



PROVINCIAL PERINATAL SUBSTANCE USE CONFERENCE 2024

October 28 - 30, 2024 | Richmond, BC, Canada

CONNECTING THE DOTS THROUGH INNOVATIVE
CARE APPROACHES ACROSS THE PERINATAL
SUBSTANCE USE CONTINUUM



HOSTED BY:

BC WOMEN'S
HOSPITAL+
HEALTH CENTRE
Provincial Health Services Authority



MENTAL HEALTH
AND SUBSTANCE USE
PROGRAMS + INITIATIVES

Land Acknowledgement

We acknowledge that the work done at the BC Women's Hospital + Health Centre (BCWH), takes place on the unceded, traditional and ancestral territories of the x̱w̱məθḵw̱əy̱əm (Musqueam), S̱ḵw̱x̱w̱ú7mesh (Squamish) and sə́lilwətaʔṯ (Tsleil-waututh) Nations who have cared for and nurtured the lands and waters around us for all time. PHSA provides specialized health care services to communities across British Columbia, on the territories of many distinct First Nations. We give thanks for the opportunity to live, work and support care here.

With gratitude and respect, we acknowledge and honour the experiences of all birthers and parents who have shared and continue to share their truths, teach, guide and direct the work of the Provincial Perinatal Substance Use Program, MHSU Programs + Initiatives, BCWH.

We also recognize the profound impacts of colonization on Indigenous communities, including the disproportionate effects of the toxic drug crisis on Indigenous women. These injustices continue to affect the health and well-being of Indigenous families today. We remain committed to addressing these impacts with sensitivity and respect, and to supporting healing and justice for Indigenous peoples. By listening to the voices of Indigenous Elders, leaders, and women, health care and social systems can change for the better.



CONFERENCE HOSTS AND SPONSORS



Elder Glida Morgan,
Tla'amin First Nations



Mary Point
Musqueam Elder

The 3rd annual Provincial Perinatal Substance Use Conference is proudly hosted by BC Women's Hospital + Health Centre.



Darci Skiber,
MA, CHE
Executive Director
*Mental Health and Substance Use
Programs + Initiatives*



Cheryl Davies,
RN, BA, MED
Chief Operating Officer
BC Women's Hospital



Dr. Annabel Mead,
MBBS, FACHAM, ipABAM
Senior Medical Director
*Mental Health and Substance Use
Programs + Initiatives*

**BC WOMEN'S
HOSPITAL+
HEALTH CENTRE**
Provincial Health Services Authority



**MENTAL HEALTH
AND SUBSTANCE USE
PROGRAMS + INITIATIVES**

PPSUP 2024 CONFERENCE COMMITTEE

The 2024 PPSUP conference was organized by the following members of the BCW Mental Health and Substance Use Programs + Initiatives team.



Darci Skiber, MA, CHE
Executive Director



Eva Sullivan, MSc
Knowledge Exchange Leader



Melissa Dreyer
Peer Engagement Leader



Núria Chapinal, PhD
Senior Project Manager



Sarah Moreheart, MPH
Director, Clinical Operations



Suman Narayan, MCP, RCC
Program Manager, FIR



Theresa Aeichele
Program Coordinator



Valerie Marshall, MSc
Project Manager



Sonya Haller
Administrative Coordinator



Akash Charna
Provincial Partnerships & Engagement

Welcome Message from the Executive Director

Dear colleagues and friends,

We are so thrilled for you to be joining us at our annual Provincial Perinatal Substance Use Conference. The theme of this year's conference, *Connecting the Dots through Innovative Care Approaches Across the Perinatal Substance Use Continuum* is both timely and fitting. I have had the great privilege to lead the Mental Health and Substance Use portfolio for BC Women's Hospital + Health Centre for some time now and the focus of our collective efforts this year has truly been to connect. To connect programs and services, colleagues, and those we serve across the province.

The Provincial Perinatal Substance Use Program (PPSUP) provides centralized leadership and funding to transform perinatal substance use services to improve health and social outcomes for women and people affected by substance use and their families. Destigmatizing substance use, decolonizing care, and promoting evidence-informed, leading and wise practices are important objectives of the program. The program operates in partnership with regional Health Authorities, community organizations, and research institutions to support the improvement of perinatal substance use care across the province.

The Provincial Perinatal Substance Use Program continues to grow in impact, partnership, and opportunity. This growth is reflected in our annual conference, and I am so excited about the conference our team has curated for you this year. We have a rich and diverse program with 3 keynote presentations, 11 workshops, and 16 short presentations.

I hope each and every one of you leaves with new ideas, new connections, and profound gratitude for the community we've created collectively!

I look forward to having opportunities to connect with all of you over the three days, please come and say hello to the team.

Darci Skiber, MA, CHE
Executive Director



Conference Schedule | Monday, October 28, 2024

7:00AM - 4:00PM	Registration Desk Open <i>Main Foyer</i>	
7:30AM - 8:30AM	Breakfast and Networking <i>Grand Ballroom A</i>	
8:30AM - 9:10AM	Welcome and Opening Comments <i>Grand Ballroom BC</i>	
9:10AM - 10:25AM	Keynote #1- What We Bring – Examining What We as Care Providers Bring With Us into Our Clinical Spaces <i>Grand Ballroom BC</i> Dr. Sharon Vipler	
10:25AM - 10:40AM	Coffee Break – Exhibitors’ Booths & Community Hub Open <i>Grand Ballroom A & Executive Board Room</i>	
10:40AM - 12:00PM	Community and Two-Eyed Approaches to Care Grand Ballroom BC	Direct Care Fraser Room
	Together We Can – Indigenous Systems of Care <i>Speakers: Steven Hall & Lisa Smith</i> (30 Minutes)	Overcoming Challenges: Innovations For Eat, Sleep, Console Care at Nanaimo RGH <i>Speakers: Lisa Bakker & Emily Van Waes</i> (15 mins)
	Enhancing Safety and Support in Perinatal Substance Use Care: Insights from Women’s Health and Safety in SRO Housing Research <i>Speaker: Hajar Masoud</i> (15 Minutes)	Implementing A Rooming-In Model Of Care for Babies at Risk Of Nas and Their Families In Alberta: Inquiring Into Barriers, Tensions, and Facilitators <i>Speakers: Dr. Osnat Wine & Dr. Vera Caine</i> (15 Minutes)
	2,628,00 Minutes (At Least 5 Seasons of Love): 5-Year Continuum of Care for True Stabilization <i>Speakers: Adria Pritchard Doll & Leticia Oliva-Cowell</i> (15 Minutes)	Examining Infant Feeding Practices Amidst the Unregulated Toxic Drug Supply <i>Speaker: Jennifer Rasmussen & Karen Pike</i> (15 Minutes)
12:00PM - 1:00PM	Lunch – Exhibitors’ Booths & Community Hub Open <i>Grand Ballroom A & Executive Board Room</i>	
1:00PM - 2:30PM	Workshop: Connection Based Innovative Care Through Indigenous Lens <i>Speaker: Marissa Jim</i> (60 Minutes)	Workshop: Enhancing Care for Perinatal Patients: Benzodiazepine Withdrawal Protocols and Educational Imperatives <i>Speakers: Shannon Leonard & Colleen Lum</i> (45 Minutes)
	Decolonizing the Medical Birth Space: Lessons, Gaps, Collaboration <i>Speaker: Katherine Bartel</i> (15 Minutes)	Workshop: Perinatal Substance Use and Collaborative Practice: Tools to Support Your Work <i>Speakers: Dr. Nancy Poole & Lindsay Wolfson</i> (45 Minutes)
2:30PM - 3:00PM	Coffee Break – Exhibitors’ Booths & Community Hub Open <i>Grand Ballroom A & Executive Board Room</i>	
3:00PM - 4:00PM	Sheway Indigenous Cultural Support Program <i>Speaker: Claudia Kobetitch</i> (15 Minutes)	Virtual Perinatal Substance Use Clinic: A New Approach in Northern Health <i>Speaker: Dr. Emma Crowley</i> (15 Minutes)
	Uskiyaz Whulheh, Uhoonti (When A Child Is Born They Rejoice – Stella Whut’enne Central Dakelh Dialect – Translated By Adriana Louie) <i>Speakers: Jennifer Scott, Catherine Higgins & Sherry Sherba</i> (15 mins)	Thriving Through The Transition: Clinical and Ethical Challenges of Mental Health and Substance Use Treatment in the Perinatal Period <i>Speaker: Jennifer Clune</i> (45 Minutes)
	Perceptions of Overdose Response Hotlines and Phone Application Services Among Women and Gender-diverse Individuals Who Use Drugs in Canada: A Qualitative Study <i>Speaker: Amanda Lee</i> (15 Minutes)	
4:00PM - 4:30PM	Connecting the Dots and Closing Remarks <i>Grand Ballroom BC</i>	

Conference Schedule | Tuesday, October 29, 2024

7:30AM - 4:00PM	Registration Desk Open <i>Main Foyer</i>	
7:30AM - 8:30AM	Breakfast and Networking <i>Grand Ballroom A</i>	
8:30AM - 9:10AM	Welcome and Opening Comments <i>Grand Ballroom BC</i>	
9:10AM - 10:25AM	Keynote Presentation #2 - Equity Science and Perinatal Substance Use: Opportunities & Risks <i>Grand Ballroom BC</i> Dr. Sana Shahram, PhD MPH	
10:25AM - 10:40AM	Coffee Break – Exhibitors’ Booths & Community Hub Open <i>Grand Ballroom A & Executive Board Room</i>	
10:40AM - 12:00PM	Evaluating & Transforming Systems of Care <i>Grand Ballroom BC</i>	Clinical Tools, Guidelines, and Resources <i>Fraser Room</i>
	Workshop: Having Conversations: Building Connections with Birthers Along their Perinatal Journey <i>Speaker: Robin Janes (90 mins)</i>	Interprofessional Led Education Sessions on Perinatal Substance Use: Topics, Reflections, Research Findings, and Next Steps <i>Speaker: Ivy Parsons & Dr. Kristen Gulbransen (20 mins)</i>
		Integrating to Innovate: Using Data to Enhance Opportunities for Early Intervention in the Perinatal Substance Use Population <i>Speakers: Elaine Yanxi Chen & Dr. Ellen Giesbrecht (20 mins)</i>
		Clinical Tools And Resources For Management of Perinatal Alcohol Use <i>Speaker: Nirupa Goel & Dr. Eric Cattoni (20 mins)</i>
12:00PM - 1:00PM	Lunch – Exhibitors’ Booths & Community Hub Open <i>Grand Ballroom A & Executive Board Room</i>	
1:00PM - 2:30PM	Workshop: Fentanyl’s Force on Families: A Curious Case Study and System <i>Speaker: Jenn Galbraith (45 mins)</i>	Equipping Perinatal Services for Equity-Oriented Health Care and Substance Use Health <i>Speaker: Colleen Varcoe (90 mins)</i>
	Workshop: Action Through Arts: Precarious: A Transformative Musical Tale <i>Speaker: Kat Wahamaa (45 mins)</i>	
2:30PM - 3:00PM	Coffee Break – Exhibitors’ Booths & Community Hub Open <i>Grand Ballroom A & Executive Board Room</i>	
3:00PM - 4:00PM	Workshop: Co Led Dialectical Behavioural Therapy Skills and Indigenous Cultural Teachings for Perinatal Individuals who have Complex Psychosocial Needs <i>Speaker: Dr. Kellie Thiessen, Dr. Heather Watson & Dr. Kristen Gulbransen (60 mins)</i>	Workshop: Using Data You Don’t Have – Practical Application of Treating Sud in Pregnancy <i>Speaker: Dr. Kate Bodkin, Vanessa Paquette, Dr. Carolyn Marchand, Dr. Eric Cattoni & Nicole Carter (60 mins)</i>
4:00PM - 4:30PM	Connecting the Dots and Closing Remarks <i>Grand Ballroom BC</i>	

Conference Schedule | Wednesday, October 30, 2024

7:00AM -	Registration Desk Open <i>Main Foyer</i>
10:30AM	
7:00AM -	Breakfast and Networking <i>Grand Ballroom A</i>
8:00AM	
8:00AM -	Welcome and Opening Comments <i>Grand Ballroom BC</i>
8:15AM	
8:15AM -	<u>Reorienting the Conceptualizations of Mothering: An Introduction to Systematic Equity Action-Analysis in Perinatal Substance Use</u>
9:15AM	<i>Speakers: Lisa Knox, Sana Shahram & Logan Burd</i> <i>Grand Ballroom BC</i>
9:15AM -	<u>Getting to the Root of Things: Maintaining Systemic Perspectives in Frontline Social Work Practice</u>
10:15AM	<i>Speaker: Meenakshi Mannoe</i> <i>Grand Ballroom BC</i>
10:15AM -	Coffee Break – Exhibitors' Booths & Community Hub Open
10:30AM	<i>Grand Ballroom A & Executive Board Room</i>
10:30AM -	Keynote Presentation #3- Stand Up for Mental Health: Recovery – One Laugh at a Time!
11:45AM	<i>Grand Ballroom BC</i> David Granirer
11:45AM -	Connecting the Dots and Closing Remarks
12:15PM	<i>Grand Ballroom BC</i>

MONDAY, OCTOBER 28, 2024

Conference Welcome



Elder Glida Morgan

Elder Glida Morgan is from the Tla'amin First Nation. Elder Glida is determined to bring healing light to our Indigenous People in her role as a front-line worker on Vancouver's Downtown East

Side in the areas of family violence, Mental Wellness & Women's Health. Elder Glida has explored ways in which culture can be integrated into the health care plans for Indigenous people. Performing at community events across the lower mainland; Elder Glida is involved in a group who provides medicine in the form of songs for patients in palliative care through singing & drumming traditional songs.



Mary Point

Mary Point is a member of the Musqueam Indian Band – former Musqueam Community Planner and Facilities Manager, she is currently the Director of Indigenous Relations at

Vancouver International Airport (YVR); and the Relationship Manager for the Musqueam Indian Band - YVR Airport Sustainability & Friendship Agreement. Mary helps to further develop the relationship between Musqueam and YVR, facilitating the elements of this agreement, exploring new opportunities to learn from one another, and developing a global Indigenous peoples strategy with a focus on reconciliation.

Mary is an accomplished Indigenous professional that weaves culture, protocol, and best practices into strategic planning for those seeking to do business with First Nations individuals and organizations. She has worked throughout British Columbia for two decades, developing strategic partnerships with a range of First Nations communities and local businesses and has received awards for writing, community action and, was a recent nominee for YWCA's Women of Distinction Award for Reconciliation in Action.

09:10 AM - 10:25 AM

Keynote Presentation #1: What We Bring – Examining What We As Care Providers Bring With Us Into Our Clinical Spaces.

Presentation Description: This presentation explores what we, as care providers, bring into the space when we engage with patients. It challenges us to look inward and question our ideas of who we are and who we think we are supposed to be. It encourages us to move away from rigid constructs and kindly examine how we may be playing a role in our own discomfort.

Presenter: Dr. Sharon Vipler



Bio: Dr. Sharon Vipler completed her medical degree at the University of British Columbia and her family medicine residency at the University of Alberta. She is a diplomat in the American Board of Addiction Medicine as well as a diplomat in Addiction Medicine through the Royal College of Physicians and Surgeons of Canada. She is a UBC Clinical Associate Professor. She is the Program Medical Director and Regional Department Head of Addiction Medicine and Substance Use Services at Fraser Health Authority in British Columbia. This year, she is the acting Executive Director of the BC Centre on Substance Use. Clinically, she works in a wide spectrum of addiction medicine settings in BC's lower mainland.

10:40 AM - 12:00 PM

Together We Can - Indigenous Systems of Care

Stream: Community and Two-Eyed Approaches to Care

Learning Objectives:

1. Break down the myths that addiction/substance use is a choice.
2. Identify the impact of colonisation on substance use.
3. Support the decolonization of healthcare to create culturally safe spaces for life givers and families.

Abstract: It is imperative that healthcare professionals identify the families intergenerational strengths as they navigate the colonial systems within health care settings while meeting the Indigenous members where they are at. It is of utmost importance to walk alongside the patients and their families/community members in allyship and advocacy to give the patients their autonomy in working together to make impactful decisions based on the well-being of their family members, communities, and their cultural protocols. Healthcare professionals will need to be educated in trauma informed and cultural sensitivity and safety practices, for instance, being mindful of the impact of language, how it affects the patients and decision-making practices. Acknowledging that abstinence may not be the end goal in the journey of the patients. Some patients may want to continue with using various substances with moderation or change the nature of the substance they use. Healthcare professionals will need to work alongside the patients with compassion, respect and humility while learning from the patients with integrity and active listening skills. It will take reciprocity to build trusting and long-lasting relationships within the Indigenous communities. We can all benefit from amplifying Indigenous voices and practicing what Indigenous peoples are sharing with their knowledge and storytelling. Offering up a trauma informed practice will be integral to how the healthcare professional is able to move forward in harmony with the patients. Healthcare professionals can be successful in the practice of being patient and culturally centered rather than system centered.

In conclusion, taking the open-hearted and more human approach while conveying a sense of safety, security and autonomy can only improve the relationships between the healthcare professionals and the Indigenous patients. With the appropriate education and learning from those we serve; we can connect the dots through innovative care and participate in the meaningful work of reconciliation with our Indigenous communities in creating a safe and culturally centered practice in the way we care for and assist our fellow Indigenous peoples in the most beneficial and meaningful way moving forward.

Presenter(s):

Steven Hall:

Steven Hall is the Public Relations Lead for Together We Can Drug & Alcohol Recovery & Education Society (TWC). Coming from the West Kootenays, Steven moved to the lower mainland in July 2018 to attend a 12-step-based residential treatment program at TWC. After completing a 60-day program, he began volunteering with the society as a support worker and driver in September 2018. Since then, he has been an in-house manager at the TWC Alliance Program and, today works as a part of the Community Relations and Family Support Team.

His own experience and struggles with addiction and mental health, coupled with working in the field, have given Steven fresh perspectives on addiction's impact on his community, friends, family, and self. By entering recovery, he stabilized on medications, received counselling, and built a strong support network of friends and professionals that helped him daily overcome his struggles. Steven is a firm believer that there is hope in recovery, and a strong community of like-minded Individuals can bring a solution to British Columbia's growing overdose crisis. By creating more safe spaces in our community, Steven believes everyone is capable and worthy of recovery from addiction.

Lisa Smith:

Lisa is a Proud Indigenous Cree Metis Woman, from the Spiritwood and Witchekan Lake Nation in Saskatchewan. Her Indigenous name is "Little Flower" (Pchit Enn Fleur in Michif). She firmly believes that a trauma informed approach is at the core of effectively building transparent, respectful and meaningful relationships with dignity. Lisa strives to provide cultural sensitivity practices and considers safety to be paramount within our client's healing process. She believes taking a culturally centered approach means to provide active listening and softening of the heart. Lisa brings a wide range of experience, training and skills

from her previous work within the legal field, health care, social and community services industries to her current roles as both a case manager, group facilitator and the Indigenous Cultural Relations Coordinator. This work brings Lisa gratification and it brings her joy to see the sparkle in people's eyes when they feel seen, heard and valued!

Enhancing Safety and Support in Perinatal Substance Use Care: Insights from Women's Health and Safety in SRO Housing Research

Stream: Community and Two-Eyed Approaches to Care

Learning Objectives:

1. Understand the unique safety and health challenges faced by women in SRO housing and supportive housing in general.
2. Learn about the effectiveness of peer-led support initiatives in enhancing safety and health outcomes.
3. Explore harm reduction strategies that can be adapted to perinatal substance use care.
4. Gain insights into systemic issues such as poverty, addiction, and violence that intersect with housing and perinatal care.
5. Be equipped with practical strategies to improve safety and support for perinatal clients in vulnerable housing situations.

Abstract: This presentation draws on research conducted on women's health and safety in APMI-managed Single Room Occupancy (SRO) buildings to inform innovative approaches in perinatal substance use care. The study highlights the critical safety challenges faced by women in SRO housing, including high rates of violence, substance use, and inadequate facilities. Peer-led support initiatives have been identified as effective in enhancing safety and health outcomes, providing a model that can be adapted to perinatal care settings. The session will explore harm reduction strategies that prioritize safety and dignity, offering practical solutions for perinatal substance use care. By addressing systemic issues such as poverty, addiction, and violence, the presentation will provide a comprehensive understanding of the multifaceted challenges and propose integrated approaches to support perinatal clients.

Through case studies and firsthand accounts, participants will learn about successful interventions and best practices for creating safer and more supportive environments for women. This knowledge will be crucial for professionals working to improve perinatal substance use care, especially in settings with similar vulnerabilities.

This abstract aligns with the conference theme, "Connecting the Dots through Innovative Care Approaches Across the Perinatal Substance Use Continuum," by integrating insights from research on women's health and safety in SRO housing. It connects peer support, harm reduction, and systemic change strategies to the perinatal context, offering a holistic view of care. By showcasing innovative and practical solutions to safety and health challenges, the presentation aims to inspire and equip attendees to improve care outcomes for perinatal clients in vulnerable housing situations.

Presenter(s):

Hajar Masoud:

A dedicated professional with a wealth of experience in monitoring, evaluation, accountability, research, and learning spanning over 16 years. Hajar's journey to Canada began four years ago when she, alongside her young family, sought asylum. Her commitment to making a positive impact in the field of MEARL is evident in her extensive work history. Throughout her career, Hajar has worked with numerous international and UN organizations, including UNDP, UN Women, Education Above All, World Vision International, Mercy Corps, Development Alternatives Incorporated (DAI), among others. Her focus on women and youth empowerment has been a consistent thread in her work, reflecting a deep-seated commitment to fostering positive change. Hajar holds a Master's in International Policy and Development with a Monitoring and Evaluation Specialization, where she graduated with distinction. This educational background, coupled with her hands-on experience, equips her with a comprehensive set of skills, cultural awareness, and ethical competencies crucial for her current role. Notably, Hajar's contributions extend beyond her professional sphere. Currently, Hajar has turned her attention

to supporting results-based adaptive management in the housing sector in Canada, with a particular focus on empowering women and gender-diverse people as the Executive Director of Operational Excellence at Atira Women's Resource Society.

2,628,000 Minutes (At Least 5 Seasons of Love): 5-Year Continuum of Care for True Stabilization

Stream: Community and Two-Eyed Approaches to Care

Learning Objectives:

1. 5-year continuum of care and definition of celebrated outcomes throughout
2. Multiple entry and exit points based on individual needs and goals
3. Creating community connections, supporting independence and family reunifications

Abstract: Two years ago, The Sanctuary expanded our programs with the opening of our new building on 616 East Cordova, Vancouver. The Sanctuary has evolved from one floor of stabilization & transition to now include a recovery program (27 total beds; 9 for mom & baby dyads, and 18 for individuals), transitional housing (35 suites of up to 3 bedrooms) including childcare for women and their children in the program. If a woman starts her journey in stabilization and moves through the program on the maximum timelines, The Sanctuary programs provide a 5-year continuum of care plus ongoing aftercare. While The Sanctuary has been providing stabilization and transition programming along with parenting and recovery programming for mothers and infants for 8+ years, we have been limited in the length of time we could provide bed-based and housing support for pre and perinatal women and their children. In our effort to create opportunities and remove barriers and stigma we encourage women to partake in various Sanctuary programs and phases (stabilization, treatment, transition, transitional housing, aftercare) with the option to move in and out of those programs at various stages to and from other community programs. Whether an individual wants to partake in some or all our programs, we will support them in those transitions.

With a vision to provide community and relationship-based supports, our goal is to maintain an ongoing relationship with a goal to thoughtfully decrease dependence on our programs/services while increasing connections and supports in the community and long-term family reunifications. Two alumni will speak about their experience moving through The Sanctuary programs.

While our model of care is still unfolding and growing, we are seeing and hearing women and children benefit from the longer continuum of care and the ability to move within that continuum (non-linear). We know that creating many connections with service providers and community programs an individual and family has better support and increased choice and opportunity and are inspired to continue in flexible, collaborative and individualized care. We are seeing long-term recovery and reunifications of families.

Presenter(s):

Adria Pritchard Doll:

Adria (she/her) has spent 20 years in non-profit work. Starting on the frontline working residential addictions (including The Sanctuary in 2014), domestic violence shelters, domestic and international anti-sexual exploitation. Over the years Adria moved into non-profit leadership. Adria work as an executive director for a grass roots non-profit working in Vancouver with vulnerable women and women in sex work. During the pandemic she managed two Vancouver Health Authority licensed CLBC homes for vulnerable adults. Just before coming back to UGM – The Sanctuary, she managed a harm-reduction complex care home for hard-to-house individuals. At The Sanctuary, Adria oversees the Women's Stabilization & Recovery program.

Leticia Oliva-Cowell:

Leticia (she/her) joined UGM in 2014 as a volunteer at The Sanctuary. She then did a student practicum placement there, moved into an FT auxiliary position, and then started as a Shift Supervisor. In early 2018, Leticia was a Sanctuary Case Manager, and in 2019, she accepted the role of Assistant Manager and truly helped guide and support The Sanctuary team during the pandemic. Leticia's passion for developing wraparound

programs and advocating for women and children drove her to move into the Housing Coordinator role. As the new Women & Families Centre building opened in 2022, she moved into the position of Manager, Housing & Aftercare. She oversees all the Sanctuary Transitional Housing, Childcare & Aftercare programs. Leticia is finishing her Master's in Counselling, specializing in Complex Trauma.

Overcoming Challenges: Innovations for Eat Sleep Console Care at Nanaimo Regional General Hospital, Vancouver Island.

Stream: Direct Care

Learning Objectives:

1. Looking at out-of-the-box innovations for keeping vulnerable dyads together.
2. Reducing length of hospital stay.
3. Reducing need for morphine administration for withdrawal treatment.
4. Supporting critical social attachments and protecting the neurodevelopment of infants.

Abstract: Nanaimo Regional General Hospital rolled out the Eat Sleep Console care model in 2020. In the 4 years since implementation we have faced challenges, we have problem solved, we have tried our best to fill identified critical gaps, and we have seen a massive reduction in infants admitted to the NICU, total number of morphine doses given, and overall reduction in length of stay.

This presentation will discuss harm reduction, care of the birth parent and infant, as well as age appropriate trauma-informed and trauma-reducing care.

Presenter(s):

Lisa Bakker:

Lisa Bakker has been a NICU nurse since 2008, working at the Victoria General Hospital NICU for 6 years and then the Nanaimo Regional General Hospital NICU since 2014. She has been in the Nurse Clinician role in the NICU at Nanaimo since 2020.

Emily Van Waes:

Emily Van Waes has been an RN since 2014 and has worked in a variety of roles including Acute Adult Medicine, Perinatal and as a Clinical Nurse Educator from 2021-2024. She is currently working on project initiatives in Island Health.

Implementing a Rooming-in Model of Care for Babies at Risk of NAS and their Families in Alberta: Inquiring into the Barriers, Tensions, and Facilitators

Stream: Direct Care

Learning Objectives:

1. Describe the Alberta experience of implementing a rooming-in model of care supported by the NASCENT study (Neonatal Abstinence Syndrome Mother-Baby Care Improvement)
2. Apply implementation science research to understand the unique context of participating acute care sites.
3. Recognize key facilitators, barriers, and tensions that impact the implementation and sustainability of this model of care as identified during the interim stages of the NASCENT study.
4. Explore opportunities to continue expanding a rooming-in model of care to support women and infants at risk for NAS.

Abstract: Implementing change in healthcare systems is complex, often requiring changes to practice, attitudes, and beliefs. Our team is working with eight acute care sites at different stages of implementation to support application and sustainability of a rooming-in care model for infants at risk for NAS. We identified barriers and facilitators at system, organization, and individual levels that impact implementation.

Implementation is impacted by politics, historic and current systemic discrimination, fragmented services, and lack of integrated support services for people involved with substance use. Acute care organizations struggle with competing demands, staff shortages, and healthcare providers being challenged when their desired and evidence-based care is not feasible. At the individual level, all providers require increased knowledge on perinatal substance use and care. Stigmatizing beliefs impact care provision. Furthermore, implementation can be driven by the need to demonstrate success, but there may be disagreement on definitions of success.

Several elements facilitate the change process. At the system level, two existing successful rooming-in programs in Alberta demonstrate encouraging outcomes and growing awareness of economic and social benefits. This inspired other sites to adapt to implement a rooming-in model of care in their local context. At the organizational level, sites are providing training and education to staff on clinical and social aspects of care and are building relationships with community partners and agencies. Dedicated and passionate care providers champions and leaders at sites are collaborating to promote change and improve care.

We outline changes required at systemic, organizational, and individual levels to implement an innovative rooming-in approach in acute care settings and including wrap-around support for families who have children at risk for NAS. Sites are supported to learn from existing models and make adaptations within their local context. This helps sites to “connect the dots” to create a continuum of care from pre-acute, acute, and community. Understanding the elements impacting this degree of change highlights opportunities towards improved and equitable care: education and training, and engaging care providers (acute and non-acute), community services, and families in the change processes.

Presenter(s):

Dr. Osnat Wine:

Osnat Wine (Ph.D.) has a doctorate in Health Sciences from the University of Alberta, Currently, Dr. Wine is a CIHR Health Systems Impact Postdoctoral Fellow in the Department of Pediatrics at the University of Alberta and MNCY SCN Alberta Health Services. She works with the NASCENT project focusing on implementation of a rooming-in model of care across Alberta for babies at risk of Neonatal Abstinence Syndrome and their families. Her research focuses on interdisciplinary research, collaborative research processes, team dynamics, team processes, integrated knowledge translation, and implementation. She is interested in understanding how different elements contribute to effective teamwork, co-production, knowledge translation and implementation in large research projects that involve researchers, stakeholders, practitioners, knowledge users, and families. Her goal is to identify ways in which research processes can be optimized and utilized to address complex problems and improve care.

Dr. Vera Caine:

Vera Caine is a Professor at the School of Nursing at the University of Victoria. She has been extensively engaged with community organizations and individuals to address structural inequities. In 2023 she received the Andrew Johnson Award for Exceptional Contributions to HIV/AIDS Nursing, in 2019 she received the Recognizing Outstanding Organizations and People in Housing (ROOPH) Award for Volunteer and advocate efforts as well as the College and Association of Registered Nurses of Alberta (CARNA) Partners in Health Award for establishing a harm reduction housing program for women who are pregnant and use substances. She has made significant contributions to the development of qualitative methodologies, particularly narrative inquiry and community-based research.

Examining Infant Feeding Practices Amidst the Unregulated Toxic Drug Supply

Stream: Direct Care

Learning Objectives:

1. Enable participants to examine local infant feeding practices for peripartum people who have accessed the toxic drug supply.
2. Describe current practice and knowledge gaps about unregulated substance use and infant feeding.
3. Explain how trauma-informed, evidence-informed, and shared-decision making principles apply to conversations and decision-making about infant feeding.
4. Identify opportunities to improve infant feeding practices for people who use/have used unregulated substances in their own practice contexts.

Abstract:

- Peripartum care team members are well-positioned to support pregnant/lactating parents in their infant feeding decisions using evidence-informed information, a trauma-informed approach, and shared-decision making principles.
- Clear recommendations in relation to human milk feeding and unregulated substance use are limited or lacking. This often creates confusion about the timing of infant feeding initiation when:
 - unregulated substance use has occurred prior to birth
 - an episode of unregulated substance use occurs once infant feeding has been established.
- The unknown quantities of contaminants in the unregulated drug supply in British Columbia make it challenging to predict drug metabolism and parent's-own milk safety due to presence of contaminants.
- Collaboration between two BC health authorities, has generated preliminary direction for safely shifting historical practices using evidence-informed information and shared decision making, with the goal of improving health equity and parent/infant health in the context of perinatal substance use.
- For a pregnant/lactating parent who has/is using substances or experiencing Substance Use Disorder, human milk feeding may offer a vital step in connecting and forming a strong attachment with their infant.
- Re-examining how we support people who have used substances make decisions about infant feeding is an opportunity to advance health equity in this peripartum population. Implicit bias related to substance use, infant safety, and decision-making ability can perpetuate intersectional harms to marginalized groups, including Indigenous people.

Presenter(s):

Jennifer Rasmussen:

Jennifer Rasmussen is a Registered Nurse with 18 years of practice experience in perinatal care, including working at the bedside, point of care leadership, complex care planning, and more recently as the perinatal substance use lead in Fraser Health. She is now the Clinical Nurse Specialist for the perinatal stream of the Maternal, Infant, Child and Youth program in Fraser Health and she recently finished her Masters of Nursing from the University of Victoria.

Karen Pike:

Karen Pike is a Registered Nurse and Senior Practice Leader in the Maternal-Newborn Program at BC Women's Hospital. She has spent her near-20-year nursing career at BC Women's, and has a particular interest in high-risk and high-acuity obstetrics. She is an adjunct professor of the UBC School of Nursing and is a member of the Women's Health Research Institute.

Re-examining Urine Drug Testing in the Perinatal Population

Stream: Direct Care

Learning Objectives:

1. Describe current state Urine Drug Testing (UDT) practices in the perinatal and neonatal population and related research in this area.
2. Identify how existing UDT practices can perpetuate harm, stigma and implicit bias towards communities and populations experiencing marginalization.
3. Recognize areas of opportunity to optimize peripartum UDT practices in local contexts.

Abstract:

- In the general population of people receiving substance use treatment, Urine Drug Testing (UDT) can be a useful tool when used alongside collateral information, self-report and clinical assessment. Yet, in the perinatal population UDTs are often entangled with stigma, bias and parenting and infant feeding safety narratives.
- Since UDT does not evaluate whether drug use is problematic or impacting parenting capacity or child safety, it often results in stigmatizing, punishing, and discriminating behaviour towards perinatal people, especially those who are disproportionately experiencing marginalization.
- Collaboration between the health and community sectors is necessary to safely shift historical practices, with the goal of improving equity and health of the parent and infant in the context of perinatal substance use.

Re-examining the use of UDT is an opportunity to advance health equity for peripartum people who are either using substances or when substance use is questioned by the health care team. Nurse and provider implicit bias related to substance use and parenting abilities will be explored, alongside how unfair UDT practices can perpetuate intersectional harms to marginalized groups [in populations], including Indigenous people.

Presenter(s):

Tina Sangha:

Tina Sangha is a Registered Nurse with practice experience in neonatal care; specifically in the Neonatal Intensive Care Unit (NICU) and currently works as the Clinical Nurse Specialist for the neonatal stream in the MICY program with Fraser Health Authority. She is currently working on her Masters in Nursing from Athabasca University and has an interest in quality improvement; specifically in areas such as promoting dyad care and optimizing parental presence when a transfer to higher level of care is required; particularly for birthers and infants impacted by substances.

Jennifer Rasmussen:

Jennifer Rasmussen is a Registered Nurse with 18 years of practice experience in perinatal care, including working at the bedside, point of care leadership, complex care planning, and more recently as the perinatal substance use lead in Fraser Health. She is now a Clinical Nurse Specialist in the perinatal stream of the Maternal, Infant, Child and Youth program in Fraser Health and she recently finished her Masters of Nursing from the University of Victoria.

1:00 PM - 2:30 PM

Connection Based Innovative Care through an Indigenous Lens

Stream: Community and Two-Eyed Approaches to Care

Learning Objectives:

1. Understand how the Doula's for Aboriginal Families Grant Program (DAFGP) is contributing to innovative approaches to perinatal care through an Indigenous lens.
2. Learn about how hospitals are partnering with the DAFGP to educate their staff on the style of care that Indigenous families are expecting to receive and the perspective that guides that care.
3. Learn about how DAFGP is supporting bringing Midwifery/birthwork back into the care and control of Indigenous communities.

Abstract: The DAFGP and Island Health are in the process of building a meaningful relationship to facilitate guidelines for care of Indigenous birthers and their families. We were approached by Island Health's Perinatal Substance Use Director to begin learning circles with their maternity staff. To date, we've hosted one circle at Victoria General Hospital. They were extremely welcoming, accommodating and demonstrated keen interest in learning how to provide a good and comfortable standard of care.

Island Health has also facilitated a tour of their mock maternity ward at the new Cowichan District Hospital in Duncan. We were invited along to share perspective and insight, and to learn about their maternity ward. Every step of this project has had Indigenous consultants present and Quwutsun voices leading. Island Health are taking these consultations very seriously, they are forming true partnership.

The DAFGP directly support Marion Erickson of the Dakelh Community and her goal of bringing Dakelh specific birthwork back to her home villages. She has plans train birthworkers using a curriculum she developed to ensure safe birthing outcomes for her people. We also directly support Nilak IronHawk-Tommy of Quwutsun as she remotely trains to be a midwife for her community.

Circles of Birthkeepers is a program run out of Friendship Centres that provide doula and perinatal support. CBK trains Indigenous women to be doulas, and mentors them into their new roles. The mentorship piece is integral to each new doula's journey into birthwork. We will also share a bit about how BCAAFC and the Friendship Centre movement are contributing to supporting birthing families and perinatal substance use.

Connection is foundational in Indigenous culture, connections to culture are healing. The wholistic perspective that everything is connected means that the care we provide is all inclusive, there is no separation between care of the mind, body and spirit. Our presentation offers examples of this wholistic approach and provides an accessible and structured platform for learning and inquiry. Indigenous doula care provides a familial support for pregnant people using substances; providing Indigenous doula care is a way of improving health for Indigenous people right from birth.

Presenter(s):

Marissa Jim:

My name is Marissa Jim, my ancestral name is I,MIUW. I am WSÁNEĆ (Saanich) & Pune'luxutth (Penalakut) with ties to Ditidaht (Nitinat). I have been with the Doulas for Aboriginal Families Grant Program since July 2022 and function as Program Coordinator as of May of this year. I became a certified doula in March 2023 and while I don't practice professionally, I have always supported my family and communities in their birthing journeys as a way of honouring my teachings.

Decolonizing the Medical Birth Space: Lessons, Gaps, Collaboration

Stream: Community and Two-Eyed Approaches to Care

Learning objectives:

1. Analyze the intergenerational impact of colonization, residential schools and apprehensions on Indigenous birthing practices and experiences.
2. Explore how historical and birth trauma influences the birthing experiences and health outcomes of Indigenous mothers and families.
3. Examine disparities in maternal health, including higher rates of maternal mortality and morbidity among Indigenous populations.
4. Identify the importance of incorporating Indigenous culture and ceremony into healthcare settings to improve birthing experiences.
5. Discuss strategies for creating culturally safe and respectful birthing environments that honour Indigenous traditions and practices.
6. Propose strategies for improving access to culturally appropriate prenatal, birthing, and postnatal care for Indigenous families.

Abstract: To address the unique health needs of Indigenous populations, integrating cultural understandings is key. In B.C., structural and systemic barriers have historically hindered Indigenous Life-Givers' access to culturally safe and high-quality perinatal health care. These barriers contribute to significant health and social inequities, creating intergenerational impacts on Indigenous families and communities.

The role of healthcare providers extends beyond providing treatment to encompass learning about and respecting the cultural experiences of Indigenous clients. By incorporating traditional knowledge and practices, providers can offer a more holistic and culturally appropriate approach to care. This is particularly critical in perinatal health, where understanding cultural norms around childbirth and childbearing can improve outcomes and build relationship between clients and providers.

At Surrey Memorial Hospital's Family Birthing Unit (FBU) and Neonatal Intensive Care Unit (NICU), over 5,000 deliveries occur annually, with approximately 2 per cent involving Indigenous Life-Givers. The Surrey Memorial Hospital Foundation in partnership with Fraser Health Indigenous Health, has recognized the importance of cultural safety in perinatal care through the establishment of an Indigenous Maternal Liaison position. This role focuses on supporting Indigenous Life-Givers, some of whom are perinatal substance users, offering a bridge between the medical system and Indigenous cultural practices and ways of being. The Liaison works to ensure that Indigenous Life-Givers receive care that respects their cultural backgrounds and addresses the specific challenges they face on their hospital birth experience.

This initiative aims to reduce health disparities and promote equitable healthcare access for Indigenous populations, thereby fostering healthier futures for Indigenous families and communities.

The Indigenous maternal liaison role bridges cultural gaps in hospitals, by integrating traditional Indigenous perspectives with modern medical practices and fostering trust and understanding. Collaborating with the hospital, the friendship centre (FRAFCA), Maxxine Wright and the Indigenous Health team, a culturally safe healthcare space is being created, one client at a time. This role embodies the conference theme of "Connecting the Dots Through Innovative Care Approaches Across the Perinatal Substance Use Continuum", by promoting holistic, inclusive, and compassionate care solutions that address the trauma and substance use outcomes stemming from historical injustices amongst Indigenous communities.

Presenter(s):

Katherine Bartel

Katherine Bartel is an RN, IBCLC and Fraser Health's first Indigenous maternal liaison. The role supports Indigenous Life-Givers in their birthing experiences at Surrey Memorial Hospital; offering advocacy, cultural supports and Auntie energy. This new role bridges cultural gaps in hospitals, by integrating traditional Indigenous perspectives with modern medical practices and fostering trust and understanding. Collaborating with the

hospital, the Aboriginal Friendship Centre (FRAFCA), Maxxine Wright and the Indigenous Health team, a culturally sensitive healthcare space is being created.

Enhancing Care for Perinatal Patients: Benzodiazepine Withdrawal Protocols and Educational Imperatives

Stream: Direct Care

Learning Objectives:

1. Understand the significance of benzodiazepines currently present in the unregulated drug supply and the implications for withdrawal management.
2. Recognize both mild to moderate and more severe symptoms of benzodiazepine withdrawal.
3. Develop skills to assess risk factors that may predispose patients to more severe withdrawal symptoms.
4. Use the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-A) protocol in conjunction with the Clinical Opiate Withdrawal Scale (COWS) protocol to assess opiate users for benzo withdrawal.
5. Increase their knowledge about pharmacological interventions used to manage severe withdrawal symptoms.

Abstract: The Families in Recovery (FIR) Program at BC Women's Hospital is in a unique position to be able to understand and learn about the effects of concurrent opioid and benzodiazepine withdrawal in the perinatal population. In the spring of 2024 three patients presented with severe opiate and benzodiazepine withdrawal, resulting in two seizures. What we have learned from these cases is that the Clinical Opiate Withdrawal Scale (COWS) protocol must be used in conjunction with the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-A) protocol to provide optimal care and decrease the risk of adverse effects associated with benzodiazepine withdrawal. Furthermore, these clinical cases have highlighted the importance of broader education on the presence of benzodiazepines in the unregulated drug supply, and the implications for the perinatal population.

Innovation is defined as introduction of new idea. The FIR Program has had to innovate and adopt a strategic approach to caring for perinatal patients over the last year due to the toxic drug supply has becoming increasingly tainted with benzodiazepines. Educating nurses and allied health professionals on both the presence of benzodiazepines in the drug supply and the concurrent use of these protocols is crucial in preventing severe withdrawal symptoms, including seizures, in this vulnerable population.

Presenter(s):

Shannon Leonard:

Shannon brings over 12 years of dedicated service at BC Women's Hospital, where she has worked in diverse roles. She currently works as the Clinical Nurse Educator in the FIR program, a specialized perinatal substance use stabilization unit that cares for mother baby dyads. Her commitment to enhancing perinatal patient care is further exemplified through her faculty position in the BCIT Perinatal Specialty Nursing program.

Colleen Lum:

Colleen Lum is a registered nurse (RN) with a passion for perinatal nursing and nursing education. She graduated from University of Victoria in August 2001 with a bachelor's in science in nursing and started working at BC Women's Hospital (BCWH) shortly after. She joined FIR Square in June of 2003 as a ward nurse caring for patients with substance use, while supporting them in transition to parenting. In 2012 she moved onto LDR and worked part time while raising her own family and completing her master's in nursing from Athabasca University in 2016. In 2019 she moved into an educator role as the clinical resource nurse (CRN) for the perinatal program at BCWH including the FIR program. In May of 2024, Colleen returned to FIR part time as the clinical nurse educator (CNE).

What Colleen has to say about working on FIR at BCWH:

"I love working with the interdisciplinary team on FIR. Being able to educate staff and provide knowledge that allows for patient specific safe care allows me to feel that I am contributing to a healthy workplace for nursing

and other health care team members. My hope is to take the knowledge and compassion I have for FIR and educate others in BCWH to provide safe and compassionate care to all people who present at BCWH, not just in the FIR program.”

Perinatal Substance Use and Collaborative Practice: Tools to Support Your Work

Stream: Direct Care

Learning Objectives:

1. Increase awareness of the recent evidence on perinatal substance use, including the influences on this use, and the implications for responsive practice and policy.
2. Reflect on multi-level approaches to supporting women who use substances, including those that advance collaboration between the substance use and child welfare fields.
3. Apply evidence-based practice approaches and principles for supporting women who use substances.
4. Promote discussion of substance use interventions and policies being enacted to support both mothers and children.

Abstract: Women and gender diverse individuals who use substances experience high rates of stigma, particularly in the context of pregnancy and parenting. This stigma impacts how those who are pregnant and postpartum can access and receive health and social services, responsive to their needs. In this workshop, we provide an overview of substance use and addiction, common influences on women's substance use, gender-responsive responses to substance use, interventions that address different determinants of health, and how the child welfare, substance use, and health fields can work together to better improve women's and child health outcomes.

This workshop will introduce tools from the *Mothering and Opioids: Addressing Stigma, Acting Collaboratively* resource, a course for social workers on perinatal substance use, and a digital guide on women+ centered chronic pain approaches, offering the hands on opportunity to see the utility of these tools in programming, personal practice, and cross-system collaboration. These tools offer strategies for reducing stigma and improving the health, safety, and gender-specific needs of women and gender diverse people in our practice contexts. It will also draw on discussions with women's treatment and recovery services from across Canada, as to how physical health, trauma, violence, mental health, social connection, and support of the mother-child unit are being addressed in these services.

This workshop provides the skills and tools that will help catalyze cross-system collaboration and coordination across the healthcare, social service, legal, and policy sectors. The workshop will highlight advances in the substance use and child welfare fields and bring forth approaches that advance and invite people to think about how we can improve our work, in partnership with the pregnant and parenting women who use substances.

Presenter(s):

Lindsay Wolfson:

Lindsay Wolfson, MPH is the Research Manager at the Centre of Excellence for Women's Health. She holds a Master of Public Health, Social Inequities and Health, from Simon Fraser University. Lindsay is responsible for research and collaboration on projects relating to women's substance use and stigma reduction, Fetal Alcohol Spectrum Disorder prevention, Indigenous health and wellness, and the integration of gender, trauma, culture, and equity-informed approaches into policy, research, and practice.

Dr. Nancy Poole:

Nancy Poole, PhD is the Director at the Centre of Excellence for Women's Health and Prevention Lead for the Canada FASD Research Network. Nancy leads a number of research and knowledge translation projects related to alcohol, other substance use, trauma informed approaches and Indigenous wellness. She received an Honorary Doctor of Laws Degree from the Justice Institute of BC in 2021 for her work in advancing women's health including trauma-informed practice and the treatment of substance use and addiction.

3:00 PM - 4:00 PM

Sheway Indigenous Cultural Support Program

Stream: Community and Two-Eyed Approaches to Care

Learning Objectives:

1. Explore effective strategies and approaches for implementing Indigenous cultural interventions that are responsive and tailored to the perinatal substance use population.
2. Discuss emerging findings and insights from Sheway's Indigenous Cultural Support Program, aimed at enhancing the client's overall wellbeing and supporting advancement in the continuum of care for pregnant and/or parenting Indigenous people using substances.
3. Discuss the use of mixed methods research to highlight success stories and outcomes of clients who have participated in Indigenous cultural interventions, showcasing their experiences and the positive impacts on their physical, mental, spiritual, and emotional wellbeing.
4. Share opportunities for clinical environments and community organizations to challenge colonial health perceptions and integrate holistic health measures within their systems.
5. Address long-term sustainability and scalability of Indigenous cultural interventions to centre the needs of pregnant and/or parenting Indigenous people with substance use.

Abstract: In March 2023, Sheway, who is part of Vancouver Coastal Health, received a Contribution Agreement from Health Canada to launch the "Sheway Indigenous Cultural Support Program." Designed to provide a comprehensive, full-time, and culturally safe model of Indigenous cultural interventions and support, the program aims to positively impact the physical, mental, spiritual, and emotional wellbeing of pregnant and/or parenting Indigenous people with substance use. Within a community-based setting, the program weaves together clinical and social services and Indigenous Knowledge by integrating Elders and Knowledge Keepers, providing access to traditional medicines, offering weekly cooking classes focused on the preparation of traditional foods, leading sharing circles, providing land-based healing opportunities, and regular cultural workshops and skills-based activities.

A preliminary evaluation of quantitative data suggests that clients who have participated in the program's cultural interventions demonstrate higher rates of uptake and maintenance of OAT. The increased cultural interventions available have coincided with increased walk-in visits for participants compared to non-participants. Additionally, an evaluation of qualitative data has illuminated client success stories and satisfaction with the cultural interventions offered.

The Sheway program presents a promising case study showcasing methods, strategies and insights gained from our work as community-based healthcare providers in integrating respectful, collaborative practices rooted in Indigenous culture to support the physical, mental, spiritual, and emotional health and wellbeing of pregnant and/or parenting Indigenous people who use substances.

The presentation for Sheway's Indigenous Cultural Support Program provides a detailed exploration of innovative approaches to delivering respectful, collaborative, and Indigenous-specific care that focuses on providing holistic care to pregnant and/or parenting Indigenous people who use substances. The findings of the program offer tools for healthcare, social service, legal, and policy sectors to evaluate practical approaches in integrating Indigenous cultural interventions and treatment models. Highlighting the conference's sub-theme of Indigenous approaches to care, this abstract demonstrates how offering care that challenges Western healthcare models helps improve the physical, mental, emotional, and spiritual wellbeing of Indigenous peoples.

Presenter(s):

Claudia Kobetitch:

Claudia Kobetitch works for Vancouver Coastal Health as a Project Manager, responsible for Sheway's Indigenous Cultural Support Program. She received her Bachelor of Arts in Political Science and English Literature in 2019 and completed her Master of Public Policy and Global Affairs from the University of British Columbia in 2021.

Marcia Vickers:

Marcia Vickers is a member of the Nisga'a Nation and currently serves as the Indigenous Family Support Worker at Sheway. With a strong emphasis on cultural support, she has dedicated her career to supporting Indigenous families. Marcia's experience includes her previous role Indigenous Peer Support Worker at Sheway, as well as work in a pregnancy outreach program in Prince Rupert.

Billie-Jean Natrall:

Billie-Jean Natrall is a proud member of the Squamish First Nation and a loving single mom to her one year old son, Arvid. Currently a client at Sheway and YWCA's Crabtree Corner, Billie-Jean is dedicated in her journey of re-engaging with her cultural identity and learning alongside her son. Through the support of Sheway, she is actively working to reconnect with her five other children.

Uskiyaz whulheh, uhoonti (When a child is born they rejoice – Stella whut'enne Central Dakelh Dialect – translated by Adriana Louis)

Stream: Community and Two-Eyed Approaches to Care

Learning Objectives:

1. To identify and describe the roles of a small team in Northern BC dedicated to providing comprehensive support to women during their perinatal journey.

Abstract: Yuh Be Yah clinic staff will show how they work together to offer perinatal substance use and perinatal care to Indigenous women in Northern BC (Prince George).

We have teamed up to offer an interdisciplinary team approach with trauma informed perinatal care in a cultural informed environment. Through our partnership we are able to provide the medical care, prenatal care and OAT. While also providing perinatal counselling and social work services to the clients to ensure they are getting both the support for their physical health and mental health in one stop. We work to meet women where they are at and support getting them to appointments. We have learned to be creative! We also provide the hospital with maternity care plans and provide advocacy in the hospital when needed. We work in an Indigenous organization offering OAT and counselling to perinatal clients.

Presenter(s):**Jennifer Scott:**

Jennifer Scott holds a Masters in Social Work from UNBC. She worked with children and families for 15 year before moving to work as a Perinatal Substance Use Clinician. She is a mother to a 7 and 8 year old and loves winter.

Catherine Higgins:

Catherine Higgins is a Registered Nurse with Carrier Sekani Family Services Yu Be-Yah Clinic in Prince George, where she works in the areas of primary care, perinatal care, and substance use and addiction. She holds a BA from McGill University, BScN from University of Northern BC, and has certified practice in Opioid Use Disorder, Reproductive Health (STI), and RN First Call. Prior to joining CSFS she worked in perioperative care and public health.

Sherry Sherba:

Sherry Sherba holds a Master of Science in Nursing: Nurse Practitioner from UNBC.

Sherry combines her passion for supporting women in pregnancy as well as youth that struggle with substance use by providing more equitable healthcare services. Outside of work, you will see her either cycling the roads of PG or paddling on the waterways.

Perceptions of Overdose Response Hotlines and Phone Application Services Among Women and Gender-diverse Individuals Who Use Drugs in Canada: A Qualitative Study

Stream: Community and Two-Eyed Approaches to Care

Learning Objectives:

1. To present findings from a study aimed at exploring how women and gender-diverse individuals engage with and perceive mobile overdose response services (MORS).

Abstract:

Methods

A qualitative study was conducted. Using existing peer networks and purposive and snowball sampling between March and July 2023, 19 semistructured interviews were conducted with women and gender-diverse individuals in Canada who have lived experience using substances. NVivo was used for thematic analysis, which continued until saturation was reached.

Results

The interviews elucidated the following 5 themes: Overdose response hotlines and applications were generally preferred over supervised consumption sites due to (1) perceived gender-based safety; (2) better accommodation for mothers concerned with stigma, childcare, and child welfare systems; and (3) eased accessibility for those involved in sex work. It was also noted that (4) judgment-free spaces and trauma-informed care provided by staff with lived experiences were invaluable, and (5) decriminalization of illicit substances will encourage uptake of these harm reduction services.

Conclusion

This study found that women and gender-diverse individuals felt positively toward overdose response hotlines and applications with the potential to fill a need in providing harm reduction services that create feelings of safety, support roles of motherhood and sex work, and generate nonstigmatizing spaces.

This study, published in the Journal of Addiction Medicine in March 2024 (DOI: 10.1097/ADM.0000000000001325) is a qualitative study that interviews and shares the voice of women and gender-diverse individuals, many of whom share their experience as mothers. This study highlights the shortcomings of conventional brick and mortar supervised consumption sites for women and gender diverse individuals and the potential for overdose response hotlines and phone-based overdose response applications as effective harm reduction options for multiple reasons, one specifically being their ability to better accommodate mothers, thus demonstrating the potential of MORS to support pregnant and/or parenting people who use substances.

Presenter(s):

Amanda Lee:

Amanda Lee is starting her GIM fellowship at the University of Alberta in July 2024. She completed her undergrad in a Bachelor of Health Sciences at the University of Calgary, and medical school and Core Internal Medicine residency at the University of Alberta. She has developed a keen interest in Addictions Medicine, having done clinical electives with Addictions teams in Toronto at St. Michael's hospital, in Vancouver at St. Paul's, and in Edmonton at the Royal Alexandra Hospital, and is grateful for the mentorship of Monty Ghosh as she continues to pursue this passion and aims to integrate Addictions Medicine into her career.

Virtual Perinatal Substance Use Clinic in Northern Health

Stream: Direct Care

Learning Objectives:

1. Provide an overview of the new Perinatal stream of our Northern Health Virtual Substance Use Clinic. Including the steps taken to create the programming, the structure of the programming and disseminating the information to potential referral sources.
2. Share preliminary data about the clinic's impact.

Abstract: Northern Health recently began operating another stream of their Virtual Substance Use Clinic, a Perinatal Stream. This clinic is aimed to help providers across the health authority taking care of pregnant people who use substances by following along as a consultant service managing their addictions care, and providing specific recommendations that are unique to the perinatal period. Part of the goal of this clinic, in conjunction with other education programming in the health authority, is to reduce the number of persons who need to be transferred to a larger centre for labour and delivery care and to empower local providers with knowledge and support to manage the nuances of perinatal substance use care.

This presentation is about a new, innovative approach we tried in our health authority to empower providers and care teams with knowledge about taking care of their patients in the perinatal period who use substances, in the hopes of having more people be able to stay closer to home for their labour care and postpartum hospital stays.

Presenter(s):

Emma Crowley:

Dr. Crowley works as an addictions, maternity and family physician predominately in Prince George, the unceded territory of the Lheidli T'enneh. She is very passionate about expanding the local knowledge of her community about providing care for people who use substances during the perinatal period. In addition, she works a few weeks per year down at BCWH at the Families in Recovery Unit.

Thriving Through the Transition: Clinical and Ethical Challenges of Mental Health and Substance Use Treatment in the Perinatal Period

Stream: Direct Care

Learning Objectives:

1. Understand the role and limitations of the BC Mental Health Act in treatment of concurrent disorders.
2. To generate conversation with participants and providers about the ways we can engage perinatal patients in substance use and mental health care.

Abstract: Join us for a dynamic session where we explore ethical and practical complexities of treating perinatal substance use with co-occurring mental illness. Through case examples we will discuss patient autonomy, dyad care, and the role of the mental health act to support this vulnerable patient population through pregnancy and postpartum. Participants will have the opportunity to participate and leave the session with a nuanced understanding of the challenges and opportunities in treating concurrent substance use and psychiatric disorders in the perinatal period.

Substance use is often rooted in a history of trauma and mental illness where patients seek to self-mediate distress. Our presentation highlights learnings from FIR at BC Women's where we have added a regular psychiatrist to our team to help treat psychiatric symptoms alongside substance use disorders. In our presentation we will look at new ways to deliver care across a diverse population.

Presenter(s):

Jennifer Clune:

Dr. Jennifer Clune is a psychiatrist who completed her medical degree and psychiatry residency at the University of British Columbia. She works at BC Women's Hospital as the Psychiatrist for the FIR unit and at Red Fish Healing Centre for Mental Health and Addictions.



TUESDAY, OCTOBER 29, 2024

09:10 AM - 10:25 AM

Keynote Presentation #2 - Equity Science and Perinatal Substance Use: Opportunities & Risks.

Presentation Description: Increased global attention on issues of fairness, and a ubiquitous focus on 'equity' across health research, policy and practice landscapes, offers a window of opportunity for meaningful, systems-level advancement of equity across contexts and societies. Dr. Shahram will speak on how we can walk through this window by grounding our approaches in the best science for both building fairer societies and addressing the risks that have plagued meaningful advancement so far. She will link this work to the issue of perinatal substance use, as a powerful example of a health issue that is located squarely at the nexus of intersecting and compounding issues of equity. She makes the case that addressing equity in perinatal substance use can therefore also serve as a blueprint for addressing issues of equity in other, related arenas.

Presenter: Dr. Sana Shahram

Bio: As a Co-Director of the Equity Science Lab and Lead researcher for the PHAIRNESS Research program at the University of British Columbia Okanagan's School of Nursing, Sana's work is at the forefront of interrogating and intervening on systems-level conditions that hold the problem of inequitable health outcomes in place. This includes applying a critical population health lens to things like: decolonizing health and social systems; moving our understandings and imagined solutions of pressing health problems upstream to address root causes; and, building better processes and data sources to evaluate the things that really matter to communities. She does this work in partnership with health systems, Indigenous scholars and Nations, and communities. Grounded in an intersectional and life-course approach, issues related to maternal, child, youth and family health, and their intersections with substance use, are a distinct population of interest in her work. Among other roles, she's also the Nominated Principal Investigator for the innovative Grandmother-led initiative exploring equity-oriented surveillance, monitoring and reporting practices for perinatal substance use, **The Mothering Co/Lab**. This is the first-ever comprehensive application of the ground-breaking **Grandmother's Perspective** approach to disaggregated data released by the BC Human Rights' Commissioner's office in 2020 and building on the **Perinatal Substance Use Blueprint** released in 2021. Sana is a recipient of the BC Reconciliation Award, as well as a Michael Smith Health Research BC Scholar, and a collaborating scientist with the Canadian Institute for Substance Use Research.



10:40 AM - 12:00 PM

Having Conversations: Building Connections with Birthers Along their Perinatal Journey

Stream: Evaluating & Transforming Systems of Care

Learning Objectives:

1. Discuss what trauma-informed, patient-centred, and equity-based care looks like in practice.
2. Describe how to engage in conversation with your patient about substance use by using basic motivational interviewing.
3. Identify substance use and harm reduction resources in your community of practice.
4. Describe how you can build your team's confidence in engaging all patients about substance use.

Abstract: This is a “train the trainer” workshop designed to support team champions to build their ability to train their teams/colleagues on how to have conversations about safer substance use practices, harm reduction and overdose prevention safety planning. This workshop also explores comprehensive strategies for supporting individuals affected by substance use throughout the perinatal continuum. Emphasizing collaboration between healthcare staff and their patients, the session explores the pivotal roles of peer perspectives and peer-led initiatives.

Education forms a cornerstone, equipping healthcare providers with essential tools to effectively support birthers navigating substance use challenges. During the workshop, participants will have the valuable opportunity to learn from peer educators on how to have supportive and open conversations about substance use with their patients. Tailored as a “train the trainer” session, in this workshop participants will learn to discuss substance use and employ harm reduction strategies with neutrality and compassion, essential for creating safe and effective care environments. These interactive sessions also aim to equip attendees with practical skills to enhance their approach in supporting individuals affected by substance use across the perinatal continuum.

This workshop is about “connecting the dots of care” for birthers impacted by substance along their entire perinatal journey. Our focus is to provide a “train the trainer” education workshop in which participants can feel empowered to integrate the principles of trauma-informed, patient-centered, harm reduction and equity-based care into their practice. The theme of this workshop is harm reduction based on peer perspectives and peer-led substance use initiatives, and the session is co-facilitated by a clinical nurse educator with VCH Substance Use Priority Populations and a person with lived/living experience with substance use.

Presenter(s):

Robin Janes:

Robin Janes is descended from Irish, British and Austrian immigrants and raised in the unceded and traditional territory of the xʷməθkʷəy̓əm (Musqueam), sel̓ílwitulh (Tseil Waututh) and skwxwú7mesh (Squamish) Coast Salish peoples. Robin graduated from SFU with a degree in Medical Anthropology, then a few years later graduated from UBC Nursing School and continued to peruse supporting vulnerable population with her work at BC Women's Hospital, Insite as well as various other agencies. She is currently in the position of Clinical Nurse Educator with Priority Populations Substance Use with Vancouver Coastal Health.

Interprofessional Led Education Sessions on Perinatal Substance Use: Topics, Reflections, Research Findings, and Next Steps.

Stream: Clinical Tools, Guidelines, and Resources

Learning Objectives:

1. Review the evidence for education related to perinatal substance use.
2. Discuss key content areas related to perinatal substance use education that can be offered during education sessions:
 - a) Trauma Informed Care
 - b) Patient and Provider Safety
 - c) Cultural Humility and Brave Spaces
 - d) Addressing Systemic Barriers
 - e) Forming Partnerships & Wraparound Care
 - f) Pharmacology and Recovery Oriented Care
3. Share and experience a variety of teaching modalities (i.e. forum theatre, experiential sharing & learning, low fidelity simulation, guest lecture etc.) related to perinatal substance use education.
4. Review study findings related to provider knowledge, beliefs, and attitudes before and after their face-to-face education on perinatal substance use.

Abstract: Patients and providers agree that there is a gap and need for increased education related to perinatal substance use (1). When perinatal providers (n=323) were asked about gaps in knowledge and perceptions about medical conditions during pregnancy, opioid use disorders were identified as the number one gap (2). Obstetrical nurses have also highlighted a number of conflicting views about caring for pregnant persons who use substances (3). There are strong recommendations to provide professional development and educational opportunities on perinatal substance use as critical next steps towards best practice to improve maternal and neonatal outcomes.

An interprofessional team offered evidence-based education on several key topics related to best practice for patients that are substance involved. Our education team included senior leadership, registered nurse educators, addictions and mental health practice lead, Indigenous patient partner, children and family services liaison & intake social worker, opioid dependency program practice expert, and other key local community partners. Face to face education was provided using various teaching approaches with 284 acute and community perinatal providers. A pretest prior to the education and posttest at end of day was provided to all attendees. There was statistically significant findings related to increased knowledge on trauma informed care and knowledge on culturally safe care. There was also a significant increase in awareness about of harm reduction strategies and community supports. The adoption of on-going education related to key content areas related to substance use and trends is a necessity. All participants agreed that further on-going education on substance use is critical to be current in practice and responsive to patient needs.

Offering evidence based education in a relational way with community partners was key. Providers that attended the education session offered qualitative data responses related to the importance of education sessions that were interactive and included patient stories. We also fostered brave space discussion on emerging policy and media headlines related to current provincial policy during the education sessions.

Presenter(s):

Dr. Kristen Gulbransen:

Kristen Gulbransen is an ally, wife, mother, auntie, nurse educator, and researcher working one day at a time to decolonize and address system inequities for persons during the perinatal period who are substance involved. She teaches at Red Deer Polytechnic and is a post doctorate student at UBC.

Ivy Parsons:

Ivy Parsons: is a Clinical Addiction Practice Lead and has worked with Alberta Health Services Addiction and Mental Health for the past 15 years. She developed the Enhanced Services for Women Program and has been a partner in the development of the EMBRACE program at Red Deer Regional Hospital. She initiated the Red Deer Maternal Mental Health Coalition for Central Alberta and is a strong advocate for women through their

reproductive journey. Ivy is passionate about walking alongside women and empowering them in their journey through recovery.

Integrating to Innovate: Using Data to Enhance Opportunities for Early Intervention in the Perinatal Substance Use Population

Stream: Clinical Tools, Guidelines, and Resources

Learning Objectives:

1. Understand the role of perinatal substance use in maternal mortality in British Columbia.
2. Describe innovative data-driven techniques for identifying deaths of pregnant individuals at early gestational stages.
3. Explain how various data sources are integrated to construct a comprehensive narrative of a pregnant individual's death in British Columbia.

Abstract: The impact of the toxic drug crisis in British Columbia is well established. However, little is known about the burden of substance use among individuals who are pregnant or have recently given birth. This presentation explores the leading causes of pregnancy-related and pregnancy-associated mortality in BC's perinatal population, from conception to 365 days postpartum. By integrating various data sources, including the Perinatal Data Registry (PDR), BC Coroners data, Vital Statistics, and Medical Services Plan data, Perinatal Services BC (PSBC) can now identify deaths of pregnant individuals at less than 20 weeks gestation. Following the pregnancy journeys of two women in BC, we will demonstrate how the data collected at each stage of their pregnancy can be used to identify early opportunities for prevention of substance-related deaths.

The ability to generate quality data on the impact of substance use within the perinatal population is the first step for developing evidence-informed, province-wide guidelines. PSBC, as a Health Improvement Network, is mandated to use data to create guidelines that support practitioners in providing person-centered perinatal care to substance-using clients. A better understanding of these opportunities for intervention along the care pathway empowers practitioners to effectively reduce toxic drug-related maternal mortality at both the individual and systems levels.

Presenter(s):

Elaine Yanxi Chen:

Elaine Yanxi Chen is an epidemiologist with the Quality & Research team at Perinatal Services BC (PSBC). She works extensively in perinatal health surveillance and reporting in British Columbia. Actively involved in the BC Provincial Perinatal Maternal Mortality & Morbidity Review Committee (PPMMRC), her work includes establishing and reviewing the provincial maternal mortality cohort through data linkages and stakeholder collaborations. She aims to improve health outcomes for mothers and babies across British Columbia through evidence-based guidelines.

Clinical Tools and Resources for Management of Perinatal Alcohol Use

Stream: Clinical Tools, Guidelines, and Resources

Learning Objectives:

1. Explore patient-centred, harm reduction-oriented approaches to screening and treating alcohol use in pregnancy.
2. Become familiar with resources and tools available on www.helpwithdrinking.ca.
3. Discover practical methods of implementing these tools in your service.

Abstract: Alcohol use before, during, and after pregnancy is a common experience, yet many people with these experiences are hesitant to disclose alcohol consumption due to a variety of barriers, including stigma, punitive action, and low availability of appropriate care. While some major cities may have specialized perinatal substance use services, most locations across the province do not, and therefore, primary care providers are encouraged to screen for and manage alcohol use in their perinatal patients. The BCCSU embarked on a project to create educational and practical resources that primary care clinicians can use to provide non-stigmatizing, patient-centred, and safe care to these patients. Led by a committee of experts in maternal-fetal medicine, obstetrics, addiction medicine, midwifery, and other disciplines, multiple resources were developed for health care providers and for patients. This includes clinical guidance for screening, withdrawal management, pharmacotherapy, co-occurring substance use, and fetal monitoring. Patient-facing materials include posters to raise awareness of the risks of alcohol use, practical tips to reduce alcohol consumption, strategies for community members to support a loved one who is consuming alcohol, a breast or chest milk clearance calculator, and informational handouts about the impacts of alcohol on fertility, infant sleep, and breast or chest milk. All resources were approached with a harm reduction and trauma-informed lens. In a clinical setting, these resources can guide the provider through the steps to manage withdrawal or select and prescribe a medication, using a collaborative approach. The provider can also be equipped and prepared to inform patients with tips for harm reduction and safe nursing strategies by sharing handouts or the website with their patients. It is hoped that by creating easily accessible, user-friendly resources, that primary care providers will feel increasingly comfortable and confident in their ability to screen, treat, and support perinatal patients who are consuming alcohol, in way that builds trust, respect, and safety, while being clinically meaningful.

The project presented includes clinical guidance that is founded on research evidence and evaluated using the GRADE method. Based on the recommendations of two major clinical guidelines for alcohol use disorder in pregnant populations, practical tools were created to educate providers and give step-by-step guidance. People with lived experience were included in the committee and were valued as equal contributors to the project. This promoted the language, imagery, and messaging in these tools to be inclusive, respectful, and person-centred. The resources embody a harm reduction approach, where clinicians are encouraged to support the client, regardless of their treatment goals. Any reduction in consumption is supported, making this project unique from many other available resources in that abstinence is not overly emphasized, while still remaining factual and clinically accurate.

Presenter(s):

Nirupa Goel

Nirupa Goel is a Program Manager at the BC Centre on Substance Use. Her work has included clinical practice guidelines for alcohol and opioid use disorders and overseeing the addiction medicine consult phone line. Prior to this, she completed two science policy fellowships at the National Institutes of Health and the National Academies of Science. She also completed a PhD in neuroscience, which was cumulatively less work than it is to be a parent of two young kids.

1:00 PM - 2:30 PM

Fentanyl's Force on Families: A Curious Case Study and Systemic Review

Stream: Evaluating & Transforming Systems of Care

Learning Objectives:

1. Present a case study and systemic review of an unhoused pregnant Mom, and her partner (Dad) with an interactive experience, in order to shift perspectives and give insight into disjointed systems of care.

Abstract: Reviewing of the direct, intensive support to young parents (under age of 23) who were chronically unhoused, pregnant, stuck in their addiction (fentanyl, meth), in and out of justice systems, and both with Adverse Childhood Experiences scores of 10.

Through the intensive support of the YFSW and the Youth Homeless Outreach Workers this family were connected to many programs, all of which have been praised by professionals as the “it” programs for support – however, as you will learn, many of these dream programs have strong mandates, extensive waitlists and specific timeframes that resulted in these parents coming into hurdles, rejections, frustrations, and an understanding from those in position of authority as they are not doing enough, they are not committed, and specifically, they do not have the “best interest of their child” in the forefront. Also addressed will be the perceived personal supports of the parents, who were pivotal in many situations, and were also clearly unsafe and unhealthy for the family in reaching their goals.

Below is the following list of Agencies, services and programs that the family engaged with, attempted to access, was denied access to or was discharged prematurely due to perceived unwillingness or mandate requirements:

- FIR @ BC Womens
- Detox (Directions Youth Detox, Creekside)
- Treatment Programs (Peardonville, Ellendale, Rosedale, Firth, King Haven, Night & Day Recovery)
- St Pauls Hospital RAAC (Dad)
- OAT Clinic & RAAC at CGH
- FVACFSS (protection, support, guardianship)
- Cyrus Centre Shelter; Switchback First Stage Housing
- Income Assistance Community Integration Specialist
- Young Family Support Worker
- OBGYN
- Midwife
- Family Doctor
- CGH Maternity
- BC Ambulance
- Royal Columbian Maternity
- Sleep Apnea Clinic
- Dad’s First Nation Band

There are many phenomenal programs that support families with addiction concerns, but what happens when the grip of addiction is too much? When program mandates, waitlists, health authorities, and referral challenges restrict the connection of dots (services). This case study and systems reflection highlights the challenges with parental willingness when severely lost in their addiction, and when the “dream programs” tell them they aren’t doing enough, aren’t fast enough and not serious enough.

Presenter(s):

Jenn Galbraith:

Jenn Galbraith (BACYC, CoSP Facilitator) is currently a Key Worker and Home Coach with the Fraser Valley Child Development Centre. She has been coming alongside families for the last decade, providing intensive support for teen parents and families with child protection concerns, families with children who have diverse

support needs like FASD and CDBC, creating and facilitating psychoeducational parenting groups, promoting community connections, and navigating 'the systems'. Jenn's practice is deeply rooted in attachment, trauma-informed, environmental, and developmental perspectives. Jenn actively reflects on decolonizing her practice. She is a strong advocate for families, youth, and systemic changes. Jenn has lived experiences with family addiction, mental health concerns, unsafe coping skills, and intimate partner abuse. She firmly believes in the therapeutic properties of laughter and the hope it brings.

Action Through Arts: Precarious: A Transformative Musical Tale

Stream: Evaluating & Transforming Systems of Care

Learning Objectives:

1. The work of Community Action Teams and peer-led initiatives.
2. Arts based advocacy and inquiry.
3. Community Play-building process.
4. Power of the arts to transform individuals, groups, and advance social movements.

Abstract: At Mission Overdose Community Action Team, we know that art has the power to inform, engage, build understanding, and break down stigma, transforming communities for the better. In 2023, a group of peers/community members came together to create a community play, which resulted in Precarious: A Transformative Musical Tale.

Precarious is a community collage play co-created and performed by peers - those with lived/living experience - family members and concerned citizens.

Through songs, scenes and stand up, the play weaves together some of the history of prohibition, explores the facts and fiction within the unfolding human tragedy of the Fentanyl crisis, and celebrates the heroism of peers and families on the front lines.

In our interactive workshop we will discuss arts-based projects history in social change movements, the peer led play-building process, creating supportive space for community members to join in and participate. Workshop participants will engage in some of the exercises we use to build trust, collaboration while developing themes, theatre skills, songs, and scenes. Attendees will come away with resources and ideas to develop in their communities.

The unregulated drug-poisoning crisis is a complex public health emergency with no easy solution. Addressing stigma - so strongly impacting the ability to apply evidence based measures to address this health emergency - through innovative arts-based approaches has the ability to reach beyond belief systems.

Our goal with Precarious was to show the very human face of this crisis, while presenting facts and addressing disinformation, telling a story with warmth, humour, and authenticity. Precarious "connects the dots" on this crisis and acknowledges the risky times in which we all live and engages and uplifts the audience with a vision for transformation

Presenter(s):

Kat Wahamaa:

Kat Wahamaa, M Ed. Art for Social Change

For over 30 years Kat has collaborated with diversity of folks on a range of grassroots social justice campaigns and community arts projects. She has lived experience and her son Joseph, was killed by Fentanyl poisoning in 2016. Deeply aware of the issues faced by the people affected and their family members, she has been immersed in devising arts-based community led anti-stigma /harm reduction projects for the last decade. Kat is the coordinator of the Mission Overdose Community Action Team and artistic director of The Precarious Players.

Equipping Perinatal Services for Equity-Oriented Health Care and Substance Use Health

Stream: Clinical Tools, Guidelines, and Resources

Learning Objectives:

1. Share their analysis of how “upstream” factors (e.g. health care and social service funding, poverty, substance use policy, systemic racism) shape the wellbeing of themselves and those they serve.
2. Identify their priorities for enhancing equity-oriented health care in their own practice settings.
3. Evaluate the usefulness of EQUIP resources for adaptation to their settings.
4. Plan one ‘next step’ toward enhancing equity and substance use health.

Abstract: EQUIP Health Care, a program of research and knowledge mobilization, focuses on promoting equity in health and health care. This research has identified three key dimensions of equity-oriented care (EOHC): Cultural Safety/Anti-racism, Trauma- and violence-informed care, and Substance Use Health/Harm Reduction, and shown that such care improves health outcomes, system effectiveness and staff wellbeing. Substance Use Health care supports people to achieve their self-defined goals of well-being across the continuum of substance use ranging from no substance use to heavy use by:

- a) deprioritizing abstinence as the primary success outcome,
- b) removing barriers to care, including intersecting forms of stigma, and
- c) facilitating access to social determinants of health for those with limited access

Health care system priorities often emphasize ‘efficiency’ without enough attention to effectiveness, and promote ‘standardization’ in ways that can put service providers in opposition to those they serve. Rather than ‘treating everyone the same’, equity requires tailoring care to needs and to unique contexts, such as rural, remote and urban. It also requires sufficient organizational support of service providers. To that end, EQUIP created suites of tools for discussion, practice, policy development and evaluation and packaged the tools in an Action Kit that can be tailored to diverse contexts. This workshop will invite participants to review and use a variety of tools to analyze their own practice settings and evaluate their applicability to their work. This will include using and discussing selected “Rate Your Organization” tools, planning their own “Equity Walk-Through” and appraising their own wellbeing.

Presenter(s):

Dr. Colleen Varcoe:

Dr. Colleen Varcoe is a professor emeritus in the University of British Columbia School of Nursing. Her work aims to decrease inequity and violence including interpersonal and structural forms of violence such as racism and stigma related to poverty, pain and substance use. Her research includes studies of the risks for and health effects of violence, and promoting health for women who experience violence, especially Indigenous women. She has developed diverse interventions including organizational interventions to promote equity-oriented health care.

3:00 PM - 4:00 PM

Co Led Dialectical Behavioural Therapy Skills and Indigenous Cultural Teachings for Perinatal Individuals who have Complex Psychosocial Needs with Knowledge Keeper and Grandmother Shingoose

Stream: Evaluating & Transforming Systems of Care

Learning Objectives:

1. Learn about Co-Led DBT & Cultural Teaching Approaches.
2. Discuss and participate in exemplars from the DBT and the skills sessions:
 - a. Session 1- Spiritual Health – Cedar teachings plus Mindfulness and Radical Acceptance DBT skills
 - b. Session 2 – Emotional Health – Sage teachings plus Emotional Regulation DBT skills
 - c. Session 3 – Mental Health – Tobacco teachings plus Cognitive and Behavioral DBT skills
 - d. Session 4 – Physical Health – Sweetgrass teachings plus Distress Tolerance skills
3. Discuss strategies for patient engaged research in pregnant persons with complex psychosocial needs.
 - a. Share the qualitative research findings from the pre and post interviews with the patient participants.

Abstract: Maternity care has been hard-hit by increasingly complex medical and social comorbidities in pregnancy over the past decade, exacerbated by increased substance use in pregnancy. Traditional single-care-provider models have not adapted to address the complex care needs of the 21st century with current research being dominated by provider perspectives rather than patient perspectives and experiences. The system offers referral-based care that is untimely, and fragmented. Dialectical Behavior Therapy (DBT) skills interventions have been shown to improve depression, anxiety, anger control, and emotional regulation.

WHY INDIGENOUS? Indigenous medicine is grounded in the self as a source of strength and pride, providing a therapeutic reframe of identity Addictions treatment is often grounded in self as a source of weakness and shame.

WHY CO-LED? Integrated care is inherently more holistic - prioritizing spiritual wellbeing is not in conflict with medical care priorities.

WHY DBT? We developed Perinatal DBT skills and Cultural Teaching group sessions based on Dr. Marsha Lanhan DBT skills group outlines and informed by Indigenous specific curricula from the Knowledge Carrier/Grandmother on our team.

WHY IN PREGNANCY? More than any one time in the life course, pregnancy is a catalyst for change. Who we are as individuals, in our communities, as sacred water carriers all collide in pregnancy. This creates a willingness to learn and try that is often inaccessible for folks with systemic barriers to optimism. DBT leverages willingness in pursuit of a more sustainable way to cope with life's challenges.

Using appreciative inquiry as a research method we interviewed participants and the providers to understand how co-led DBT skills & cultural teachings support health and well being during the perinatal period. Appreciative inquiry is a strength-based approach that focuses on strengths and opportunities to improve care. This interactive session will include an experiential learning demonstration, provide an overview of the research process, and share the research findings in a visual format.

Presenter(s):

Dr. Kellie Thiessen:

Dr. Kellie Thiessen is a midwife Clinician Scientist who has an extensive clinical background in maternal/child health. She is a registered midwife and the Director of Midwifery at the University of British Columbia. Her program of research focuses on health systems and maternal and child health workforce. Kellie's more recent

work involves clinical practice and patient-engaged research with pregnant persons who use substances and have complex care needs.

Dr. Heather Watson:

Dr Heather Watson is a psychosocial ObGyn, with fellowship training in the intersections of psychiatric, social and reproductive health. She is also Director of PreClerkship for Obstetrics and Gynecology at the Max Rady College of Medicine at the University of Manitoba.

Dr. Kristen Gulbransen:

Kristen is the clinical nurse educator and researcher. She is currently a post doctorate student at UBC. Her program of research focuses on perinatal individuals who are substance involved. She has 23 years of nursing experience working with birthing and postpartum persons and families. Kristen is passionate about research and positive policy development that addresses inequities and promotes access to healthcare resulting in improved outcomes for newborns and families.

Knowledge Carrier Geraldine Shingoose:

Knowledge Keeper and Grandmother Shingoose is Anishinaabe Ikwe from Tootinaowaziibeeng Treaty Reserve, Treaty 4 Territory. Her spirit names are Sky Woman, Northern Lights Woman and she comes from the Bear Clan. Her english name is Geraldine Shingoose. As a Matriarch Grandmother/Great Grandmother, she is strongly connected to the community, and continues to work fearlessly on search the landfill, has a lifelong commitment to learning under the direction of Indigenous Elders, and a commitment to her cultures' practices. Her participation in Health research has brought her hope in her vision to bring change, and to decolonize a health care system that has brought harm.

Using Data You Don't Have- Practical Application of Treating SUD in Pregnancy.

Stream: Clinical Tools, Guidelines, and Resources

Learning Objectives:

1. Introduce practical methodologies for enhancing maternal and fetal health outcomes amidst the evolving landscape of substance use during pregnancy.
2. Provide actionable strategies to optimize care for pregnant individuals with SUD.

Abstract: Treating substance use disorders (SUD) in pregnant individuals poses significant challenges due to a scarcity of high-quality safety and efficacy data to guide clinical decision-making and guideline development. This lack of data is due to a combination of factors including a lack of safety information and exclusion from clinical trials, funding limitations, and a rapidly changing and toxic drug supply. This workshop addresses the critical question: How can healthcare providers deliver evidence-based care in the absence of robust research? This interactive workshop explores strategies for leveraging imperfect data sources to inform clinical practices for pregnant patients with SUD. Through the analysis of 5 clinical case studies, participants will engage in discussions on evidence-based and patient-centered approaches. Topics include rapid opioid agonist therapy (OAT) titrations during pregnancy and postpartum, breastfeeding recommendations with ongoing substance use, injectable opioid agonist therapy (iOAT) in pregnancy and breastfeeding, treatment of alcohol use disorder (AUD) in pregnancy, and management of withdrawal from benzodiazepine-contaminated substances. By examining these scenarios, attendees will gain insights into adapting and applying existing knowledge while acknowledging the limitations of available evidence.

This workshop will outline five innovative care approaches that have been developed and implemented by interdisciplinary teams in Vancouver, BC.

Presenter(s):

Dr. Kate Bodkin:

Dr. Kate Bodkin (she/her) is a family physician medicine with a special interest in perinatal care, mental health, and substance use. After graduating from McMaster medical school, she completed her family medicine

residency at St. Paul's Hospital. From 2016 to 2023, she worked on the inpatient Perinatal Substance Use (FIR) ward at BC Women's Hospital. She has recently moved over to St. Paul's Hospital to join their newly established Perinatal Substance Use team. Kate also works at Sheway Maternity Clinic, an outreach program in the Downtown Eastside and is the Physician Lead for the Perinatal Provincial Substance Use Project (PPSUP).

Dr Carolyn Marchand:

Dr Carolyn Marchand was born and raised in Vancouver. She completed medical school at UBC, followed by Family Medicine residency at St. Paul's Hospital. Following this, she completed a fellowship in Addiction Medicine with the BC Centre on Substance Use, with a focus on perinatal substance use. She currently works as a family physician and substance use specialist at St. Paul's Hospital, and is the Perinatal Substance Use Physician Lead for the Interdisciplinary Substance Use Program at St. Paul's Hospital. She also works in the community at Sheway, Onsite, Kilala Lelum, and Luma clinics.

Dr Eric Cattoni:

Eric Cattoni is the Medical Director of FIR Square, a perinatal addictions unit at BC Women's Hospital that supports mothers and their babies. He received his medical degree at the University of Alberta and then completed a residency in Family Medicine. He has specialized training in maternity care and addictions medicine. He spends part of his time working at Sheway clinic, providing perinatal care to those who use substances.

Nicole Carter:

Nicole Carter, RN, BSN, BSc has worked as an RN on the Families in Recover (FIR) unit, a perinatal substance use stabilization unit providing care to mother-baby dyads in Vancouver at BC Women's Hospital, for over 13 years. She has held several nurse leader roles including Perinatal Clinical Educator and Senior Leader for Provincial Education where she provided nurses at BCWH and across the provide with education and knowledge translation in the specialized area of perinatal substance use. Nicole is currently the FIR Patient Care Coordinator, triaging referrals, coordinating complex care and providing nursing leadership to the team on FIR.

Dr. Vanessa Paquette:

Dr. Vanessa Paquette is the Clinical Pharmacy Specialist in perinatal addictions medicine at BC Women's Hospital with a focus on evaluating drug safety during pregnancy and breastfeeding. She has worked with the Families in Recovery (FIR) Program at BC Women's since 2014.

8:15 AM - 9:15 AM

Reorienting the Conceptualizations of Mothering: An Introduction to Systematic Equity Action-Analysis in Perinatal Substance Use

Learning Objectives: In this workshop, we introduce and describe Systematic Equity Action-Analysis (SEAA) as a tool that translates equity scholarship and evidence into a structured process that leaders, teams, and communities can use to advance equity in their own settings. The learning objectives for this workshop include:

1. Identify the ways in which worldview and coherence between rhetoric and action, and between evidence and action, work as a foundational determinants of equity.
2. Critically reflect on the equity implications of particular actions or policies, and identify more equity-advancing choices available.
3. Situate equity work in the context of participants' own agencies, with specific examples of how participants will work to become more aware of systemic determinants of equity in their own public health setting.

Abstract: The majority of perinatal substance use (PSU) research, policy, and services are based on paternalistic, colonial, racist, and biomedical discourses. Inattention to the social and structural drivers of harm which impact mothers who use substances and their families leads to health and social system inequities. With a lack of attention focused historically and currently on social and structural determinants of health, it is urgently required and essential for healthcare systems, practitioners, and providers to reorientate our understandings of PSU and reconceptualize the concepts and definitions of “mother and mothering.” The SEAA Framework balances practices of agency, humility, critically reflective dialogue, and systems thinking through distinct elements of action-analysis, equipping people to explicitly recognize and interrupt their own entanglements in the intersecting systems of oppression and injustice that produce and uphold inequities. Using and applying real-world examples to move through each element of the SEAA framework, participants will unpack and interrogate the concepts of “mother and mothering” in the context of PSU. This workshop will encourage participants to actively engage in real-time equity action and create opportunities to reflect and think collectively about the importance of reorienting our understandings of PSU and mothering dialogues. Simultaneously, recognizing that systems are composed of people and are held in place through people’s day-to-day work, participants will explore how to leverage their own agency and sphere of influence as part of systems-level change to advance equity.

SEAA Framework is a tool that supports knowledge users and health practitioners in analyzing and reflecting on equitable approaches to mother-baby togetherness. Aligned with the nine guiding principles of the Provincial Perinatal Substance Use project team, the SEAA Framework connects the core values of equity in practice by applying a critically reflective and relational lens to systems-level change that is accessible for health care practitioners and providers. This, in turn, translates to improved care for mothers with lived and living experiences of substance use experiencing intersecting barriers to health care, subsequently extending to family and community reunification and well-being.

Presenter(s):

Lisa Knox:

Ms. Lisa Knox is a PhD Candidate in Nursing at the University of British Columbia, Okanagan Campus. Her area of passion in research include exploring the conceptualization of mothering, and the promotion of mother-baby togetherness in the context of substance use. Ms. Knox previously worked as a perinatal RN, and is currently the research coordinator for the Mothering Co/Lab (PI Dr. Sana Shahram).

Dr. Sana Shahram:

Dr. Sana Shahram’s research interests include exploring how policies, systems and public health programs can contribute to or reduce health inequities. She has a special interest in maternal health and substance use and the intersections of the child welfare system, the public health system and addictions research.

Logan Burd:

Logan Burd, MPH (she/her) is a Citizen of Métis Nation British Columbia, with mixed Blackfoot, Cree, and European ancestry. Logan's Métis family names include Bird, Smith, Allard, and Boucher. She grew up on the traditional and unceded territory of the Syilx Okanagan Nation, colonially known as Kelowna, BC. Logan is a PhD student at the University of British Columbia Okanagan in the Interdisciplinary Graduate Studies – Community Engagement, Social Change, Equity theme. Logan is a Project Coordinator for the Mothering Co/Lab Research Project (PI: Dr. Sana Shahram) and the CLARITY (Community-Led Action for Resiliency Important Throughout Youth) Research Project (PI: Dr. Shahram and Dr. Plamondon).

9:15 AM - 10:15 AM

Getting to the Root of Things: Maintaining Systemic Perspectives in Frontline Social Work Practice

Learning Objectives:

1. Practical strategies for maintaining a systemic perspective in frontline practice.
2. Techniques to identify how systemic inequities influence client interactions and develop advocacy skills for more holistic care approaches.
3. Tools for recognizing the root causes of substance use and its impacts on family well-being, even in fast-paced environments.
4. Understanding the broader context of perinatal substance use enables social workers and all frontline colleagues to support clients and families more effectively, ensuring that care addresses underlying systemic factors rather than just immediate needs.

Abstract: Frontline social work often emphasizes crisis interventions and meeting immediate survival needs, which can lead to overlooking broader systemic issues related to perinatal substance use. This workshop addresses the urgent need for frontline workers to maintain awareness of the systemic factors influencing their clients, including the poisoned drug supply, socioeconomic disparities, and the historical legacies of colonialism and racism.

Participants will engage in collaborative discussions aimed at uncovering these interconnected issues. The workshop will invite frontline workers to share effective strategies for prioritizing systemic considerations in their practice. By emphasizing the importance of viewing clients within their social context, the workshop encourages reflection on the role of social workers as advocates for systemic change.

Integrating a systemic perspective empowers frontline workers to create interventions that address both immediate client needs and contribute to broader social justice goals. Ultimately, this workshop seeks to enrich social work practice with a holistic approach that confronts both individual and systemic challenges.

This workshop aligns with the conference theme by highlighting systemic inequities in frontline social work, bridging micro-, mezzo-, and macro-level perspectives. By addressing interconnected factors shaping perinatal substance use interventions, it underscores the necessity of holistic care. The workshop encourages participants to critically examine their practices within broader social, economic, and colonial contexts while advocating for systemic change. By equipping social workers with tools for maintaining a systemic perspective, the workshop also aligns with the sub-themes of Peer Perspectives, Peer Leadership, Indigenous Approaches to Care, and Harm Reduction.

Presenter(s):

Meenakshi Mannoe

Meenakshi Mannoe (she/her/hers) is a racialized settler living on the unceded territories of the x^wməθk^wəyəm (Musqueam), Sk̓wx̓wú7mesh Úxwumixw (Squamish Nation), and sə́lilwətaʔ (Tsleil-Waututh) Nations. She is a social worker at FIR Square.

10:30 AM - 11:45 AM

Keynote Presentation #3: Stand Up for Mental Health: Recovery – One Laugh at a Time!

Presentation Description: What's so funny about mental health? As far as **Stand Up For Mental Health™ (SMH)** is concerned – everything! Founded by award-winning counsellor and stand-up comic David Granirer who himself suffers from bipolar, SMH teaches stand-up comedy to people with mental health issues as a way of building confidence and fighting public stigma. This show takes a hilarious look at the lighter side of mental health. You'll get to see mental health from a totally different perspective and how David and his SMH comics are creating recovery one laugh at a time!

Presenter: David Granirer

Bio: David Granirer, RPC, MPCC, M.S.M. is a counselor, stand-up comic, author, and founder of Stand Up For Mental Health™ (SMH), a program teaching stand-up comedy to people with mental health issues. David who himself suffers from bipolar is featured in the VOICE Award winning documentary Cracking Up. He also received a Life Unlimited Award from Depression Bipolar Support Alliance, an Award of Excellence from the National Council of Behavioral Health, a Champion of Mental Health Award, and a Meritorious Service Medal from the Governor General of Canada, and was recognized as one of the 150 Canadian Difference Makers in mental health. A sought after keynote speaker, he has worked with mental health organizations to perform and train SMH groups in over 50 cities in Canada, the U.S., and Australia. www.standupformentalhealth.com



Thank you to our Exhibitors!



The BC Association of Pregnancy Outreach Programs (BCAPOPOP) is a registered charity with over 70 Program Members and over 550 perinatal professionals and peers, each unique in their own approach, services, and populations served. BCAPOPOP is widely recognized for its support, advocacy, and leadership to improve outcomes for pregnant, postpartum, and newly parenting people and their infants. BCAPOPOP achieves this by distributing prenatal vitamins & resources to non-profit perinatal programs in BC, providing training, resources and events for helping professionals & peers, and responding to gaps in services with provincial programs such as the Healthy Care Pregnancy Program and The Pregnancy HUB.

**BC WOMEN'S
HOSPITAL+
HEALTH CENTRE**
Provincial Health Services Authority

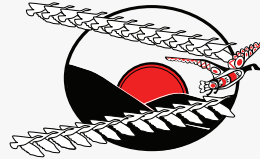


**MENTAL HEALTH
AND SUBSTANCE USE**
PROGRAMS + INITIATIVES

BC Women's Hospital has established a Perinatal Mental Health & Substance Use (MHSU) Engagement Network to improve the services we fund for those experiencing mental health and/or substance use challenges during the perinatal period (pregnancy and postpartum or post birth). We recognize the important of lived experiences in shaping our services. This network, including the focus groups and social events, is lead by a Peer Engagement Lead and Patient & Family Advisors who are people with lived and/or living experience with substance use.



Doulas for Aboriginal Families Grant Program



BC Association of Aboriginal Friendship Centres

BCAAFC

The **Doulas for Aboriginal Families Grant Program (DAFGP)**, delivered by the **BC Association of Aboriginal Friendship Centres**, provides financial support to Indigenous families for full-spectrum doula services. The goal of the program is to increase healthy birth outcomes for Indigenous families by removing the cost barrier to accessing doula supports and bringing the birthing process closer to home.



Karis Support Society, located in Kelowna, BC, is a non-profit organization dedicated to providing shelter, support, and resources to women and children experiencing homelessness and domestic violence.



TOGETHER WE CAN

DRUG & ALCOHOL RECOVERY & EDUCATION SOCIETY

Together We Can - Located in Metro Vancouver, TWC's mission is to educate and support people and their families who struggle with the challenges of substance misuse and desire a new life in recovery. TWC is one of Canada's leading non-profit treatment centres where people can truly begin to create change in their lives and rebuild their family relationships.