

**Legalization of Cannabis: Implications for  
Maternal and Infant Health in BC and Emerging  
Best Practice for Response**

Nancy Poole, PhD

Healthy Mothers and Babies Conference

2018

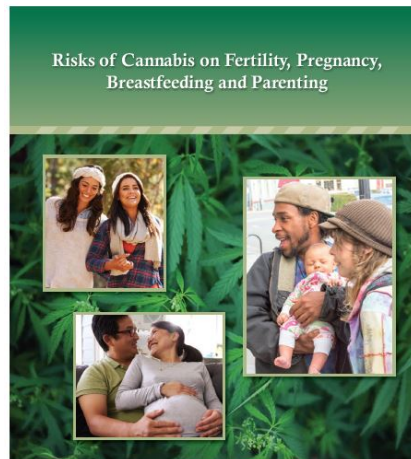
- Review recent research on the mechanisms of action of cannabis on fetal development and pregnancy outcomes.
- Highlight best practices for prevention and harm reduction, trauma-informed interventions and potential implications for providers and pregnant women in BC

## OBJECTIVES

# Health effects of cannabis – CEWH research

For Best Start/Health Nexus we reviewed the literature on the effects of cannabis in the perinatal period

- Natalie Hemsing, MA
- Lorraine Greaves, PhD
- Nancy Poole, PhD
- Rose Schmidt, MPH



## Methods

- 2007-2017
  - Medline; CINAHL
    - fertility
    - pregnancy
    - birth outcomes
    - breastfeeding
    - child development
    - parenting
- n= 60 articles

# MATERNAL AND NEWBORN HEALTH OUTCOMES

Outcomes	Significant Association	No Significant Association
<b>Maternal asthma</b>		Chabarria et al 2016
<b>Maternal anemia</b>	Gunn et al 2016	
<b>Low birth weight</b>	Brown et al 2016; El Marroun et al 2009; Gunn et al 2016; Hayatbakhsh et al 2012; NASCM 2017	Conner et al 2015; Chabarria et al 2016; De Moraes et al 2006; Mark et al 2016; Schempf 2008; Van Gelder et al 2010; Warshak et al 2015
<b>Preterm birth</b>	Hayatbakhsh et al 2012 Leemaqz et al 2016	Conner et al 2015; Chabarria et al 2016; Mark et al 2016; Van Gelder et al 2010; Warshak et al 2015
<b>Stillbirth</b>	Varner et al 2010	Conner et al 2015; Warshak et al 2015; Dotters-Katz et al 2016
<b>Small for gestational age</b>	Brown et al 2016; Hayatbakhsh et al 2012; Warshak et al 2015; El Marroun et al 2009	Van Gelder et al 2010
<b>NICU placement</b>	Hayatbakhsh et al 2012; Warshak et al 2015	Mark et al 2016
<b>Birth defects</b>	Van Gelder et al 2009	Warshak et al 2015

## CHILD DEVELOPMENT OUTCOMES

Chakraborty et al. 2015 New Zealand	<b>frequent maternal use associated with better global motion perception</b>
El Marroun et al 2010 Holland: Gen. R	<b>no association with cognitive function/ behavioural problems age 3</b>
Day et al. 2011; Goldschmidt et al 2004, 2008; Sonon et al 2015; Wilford et al 2010 USA: MHPCD	<ul style="list-style-type: none"><li>• <b>first trimester heavy use associated with subtle deficits in verbal reasoning scores at age 6</b></li><li>• <b>offspring of heavier users more likely to report delinquent behavior at age 14</b></li><li>• <b>subtle negative effects on school performance</b></li><li>• <b>subtle deficits in visual–motor coordination</b></li></ul>
Smith et al 2006; 2016 Canada: OPPS	<b>no differences on visuospatial task performance; observed differences in neural functioning/ blood flow on fMRI</b>
Teyhan et al 2017 Australia	<b>Maternal &amp; paternal use not associated with educational attainment</b>
Zammit et al 2009 UK	<b>Maternal use not associated with psychotic symptoms at age 12</b>

# Breastfeeding

- In animal studies, inhibits lactation
- Systematic review (Ordean 2014)
  - One study reported infant development delays at year 1.
  - One study reported no effect on weaning, growth, mental or motor development
- confounded by prenatal use

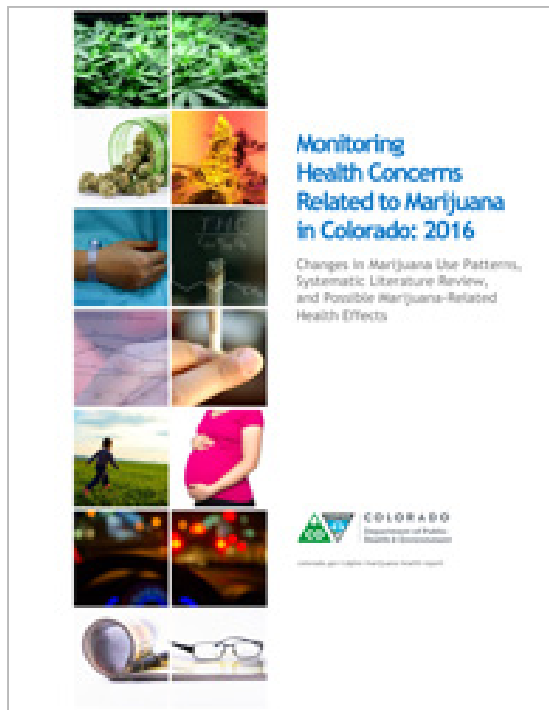
# Parenting

- Prevention of accidental use by children
- qualitative study: parental cannabis use, perceptions of benefits and harm, and harm reduction strategies (Donoghue 2015)
  - Parents reported no adverse impacts on parenting
  - Yet, children's awareness of use and access occurred earlier than parents thought
  - Harm reduction strategies parents used: being discreet, using less potent strains, prioritizing family & work, not mixing with tobacco

# Methodological Challenges

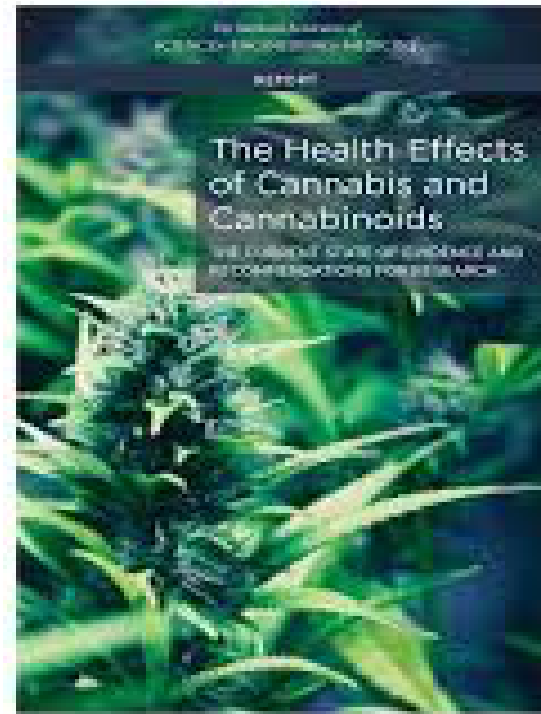
- Confounding factors
  - Tobacco, alcohol, other substances
  - Socio-demographics
- Small samples of women who use prenatally
- Clinical trials unethical
- Self-report
- Lack of data on quantity, potency, method of ingestion
- interpreting animal studies





**MIXED** evidence for association with decreased birth weight

**MODERATE** evidence of association with reduced cognitive function in exposed offspring



**SUBSTANTIAL** evidence of an association with lower birth weight

**INSUFFICIENT** evidence of an association with later outcomes in the offspring (e.g., SIDS, cognition/academic achievement, and later substance use).

# Public Health Response: USA

- 2016 review of public health agency websites found messaging on cannabis & pregnancy from 1 federal agency and 10 state agencies (Jarlenski et al 2017)
  - adverse health effects
  - few addressed scientific uncertainty
  - < half provided resources
- Limited messaging may reflect challenges with the evidence



# Colorado: Good to Know Campaign



## MARIJUANA USE WHILE PREGNANT

Know how marijuana use can affect pregnant women and their babies.

What you eat or smoke while pregnant can reach your baby. You're probably aware that eating vegetables can help your baby's development. And in the same way, using marijuana can harm your baby. It may have a long-term impact on your child's ability to learn.

If you are pregnant and have been using marijuana, talk to your doctor to get the support you need to make the healthiest choice. Your doctor can help connect you with treatments that are confidential and nonjudgmental.



**PASSES THROUGH  
TO BABY.**

**PASSES THROUGH  
TO BABY.**



**BRINGS  
YOU A  
BUNDLE  
OF  
JOY.**

**BRINGS  
ON A  
BUNDLE  
OF  
QUESTIONS.**

There is no known safe amount of marijuana use while pregnant. That's because, no matter how it's used (smoked, eaten, etc.), THC (Tetrahydrocannabinol, the chemical that makes you "high") gets passed to your baby.

Secondhand smoke from marijuana can also be harmful because it has many of the same cancer-causing chemicals as tobacco smoke.



To learn more, visit [GoodToKnowColorado.com/Baby](http://GoodToKnowColorado.com/Baby).

# A FRAMEWORK FOR THE LEGALIZATION AND REGULATION OF CANNABIS IN CANADA

THE FINAL REPORT OF THE TASK FORCE ON  
CANNABIS LEGALIZATION AND REGULATION



**“Studies have found associations...between frequent cannabis use during pregnancy and certain adverse cognitive and behavioural outcomes in children” (p.16)**

# Some Canadian examples

## Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting



best start  
meilleur départ  
Resource Centre/Centre de ressources  
by your health nexis santé

## Cannabis Use During Pregnancy

### Effects of Cannabis Use during Pregnancy

The Canadian government plans to legalize cannabis by July 1, 2018. With the impending legalization of cannabis, it is important to note that the legal use of cannabis does not necessarily make it safe. There is no known safe amount of cannabis use during pregnancy.

Currently, there is limited Canadian data about the prevalence of cannabis use during pregnancy. Cannabis use among women in Canada is on the rise, with approximately 11% of women of childbearing age reporting cannabis use in the past year according to Health Canada (2013). Cannabis use is higher among younger women; 29.7% of women age 20-24 years report past year use. It is estimated that about 5% of pregnant women use illicit drugs during pregnancy, though it is not known what percentage use cannabis specifically.

Research on cannabis use during pregnancy demonstrates some potential negative outcomes associated with heavy use (one or more joints per day). Cannabis use during pregnancy may:

- Affect the ability to become pregnant as a result of changes in the menstrual cycle for women and lower sperm count and poorer sperm quality in men
- Increase the risk of preterm birth
- Lead to lower birth weight of the baby
- Be associated with longer-term developmental effects in children, adolescents, and adults including decreases in memory function, attention, and reasoning and problem solving skills, and increases in hyperactive behaviour and future substance use

It is important to note that most of the current research evidence presents findings of studies where cannabis use was administered by smoking. Little is known about exposure through other routes of use. Current evidence is also limited by: reliance on self-report, the presence of confounding factors, and small samples of women who use cannabis prenatally. While more research is needed, both in quantity and quality, it is prudent to advise pregnant women and women of childbearing age of the potential long-term adverse developmental and behavioural effects associated with cannabis use during pregnancy.

For more information about cannabis use during pregnancy, please visit: [http://www.beststart.org/resources/air\\_reduction/RisksOfCannabis\\_A30-F.pdf](http://www.beststart.org/resources/air_reduction/RisksOfCannabis_A30-F.pdf) or <http://www.canada.ca/en/health-canada/services/substance-use/controlled-drugs/health-risks-of-marijuana-use.html>

For more information about the Canada FASD Research Network, including other policy documents about FASD and substance use during pregnancy, please visit: [www.canfasd.ca](http://www.canfasd.ca)

### SOGC Position Statement: Marijuana Use during Pregnancy

Cannabis (marijuana) is the most commonly used illicit drug among pregnant women. Legalization of cannabis in Canada may reinforce the reputation of cannabis being a harmless drug and result in an increase of use among pregnant women.

Evidence-based data has shown that cannabis use during pregnancy can adversely affect the growth and development of the baby, and lead to long-term learning and behavioural consequences. There have



May 2017



Evidence on the long-term effects of cannabis use during pregnancy largely comes from three prospective, longitudinal cohort studies that evaluated the outcomes of cannabis use during pregnancy on child development and behaviour. These studies include:

- Ottawa Prenatal Prospective Study (OPPS; Freed, 1995, 2002)
- Maternal Health Practices and Child Development (MHP-CCD) Study (Day, Leech, & Goldschmidt, 2012; Day et al., 1991)
- Generation R Study (El Mernou et al., 2009)

The results of these studies, and their counterparts across groups, need to be interpreted with caution, as the tetrahydrocannabinol (THC) content in cannabis has increased over the past few decades. Furthermore, the available research findings on cannabis use during pregnancy are limited by a number of factors. This research demonstrates an association, but not causality, confounding factors including polysubstance use, and social and economic factors, may influence outcomes. For example, cannabis is often used with other drugs, such as alcohol and tobacco, both of which have negative effects on pregnancy and the health of the fetus. In addition, significant effects were largely associated with heavy, prolonged use. Clearly there is a critical need for further research addressing the potential long-term consequences associated with cannabis use during pregnancy.

While no pattern of congenital anomalies has been linked to cannabis use by pregnant women, cannabis can increase the effects of alcohol use during pregnancy. Developing clinical guidelines for health care professionals on discussing the health effects of cannabis for women and pregnant women will be important, and these need to be linked to discussions on the effects of alcohol, tobacco, opioids, and other substances.

# To inform messaging - further research needed

- amount, frequency, potency, method of ingestion, timing
- medical/ therapeutic use; low to moderate use
- paternal cannabis use
- corroborate self-report with biomarkers
- cannabis use alone; pooling data

# Summary regarding messaging

- Given evidence gaps and unknown risks, the safest approach is to support women & their partners not to use cannabis when trying to conceive, during pregnancy and breastfeeding & to take precautions while parenting
- Unbiased education & messaging
- Non-judgmental: identification of use & support
  - Beginning in preconception
  - Reduce stigma & increase opportunities for dialogue
  - Address co-use with tobacco, alcohol
  - Holistic support
  - Discuss risks & benefits regarding medicinal use
  - Safe storage, parenting, driving



# Brief support on cannabis

- From our work on other substances we already know some strategies regarding brief support
- Centre of Excellence is doing a national project about brief support on alcohol, tobacco, cannabis and prescription opioids
- Financial support from the Public Health Agency of Canada



Dialogue + Action  
Women and Substance Use



# Goal

To inspire and facilitate health and social care providers to incorporate brief intervention on alcohol (and tobacco, cannabis and prescription opioids) in their daily practice with girls, women and their partners, in order to promote women's and men's health, and prevent FASD.



Dialogue + Action  
Women and Substance Use

## Professionals engaged

1. Midwives
2. Nurses
3. Physicians
4. Pregnancy outreach workers
5. Sexual health workers
6. Substance use service providers
7. Violence against women service providers
8. Indigenous service providers

in

## 13 Regional meetings

1. Vancouver
2. Edmonton
3. Saskatoon
4. Winnipeg
5. Thunder Bay
6. Toronto
7. Halifax
8. Moncton
9. Charlottetown
10. St John's
11. Whitehorse
12. Yellowknife
13. Iqaluit

## Women and Alcohol



### Alcohol

- Alcohol is the most widely used drug in Canada. It is created when grains, fruits, or vegetables are fermented.
- The use of alcohol has been traced as far back as 8000 BC.
- Although alcohol comes in different forms (e.g., beer, wine, rum, cognac), it has the same effect. Pure (100%) alcohol is clear, odorless, and tasteless.
- Alcohol is a "depressant" drug that slows down the parts of your brain that affect your thinking and behaviour as well as your breathing and heart rate.
- For many people, drinking alcohol reduces tension and reduces inhibitors making them feel more at ease and outgoing.
- Drinking can also make you feel "stuck" 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, slurring or 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, dizziness, dehydration, shakiness, and weakness.
- It is possible to develop a physical dependence (addiction) on alcohol.

### Alcohol and Your Health

- Smoking also affects your life expectancy. Factors include:
  - your age
  - your sex
  - the type of your food
  - how long you smoke
  - whether you quit
  - whether you have other health problems
- Women are generally more sensitive to alcohol than men.
- Women who smoke are more likely to have heart disease and high blood pressure.
- Drinking alcohol and smoking together increases the risk of heart disease.
- Drinking alcohol and smoking together increases the risk of lung cancer.
- Drinking alcohol and smoking together increases the risk of liver disease.
- Drinking alcohol and smoking together increases the risk of breast cancer.
- Drinking alcohol and smoking together increases the risk of osteoporosis.

### Canada's Low Risk Drinking Guidelines for Women

Deciding to drink is a personal choice. These Low Risk Drinking Guidelines help women moderate their drinking and reduce their immediate and long-term alcohol-related harm. The guidelines suggest that:

- You should have no more than 2 drinks a day and no more than 10 drinks per week.
- You should plan to have some non-drinking days per week.
- On a special occasion, you should have no more than 3 standard drinks.
- It is safest not to drink during pregnancy.



## Women and Tobacco



### Tobacco

- There are many types of tobacco. **Popular tobaccos** or common tobacco is used to make cigarettes, cigars, and bidis. There are also alternatives to smoking such as electronic cigarettes, waterpipe hookahs, and smokeless forms of tobacco such as snuff, chewing tobacco, and snus. In some cultures, tobacco has been used traditionally in ceremonies, rituals, and prayer.
- Tobacco is a stimulant that produces a feeling of well-being. It also increases your heart rate and blood pressure and constricts your blood vessels, irritates your lungs, and affects your ability to learn and work.
- Nicotine is the addictive chemical found in tobacco. There are over 4000 other chemicals in cigarettes and cigars, many of which are harmful to your health.
- Second-hand smoke is the smoke from the end of a cigarette and the smoke that smokers breathe out. It contains toxic chemicals including tar, nicotine, carbon monoxide, arsenic, and cyanide. Non-smokers who breathe it also absorb these substances and are at risk for various health consequences like smokers.

### Tobacco and Your Reproductive Health

- Tobacco use can affect your periods, irregular, or bleed during or before your period, or your menstrual cycle shorter.
- Tobacco use can affect your fertility. Women who smoke or use other tobacco also have a higher risk of miscarriage or an ectopic pregnancy (fetus grows outside the uterus).
- Tobacco use can affect your loss to earlier menopause and less ovulation.

### Tobacco and Your Health

- Tobacco use has a wide range of effects on health and sometimes specific to women's health.
- Some of the serious effects on general health include:
  - Cancer: Cancers linked to smoking include mouth, throat, lung, pancreas, bladder, and kidney cancer. Women who smoke are also at risk of having breast cancer at an earlier age and much higher risk for developing cervical and vulva cancer.
  - Lung disease: Smoking can lead to chronic obstructive pulmonary disease (COPD) such as emphysema, bronchitis, and asthma.
  - Heart disease and stroke: Women who smoke are at increased risk for both stroke and cardiovascular disease including high blood pressure and heart attack. Using oral contraceptives (birth control pills) can increase the negative cardiovascular effects of smoking by increasing the risk of having a heart attack, a stroke, or blood clots.
- Tobacco use can affect your bladder health (urinary urgency (the need to go suddenly) and frequency (the need to go more often than usual) is more common in women who smoke).

### Tobacco and Pregnancy

- There is no known safe level of tobacco use during pregnancy.
- When a woman smokes or uses tobacco during pregnancy, the nicotine, carbon monoxide, and other chemicals in the smoke pass into the fetus. This affects the fetus and can lead to:
  - Smoking during pregnancy can lead to low birth weight, stillbirth, and having a baby who has health problems or disabilities.
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## Women and Cannabis



### Cannabis

- Cannabis (e.g., weed, cannabis, hashish, pot) is produced from the Cannabis sativa plant and can be smoked, inhaled as a vapor, or ingested in foods or drinks.
- Tetrahydrocannabinol (THC) is the chemical in cannabis that makes you feel "high." Cannabis also contains more than 400 other chemicals.
- Depending on how much THC is in the cannabis, how you use it, and how your body responds, the short-term effects of cannabis can last around 1-4 hours. There are different types of cannabis and the effects depend on the amount of THC it contains.
- Using cannabis can produce feelings of euphoria ("being high") and relaxation, changes in perception and sense of time, and increased appetite. Some people also experience anxiety, panic, and mild paranoia.
- Cannabis affects your short-term memory, attention, and motor skills, and slows your reaction time.

### Cannabis and Pregnancy

- Using cannabis while pregnant may affect the fetus. 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, while breastfeeding, and around children.
- If you are using cannabis for medical reasons, talk to your health care provider about whether the benefits of a cannabis for medical purposes outweigh the potential risks to you and your fetus.
- If you have problems stopping or reducing your recreational cannabis use while pregnant, talk to your health care provider about services in your community that can support you.
- When you are pregnant, whenever possible, avoid being in a room with people who are smoking cannabis.
- Some women are interested in using cannabis during pregnancy to treat nausea or "morning sickness." This is some research showing that women who use cannabis during pregnancy are more likely to be smaller than other babies and have low birth weight. Research shows that cannabis use during pregnancy affects children's behaviour (with attention problems, hyperactivity), brain development (problems with memory and learning at school), and the likelihood that they use cannabis and other drugs as a teenager.

### Cannabis and Your Health

- Medical cannabis is prescribed to treat health issues such as nausea and vomiting, chronic pain, and symptoms associated with HIV/AIDS and multiple sclerosis.
- Symptoms of withdrawal from cannabis, if they occur, are usually mild and may include sleep disturbance, irritability and loss of appetite.
- Regular cannabis smoking is associated with chronic cough and phlegm. Quitting smoking, or using non-smoked forms of cannabis, is likely to relieve these symptoms.
- Some research suggests that cannabis use can affect ovulation and the length of your menstrual cycle.



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.

## Women and Prescription Opioids

### Prescription Opioids

- Opioids are a type of medication often prescribed to treat acute and chronic pain.
- Opioids are drugs that are made from the opium poppy plant or made in a lab from chemicals.
- Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycontin®, Percocet® or Percocet®), hydrocodone (e.g., Hydorcan®, Tussionex®), hydromorphone (e.g., Dilaudid®), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria ("high").
- Opioid medications can be dangerous at high doses as they can cause drowsiness, slow your breathing, and lead to a coma and death.

Serious harms from prescription opioid medications can include physical dependence (addiction), overdose, and death. When caught early, an overdose may be treated with drugs such as naloxone. Naloxone reverses opioid overdoses temporarily allowing for additional time to get help.

### Prescription Opioids and Pregnancy

- Using prescription opioid medications during pregnancy can have risks. If you could become pregnant, are thinking about getting pregnant, or as soon as you are aware that you are pregnant, it is important to talk to your health care provider.
- Taking opioids during pregnancy can increase the chance that your baby will be born too early, be born at a low birth weight or experience symptoms of withdrawal from the medications you are taking.
- If your baby experiences symptoms of withdrawal, he or she will need medical observation and possibly treatment. Not all babies will experience withdrawal and not all require medical treatment for it. Most babies who experience symptoms of withdrawal will have no long-term effects on their health and development.
- Scientists are still learning about the overall safety of using long-term opioids during pregnancy. Some opioids in certain doses may cause birth defects such as clubfoot, or problems with the baby's heart, brain and spine (neural tube defects), or lungs.

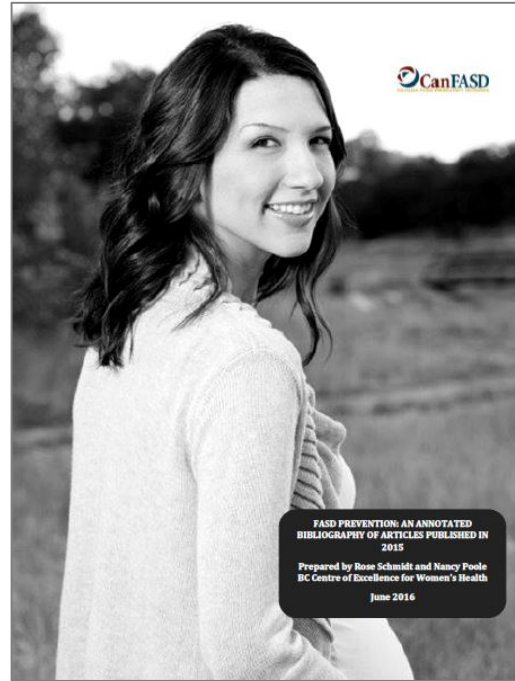
### Prescription Opioids and Your Health

- Side effects of prescription opioids can include sedation (feeling drowsy or sleepy), nausea, vomiting, and constipation. You can also build a tolerance to these drugs and may require higher amounts to manage your pain.
- If you suddenly stop or decrease the amount of medication you are taking, you may experience physical symptoms of withdrawal. These symptoms usually last a few days to a week.
- Opioids are depressant drugs which means that they slow down the part of the brain that controls breathing. All opioid drugs are dangerous when taken in large quantities or when taken with other drugs that are depressants, such as alcohol and benzodiazepines, such as clonazepam (Rivotril®) and lorazepam (Ativan®).
- Prescription opioid medications can be dangerous when misused. Misusing can occur when you:
  - Use opioids with alcohol or other medications with sedative effects
  - Take more medication than prescribed for you
  - Change how your medication is taken (e.g., snorting or injecting)
  - Take medication that was not prescribed for you
  - 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 interest in sex.
  - Long-term, frequent use of opioids to treat headaches can result in "medication overuse headache," a rebound headache caused by excessive use of headache relief medications.

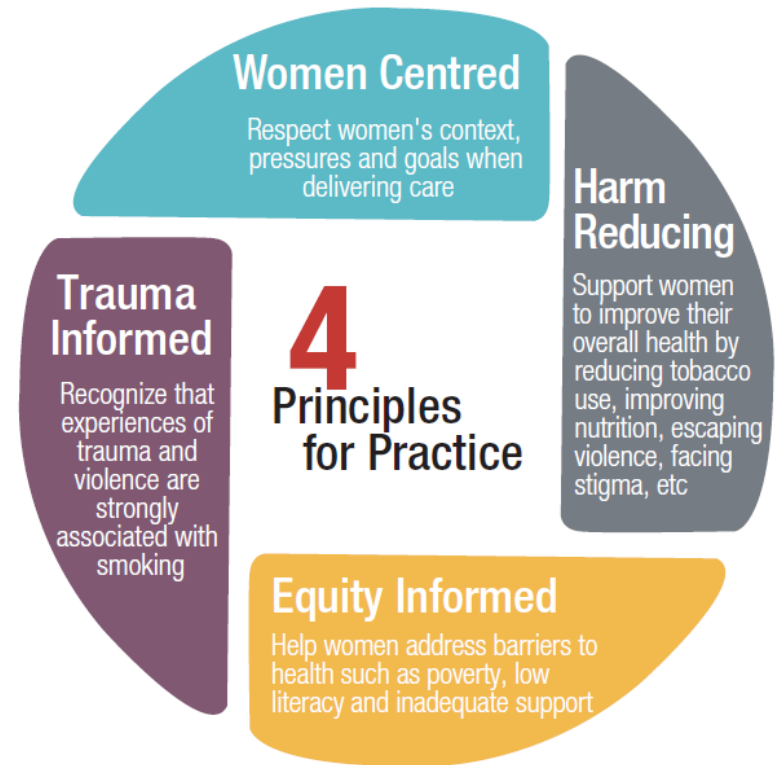
- Depending on your situation, you may want to discuss alternate forms of pain management with your health care provider.
- You should not decide to stop taking opioids on your own or go "cold turkey" as stopping them can cause harms during pregnancy such as early labour or making it difficult for the fetus to get enough oxygen.
- If you have an addiction to opioids, it is recommended that you take methadone or buprenorphine under the care of your healthcare provider during pregnancy as these medications are less risky for you and your fetus.
- If you think you might be dependent or addicted to prescription opioid medications, talk to your health care provider about support and services in your community that can help you.

We identified, and summarized available academic evidence, tools and best practices related to the effects of, and how to do brief intervention on, legal substances

We created summaries of evidence for brief intervention by profession (soon to be released)



Annotated bibliography of articles on 4 levels of FASD prevention, published annually, downloadable from [www.canfasd.ca](http://www.canfasd.ca)

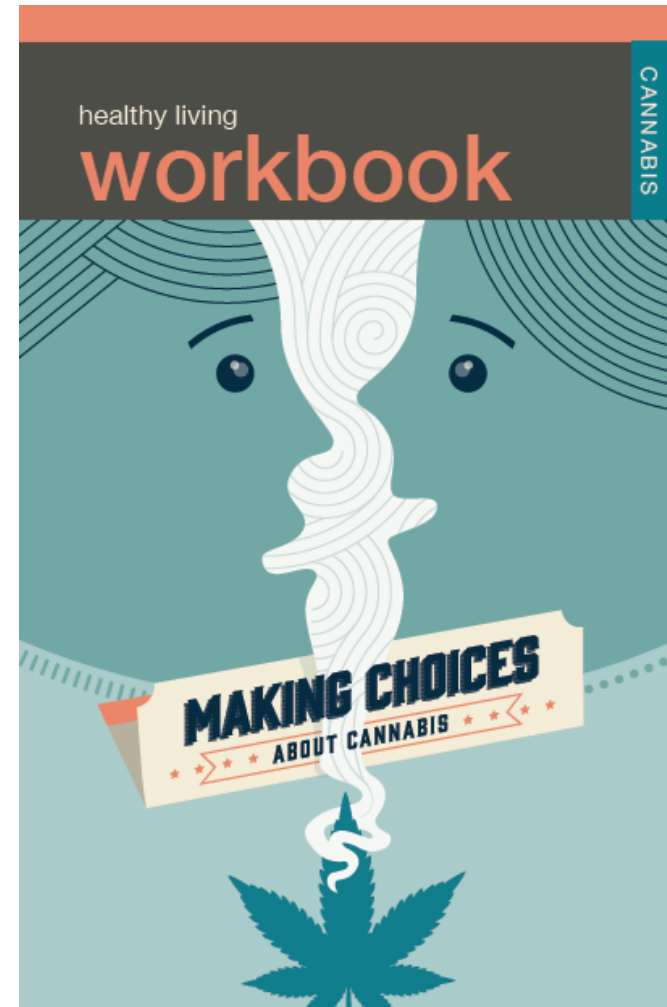


Alberta Health Services  
[http://www.albertaquits.ca/files/AB/files/library/Rep\\_Yrs\\_Infographic\\_Final\\_28229.pdf](http://www.albertaquits.ca/files/AB/files/library/Rep_Yrs_Infographic_Final_28229.pdf)



# Brief support

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- de Dios, M. A., Herman, D. S., Britton, W. B., Hagerty, C. E., Anderson, B. J., & Stein, M. D. (2012). Motivational and mindfulness intervention for young adult female marijuana users. *Journal of Substance Abuse Treatment*, 42(1), 56-64. doi:10.1016/j.jsat.2011.08.001





# Multi-service programs serving pregnant women at risk

8 programs across Canada including 3 in BC – HerWay Home, Sheway and Maxxine Wright

Approaches being studied in multi-site evaluation led by Deborah Rutman, Carol Hubberstey, Marilyn Van Bibber and Nancy Poole



# Holistic wellness oriented approaches addressing TRC Call to Action #33



**Developing an Indigenous approach to FASD**



**CanFASD**  
CANADIAN FASD RESEARCH NETWORK

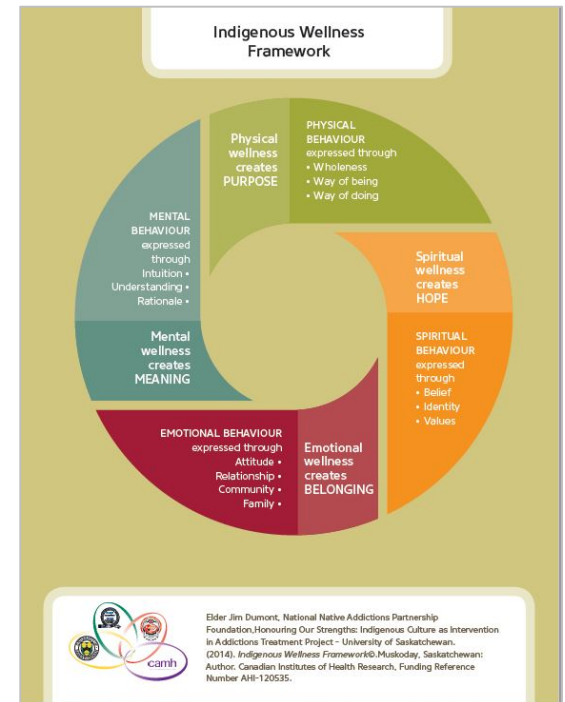


**Centre of Excellence for Women's Health**

INDIGENOUS APPROACHES TO FASD PREVENTION



**INDIGENOUS MOTHERING**



□ COLLEEN REID, LORRAINE GREAVES & NANCY POOLE

*British Columbia Centre of Excellence for Women's Health*

## Good, bad, thwarted or addicted? Discourses of substance-using mothers

### Abstract

In this paper we examine... Focus groups were conducted with diverse women who... use. Real scenarios were... sought about how the women... tions and the actions taken... Through the use of three... tified four major discourses... 'bad mother', 'thwarted... revealed the multiple... made sense of their lives... child bond and the impact... mothers with substance... discourses highlighted the... tudes, practices and stigmas... trying to do the right thing...

**Key words:** child welfare, mothering/motherhood, substance use

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## Collaboration Between Addiction Treatment and Child Welfare Fields: Opportunities in a Canadian Context

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## Victimized or Validated? Responses to Substance-Using Pregnant Women

Lorraine Greaves and Nancy Poole

*Les femmes qui utilisent des substances nocives durant leur grossesse sont souvent stigmatisées et jugées par le discours public. On a l'impression que c'est la santé et les droits du fœtus qui sont primordiaux, et non la santé de la femme. Les auteures préconisent une politique et un traitement qui valident à la fois la santé de la mère et de l'enfant*

Substance use among pregnant women is a major public health problem in Canada. Some studies estimate that approximately 20-30 per cent of pregnant women in Canada

during their last pregnancy. These are likely underestimates, as surveys may miss accessing women facing serious health, economic, housing, and other social problems. In addition, the significant societal stigma regarding pregnant women's use of alcohol, drugs, and tobacco may also prevent some women from identifying use of any of these substances, even in the context of a survey.

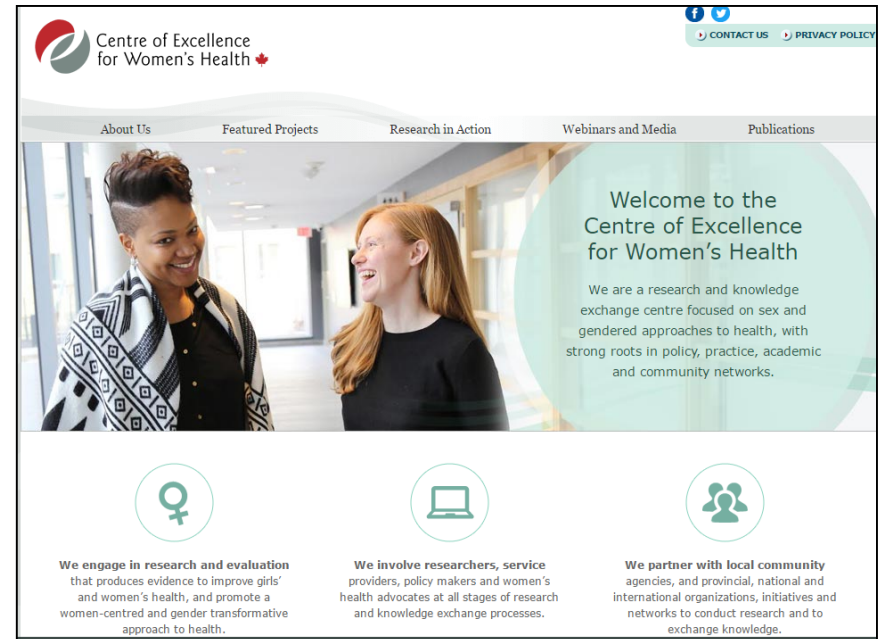
Pregnant women who use substances come under considerable scrutiny in Canadian society. Analyses of public discourses regarding pregnant

seeing substance-using pregnant women primarily as "vessels" often leads to seeing them as entirely responsible for their situation and any potential damage to their fetus. In recent years this perspective has been evident across sectors: in legal cases, policies, media headlines, and treatment approaches. This perspective reflects a set of attitudes and practices that often puts substance-using pregnant women second, and sometimes casts their rights in conflict with those of the fetus or child. It also affects the way programs have been developed



# Contact CEWH

- Website: Dialogue to Action project  
<http://bccewh.bc.ca/featured-projects/dialogue-to-action-on-discussing-alcohol-with-women-project-2/>
- Blog: Girls Women Alcohol and Pregnancy  
<https://fasdprevention.wordpress.com/>
- Email:
  - Nancy Poole  
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