

Substance Use in Pregnancy and Availability of Hospital- and Community-based Supportive Services in BC

What is this study about?

This study looked at substance use during pregnancy among everyone who gave birth in BC between 2016-2021, and the availability of hospital and community-based programs for pregnancy and substance use.

Why do this study?

Between 2001 and 2020, substance use during pregnancy in BC almost doubled. Pregnant people who use substances face extreme stigma when trying to access health care and social services. Indigenous families and those living in rural and remote areas experience greater stigma, racism, and fewer options for safe and accessible care to support pregnant people who use substances.

The drug supply in BC has become more toxic since 2016, increasing the harm of using drugs for everyone. Given this and the limited public information about supportive services for pregnant people who use substances, we wanted to understand:

- where pregnant people who use substances access health care and social services; and
- the availability of supportive programs for pregnancy and substance use across BC.

How was this study done?

The partners analyzed BC health records of all births of pregnant people who use substances in BC from 2016 to 2021 and searched online for relevant support programs, services, and resources.

KEY FINDINGS

- Less than 1 in 4 (23%) of pregnancy care services in BC also provide substance use care.
- Services to support pregnant people who use substances are concentrated in Metro Vancouver, but need is high in Northern, rural, and remote BC.
- Most programs offered cultural programming, such as Elder support and traditional healing practices, but more programs need to prioritize cultural safety training for staff.
- More programs should hire peer support workers to support pregnant people who use substances and their families.

Note: we recognize that Two-Spirit, non-binary, and other people with diverse gender identities experience pregnancy. We use gendered language like “maternity” to support understanding.

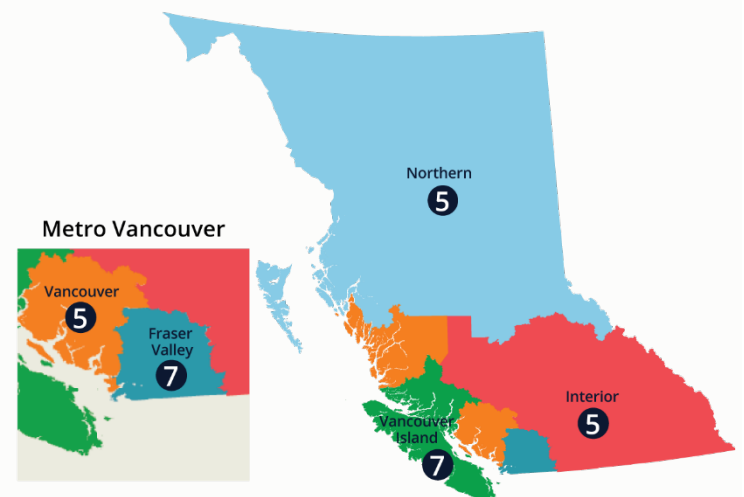
What did we find?

Between 2016 and 2021, 12,439 pregnant people who use substances accessed pregnancy care in BC, and 13,814 infants were born to this group.

- The most commonly used substances during pregnancy were cannabis (65%), tobacco (38%), alcohol (25%), and opioids (14%).

As of 2022, there were 127 programs offering pregnancy care in BC, but only 29 (23%) also provided care for substance use and there were only 8 supportive housing programs.

- Most of the pregnancy and substance use care programs offered “wrap-around” care that provides a range of health and social services, but only 2 were in hospital maternity units.
- Of BC’s 13 hospital beds for pregnant people who use substances, only 1 was located outside of Vancouver (Vancouver Island). Since this study was completed, St. Paul’s Hospital’s opened new mental health and substance use beds and prioritizes pregnant people who use substances.
- All supportive housing programs in Vancouver Island, Interior, and Northern BC were full and waitlisted at time of our search (December 2022).



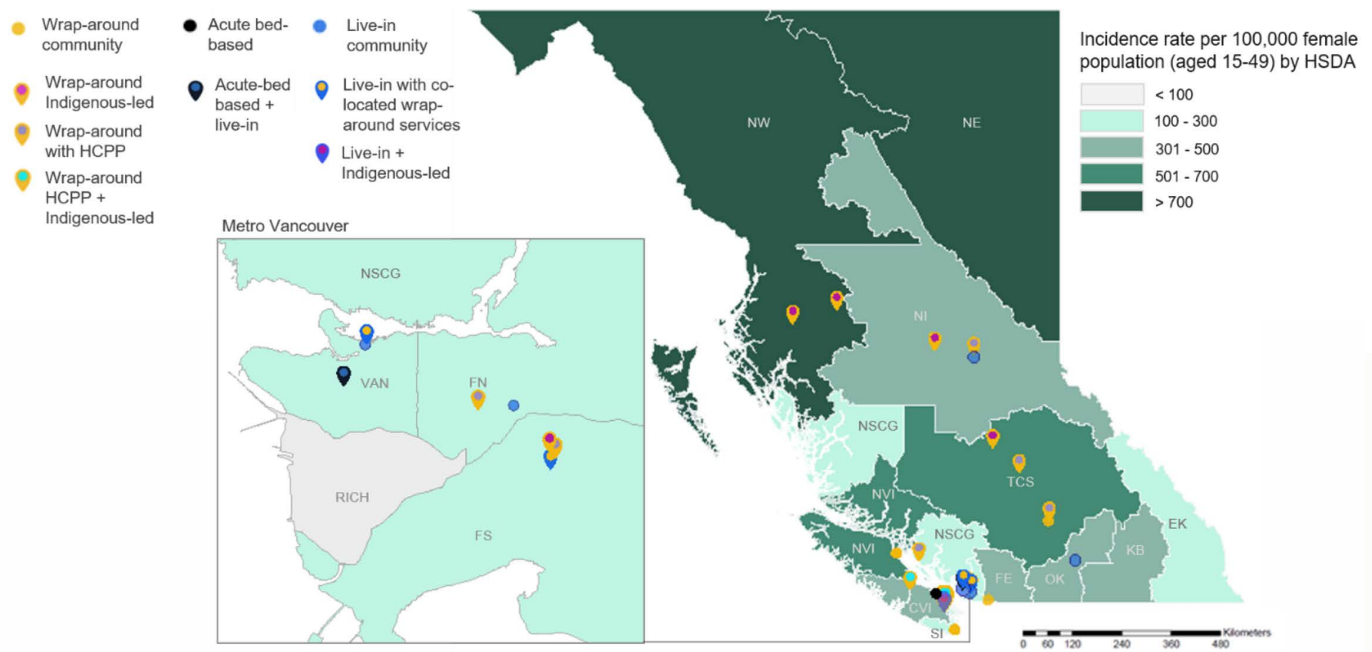
Number of supports for pregnancy and substance use in BC.

Supportive services for pregnancy and substance use were concentrated in Metro Vancouver which doesn’t meet the other regions’ needs.

- Only 11% of pregnant people who use substances lived in the Vancouver Coastal region, where 92% of BC’s specialized hospital beds and 38% of BC’s supportive housing beds for pregnant people who use substances were in Vancouver.
- 20% of pregnant people who use substances lived in Northern BC, but the region has only 4% of BC’s supportive housing beds for pregnant people who use substances and their babies, and no specialized hospital beds for this population.
- Interior had no specialized hospital beds and only 5 community-based services.
- Vancouver Island had only 1 specialized hospital bed and 6 community-based services.

Almost all programs offered some type of cultural programming, but few services hired peer support workers with lived/living experience of substance use and pregnancy.

- More than 3 of 4 (76%) of non-Indigenous-led programs required cultural safety training for staff, but more can be done to improve the cultural safety of services across BC.



Rates of substance use in pregnancy and support services across BC. Darker green means higher unmet need for services, lighter green means lower demand for services. Services are concentrated in Southern BC.

What do these findings mean?

There are large gaps in services for pregnant people who use substances, particularly in Northern, rural, and remote communities in BC. This research clearly shows the need for:

- Increasing hospital-based programs and supportive housing options for pregnant people who use substances and their babies, especially in First Nations, Northern, rural, and remote communities.
- Increasing the availability of wrap-around care and community programs for pregnancy/parenting and substance use that can provide trauma-informed care closer to home.
- Providing cultural programming in care, such as Elder support and traditional healing practices, to ensure Indigenous families receive appropriate and respectful support.
- Cultural safety training for health and social service providers to reduce stigma and improve the experience and outcomes for Indigenous people who use substances and families seeking care.

Addressing these gaps is needed to better support pregnant people and families impacted by substance use across BC, particularly those in rural, remote, and First Nations communities.

Piske M, Joyce S, Yan Y, Katsuno N, Homayra F, Zanette M, Barker B, Meilleur L, McBride B, Joshi P, Sullivan E, Nosyk B. Population perinatal substance use and an environmental scan of health services in British Columbia, Canada. *Drug and Alcohol Dependence* 2024 [10.1016/j.drugalcdep.2024.112457](https://doi.org/10.1016/j.drugalcdep.2024.112457)

What are the study's limitations?

- Some errors may have occurred in identifying pregnant people who use substances because there were no unique identifiers in the health records. We used tools to limit these mistakes.
- Use of community-based services and personal experiences accessing care were not captured, limiting our understanding of these services' strengths, barriers, and gaps. Please see the [Joyce et al research summary](#) to learn about the experiences accessing pregnancy and substance use care.
- The study did not look at how specialized perinatal substance use hospital and community-based services could be expanded to underserved regions. The research team is planning to examine this in the next few years and will share findings.

Resources to Support Substance Use and Pregnancy

- Browse the list of [BC's perinatal substance use services](#), broken down by region.
- Learn about [BC Women's Families in Recovery \(FIR\) Square](#) program which provides care in hospital for pregnant people who use substances and their babies.
- Learn about [FNHA's Virtual Substance Use and Psychiatry Service](#) and [available mental health and cultural supports](#).
- Browse [FNHA's Indigenous harm reduction webpage](#) to explore videos and resources on First Nations perspectives on harm reduction, connecting back to culture, and taking care of each other.
- Learn about how [eliminating stigma around substance use will save lives](#) and check out the FNHA's [Courageous Conversations on Substance Use Toolkit](#).
- Browse other FNHA-led research summaries and infographics on the [toxic drug response research page](#) and learn more about how [the toxic drug crisis is affecting First Nations communities](#).

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