

Accessibility and cultural safety in perinatal substance use care in BC

What is this study about?

The research team explored how accessible and culturally safe specialized perinatal substance use services are for pregnant people who use substances.

Why do this study?

Between 2001 and 2020, substance use during pregnancy doubled in BC, and the toxic drug crisis has made it more harmful. In 2020, about 1 in 20 (6.1%) pregnant people in BC used opioids, stimulants, cannabis, or solvents.

Indigenous Peoples are highly impacted by substance use during pregnancy due to long-term impacts of colonialism, highlighting the importance of culturally safe and trauma-informed pregnancy care. The availability and quality of support varies depending on where mothers live and give birth.

We wanted to understand:

- The factors that support and prevent access to perinatal substance use care;
- The cultural safety of pregnancy services;
- What people with lived/living experience need for substance use care during and after pregnancy.

How was this study done?

In the spring of 2023, the research team held five sharing circles with 48 people with experiences of pregnancy and substance use across BC (Kelowna, Port Hardy, Prince George, Vancouver, and Surrey). Most of the participants (73%) identified as Indigenous. One virtual sharing circle was held with seven perinatal support workers.

An Elder opened and closed the sharing circles in a good way with prayer and song, and provided cultural support for participants throughout the research.

A note about gender inclusivity: This research acknowledges the strength of all Lifegivers, including those who identify and/or express themselves as women, trans women, non-binary people, and Two-Spirit/Indigiqueer. The term “mother” is used to support understanding, but it may not accurately reflect the identities of all who are reflected in this research.

KEY FINDINGS

- Access to supports for pregnancy and substance use vary widely across BC, with rural communities experiencing the largest barriers to specialized care.
- Integrating Indigenous culture with Elders, peer support and outreach workers are essential for supporting culturally safe and effective care.
- Family-centered care that prioritizes keeping mothers and babies together is essential to healing the intergenerational trauma of the child welfare system.
- It is critical to ensure continuity of care, including access to opioid agonist therapy (OAT), when in hospital.

What did we find?



Participants described safe and accessible perinatal substance use care as being relationship-based and highlighted the importance of incorporating Indigenous cultures to support healing journeys.

Participants strongly recommended that the child welfare system needs to be transformed because removing children is traumatizing to children and mothers, and has negative intergenerational impacts on families.

"A lot of the healing for Indigenous people comes from the culture and comes from the ceremony, and community, and building those relationships."

"You don't take a child away...from a mother, and then expect them to be able to go on and heal and be the parent that they need to be...there has to be a bold reimagining of what foster care is. And I don't think it should be removing the children... it has to be completely reimagined."



Pregnant people who use substances living in rural and Northern communities experienced challenges accessing care and treatment because most of the services are in urban areas.

"Because of [the supportive housing facility], I was able to get him back before he was a month old, but I wish there was some place like that [in my home community] too."



Perinatal substance use care provided must be culturally safe, trauma-informed, and follow evidence-based care guidelines.

Most of the participants felt community-based services for pregnancy and substance use care were safer and more accessible than hospital-based services. Participants identified the need for extra supports, such as advocates, to help them navigate changes in care (for example, leaving the hospital).

Participants experienced challenges maintaining access to OAT, particularly in smaller and Northern hospitals. Some reported having their OAT cut off, leading to unregulated drug use, increased risk of overdose, leaving hospital early, and child apprehension by child welfare services.

"My son was born premature... they didn't give me my [methadone] for five days, so I was left without anything... I ended up having to leave [the hospital] to go use, and then they locked me out... and wouldn't let me come back in."

What are the study's limitations?

This study was done with a small group of participants in urban centres and findings may not represent the experiences of all pregnant people who use substances.

Recommendations from these study findings

- **Expand service access:** Increase specialized services that provide both pregnancy and substance use care, including supportive housing, especially in rural and Northern BC.
- **Support culturally safe care models:** Support family-centered alternatives to foster care and child welfare involvement, such as Indigenous kinship systems for children to remain in their families, communities and cultures.
- **Strengthen family connections and relationships:** Care programs should prioritize building strong relationships with mothers and keeping families together. More community-based supportive housing and other supports are needed to assist families navigating the child welfare system (Ministry of Children and Family Development).
- **Integrate cultural practices:** Ensure Indigenous families have access to cultural support and spiritual practices to facilitate healing.
- **Prioritize discharge planning:** Ensure enough support is available for mothers returning to community after being in hospital or residential treatment programs.
- **Ensure access to OAT:** OAT is the [clinically recommended medication for pregnant people who use opioids and their babies](#) and needs to be continued throughout pregnancy and delivery to protect mother and baby from the toxic drug supply.

Building on community strengths to close these gaps can make pregnancy and substance use care services more supportive and culturally safe, especially for pregnant people and families living in rural, remote, and First Nations communities.

Resources to Support Substance Use and Pregnancy

- Browse the list of [BC's perinatal substance use services](#) available by region.
- Learn about [BC Women's Families in Recovery \(FIR\) Square](#) program which provides specialized hospital care for pregnant people who use drugs and their families.
- Learn about [FNHA's Virtual Substance Use and Psychiatry Service](#) and [available mental health and cultural supports](#).
- Read about [BC's clinical guidelines and care principles](#) for opioid use during pregnancy.
- Learn about how [eliminating stigma around substance use will save lives](#) and check out the FNHA's [Courageous Conversations on Substance Use Toolkit](#).
- Browse research summaries & infographics on FNHA's [toxic drug crisis research page](#).

Joyce S, Piske M, Norris C (Eagle Spirit Woman), Barker B, David R, Malhotra U, Nosyk B. "There was no services that I could access so I just stayed on the street...using until I went into labour.": A qualitative study of accessibility and cultural safety of services for perinatal substance use in British Columbia, Canada. *Journal of Substance Use and Addiction Treatment*. 2024 Dec 12; 169. doi: [10.1016/j.josat.2024.209604](https://doi.org/10.1016/j.josat.2024.209604)

Graphic recording of participant voices from our sharing circles

EXPERIENCES ACCESSING SERVICES FOR Perinatal Substance Use IN BC

INTERIOR

"Imagine if they didn't have that spot? I would have lost my daughter"

"All it took was feeling supported and valued and like me being alive was important enough for someone to put effort into"



SUPPORT & WRAP AROUND Programs to keep Mother & BABY Together

Address Racism increase Culture & Cultural Safety

NORTHERN

ADVOCACY to Keep MOMS & BABIES Together



"I ended up having to leave to go use and then they locked me out of the NICU"

Sent to PRINCE GEORGE from across the NORTH



METHADONE inaccessible during Delivery

Trauma INFORMED Training FOR HEALTHCARE PROVIDERS

VANCOUVER ISLAND

"Have experienced mothers come in and support the younger mothers. Compassionate Mentorship."

SUPPORT from MULTIGENERATIONAL FAMILIES



"The ruralness of this is real"

DREAM OF SUPPORTIVE Housing, Treatment Centers in COMMUNITY

VANCOUVER COASTAL



Resilience

"A bold reimagining of what foster care is...I don't think it should be removing the children"

"A lot of the healing for Indigenous people comes from the culture ceremony community and building those relationships"

SUPPORT PARENTS especially through child removal and reunification



SERVICES ONLY IN THE DTES challenges RECOVERY



EVERY DOOR MUST BE the Right Door

Relationships are Medicine

FRASER

"Why isn't there more knowledge on the resources that are available in a town or two over?"

"I came straight back here because of all these people I've built connection with"



This project was funded by a contribution from Health Canada's Substance Use and Addictions Program (Health Canada SUAP; 2223-HQ-000028). The views expressed herein do not necessarily represent the views of Health Canada or the data stewards.