

REALIZING THE PROVINCIAL

# VISION 2022

Perinatal Substance Use Conference

FEBRUARY 9-10



REPORT  
OF  
PROCEEDINGS

HOSTED BY  
the Provincial Perinatal Substance Use Program

BC WOMEN'S  
HOSPITAL+  
HEALTH CENTRE

Provincial Health Services Authority



Provincial Health  
Services Authority  
Province-wide solutions.  
Better health.

## Acknowledgements

We respectfully acknowledge that the Provincial Perinatal Substance Use Program's primary location is BC Women's Hospital + Health Centre (BCWH), Provincial Health Services Authority (PHSA), which is situated on the unceded, traditional and ancestral territories of the Coast Salish People, specifically the x̄məθk̄ȳm (Musqueam), Sxw̄wú7mesh (Squamish) and s̄lílw̄taʔ (Tsleil-waututh) Nations. Further, this acknowledgement, gratitude and respect extends to the diversity of all Indigenous contributions including First Nations, Inuit, Métis and non-status Indigenous identities and communities on whose traditional territories we have the privilege to build relationships and provide services.

We acknowledge, with gratitude, that the Program is funded by the BC Ministry of Health (MoH) and BC Ministry of Mental Health and Addictions (MMHA).

We acknowledge the dual pandemic context and devastating ongoing overdose crisis that is being experienced across our province at the time of this conference. We acknowledge the loss of loved ones and family members and understand the importance of doing this work.

We hold our hands up to over 300 registered conference participants, made up of Indigenous Elders, Indigenous Leaders, people with lived and living experience, clinicians, educators, child welfare representatives, housing representatives, health system leaders and government leaders across the province. Thank you to all speakers and presenters for sharing their knowledge, insights and experiences and for their contributions to the transformative work that is progressing to strengthen the perinatal substance use continuum of care across the province.

Special thanks to the Provincial Perinatal Substance Use Program Team and Conference Organizers:

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Elder Glida Morgan, Tla'amin Nation  
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# Executive Summary

On February 9–10, 2022, the Provincial Perinatal Substance Use Program (PPSUP), BC Women’s Hospital + Health Centre (BCWH), Provincial Health Services Authority (PHSA), convened a virtual conference, bringing together Indigenous Elders and Leaders, health care professionals, health system leaders, people with lived and living experience, and champions from all sectors. The goal of the two-day Realizing the Provincial Vision 2022 Perinatal Substance Use Conference was to connect and learn from the network of services, teams and individuals whose aim is to strengthen the perinatal substance use continuum of care. The conference was well attended, with over 300 registrants engaged in advancing the work to enhance services and supports for pregnant and parenting individuals impacted by substance use.

## Background

Realizing the Provincial Vision 2022 Perinatal Substance Use advances the visioning that took place at two PHSA-led key visioning events conducted in June 2018 and June 2019.

The first of these, Ensuring Best Care and Supports to Pregnant and Newly Parenting Women with Opioid Use Challenges, culminated in five recommendations along with specific regional priorities. The Visioning Workshop was ultimately leveraged to develop the Provincial Perinatal Substance Use Program.

The second event, From Visioning to Reality: Caring for Pregnant and Newly Parenting Women Using Substances, held in June 2019, brought together more than 130 health care professionals to review progress that included the establishment of a comprehensive structure for the Program and organizations.

The Program reached a new milestone in early 2022 with the release of the Provincial Blueprint for a Perinatal Substance Use Continuum of Care. The Provincial Blueprint's 38 recommendations comprise recurring themes—Indigenous Cultural Safety, drawing on the lived and living experience of birthers who use substances, advancing housing availability, and reducing child removals—as part of all services and supports that a person might access along the health care journey.

## Conference Overview

The goal of the Realizing the Provincial Vision 2022 Perinatal Substance Use conference was to convene a network of services, teams and individuals with the aim of strengthening the perinatal substance use continuum of care. Indigenous Elders and Leaders, health care providers, and cross sectoral partners came together to support evidence-informed and leading practices, discuss issues and concerns and share emerging learnings. Key themes included:

- Indigenous Cultural Safety entails striving to understand what makes an encounter feel safe for the patient, and ensures the necessary elements are in place to foster that safety and create a space for engagement and healing. Indigenous Cultural Safety is achieved not when the care provider determines it to be achieved, but when Indigenous people and patients say that it has been achieved. As such, it is vital to listen with humility and be open to feedback on how services are provided.



- Meaningful relationships are the basis for engagement and providing care that can potentiate healing journeys for patients and clients. It is imperative to meet patients where they are at, without judgment, and listen to hear what they are going through.
- Trauma and violence-informed care provides a lens to be able to gain insight into why and how patients use substances. Over the last decade care providers have moved from asking, “What’s wrong?” to asking, “What happened?” This represents a paradigm shift for how trauma is understood, including the many forms it takes and the many sources of trauma, whether apparent or hidden. When trauma and violence-informed care is provided, it results in good care for everyone.

With its four learning tracks, participants were invited to explore diverse aspects of patient-centred care delivery, the conference situated learning as its pivot point, setting the stage for future discovery and insight.

### **Response to the conference**

Like many events held in the past two years, Realizing the Provincial Vision 2022 Perinatal Substance Use was a virtual event, but this did not detract from a sense of community that was evident among the participants. Of the over 300 registrants, almost 200 were logged in at any given time during the two-day event, and the individual workshops and breakout sessions reported good attendance.

Qualitative feedback was exceptionally positive and included comments such as: “I thoroughly enjoyed the conference, the welcoming, the

prayers that guide us in our work, the amazing people coming together to share and learn!” Participants noted the significance of having Indigenous Elder Glida Morgan and Dr. Elder Roberta Price bless the event and provide grounding for the days ahead. Moreover, participants felt the event afforded an effective opportunity to learn about a diversity of topics concerning perinatal substance use. Despite a small number of post-event evaluation forms filled out, those that were completed spoke to the value of the conference, and participants strongly indicated that they felt the event was well delivered and easy to navigate. Importantly, participants reported their intention to incorporate what they had learned over the two days into their practice.

### **Next steps**

The positive response to this conference, coupled with participants’ plans to implement the learning in their respective settings, provides confirmation that the progress to date has been substantial—and that it is vital to the populations we serve. Building on the success of this conference, PPSUP will continue leading forward to implement Blueprint recommendations, including key provincial education initiatives and ongoing efforts to decolonize perinatal substance use services.



## Background and Context

Substance use has become an even more present public health crisis over the past two years, particularly in the context of the increasingly toxic drug supply in British Columbia and across Canada. In 2021, 2,232 fatal overdoses occurred due to illicit drug toxicity. It is important to recognize that a subset of individuals who have passed away from the drug toxicity crisis may be pregnant and parenting, and are perhaps the most stigmatized of those who use substances.

In June 2018, PHSA led the Ensuring Best Care and Supports to Pregnant and Newly Parenting Women with Opioid Use Challenges Visioning Workshop. The workshop engaged 90 health care leaders and professionals from across BC culminating in five recommendations, along with regional specific priorities to improving perinatal substance use services and supports across the province. This workshop was leveraged to support the development of the Provincial Perinatal Substance Use Program (PPSUP).

In June 2019, the Program hosted the From Visioning to Reality Forum: Caring for Pregnant and Newly Parenting Women Using Substances. Bringing together over 130 health care leaders and professionals, Indigenous Elders and people with lived and living experience to learn about the initiatives underway since June 2018. This forum highlighted the importance of embarking on PPSUP's Indigenous Cultural Safety journey and provided expertise and input into the development of a blueprint for a perinatal substance use continuum of care.

The Provincial Perinatal Substance Use Program was developed in response to the need for specialized supports for pregnant and parenting people using substances against the backdrop of a tragic opioid crisis that continues to grip our province. Since its inception, the Program has been providing centralized leadership of efforts to advance provincial capacity and enhance acute and community-based services for pregnant and early parenting women and people who use substances. Nine guiding principles serve as the foundation for PPSUP's work.



These principles have been integrated into key strategic, education, and clinical practice initiatives to orient partners, service providers, and regional and community collaborators to what's most essential when caring for this population. The Program work involves partnerships and collaborations with over 300 stakeholders from Regional & First Nations Health Authorities (acute care, mental health & substance use, perinatal care), Indigenous Elders and Leaders, community organizations serving perinatal substance use populations, Indigenous-led organizations, and provincial government partners from the Ministry of Children and Family Development (MCFD), Delegated Aboriginal Agencies (DAA), the Ministry of Health (MoH) & the Ministry of Mental Health and Addictions (MMHA).

This work has leveraged actions and collaborations across the province to advance the provincial approach to perinatal substance use. From Ensuring Best Care and Supports (2018) to Visioning to Reality (2019), the Realizing the Provincial Vision 2022 Perinatal Substance Use conference allowed an opportunity to come together – to learn, share, connect, celebrate, witness and reflect on the truly provincial effort to realize a shared vision for this important work. Participants gathered in a virtual space of learning to share emergent best practices, support innovations, challenge the status quo, build further collaborations and add their insights to this work.

While the conference featured specific discussions of such topics as injectable opioid agonist therapy, the efficacy of non-pharmacological interventions, issues of child welfare, and much more, the overriding theme was to bring together our best, most up-to-date thinking on how to deliver culturally safe,

trauma and violence-informed care to pregnant and parenting people using substances. In this regard, each topic of the conference was informed by the lived and living experience of pregnant and parenting individuals. Participants repeatedly highlighted the criticality of being collaborative, listening without judgment, practising humility, and walking shoulder to shoulder with the people we serve.

### Indigenous Cultural Safety Journey

The Program has embarked on an Indigenous Cultural Safety (ICS) journey, acknowledging the need to address colonization, racism and discrimination in perinatal services and supports. The journey is a lifelong commitment that calls upon us to support Indigenous ways of being and knowing and raise and centre the voices of Indigenous Elders, Leaders, Knowledge Keepers and pregnant and parenting individuals. Importantly, the journey is about recognizing and understanding that ICS is also an outcome that occurs only when Indigenous people determine the system is safe for Indigenous people.

The necessity for ICS is clear as we deepen our learning about residential schools, colonization and the ongoing effects of intergenerational trauma. This is a difficult history to confront—yet it is essential that we do so.

Central to the Program's work are learnings from the Indigenous parents and families we have been honoured to work with. The reclamation of birth work, bringing in ceremony, and building resilience are the cornerstones of the Program. Accordingly, keynotes, sessions and workshops at this conference were developed to look critically at gendered colonial violence, anti-Indigenous racism and our individual and collective roles in addressing it in every place and space we deliver care.



## Key Milestones of 2021/22

In January 2022, PPSUP released the Provincial Blueprint for a Perinatal Substance Use Continuum of Care as the culmination of the perinatal substance use knowledge base and summarizes key activities and actions underway to improve perinatal substance use services and supports.

In addition to the Provincial Blueprint, several key resources have been produced in 2021/22 that speak to the vision of providing excellent, high-quality, culturally safe care for pregnant and parenting women and people using substances. These include the Elders Visioning Perinatal Substance Use Toolkit and SafeCare Level 1 online training.

### Key metrics

- From April 1, 2019 to December 31, 2021, **8,335** mother-baby dyads were served through perinatal substance use-related services
- **2,080** of them (one-quarter) are new to receiving any kind of perinatal substance use services or supports
- A total of **9,979** health care providers have received education and training to date (907 per quarter)

As well, we continue to build on the legacy of Denise Bradshaw, Director of Provincial Health Initiatives, BC Women's Hospital + Health Centre, PHSA, who passed away unexpectedly in June 2021. Her longstanding advocacy for and crystal-clear vision of gender-responsive, culturally safe substance use services in BC was key to establishing transformative substance use services that continue to evolve and grow today.



# Conference Overview

On February 9–10, 2022, Indigenous Elders and health leaders, health care professionals, health system leaders, cross-sectoral partners, and people with lived and living experience came together for a virtual conference, Realizing the Provincial Vision 2022: Perinatal Substance Use. The conference's stated goals were to connect with and learn from the network of services, teams and individuals whose aim is to strengthen the perinatal substance use continuum of care. The two-day event was an opportunity to share the knowledge accumulated along the Provincial Perinatal Substance Use Program journey, including emerging evidence-informed, leading and wise practices in a variety of domains pertaining to perinatal substance use, and to celebrate the achievements that have been made and continue to be made across BC.

Both days of the conference began with a welcome and provincial land acknowledgement followed by an opening blessing by Dr. Elder Roberta Price, Coast Salish Snuneymuxw and Cowichan Nations and Elder Glida Morgan, Tla'amin Nation. Elders started the conference off in a good way, sharing their wisdom, teachings, prayers and beautiful songs. This set the tone for the open and heartfelt sharing of ideas and learnings that would occur throughout the subsequent two days.

The conference welcomed opening remarks from Executive Leaders from PHSA and MMHA on Day 1 and by the Program Director of the Provincial Perinatal Substance Use Program on Day 2 to set the context of the progress of provincial collaborations and partnerships and the work of the Program to date. Conference keynotes discussed contemporary medical issues in perinatal substance use and the lifelong journey of supporting Indigenous Cultural Safety on Day 1 and Day 2 respectively. Following the keynotes each day, the participants attended concurrent sessions where speakers shared their work and experiences of enhancing the perinatal substance use continuum of care across BC through oral presentations and narrative stories. In the afternoon, participants attended interactive workshop sessions to showcase their research, trainings, and innovative approaches in perinatal substance use.

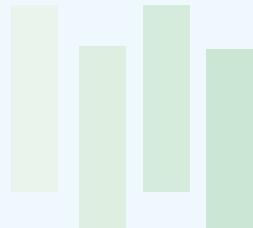
## Conference Themes

Conference sessions followed four themes, which were explored in keynotes, breakout sessions and workshops. Concurrent sessions followed four tracks over the two-day event:

1.

**LEADING THE WAY** — Discovering quality research evidence, clinical practice and leading practices in delivering acute care services.

The Leading the Way track focused on ways in which the province is taking the lead on perinatal substance use services. This included the development of an addiction medicine consult service, HIV prophylaxis considerations, updates regarding contraception, injectable opioid agonist therapy (iOAT), and an overview of opioid use disorder in pregnancy. Afternoon workshops provided updates on perinatal alcohol use, with attention paid to women's perspectives on reducing stigma, and a discussion of how to foster community and peer support around perinatal substance use.



2.

**CELEBRATING THE JOURNEY** — Engaging in important conversations with Indigenous Leaders to ensure the unique journeys of Indigenous lifegivers are recognized, respected and celebrated.

The Celebrating the Journey track was a celebration of Indigenous pregnancy and birth and an exploration of the principles and methodologies of Indigenous Cultural Safety for caring for Indigenous women and families. In afternoon workshops, participants learned about ICS for birth workers, as well as lessons from the Matriarchs and Knowledge Keepers Advisory Council.



# 3.

## WALKING SHOULDER TO SHOULDER — Learning about interdisciplinary, cross-sectoral and collaborative approaches to improve care.

The Walking Shoulder to Shoulder track included a diversity of topics concerned with working closely with pregnant and parenting individuals who use substances and people with lived and living experience. This included, mindfulness approaches, exploring a housing model designed by women in recovery, learnings from the Healthy Care Pregnancy Program pilot, a discussion of women and cannabis, a look at a qualitative study of peer-to-peer models of care, and a look at collaborative ways of approaching child welfare. Afternoon workshops provided instruction on motivational interviewing and offered highlights of a national multi-site evaluation of wraparound programs for pregnant and parenting women with substance use and complex care concerns.



# 4.

## LISTENING WITH AN OPEN HEART AND AN OPEN MIND — Exploring key education and training that emphasize the importance of relationship, choice, compassion and non-judgmental and supportive care.

The Listening with an Open Heart and an Open Mind track explored the impact of stigmatization on help-seeking behaviour and put forward self-compassion as an approach to providing trauma- and resiliency-informed practice training. This track also provided an introduction to the SafeCare Level 1 online training, as well as an overview and lessons learned from an Indigenous-led prenatal pilot education curriculum for families and doulas enhancing perinatal health (Reclaiming the Power of Birth). Key learnings were also shared about the implementation of Eat, Sleep, Console in Fraser Health and Vancouver Island Health, as well as an afternoon workshop providing instruction and training in Eat, Sleep, Console.



Resources that are available from the concurrent sessions can be found in Appendix B.

# DAY 1

February 9

## Opening Remarks



Cheryl Davies, Chief Operating Officer, BC Women's Hospital + Health Centre, PHSA, began her opening remarks for the conference by sharing gratitude to all who touch this work and all who had joined the virtual space of connecting and learning. Cheryl shared key learnings of how we are decolonizing perinatal substance use and leveraging the good work of cross-sectoral partners, and how collaboration and interdisciplinary work are the key to our success.

Through this work, we will continue to build partnerships and collaborations that will guide us in developing and delivering future services.

Joe Gallagher, Vice President – Indigenous Cultural Safety and Humility, PHSA, spoke to the importance of creating trust, safety, and empathy when we are working with and caring for Indigenous women, children and families and how health care workers' interactions can help shape positive health care experiences for Indigenous people.

He reflected on how far this work has come, and how so many silos have been removed in health care. The purposeful, intentional work done around Indigenous Cultural Safety underpins how critical it is for us to address anti-Indigenous racism in every place and space that we provide care. In many ways, the work of the last 15 years has been about bringing two worlds together

and understanding the value not just of our existing health care system but also—and especially—the deep wisdom of Indigenous caregivers, birth workers and Elders. As these worlds come together, we must be mindful of the deeply traumatic legacy of the residential school system. This cannot be dismissed as history—it plays out in daily encounters with the health care system, and it is incumbent on us to recognize that Indigenous women and families are disproportionately represented precisely because of this colonial history.

Francesca Wheler, Assistant Deputy Minister – Child, Youth and Mental Health Policy provided remarks on behalf of the MMHA regarding the PPSUP and its linkages to the MMHA's Pathways to Hope strategy and commitment to improving wellness for children, youth and young adults, including pregnant and parenting people affected by substance use across our province. She emphasized that supports for pregnant and parenting people who use substances are a central part of the province's vision of integrated, seamless care based on wellness promotion, early intervention, prevention and connection to culturally safe, stigma-free care. As well, she highlighted the need for a whole-of-society approach that values the contributions of Indigenous knowledge keepers and people with lived and living experience.

# REALIZING the PROVINCIAL VISION

Perinatal Substance Use 2022

Dr. ELDER  
ROBERTA  
Price

ELDER  
GLIDA  
MORGAN

MC JULIE  
HAMILTON

CHERYL  
DAVIES  
BCWH

Joe  
Gallagher  
PHSA

Indigenous  
WOMEN  
DISPROPORTIONATELY  
IMPACTED by  
RACISM...

LISTEN to their  
VOICES  
HEALTH CARE FOR ALL

Doing better for our CHILDREN  
address ANTI-INDIGENOUS  
racism & acknowledge the  
Need for change in the SYSTEM

GIVE thanks to  
creator  
gratitude  
SEND PRAYERS to those HURTING

Provincial  
BLUEPRINT  
released  
LISTEN & IMPROVE SERVICES  
WALK SIDE BY SIDE ..

ASKING for  
Blessings



## PANEL

- Dr. Rebecca COISH
- DR. Annabel MEAD
- DR. ERIC CATTONI
- CAROLYN MARCHAND

ESTABLISH RAPPORT  
Trauma INFORMED  
PATIENT CENTRED

RECOMMEND SLOW REDUCTION  
LOW THC CONTENT  
PREGNANCY and CANNABIS

screening  
FOR DRUG USE  
always with

HARM REDUCTION  
INFORMED CONSENT

ABSTAIN from  
Breastfeeding  
FOR 4 DAYS  
(100 HOURS) POST  
SUBSTANCE USE

BABY CAN HAVE  
EXPOSURE to SUBSTANCES  
through Breast MILK

BENZODIAZEPINES  
increasingly FOUND  
in OPIOIDS in B.C.

URINE  
DRUG  
screens  
POSITIVE RESULTS  
use to HELP MOTHERS

CONFIDENTIALITY  
and CONSENT  
MOTHERHOOD  
can be a BARRIER  
to Treatment

CHILD, YOUTH + MENTAL  
HEALTH Policy  
**OUR SHARED VISION**  
also includes CULTURAL SAFETY  
in COMMUNITY Based services  
A PATHWAY to Hope



EMPATHY & Better CARE

BEARING  
WITNESS  
to their  
Stories

# DAY 1

February 9

## Keynote Panel: Contemporary Medical Issues in Perinatal Substance Use

The Day 1 keynote session addressed the question of how to approach perinatal substance use in a culturally safe, patient-centred and trauma and violence-informed manner.

Dr. Annabel Mead, Senior Medical Director, BCWH, led the Day 1 keynote panel along with physician panelists Dr. Eric Cattoni, Dr. Rebecca Coish and Dr. Carolyn Marchand. The panel explored

the current state of medical management and treatment provision for pregnant and parenting individuals using substances, as well as challenges and considerations for the future.

In response to the question: How should we approach substance use in pregnancy? Panelists highlighted the importance of:



The panel also discussed some of the barriers experienced by birthers seeking out treatment and supports, such as fear of child removals, the association between child removals and risks of mortality, risks of substance use-related disclosures and their impacts on whether a person will access prenatal and postpartum care. They noted the transformative potential of parenthood and the opportunities for clinicians to harness it in supporting patients to set goals related to substance use and recovery.

The discussion then shifted to the specifics of screening for substance use, both for determining risk level and for having conversations about the role of substances on one's health and wellbeing during pregnancy and postpartum. They recognized that substance use can be normalized for many patients, and how important it is to use a harm reduction lens. For some care providers, this is a difficult acknowledgement to make, but as panel members emphasized, clinicians must think more holistically and realize that substance use is often just one part of a confluence of factors related to the social determinants of health. In regard to discovering these individual patient situations, they noted the relational aspect of substance use care and that thoughtful, non-stigmatizing conversations starting with a person's consent are the foundation of a healthy therapeutic rapport and relationship.

The panel devoted some time to exploring the risks of particular substances such as

cannabis, noting that evidence of harms is mixed and subject to confounds such as frequency of substance use, amount and types of substances used. Despite the lack of hard-and-fast data, however, there is some preliminary evidence that cannabis use—especially high-potency use—can be risky. Harm reduction strategies may include encouraging patients to choose low-THC products, avoid second-hand smoke, delay breastfeeding after exposure, or use a “pump-and-dump” process to dispose of breast milk that may contain high levels of substances. (For many substances, this last method may be ineffective depending on the persistence of the substance in breast milk, the details of which are unknown for some substances.) These strategies should ideally be underpinned by a risk/benefit discussion with the patient and—if indicated—prescribed harm reduction medications. It may also be appropriate for clinicians to frame discussions about substance use around BC’s toxic drug supply.

The panel closed by acknowledging the significant distress and toll the dual pandemic crisis has taken on care providers, who bear witness to patients’ trauma and are increasingly suffering from moral distress and burnout. So many lives have been lost in the pandemic years, as well as the ability to laugh, socialize, and debrief in person, not to mention share grief and frustration. Going forward, clinicians acknowledge that they need to take care of themselves to help them continue taking care of their patients.

# DAY 2

February 10

## Provincial Perinatal Substance Use Program — Journey to the Vision



Pamela Joshi, Program Director, PPSUP, began her talk by drawing everyone's attention to the recent release of BC Coroners Service data on opioid-related overdose deaths for 2021. The 2,232 British Columbians who died due to illicit drug toxicity in 2021 are a staggering representation of why our work is so important.

The PPSUP journey began with the overdose crisis; the collaboration has grown under the guidance of Indigenous Elders and Leaders and people with lived and living experience. Together, the Program has framed out guiding principles, key deliverables, working groups and initiatives within perinatal substance use care.

## PROVINCIAL **BLUEPRINT** for a Perinatal Substance Use Continuum of Care

Provides **38** recommendations for system transformation across perinatal substance use services for delivering stigma-free care for pregnant and early parenting women and people using substances

CULTURALLY SAFE

TRAUMA AND VIOLENCE-INFORMED

GENDER-RESPONSIVE

HARM REDUCTION AND RECOVERY ORIENTED

Summarizes the evidence, leading practices and wise practices across foundational, clinical and cross-sectoral Blueprint components

Supports the decolonization of perinatal substance use practice and the leadership of Indigenous Elders, leaders, midwives, doulas and birth workers

Shares education and training opportunities for health care providers that emphasizes "a way of being" with people affected by substance use

Provides a pathway for keeping women, birthing parents and families together across sectors including acute care, community care, housing, child welfare, primary care and transitional supports



Since its inception in 2018, PPSUP has worked to realize its principles of care, culminating in the 2022 release of the Provincial Blueprint for a Perinatal Substance Use Continuum of Care, which features 38 recommendations to advance the perinatal continuum of services and supports for pregnant and parenting individuals who use substances. The Provincial Blueprint was developed in collaboration with Indigenous Elders and leaders, women and non-binary people with lived and living experience, clinicians, educators, child welfare representatives, housing representatives, health system leaders, and government ministries. This work has involved extensive community partnerships to enhance direct care for pregnant and parenting people using substances. All of these partnerships and collaborations have catalyzed action to progress a vision of creating stigma-free, culturally safe and trauma and violence-informed perinatal substance use services and supports.

Key education initiatives of the Program include SafeCare Level 1 online training; Eat, Sleep, Console/Perinatal Substance Use Online Training, Provincial and Regional Training in Motivational Interviewing and Sanctuary Institute - Trauma and Violence-informed Organizations and the implementation of the Elders Visioning Perinatal Substance Use Toolkit.

PPSUP has partnered with 20 organizations, more than half of which are Indigenous-led Indigenous health community services. The Program has also partnered with the BC Association of Pregnancy Outreach Programs, on the Provincial Healthy Care Pregnancy Program which provides hospital based in-reach at 10 sites across BC.

Building on the recommendations in the Provincial Blueprint, PPSUP will advance our work through:

- Exploring pilot projects on recovery supports for partners
- Developing training for child welfare services
- Designing a housing model developed by people with lived and lived experience
- Learning about how to move from education to implementing Eat Sleep Console, the non-pharmacological management of Neonatal Abstinence Syndrome
- Supporting the reclamation of birth work by Indigenous peoples



# Realizing the Provincial Vision

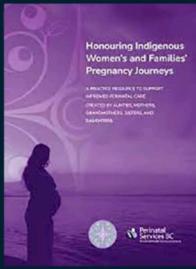
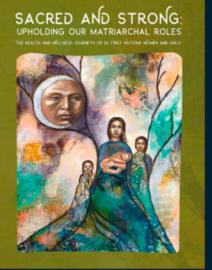
PERINATAL SUBSTANCE USE  
VIRTUAL CONFERENCE 2022  
FEBRUARY 10, 2022 • #RPV2022



A JOURNEY OF RAISING  
INDIGENOUS VOICES  
SUPPORTING & RECLAIMING  
OF BIRTH WORK BY  
INDIGENOUS PEOPLE  
CHALLENGING,  
DISRUPTING & DISMANTLING  
COLONIAL NARRATIVES



- ~ EXPLORING PILOT PROJECTS TO SUPPORT PARTNERS' PROGRAMMING
- ~ TRAINING FOR MCFD/DAA
- ~ HOUSING MODEL DEVELOPED BY PEOPLE WITH LIVED & LIVING EXPERIENCE
- ~ PROVINCIAL EAT, SLEEP, CONSOLE EVALUATION
- ~ BLUEPRINT IMPLEMENTATION SUPPORT
- ~ INDIGENOUS DOULA SUPPORT



DESCRIBES CHANGES  
FOR THE SYSTEMS  
OF CARE

38 RECOMMENDATIONS

WITH EVIDENCE, LEADING WISE & SUPPORTIVE PRACTICE

24 REVIEWERS ACROSS THE PROVINCE

INCLUDING INDIGENOUS  
ELDERS & LEADERS

education  
& training



programming



Community Partnerships

11 INDIGENOUS-LED HEALTH ORGANIZATIONS & ABORIGINAL FRIENDSHIP CENTRES

9 COMMUNITY ORGANIZATIONS

we walk together  
continuing to  
advance our  
Shared Vision

Honouring  
lived & living  
experiences



# DAY 2

February 10

## Keynote Presentation: Indigenous Cultural Safety: A Lifelong Journey of Learning

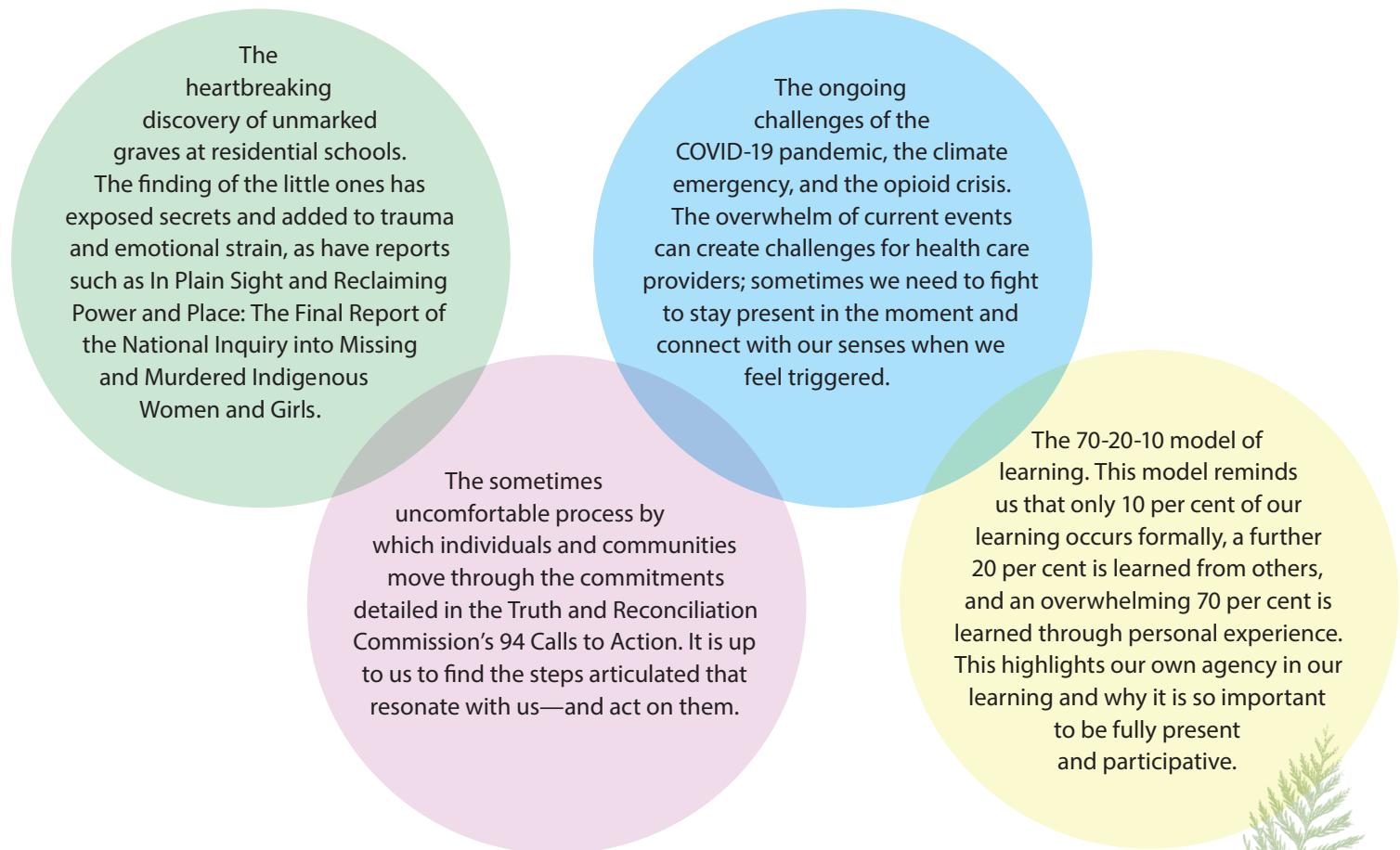


The Day 2 keynote discussed Indigenous Cultural Safety and lifelong learning. Keynote speaker Harley Eagle, Dakota & Ojibway First Nations, and member of Whitecap Dakota First Nations Reserve, discussed how Indigenous Cultural Safety is an entry point into understanding the ideology of racism—and therefore essential for its dismantling.

Harley Eagle began his keynote presentation by sharing his experience of working as an Indigenous Cultural Safety consultant across health and education sectors in BC, and his deep commitment to social justice and

reclaiming an Indigenous understanding of life. Acknowledging his Dakota and Ojibway First Nations roots, he grounded his keynote in a sense of community in which family and individuals, Elders and matriarchs come together in a profound way, walk together side by side, and stay centred.

With reflections on locating one's self, the circle process, creating vulnerability, respectful engagements and being anti-racist, Harley situated his talk in the context of several circumstances and factors:



## Locating oneself

Each of our journeys occurs through an individual lens. We are the product of the sexist, racist, colonial environments in which we've grown up. Depending on one's level of awareness, patterns of oppression vary in their visibility to us. By raising our awareness, we can become aware of our own histories and how they impact our experience of the health care system and the wider world. Trauma and violence-informed practice can be a useful modality for putting ourselves in the shoes of others who have experienced trauma and the effects of colonialism.

## The circle process

When Harley Eagle started doing Indigenous Cultural Safety work on Vancouver Island and working with Elders, they noticed that circles were part of their work. Folded into the circle process are humility, respect, integrity, generosity, courage, empathy, and fortitude. Now that our interactions are largely virtual, it can be challenging to summon these values—but we must find a way to do so because they undergird our societies. Ceremonies are ways of reminding us of and deeply imprinting on us our values and values are universal to all humans.

Many organizations are hardwired into colonial ways. How do we dismantle oppression? It is not easy for people to perceive the barriers and overcome them. By providing space, we can open up "listening circles" where people can self-reflect, and learn about their own biases and filters.

## Creating space for vulnerability

As we learn to create cultural safety, it becomes imperative that we create space for vulnerability. The thing that prevents us from being vulnerable is invariably shame, which is in turn held in place by three things: secrets, silence, and judgment.

As we do our work, we must become aware of the ways in which we allow secrets or cover-ups, the way we silence others, and the situations where we judge—whether it be through common stereotypes or power-based situations. As researcher Brené Brown has pointed out, vulnerability is the antidote to shame, as well as all the factors that reinforce shame. It can expand our understanding of the people we serve. Especially in the context of our work, we must remember: We cannot shame or belittle people into changing their behaviours.

When you engage with people, try to understand where they come from and what they need to feel safe. Pay attention to the physical things they need, such as breaks and food. Be aware that sharing traumatic experiences can lead to a "vulnerability hangover." Acknowledge you are a part of a large system that is complexly structured. But it starts with creating that space—that container—for people to share. For us as health care providers, it means ensuring that Indigenous experiences, voices, and perspectives are central in all the services, supports, and care we provide.

## Respectful engagement

How do we incorporate cultural safety into our own practices? It starts with respectful engagement. This is how we can address power imbalances and help people feel safe receiving our services. This sets the tone for hearing and learning and being empowered to change and creates a container where this can happen. Essentially, it is a collaborative process. We must use the knowledge of the past to navigate the present-day realities and move forward through collaborative action.

## Being anti-racist

Importantly, we must use our strength to combat racism and oppression. This doesn't mean just not being racist. It means being anti-racist.

# INDIGENOUS CULTURAL SAFETY

KEYNOTE BY HARLEY EAGLE

#RPV2022  
FEBRUARY 10, 2022



INDIGENOUS CULTURAL ANTI-RACISM SAFETY

LEARN to LISTEN  
TO YOURSELF  
TO YOUR BODY  
TO OTHERS

LET GO OF  
SECRECY, SILENCE & JUDGEMENT  
it feeds  
RACISM, PRIVILEGE & SHAME



everything is connected

IT'S AN ONGOING JOURNEY

BEGIN BY  
UNDERSTANDING THE  
LANDSCAPE, IDENTIFYING A PATH &  
a way forward

engage STAY PRESENT

Slave the  
HARD CONVERSATIONS  
TO EXPOSE HOW RACISM & OPPRESSION SHOW UP  
IN SYSTEMS & POLICIES



TRANSFORMATION

SELF-REFLECTION

CULTURAL SAFETY X CULTURAL HUMILITY

GROW YOUR  
KNOWLEDGE &  
CAPACITY

reflection before action

"VULNERABILITY  
IS THE GATEWAY TO  
CREATIVITY & INNOVATION"  
BRENÉ BROWN

UPLIFT INTERGENERATIONAL  
STRENGTH

DISMANTLE  
COLONIAL  
STRUCTURES

model the changes you want to see.  
Respect  
HUMILITY  
GENEROSITY EMPATHY  
INTEGRITY FORTITUDE  
we need eachother & our values  
TO ADVANCE OUR WORK

LIBERATION

INTERSECTIONAL UNDERSTANDING  
OF EXISTING SYSTEMS OF  
OPPRESSION

TRAUMA-INFORMED  
PRACTICES

Re-evaluate,  
Readjust, Continue

## Summary and Next Steps

Conference organizers conducted an evaluation survey with all registrants following the two-day conference. Participants were asked to rate:

- their overall experience of the conference;
- their satisfaction with the virtual conference experience;
- the diversity and breadth of topics in perinatal substance use offered during the event;
- their interest in speakers and their communication styles; as well,
- if the conference stimulated learning and thinking and if it met participants' expectations overall.

Evaluation responses were scaled from 1 ("strongly disagree") to 5 ("strongly agree").

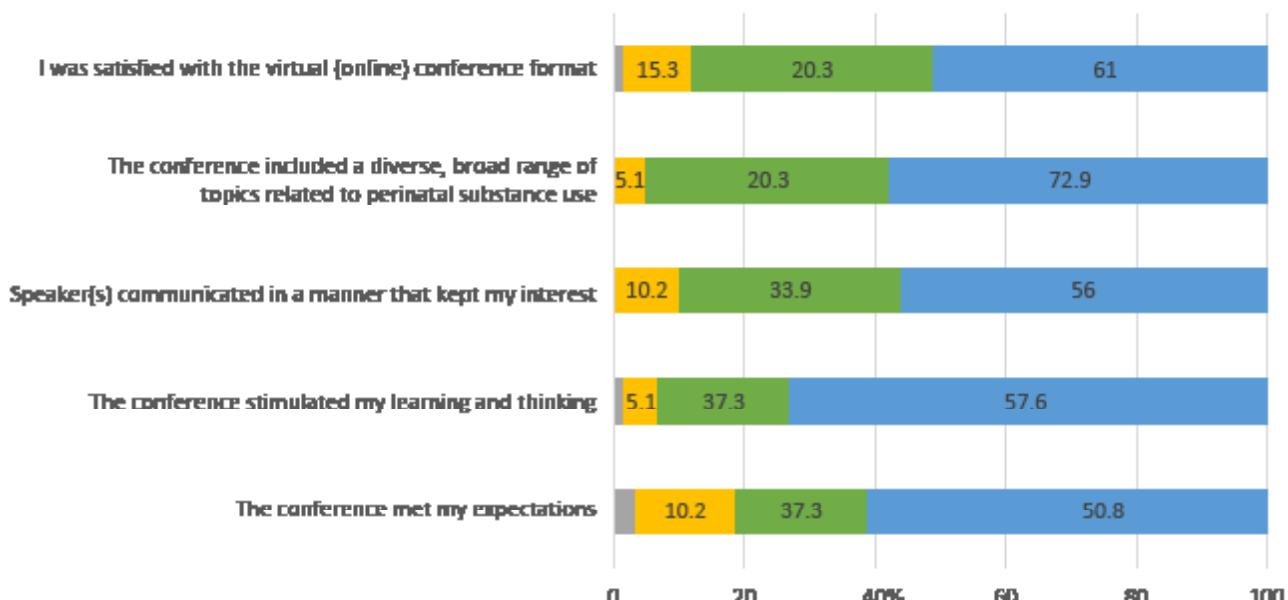
Over 300 participants were registered for the virtual conference, with nearly 200 participants online at any given time. Of 326 registrants, 59 participants responded to the conference evaluation survey, providing an approximately 18% response rate. Although the response rate was lower than expected, the feedback provided was overwhelmingly positive. The evaluation results indicated:

- 88.1 % of respondents agreed or strongly agreed that the conference met their expectations
- 93.2% of respondents agreed or strongly agreed that the conference included a diverse, broad range of topics related to perinatal substance use
- 94.9% of respondents agreed or strongly agreed the conference stimulated their learning and thinking
- 89.9% of survey participants agreed or strongly agreed that speakers communicated in a manner that kept their interest throughout the conference

"I thoroughly enjoyed the conference, the welcoming, the prayers that guide us in our work, the amazing people coming together to share and learn!"

"Having the Elders there was so wonderful and made such a difference for me to be able to ground into the day."

## Realizing the Provincial Vision 2020: Perinatal Substance Use Conference Evaluation



Throughout the two-day conference, participants also had an opportunity to share their thoughts in a virtual reflection corner. In both the conference evaluation survey and the reflection corner, participants shared their deep gratitude and appreciation for Dr. Elder Roberta Price and Elder Glida Morgan for their prayers, songs and support in grounding us all into each conference day. Participants showed appreciation for the willingness of speakers to share their personal stories and hear the passion and commitment they have for this work. Participants also shared their intention to incorporate the learnings and resources that were highlighted throughout the conference into their practice.

The energy from this conference demonstrates that events such as this are capable of catalyzing further action and solidifying ongoing commitment to the Program. Moreover, they bring together a diversity of health care professionals and champions of

this work who are passionate about providing the best care to pregnant and parenting people who use substances.

Building on the energy from this conference and the shared vision for this work, PPSUP will continue to focus on the implementation of the Blueprint's recommendations, including uptake of key provincial education initiatives and further evaluations of the Program's contributions to the health care system. PPSUP remains committed to the ICS journey and to working in deep allyship and respectful partnerships with Indigenous Elders, leaders and health care providers, birthers and families to advance the decolonization of perinatal substance use services. We are filled with hope for further collaborations and connections ahead to continue to realize the vision of a stigma-free, culturally safe and trauma and violence-informed perinatal substance use continuum of care across the province.

# HOW THE SYSTEM OF CARE LOOKS DIFFERENT FOR PREGNANT & PARENTING WOMEN USING SUBSTANCES

Community & acute care ensure access + provide culturally safe programming + ceremony that integrates:

- Knowledge Keepers
- Elders
- Midwives
- Indigenous Doulas
- Birth Workers
- Birth Keepers

TAKE TIME to Build TRUST & Relationships



## Prenatal Care

CONTINUITY OF CARE AND SYSTEM NAVIGATION DETERMINING NEXT STEPS WITH THE PATIENT/CLIENT



## Labour and Delivery

THEY INCLUDE:  
INDigenous STAFF Leaders, ELDERS, CLINICAL Team members

Health care Teams are INTERDISCIPLINARY

PRINCIPLE BASED CARE & SUPPORT across the Journey



HOlistic assessments from a Strengths Based approach



## Postpartum

### PEERS

PAID POSITIONS  
ENGAGE IN Program PLANNING

SERVICE DELIVERY  
SUPPORT those emerging INTO THE SYSTEM OF CARE

### CHILD WELFARE

- UNDERSTAND COLONIZATION + COLONIAL VIOLENCE
- MOTHER-BABY/FAMILY BABY - TOGETHERNESS IS ALWAYS THE GOAL

## COMMUNITY

### GUIDING PRINCIPLES

WOMEN CENTRED and WOMEN'S VOICES RECOVERY ORIENTED

MOTHER-Baby Togetherness INTERDISCIPLINARY EVIDENCE INFORMED

EQUITABLE ACCESS

Trauma + Violence Informed INDIGENOUS CULTURAL SAFETY HARM Reduction Based

HOLISTIC LOW BARRIER WRAPAROUND services

PROVIDE SUBSTANCE-USE services & TREATMENT



The Parent is with BABY + PARTNER while SEEKING SUBSTANCE USE TREATMENT + SUPPORTS



FLEXIBLE & STABLE HOUSING OPTIONS across ALL STAGES of Recovery

# APPENDIX A: Conference Agenda

## REALIZING THE PROVINCIAL VISION 2020: PERINATAL SUBSTANCE USE

PPSUP VIRTUAL CONFERENCE FEBRUARY 9 & 10 Agenda

### DAY 1 February 9<sup>th</sup>, 2022

|         |  |          |   |
|---------|--|----------|---|
| 9:00 am | Welcome and Provincial Land Acknowledgement<br><br>Julie Hamilton, Master of Ceremony  | 9:55 am  | Wellness & Self-Care Interlude<br><br>Caroline MacGillivray, Yoga Instructor  |
| 9:10 am | Opening Blessings<br><br>Elder Glida Morgan, Tla'amin First Nation & Dr. Elder Roberta Price, Coast Salish Snuneymuxw and Cowichan Nations           | 10:05 am | Keynote Panel: Contemporary Medical Issues in Perinatal Substance Use<br><br>Moderated by Dr. Annabel Mead, Senior Medical Director, Women's Mental Health & Substance Use Programs and Initiatives, BCWH |
| 9:25 am | Opening Remarks<br><br>Cheryl Davies, Chief Operating Officer, BCWH<br><br>Joe Gallagher, Vice President Indigenous Health and Cultural Safety, PHSA |          | Panelists: Dr. Eric Cattoni, Dr. Carolyn Marchand, Dr. Rebecca Coish  |
|         | Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy, Ministry of Mental Health and Addictions                         | 11:00 am | WELLNESS, STRETCH AND FIND YOUR SESSION   |
|         |  | 11:10 am | Concurrent Presentations Sessions   |

|          |  |   |
|----------|--|---|
| Track A: | Leading the Way<br><br>Addiction Medicine Consult Service Development, Dr. Martha Ignaszewski<br><br>HIV Prophylaxis Considerations Intrapartum and Postpartum, Dr. Megan Woolner & Dr. Heather McEwan<br><br>Perinatal Substance Use: Contraception Pearls and Updates, Dr. Amanda Whitten  | Track D:<br><br>Listening With an Open Heart and an Open Mind<br><br>Substance Use among Pregnant and Parenting Women: Exploring the Impact of Stigmatization on Help-Seeking Behavior, Emily Nichol<br><br>Trauma and Resiliency Informed Practice: Self-Compassion as an Approach to Providing Informed Practice Training, Sarah Kaufman, Sarah Rourke, Marika Sandrelli<br><br>SafeCare Perinatal Substance Use, Stacey Boon   |
| Track B: | Celebrating the Journey<br><br>Celebrating Indigenous Pregnancy and Birth: Principles of Cultural Safety When Caring for Indigenous Women and Families. What We Learned, Lucy Barney & Tatiana Popovitskaia  | 12:10 pm<br><br>Appreciation & Reflection<br><br>Julie Hamilton, Master of Ceremony, Elder Glida Morgan, Tla'amin First Nation & Dr. Elder Roberta Price, Coast Salish Snuneymuxw and Cowichan Nations  |
| Track C: | Walking Shoulder to Shoulder<br><br>Integrating Body & Mind through Movement, Caroline MacGillivray<br><br>Developing a Housing Framework for Pregnant and Parenting Women in Recovery: Approach and Preliminary Findings, Tracy Byrne<br><br>Healthy Care Pregnancy Program: Pilot Developments and Key Learnings, Andrea Grady & Heather Cameron | 12:30 pm LUNCH BREAK<br><br>1:00 pm Afternoon Workshops Sessions<br><br>Perinatal Alcohol Use – Updates on Research, Support Approaches and Women's Perspectives on Reducing Stigma, Heather Cameron, Lindsay Wolfson, Janet Christie, and Nancy Poole<br><br>Indigenous Cultural Safety for Birth Workers, Brooke Bobb-Reid, Corina Bye, Jacquie Snelling-Welsh, Marnie Turner, Simone Blais, Stacey Williams<br><br>Spirit of Motivational Interviewing, Stacey Boon<br><br>2:30 pm End of Conference Day 1 |

## DAY 2 February 10<sup>th</sup>, 2022

|          |  |  |
|----------|--|--|
| 9:00 am  | Welcome and Provincial Land Acknowledgement<br><br>Julie Hamilton, Master of Ceremony  | Track A: Leading the Way<br><br>iOAT-APP Study (Injectable Opioid Agonist Therapy in a Pregnant or Perinatal Population), Dr. Charissa Patricelli & Nicole Carter  |
| 9:10 am  | Elders' Opening Blessings<br><br>Elder Glida Morgan, Tla'amin First Nation & Dr. Elder Roberta Price, Coast Salish Snuneymuxw and Cowichan Nations                 | Opioid Agonist Treatment Engagement and Maternal Health Outcomes After Delivery Among Women with Opioid Use Disorder in British Columbia from 2000 to 2018, Micah Piske  |
| 9:25 am  | Provincial Perinatal Substance Use Program Updates – Journey to the Vision<br><br>Pamela Joshi, Program Director, Provincial Perinatal Substance Use Program, BCWH | An Overview of Opioid Use Disorder in Pregnancy, Dr. Cheryl Glascoyne  |
| 9:40 am  | Keynote Presentation – Indigenous Cultural Safety: A Lifelong Journey of Learning<br><br>Harley Eagle, Indigenous Cultural Safety Consultant                       | Track B: Celebrating the Journey<br><br>Utilizing Indigenous Methodologies in Facilitating Cultural Safety, Brenda Crabtree, Caylee Raber, Connie Watts, Elder Darlene McIntosh, Jean Chisholm, Marlene Erickson, Nadia Beyzae, Nicole Preissl, Sari Raber, Violet Martin, Zoe Laycock |
| 10:40 am | WELLNESS BREAK, STRETCH AND FIND YOUR SESSION  |  |
| 10:50 am | Concurrent Presentations Sessions  |  |

|          |   |          |   |
|----------|---|----------|---|
| Track C: | Walking Shoulder to Shoulder  | 11:50 am | Appreciation & Reflections  |
|          | Women and Cannabis – Learning as we Go, Ella Huber, Julie Stinson, Lindsay Wolfson  |          | Julie Hamilton, Master of Ceremony, Elder Glida Morgan, Tla'amin First Nation & Dr. Elder Roberta Price, Coast Salish Snuneymuxw and Cowichan Nations   |
|          | "They went down that road, and they get it": A Qualitative Study of Peer-to-Peer Models of Care Within Perinatal Substance Use Programs , Ainslie Cook                                | 12:15 pm | LUNCH BREAK   |
|          | A Collaborative Approach to Care and Child Welfare for Perinatal Patients Who Use Substances, Alison Grundle, Christene Buchanan, Jillian Richman, Sukhvinder Dosanjh,                | 1:00 pm  | Afternoon Workshops Sessions<br><br>Creating Community. Peer Support and Perinatal Substance Use, Cheryl Woods, Hawkfeather Peterson, Heather Spence, Keri Guelke   |
| Track D: | Listening With an Open Heart and an Open Mind   |          | Keepers of Community and Family Health: Lessons from the Matriarchs and Knowledge Keepers Advisory Council, Danette Jubinville, Jessy Dame, Keisha Charnley Miranda Kelly, Nicole Cardinal, Olivia Louie, Elder Dr. Roberta Price |
|          | Reclaiming the Power of Birth: Indigenous-Led Prenatal Education for Enhancing Perinatal Health, Danette Jubinville, Keisha Charnley, Miranda Kelly, Olivia Louie                     |          | Co-Creating Evidence: Highlights of a National Multi-Site Evaluation of Wraparound Programs for Pregnant and Parenting Women with Substance Use and Complex Concerns, Carol Hubberstay, Deborah Rutman, Marilyn Van Bibber        |
|          | Key Learnings: Implementing Eat, Sleep Console in a Large Health Authority, Sarah Kaufman, Sarah Rourke, Jennifer Rasmussen   |          | Eat, Sleep Console Workshop, Jola Berkman   |
|          | Eat, Sleep, Console: A Quality Improvement Initiative to Improve the Care of Opioid Exposed Newborns at Victoria General Hospital, Dr. Marie-Noelle Trottier-Boucher, Dr. Ricki Hagen | 2:30 pm  | End of Day 2 and Conference   |

## APPENDIX B: Resources



### Resources developed by the Provincial Perinatal Substance Use Program

- [Perinatal Substance Use Webpage](#)
- [Provincial Blueprint for a Perinatal Substance Use Continuum of Care](#)
- [Elders Visioning Perinatal Substance Use Toolkit](#)
- [Rooming-In Guideline for Perinatal Women Using Substances](#)
- [FIR Model of Care](#)

### Online Training developed by the Provincial Perinatal Substance Use Program

- [SafeCare \(Provincial Perinatal Substance Use\)](#)
- [UBC CPD eLearning Perinatal Substance Use](#)

### Policy Resources that Guide the Program's Work

- [Sacred and Strong – Upholding Our Matriarchal Roles: The Health and Wellness Journeys of First Nations Women and Girls Living in BC](#)
- [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. V.1a](#)
- [Honouring Indigenous Women's and Families' Pregnancy Journeys: A Practice Resource to Support Improved Perinatal Care Created by Aunties, Mothers, Grandmothers, Sisters, and Daughters](#)
- [Truth & Reconciliation Commission of Canada: Calls to Action](#)
- [In Plain Sight Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care: Data Report. Addressing Racism Review](#)
- [United Nations Declaration on the Rights of Indigenous Peoples](#)

### Resources Provided by Conference Speakers

- [BC Doulas for Aboriginal Families Resources](#)
- [Oak Tree Clinic Provincial HIV / AIDS Resources](#)
- [Parents Advocating Collectively for Kin \(PACK\) Website](#)
- [Care of the Newborn Exposed to Substances during Pregnancy Practice Resource for Health Care Providers](#)
- [Spirit of Motivational Interviewing for Health Care Professionals](#)
- [Spirit of Motivational Interviewing for Leaders](#)
- [Co-Creating Evidence Evaluation Report: Stories and Outcomes of Wraparound Programs Reaching Pregnant and Parenting Women at Risk](#)
- [Mothering and opioids: Addressing Stigma and Acting Collaboratively](#)

