioids with alcohol, benzodiazepines (e.g. clonazepam and lorazepam), or other medications with sedative effects
 - Taking more medication than prescribed or taking medication that was not prescribed
 - Changing how your medication is taken (e.g. changing the route of administration)
- When reducing opioid use, it is important to 'taper' or progressively reduce your dosage to avoid severe withdrawal.
- For people who are dependent on opioids, Opioid Agonist Therapies (OAT), such as Suboxone or Methadone can help prevent withdrawal, reduce opioid cravings, and stabilize your symptoms.



Women and Prescription Opioids Cont.

- Updated information on the risks of using opioids updated in the Pregnancy and Breastfeeding sections
- Also included most up-to-date information on NOWS

References and Resources

- Updated academic literature cited
- Now include resources, e.g. *Mothering and Opioids*, which has been well cited and taken up given its coverage of stigma, cross, system collaboration, and policy values

Prescription Opioids and Pregnancy

- While prescription opioid medications may be considered safe to take during pregnancy, it is important to talk to your healthcare provider about your particular situation.
- Still, using prescription opioid medications during may increase risk for:
 - Stillbirth
 - Adverse delivery outcomes, such as premature birth, low birth weight, premature birth, or small for gestational age
 - Adverse maternal outcomes, such as cardiac arrest, increased length of hospitalization, preterm labour, and the need for blood transfusions
 - Adverse child outcomes, such as birth defects, problems with the heart, brain, spine, or lungs, and Neonatal Opioid Withdrawal Syndrome (NOWS)
- NOWS is a treatable grouping of withdrawal symptoms newborns can experience. Signs of NOWS may include sleep difficulties, irritability, seizures, feeding difficulties, fever and vomiting.
- Not all infants will experience withdrawal and not all require medical treatment for NOWS. Most infants who experience withdrawal symptoms will have no long-term effects. Care models that support attachment and skin-to-skin contact have been found helpful.
- If you are interested in reducing or stopping your opioid use, it is important that you do not stop taking opioids on your own or go "cold turkey", as stopping their use can cause harms during pregnancy, such as early labour, or make it difficult for the fetus to get enough oxygen.
- If you have an addiction to opioids and are pregnant or planning to become pregnant, you should talk to your health care provider. Opioid agonist therapies such as methadone and buprenorphine have been found to be safe to use during pregnancy. Your health care provider will also be able to provide services in your community that can support you.
- If you experience chronic pain and are pregnant or planning to become pregnant, you may want to discuss alternate forms of pain management with your healthcare provider.

Prescription Opioids and Breastfeeding

- Opioid medications can concentrate in breastmilk. It is important to speak with your health care to make informed decisions.
- The length of time that you have been taking the medication, whether you were taking them during pregnancy, and the dose or amount of medication can help you and your healthcare provider create a plan.

- If you are taking OAT, such as methadone or buprenorphine, as prescribed and your dose is stable, you can breastfeed.
- More research is needed on the safety of breastfeeding when women take prescription opioid medications for long periods of time and at higher amounts.

Prescription Opioids, Parenting and Children

- Opioid use may make you drowsy. This may affect your ability to react to emergencies and respond to your child's needs.
- Keep opioid medications in a safe place where your children cannot reach them. Avoid leaving them on the counter or in a purse. Fentanyl patches, which are worn for 72 hours, can be especially dangerous. Avoid throwing used patches in the garbage where your child could find them later.
- If your child accidentally ingests your medication, seek medical attention right away.
- Older children and teenagers may be interested in taking prescription opioid medications for recreational reasons. Talk to them openly about the risks of these medications. You can be a good role model by taking your medication as prescribed, keeping them safe, and not sharing them with others.
- You can return any unused opioid pain medications to the pharmacy for safe and environmentally friendly disposal.

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Women & Chronic Pain Conditions

- 9 chronic pain conditions that disproportionately affect women
- Useful to raise awareness of why women may need pain relief from medication as well as other pain management options

Women and Chronic Pain Conditions

Women often experience more severe and recurrent chronic pain than men and are disproportionately affected by various chronic pain conditions. This is influenced by sex-related factors such as hormonal fluctuations, genetics and anatomy, and gender-related factors such as coping behaviours and gender roles. In this infographic, we show some chronic pain conditions that disproportionately affect women.

Temporomandibular Joint Disorder (TMJ)

- The ratio of women to men with severe symptoms is 9:1.
- Women are usually diagnosed between age 20-40.

Migraines

- Women are 3 times more likely to have migraines than men.
- 2.6 million Canadian women experience migraines.

Endometriosis

- 10% of girls and women have endometriosis.
- There are more than 1 million women in Canada living with endometriosis.

Irritable Bowel Syndrome (IBS)

- IBS has a 7:2 ratio of female-to-male diagnosis.
- 3 in 10 women with IBS have history of chronic pelvic pain.

Chronic Pelvic Pain (CPP)

- 20% of women between the ages of 18-50 experience CPP.
- Pelvic pain can be experienced in the uterus, cervix, vagina, vulva, bladder, bowel, hips, or lower back.

Vulvodynia

- 8-10% of women of all ages experience vulvodynia.
- The highest incidence of onset is between 18 and 25.

Osteoarthritis (OA)

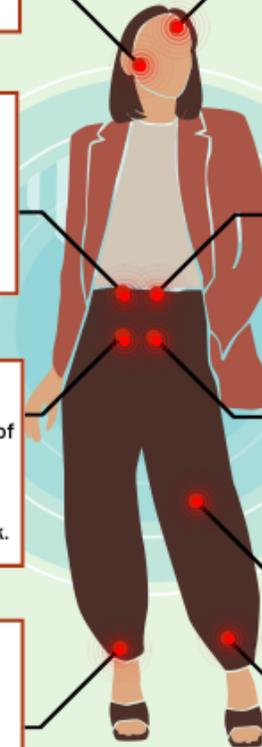
- 60% of people living with osteoarthritis are women.
- Women tend to experience OA in their hands, feet, ankles, and knees.

Fibromyalgia

- 80-90% of people diagnosed with fibromyalgia are women.
- More than half a million Canadians are diagnosed with fibromyalgia.

Rheumatoid Arthritis (RA)

- Women are 2-3 times more likely to develop RA, than men.
- Women are more likely to develop RA at younger ages than men.



Women, Chronic Pain & Prescription Opioids

- Includes information on:
 - Prescription Opioids
 - Women & Chronic Pain
 - Prescription Opioids & Women's Health
 - Prescription Opioids for Chronic Pain Management
 - Comprehensive Pain Management for Women

Questions or Comments?

Women, Chronic Pain & Prescription Opioids

Prescription Opioids

- Opioids are a type of medication prescribed to treat acute and chronic pain.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria ("high").
- Opioids are depressant drugs, which means they have a depressant effect on the central nervous system. This results in the slowing down of the part of the brain that controls breathing.
- Some common opioid medications include: morphine, codeine, oxycodone (e.g., Oxycontin®, Percodan® or Percocet®), hydrocodone (e.g., Hycodan®, Tussionex®), hydromorphone (e.g., Dilaudid®), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.

Women & Chronic Pain

- Chronic pain is persistent or recurrent pain that lasts for longer than three months. Chronic pain is impacted by complex biological, psychological, emotional, social, and environmental factors.
- Women are more likely to experience more severe and recurrent chronic pain than men and are more likely to be prescribed and rely on prescription opioids to manage chronic pain.
- Sex-related factors, such as hormonal fluctuations, genetics, and physiological factors affect pain experiences and responses to opioids.
- Gender-related factors, including gendered coping responses, contribute to women's experiences of pain and medication use.
- Women are more likely to experience multiple chronic pain conditions simultaneously.

Women disproportionately experience chronic pain and chronic pain conditions, including: Fibromyalgia, Migraines, Irritable Bowel Syndrome, Rheumatoid Arthritis, osteoarthritis, Temporomandibular Joint Disorder, Vulvodynia, Endometriosis and Chronic Pelvic Pain.

For more information, visit our website at www.cewh.ca.

Prescription Opioids & Women's Health

- Prescription opioids affect people differently. Some opioids are processed more efficiently by females, and others by males, due to differences in hormones, body weight, fat distribution and liver enzyme activity.
- Despite pain relieving qualities, women also report side effects of using opioids including sedation (feeling drowsy or sleepy), nausea, vomiting, constipation, depressive symptoms, increased suicidal ideation, and memory loss. Further side effects include decreased libido and impacts on daily functioning, including driving, working, and ability to socialize.
- Adverse effects of prescription opioids may be exacerbated by menstrual cycles, age, mental health conditions and use of other substances (e.g., alcohol, tobacco, cannabis).
- At higher doses, the sedative and depressant effects of opioid medications can be dangerous, leading to

- When reducing opioid use, it is important to 'taper' or gradually reduce your dosage to avoid severe withdrawal. Collaborating with a trusted healthcare professional to develop a personalized tapering plan for a safe and effective transition.
- Opioid Agonist Therapies (OAT), such as Suboxone or methadone, can help prevent and stabilize symptoms of withdrawal, reduce opioid cravings, and can continue to offer pain relief.

Prescription Opioids for Chronic Pain Management

- There are reasons why women may use prescription opioids for pain management, including experiencing insufficient relief from alternative options.
- Women report several benefits of using prescription opioids for chronic pain management including:
 - Pain relief
 - Improved quality of life
 - The ability to return to day-to-day tasks (e.g., work, exercise, social plans, parenting, etc.)
 - Improved mental health outcomes from having opioids as one of their available pain management options
- Some side effects of prescription opioids may further impact experiences of pain.
- It is important to speak to a healthcare provider to ensure that your medication and dosage is right for you.

Comprehensive Pain Management for Women

- Women's pain management is most effective when it is empowering, trauma-informed, holistic, and tailored to consider women's needs and unique experiences of pain.
- Comprehensive and multifaceted treatment plans for chronic pain are integral to prolonged pain management options may include:
 - Medical or surgical interventions
 - Psychological support (e.g., cognitive behavioural therapy, psychotherapy, and mindfulness practices)
 - Physical therapy, chiropractic care, massage, and other allied health services
 - Lifestyle strategies (e.g., dietary choices, sleep, and exercise)
 - Social and cultural practices

Key Resources

- 8 Most Evidenced Treatments for Women's Chronic Pain
- Pain Management Strategies for Women with Chronic Pain
- Women, Chronic Pain & Prescription Opioids: 8 Key Issues and Ideas for Action
- Women and Chronic Pain Conditions

Download these resources at cewh.ca.

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Nicotine and Tobacco

- Really important update on women's smoking and vaping
- Nicotine and tobacco are the most under discussed substances, yet have perhaps the most negative health risks
- Very significant overlap with alcohol use pregnancy
- This sheet has been expanded to include nicotine vaping as well as tobacco smoking

Women, Nicotine & Tobacco

Tobacco and Nicotine

There are many types of tobacco. Cultivated tobacco is used to make commercial cigarettes, cigars, and bidis. In some Indigenous cultures, traditional and sacred uses of tobacco include ceremony, ritual, gifting, and prayer.

- Tobacco contains nicotine, a highly addictive stimulant that produces a feeling of well-being. Other ways to ingest nicotine include waterpipes or hookahs, smokeless forms of tobacco such as snuff, chewing tobacco, and snus, and vaping. Nicotine dependence makes it difficult to quit smoking or vaping.
- Cigarettes and cigarette smoke contain over 7,000 toxic chemicals, including over 70 carcinogens that harm nearly every organ in the human body. More than 40 debilitating and fatal diseases are linked to tobacco use.
- Tobacco use is the leading cause of preventable disease and death. It is estimated that 1 in 2 smokers will die from smoking related causes. The risks of premature death and disease increase with the number of cigarettes smoked, but even low levels of consumption can cause significant harm.
- Second-hand smoke (SHS) from the burning end of a cigarette and the smoke that smokers breathe out, is also harmful. All of those who breathe it in absorb the same toxins and are at risk for serious health consequences.

Vaping

- Electronic cigarettes, or vapes, are devices that heat up liquids containing nicotine, producing a vapour to inhale.
- The long-term impacts of vaping are unknown.
- The effects of vaping depend on the type of device and liquid used, the temperature setting, and vaping patterns.
- Vaping nicotine during pregnancy may affect fetal development, including premature birth and having a low-birth-weight. It may also affect your infant's lung health.
- The health risks of exposure to second-hand vapour are not yet fully known. It is best to avoid vaping in enclosed spaces. Vaping in areas where smoking is prohibited is illegal in many provinces and municipalities.
- Vaping nicotine is currently considered less harmful than cigarettes and is suggested as harm reduction for those trying to quit cigarettes, together with behavioral approaches.
- Dual use of cigarettes and vapes is harmful and should be avoided. It is best to switch completely from smoking to vaping only.
- For those who vape, it is best to stop or switch to safer alternatives such as Nicotine Replacement Therapy (NRTs).

Tobacco and Your Health

Tobacco use has a wide range of adverse health effects—some more pronounced for women, such as heart and lung disease.

- Women who smoke are at increased risk for both stroke and cardiovascular disease, including high blood pressure and heart attacks.
- Smoking can lead to chronic obstructive pulmonary diseases (COPD) such as emphysema, bronchitis, and asthmatic bronchitis. Women who smoke are more likely to get COPD than male smokers and to develop COPD at a younger age.
- Women who smoke are at risk of breast cancer at an earlier age and of developing cervical and vulvar cancer. Other cancers linked to smoking include mouth, throat, lungs, pancreas, bladder, liver, and kidney cancer.
- Women who smoke experience higher rates of osteoporosis.
- Women who smoke and use oral contraceptives (birth control pills) are at a much higher risk of heart attack, stroke, or blood clots.
- Tobacco use can affect your period. Women who smoke are more likely to experience irregular and shorter menstrual cycles and earlier menopause, as well as premenstrual disorders and more painful menstrual cramps, compared to non-smokers.
- Tobacco use can reduce fertility and ability to conceive. Smoking also permanently affects egg quality.



Two additional resources for practice:

2023



Vaping During Pregnancy & Postpartum

centre of excellence for women's health

centre of excellence for women's health

Why women vape during pregnancy & postpartum

CONVERSATION STARTERS FOR YOUR PRACTICE

2023



Released last year from a mixed methods study on vaping during pregnancy and postpartum

Tobacco and Pregnancy

- There is no safe level of tobacco use for anyone, including pregnant women. Smoking affects many pregnancy outcomes, including maternal, fetal, and infant health.
- Women who smoke or use other forms of tobacco are at higher risk of miscarriage, an ectopic pregnancy (where the fetus grows outside the uterus), and still-birth.
- When a woman smokes or uses tobacco during pregnancy, nicotine and toxic chemicals can pass from the blood stream into the fetus, potentially affecting fetal development. Carbon monoxide and nicotine also keep the fetus from getting the food and oxygen it needs to grow.
- Smoking during pregnancy increases the risks of premature birth and having a low-birth-weight baby. Pre-term and low birth weight babies are more likely to have health problems or disabilities as they grow.
- Other life-long effects for your child can include:
 - Higher risks of learning difficulties
 - Behavioral issues
 - Tissue damage in the lungs and brains
 - Asthma and wheezing
 - Heart problems
 - Birth defects such as cleft lip or cleft palate.
- Children of women who smoke during pregnancy are also more likely to develop nicotine dependency later in life.
- Quitting smoking early in pregnancy improves your health and reduces many of these risks. If you have problems stopping or reducing your tobacco use while pregnant, talk to your health care provider about support and services. It is never too late to quit smoking during pregnancy.
- Nicotine replacement therapy (e.g., nicotine patch or gum) may be helpful for some pregnant women who are having difficulty quitting, after behavioural approaches do not work. There is not yet enough research on the benefit or safety of smoking cessation medications (bupropion and varenicline) during pregnancy. Talk to your health care provider if you have questions about quit smoking aids.



Tobacco and Breastfeeding

- Smoking while breastfeeding decreases milk production and shortens the lactation period. Nicotine passes through breast milk to the baby and diminishes its nutrient content and antioxidant and immune properties. This may affect infant growth and development.
- Smoking during breastfeeding may lead to long-term disorders in babies, including increased risk of obesity and other related conditions.
- It is best not to use tobacco while breastfeeding. However, breastfeeding is still recommended even if you still smoke. If you are using tobacco and breastfeeding:
 - Avoid smoking or using tobacco just before or during breastfeeding.
 - Wash your hands and change your clothes before breastfeeding if you have smoked.
 - Cut back on how much you smoke or use tobacco.
- Nicotine replacement therapy (e.g., the nicotine patch or gum) may be used while breastfeeding to help you quit. However, research on the use of NRT medication during breastfeeding is still limited. Talk to your health care provider about these options.

Tobacco, Parenting, and Children

- Second-hand smoke can affect both your health and the health of your children. Women are the majority of those exposed to SHS.
- Being close to secondhand smoke, even for a short time can irritate your eyes, nose and throat. It can also cause headaches, dizziness, nausea, coughing and wheezing. Secondhand smoke can worsen allergy or asthma symptoms.
- For babies, second-hand smoke significantly increases the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the death of a child under the age of 1 for which no reason can be found.
- Second-hand smoke also increases the chances that children will suffer from ear infections, asthma, allergies, and respiratory illnesses (e.g., bronchitis, pneumonia).
- It is not possible to eliminate the health risks of second-hand smoke within enclosed spaces. If you smoke, try to smoke outside of your home and car, away from your children. Smoking in cars with children present is illegal in Canada.

LIBERATION!

HELPING WOMEN QUIT SMOKING

A BRIEF TOBACCO-INTERVENTION GUIDE



Prepared by Cristine Urquhart, Frances Jasiura, Nancy Poole, Tasnim Nathoo and Lorraine Greaves



We have also published on tobacco related interventions – supporting women on cessation and reduction.

Below: Chapter 20, AHS Tobacco Free Futures Guideline Update



Questions or Comments?

Women and Quitting

- Women have a complex relationship with smoking and quitting. Biological, social, and economic factors affect the success of quitting.
- Women attach many meanings to smoking that need to be addressed in quitting. Smoking can be a coping mechanism, a companion, or a way to facilitate social interaction.
- Quitting smoking can be a long process with many relapses, but the health, economic and social benefits begin right away. Each relapse is a way to build skills in being smoke-free.
- A women-centered approach provides support for women by:
 - Empowering women to have control over the pace and type of changes they want to make
 - Building confidence and increasing motivation by identifying barriers and opportunities with women
 - Acknowledging that social pressures and gendered roles and dynamics affect quitting.
 - Focusing on women's needs in the context of their circumstances
 - Taking a trauma-informed approach, recognizing the links between smoking and violence, sexual assault, and PTSD
 - Encouraging quitting at any age, as the benefits are always worth it
 - Facilitating referrals to counselling, quit smoking groups or online/text messaging programs

Nicotine Withdrawal

- Symptoms of nicotine withdrawal include irritability, restlessness, anxiety, insomnia, and fatigue. These recede after a few weeks, but cues and cravings can persist for months.
- Changing routines and social circles can help during withdrawal. Get family and friends to help or seek different social support.
- Linking to health care providers for (NRT) such as nicotine patches or gum, or cessation medications (bupropion, varenicline) can help.
- Quitting may be harder during the luteal phase of the menstrual cycle, because women may experience stronger nicotine withdrawal symptoms.
- Varenicline is more effective for women compared to nicotine patches and bupropion.
- NRTs and bupropion are less effective in women compared to men, due to higher levels of enzymes that metabolize nicotine and bupropion.

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Women and Cannabis

- Expanded information on cannabis and women's health, bringing in considerations for use, and impacts on hormones, fertility, and what we still need to know

Women and Cannabis



Cannabis

- Cannabis (e.g., weed, hashish, hash, pot, indica) is produced from the Cannabis sativa and Cannabis indica plants.
- Cannabis contains more than 500 chemicals. Tetrahydrocannabinol (THC) is the chemical in cannabis that makes you feel 'high'.
- Cannabis can be smoked, vaped, used topically, or ingested in foods or drinks, for either recreational or medicinal purposes to treat chronic pain, nausea, or symptoms associated with cancer, HIV/AIDS, and multiple sclerosis.
- Short-term effects of cannabis last around 1-4 hours although they can linger for up to 8 hours.
- Using cannabis can produce feelings of euphoria ("being high"), relaxation, altered perception of time, and increased appetite.
- Some people experience mental health side effects such as anxiety, panic, psychosis, and mild paranoia.
- Cannabis can affect short-term memory, attention, motor skills, and slows your reaction time.

Canada's Lower Risk Cannabis Use Guidelines

These Guidelines acknowledge that deciding to use cannabis is a personal choice, but there are risks to your health and well-being. The guidelines can help women think about their cannabis use and reduce immediate and long-term harms.

Some recommendations include:

- Choose cannabis products with low THC content.
- Avoid synthetic cannabis products.
- Avoid harmful smoking practices (inhaling deeply, breath-holding).
- Reduce how often you use cannabis.
- Do not drive or use machinery for at least 6 hours after cannabis use.
- Avoid combining cannabis and alcohol as this results in greater impairment.
- Avoid cannabis if you are at risk for mental health problems, trying to become pregnant, are pregnant, or breastfeeding.

Cannabis and Your Health

- Cannabis affects people differently. The way cannabis affects you depends on many factors, including:
 - Your age, body weight and size, hormones, and metabolism
 - Your family history
 - How much and how often you use cannabis
 - Who you are with, where you are, and what you are doing
 - Whether you've taken other substances (e.g., alcohol, prescription drugs, illicit substances, etc.)
 - The type and amount of food in your stomach
- Women report using cannabis for pain management, stress and anxiety relief, insomnia and sleep disturbances, sexual pleasure, pregnancy-related symptoms, and as an alternative to pharmaceuticals.
- Following the inhalation of THC, women report a more pronounced "high" than men.
- Women progress to regularly using cannabis and Cannabis Use Disorder faster than men.
- Cannabis use may affect ovulation and menstrual cycle length. These effects can lead to changes in hormonal balance, potentially affecting fertility and overall menstrual health.
- Regular cannabis smoking is associated with chronic cough and phlegm. Quitting smoking, or using non-smoked forms of cannabis, can relieve these symptoms.
- Symptoms of withdrawal from cannabis, if they occur, are usually mild and happen typically 24-48 hours after stopping use. They may include anxiety, sleep disturbance, irritability, depressed mood, and loss of appetite. Physical symptoms (e.g., chills, headache, shakiness) may also occur.
- Scientists are still learning about the health effects of cannabis and its use as a treatment. Talking with a trusted healthcare professional can be helpful to weigh the benefits and risks of using cannabis.



Women and Cannabis Cont.

- Considerations on the most frequently asked questions around cannabis and pregnancy
- Included risks of tobacco and cannabis co-use, and SHS
- Included links to resources

Cannabis and Women's Health

Why women use cannabis

Women use cannabis for many reasons. The information included on this sheet is based on literature about women's use of cannabis published between 2008 – 2022. Research methods and other materials are posted on the Sex, Gender and Cannabis Hub.

- 1 Women may use cannabis to manage pain**
Women experience more chronic pain and are more sensitive to pain compared to men. Some women find cannabis to be the most effective in managing pain and inflammation, improving sleep, and reducing nausea, vomiting, and constipation symptoms. For others, cannabis may help with multiple conditions including migraines, endometriosis, polycystic ovary syndrome, epilepsy, and headaches.
- 2 Women may use cannabis to cope**
Some women use cannabis as a way to relax and address challenges in their life, including difficulty sleeping, depression, anxiety, adverse life events, or trauma and violence.
- 3 Women may use cannabis to relax and socialize**
Some women are introduced to cannabis by partners, family or friends and use cannabis as a way to socialize, relax and have fun.
- 4 Women may use cannabis to manage pregnancy-related symptoms**
Women seek more information about the potential harms associated with prenatal cannabis use. Though research is limited on the benefits and harms associated with prenatal cannabis use, many women believe that cannabis is safer than other medications used to manage nausea, depression, or anxiety or pregnancy.
- 5 Women may use cannabis to enhance sexual pleasure**
Some women use cannabis to improve sexual function, increase sexual pleasure, and increase sexual satisfaction and sexual comfortability, or ease, and ease with their sexual partners.
- 6 Women may use cannabis instead of medications**
Some women perceive cannabis as safer and having fewer side effects than prescription medications. Some report discomforting medications such as opioids and narcotics, with dependence, and health consequences in managing pain and other health conditions.

Cannabis and Women's Health

Some alternatives to using cannabis to cope with stress

Women often report using cannabis as a way to cope with stress, depression, anxiety, adverse life events, or trauma and violence.

Here are some alternatives to cope with stress and other stressors, and to stay healthy and resilient.

- 1 Grounding skills**
Grounding exercises are practical activities that help you stay in the present or in contact with what is happening around you. Grounding skills can be used as a coping skill or part of a safety plan when you are feeling overwhelmed or triggered. Here are some examples of grounding exercises:
 - Breathe in to a count of four. Breathe out a count of four. Repeat your breath for a count of four. Repeat several times.
 - Carry a grounding object such as a stone in your pocket. Touch it to comfort when you need to.
 - Visualize your hair dissolving like a melting ice cube.
 - Talk yourself through what you are experiencing. "My hair is dissolving." "These feelings will pass." "I will get through this."
- 2 Mindfulness Practice**
Instead of numbing or escaping feelings, as people often try to do by using cannabis and/or other substances, mindfulness practice encourages you to pay attention to your feelings. Mindfulness is about looking at thoughts and emotions with kindness and compassion for yourself. You can bring awareness to feelings and sensations in the body, observing them as they come and go. Being curious about yourself and recognizing the impermanence of feelings and thoughts can be very empowering. There are many apps, videos and books that can guide you in practicing mindfulness.

Examples of books about women and stressors:
 • The Mindful Women: Daily Practices for Restoring Calm, Finding Balance, and Creating Your Best Life From Within
 • Real Change: Mindfulness to Heal Ourselves and the World
 • Mindfully: An Illustrated Woman's Journey: A Mindfulness-Based Approach to Women's Problems from Anxiety and Self-Harm

For more examples of grounding activities see:
 • Grounding Activities and Trauma Release
 • Practice Center: Exercises for Women's Mental, Sexual, and Emotional Health
 • Women's Health: How to Find and Use Health's Best Practices for Managing Stress and Anxiety

Cannabis and Women's Health

The ways women use cannabis

70% of women use cannabis to relax and socialize.

70% of women use cannabis to relax and socialize.

27% of women use cannabis to manage pain.

8% of women use cannabis to manage pregnancy-related symptoms.

58% of women use cannabis to cope with stress.

23% of women use cannabis instead of medications.

Smoking

- Smoking cannabis can be harmful to the respiratory system and can negatively affect lung and heart health.
- Parabens, which are preservatives on cannabis, are more likely than many to experience withdrawal symptoms (i.e. feel nauseous, nervous, restless, tired).
- Smoking cannabis when pregnant may increase the risk of low birth weight in newborns.

Vaping

- Vaping has been linked to "popcorn lung" and other respiratory and cardiovascular symptoms, and heart racing or tremors, compared to smoking.
- Cannabis has reported significantly higher rates of dry cough and throat irritation when using reported CBD, compared to hemp.

Edibles

- Edibles can take longer to have an effect compared to vaping or smoking, which can result in a longer and more intense high than expected.
- Women are more likely to use edibles for managing pain compared to men.
- Smoking edibles that use not used cannabis per year reported they would be more interested in using edibles over vaping compared to teenage boys.

Oils and Tinctures

- When oils are heated in a vaping device they pose a risk of burning as well as heat and lung toxins compared to cannabis oil or tinctures from a dropper.
- Consuming cannabis oil or food can take the "high" compared to vaping it under the tongue where it enters more quickly through the bloodstream.

Using oil on the skin is a less direct route for cannabis to enter the body, and may cause fewer health risks.
 Women with endometriosis have reported using CBD oil as one of the most effective strategies for pain management.

Cannabis and Pregnancy

- Using cannabis while pregnant may affect fetal health, contributing to low birth weight and preterm birth.
- Potential effects on child health and behaviour are not yet fully understood but may include attention problems and hyperactivity, as well as brain development affecting memory and learning at school.
- Some women use cannabis during pregnancy to treat nausea or 'morning sickness'. There is some research showing that women who use cannabis report relief from these symptoms; however, other research shows an increase in cannabis-related nausea and vomiting (Cannabinoid Hyperemesis Syndrome).
- Using cannabis and nicotine or tobacco together increases risks to maternal and fetal health.
- Second-hand cannabis smoke is also harmful as it contains harmful chemicals. It is beneficial to avoid second-hand smoke when pregnant or breastfeeding.
- If you are using cannabis for medical or health reasons, it is recommended that you talk to your health care provider to weigh the benefits of using cannabis against the potential risks to you and your fetus.
- If you have problems stopping or reducing recreational cannabis use while pregnant, talk to a trusted health care provider about services in your community that can support you.

Until more is known about the short- and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant.

Cannabis and Breastfeeding

- Cannabis is passed on to babies through breast milk. There is little data available to inform decisions about cannabis use while breastfeeding.



Cannabis and Parenting

- Cannabis use may affect your ability to react to emergencies and respond to your child's needs.
- Smoke away from your children and outside of the house to avoid exposing them to second-hand cannabis smoke.
- Keep cannabis in a safe place where your children cannot reach it. Cannabis in food products, such as cookies and brownies, can be especially tempting to curious children.
- If your child eats or drinks cannabis by accident, seek medical attention right away. Your child might have problems walking or sitting up and may get very sleepy or act confused. Serious effects of cannabis on children are less common, but can include problems with breathing, seizures, and comas.

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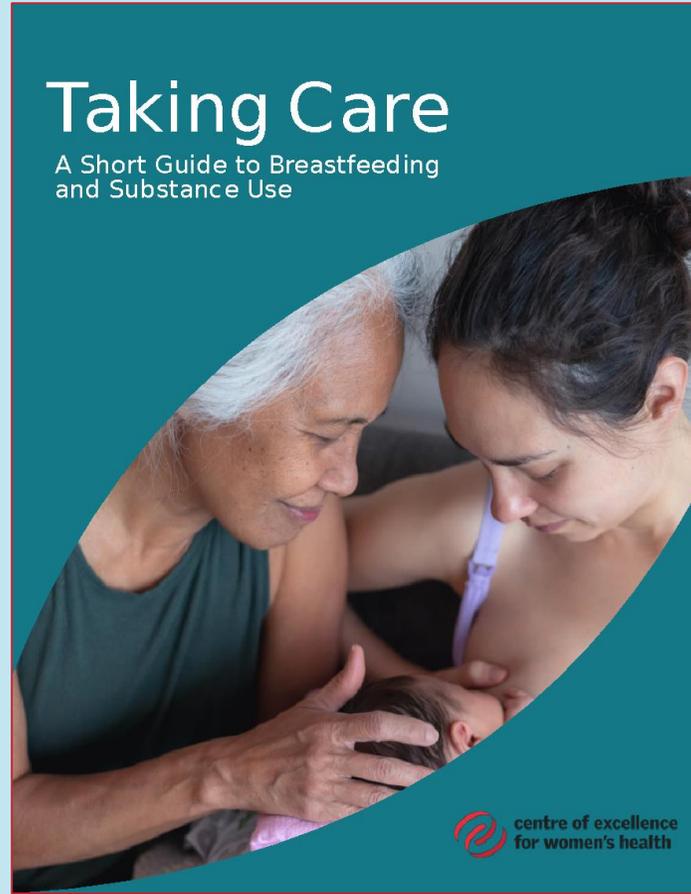
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Sex, Gender & Cannabis Hub. <https://sexgendercannabishub.ca/>

Additional Cannabis Resources



Questions or Comments?

Fathering and Alcohol

Impact of Alcohol on Men's Reproductive Health and Fertility

Some countries have issued fact sheets on alcohol's effects on male reproductive health:

- USA - Excessive Alcohol Use and Risks to Men's Health
 - <https://www.cdc.gov/alcohol/fact-sheets/mens-health.htm>
- UK - How does alcohol affect men?
 - <https://www.drinkaware.co.uk/facts/health-effects-of-alcohol/alcohol-and-gender/alcohol-and-men>

Men's reproductive health and fathering have been ignored in alcohol information, health promotion, and guidance.

- Alcohol intake is associated with impairment of most semen characteristics and a hormonal shift towards higher estradiol/testosterone ratio
- Increasing habitual alcohol intake is associated with reduction in sperm concentration, total sperm count and percentage of spermatozoa with normal morphology; and alcohol consumption is linked to changes in testosterone and SHBG levels
- Moderate alcohol intake (up to 20 units per week) is not adversely associated with semen quality in healthy men but is associated with higher serum testosterone levels which may be due to a changed metabolism of testosterone in the liver.

State of the World's Fathers 2023

Centering Care in
a World in Crisis



Impact on Fathering and Fetal/Child Outcomes



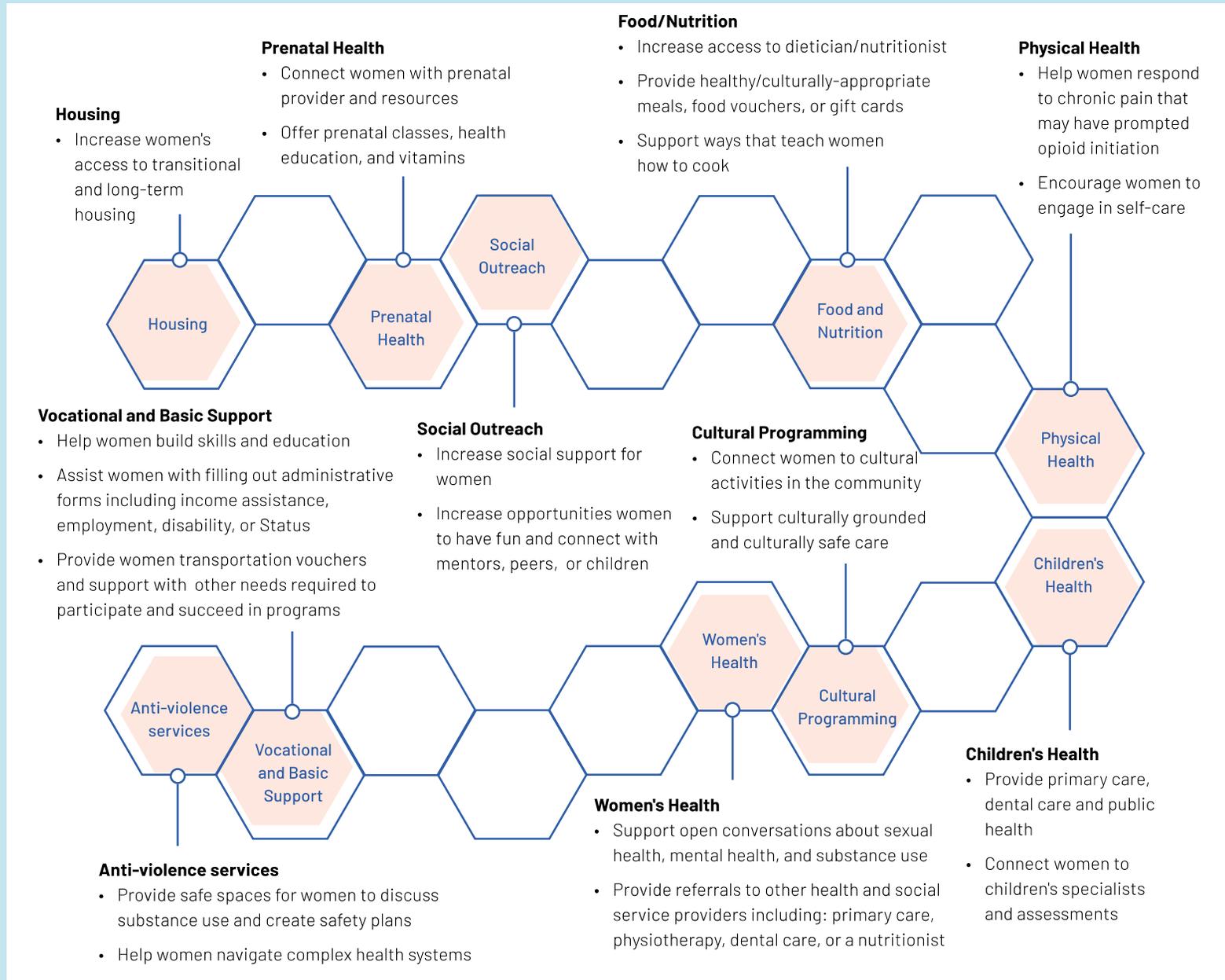
There is an increased focus on engaged fathering in health research and health promotion, as it has been shown to improve women's and child health, along with men's health.

Attention is beginning to be focussed on paternal preconceptual health and alcohol consumption and its effect on offspring outcomes. (e.g. Terracine et al. 2022).

A number of studies examine the association of paternal alcoholism on adolescent boys health, school adjustment and substance use (e.g. Carbonneau et al. 2018)

Addressing multiple substances & determinants of health

- Brief interventions can be done by a range of providers
- Can address multiple substances
- Can address multiple influences on substance use and health simultaneously





Q&A

Thank You

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