



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

Report of Proceedings



HOSTED BY:

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



MENTAL HEALTH
AND SUBSTANCE USE
PROGRAMS + INITIATIVES

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Land Acknowledgement

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.



Delegates shared words describing the lands where they live and work.

PPSUP 2024 Conference Recognitions

Elders

Elder Glida Morgan, *Tla'amin First Nation*

Elder Mary Point, *Musqueam First Nation*

Sponsors

Cheryl Davies, *Chief Operating Officer, BCWH*

Darci Skiber, *Executive Director, MHSU Programs + Initiatives, BCWH*

Dr. Annabel Mead, *Senior Medical Director, MHSU Programs + Initiatives, BCWH*

BC Women's MHSU Programs + Initiatives Conference Committee

Theresa Aeichele, *Program Coordinator*

Núria Chapinal, *Senior Project Manager*

Akash Charna, *Program Coordinator*

Melissa Dreyer, *Peer Engagement Leader*

Sonya Haller, *Administrative Coordinator*

Ashlee Jubb, *Patient and Family Advisor*

Valerie Marshall, *Project Manager*

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Felisha Segovia Quiroz, *Patient and Family Advisor*

Eva Sullivan, *Knowledge Exchange Leader*

Ashley Zaworski, *Patient and Family Advisor*

Appreciations

Brad Leitch, *Media Production & Services, CWBC*

Michelle Buchholz, *Cassyex Consulting*

Venue West Conference Services





PROVINCIAL PERINATAL SUBSTANCE USE CONFERENCE 2024

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

EXECUTIVE SUMMARY

Background

The Provincial Perinatal Substance Use Program (PPSUP), part of BC Women's Hospital + Health Centre, provides leadership to transform perinatal substance use services in order to improve health and social outcomes for birthers affected by substance use and their families. Funded by the BC Ministry of Health the program aims to enhance access to the perinatal substance use continuum of care through the expansion of culturally safe, evidence-based services and supports.

Provincial Perinatal Substance Use Conference

The annual Provincial Perinatal Substance Use Conference brought together healthcare professionals, community-based organisations, academics, and people with lived and living experience to explore innovative care approaches for individuals affected by substance use during the perinatal period. This year's conference, themed "Connecting the Dots through Innovative Care Approaches Across the Perinatal Substance Use Continuum," emphasized the importance of collaboration, integration of services, and systemic change to improve health and social outcomes for women and families impacted by substance use.

Conference Goals:

- 1. Connect Services and Communities:** The conference highlighted the importance of connecting healthcare programs, services, and communities across the province to better support women and families through the perinatal period, with a focus on improving care across the substance use continuum.
- 2. Destigmatize and Decolonize Care:** A key objective was to challenge the stigma surrounding substance use, and promote culturally safe, trauma-informed care approaches. Participants discussed what it means to decolonize care through the integration of ceremony and Indigenous birth work practices.
- 3. Promote Evidence-Based and Collaborative Practices:** Participants explored new and emerging evidence for best-practice models of care.
- 4. Advocate for Systemic Change:** The conference underscored the importance of addressing systemic inequities in healthcare, with a focus on decolonizing systems, dismantling harmful structures, and advocating for justice and equity in perinatal substance use care.



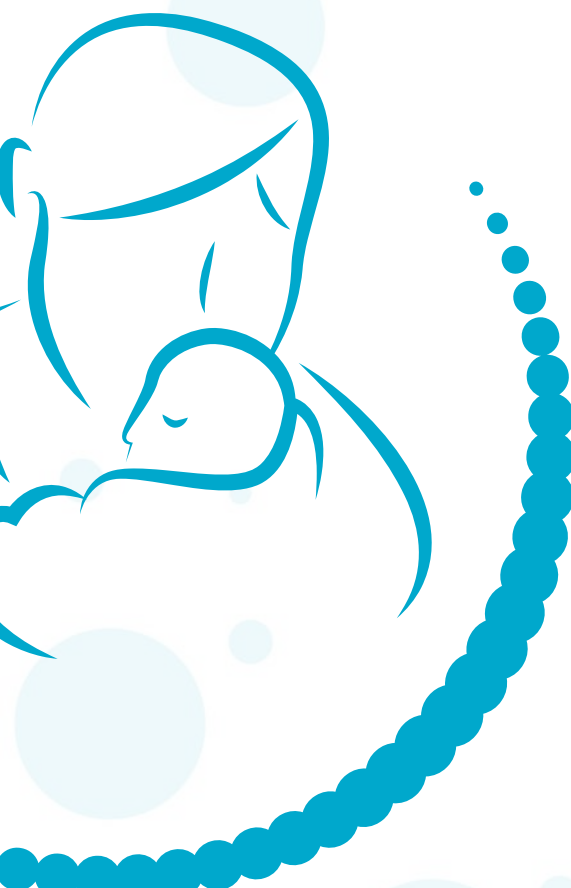


PROVINCIAL PERINATAL SUBSTANCE USE CONFERENCE 2024

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

EXECUTIVE SUMMARY

Key Highlights:



Keynote Presentations: Dr. Sharon Vipler spoke about the importance of embracing the subjectivity in healthcare provision and focusing on providing compassionate, trauma-informed care. Dr. Sana Shahram discussed the complexities of equity work, critiquing the over-reliance on good intentions and advocating for dismantling oppressive systems in healthcare. David Granirer, founder of Stand Up for Mental Health™, highlighted the importance of humour in destigmatizing mental health.

Workshops: Sessions included topics such as integrating cultural practices into healthcare, managing withdrawal symptoms in pregnancy, and advancing gender-responsive care models.

Indigenous Perspectives and Elder Involvement: Indigenous-led organisations shared wisdom and learnings from cultural approaches to care. Elder Mary Point, Elder Glida Morgan, and Jade Morgan provided grounding reflections and blessings, fostering a sense of community and shared responsibility for the work ahead.

Social and Community Advocacy: Sessions highlighted different ways to advocate for system change and challenge social inequities, including through arts-based and community activism.

Conclusion:

The Provincial Perinatal Substance Use Conference successfully created a platform for knowledge sharing, collaboration, and advocacy, with a focus on transforming the perinatal substance use continuum of care. Through dynamic keynote speakers, innovative workshops, and powerful community engagement, the conference emphasized the need for culturally safe, trauma-informed, and equity-focused care. Participants left inspired and equipped with practical tools to drive systemic change, improve perinatal health outcomes, and support women, families, and communities in a meaningful way.

Coming Together Through Art

Over the course of the three-day conference, delegates united in a collaborative effort to contribute to the Paintillo paint-by-numbers mural. Created by a local artist, the mural symbolized key themes of community, growth, hope, and new beginnings—values that are central to improving the perinatal mental health and substance use continuum of care.



BC Women's Mental Health and Substance Use Programs + Initiatives are currently in the planning stage of a new stabilization unit that will provide essential acute mental health inpatient services and care for the perinatal population. The completed mural will be the first artwork displayed in the new unit once it is finished. A heartfelt thank you to everyone who contributed their positive energy and efforts to the creation of this mural!



The design, titled “Mama Bear”, was created by a local artist, Bada Jean, who shared the following description of the image:

“In this artwork, you see four pregnant mama bears. I wanted to appreciate the beauty of motherhood. In each image, you see symbols - flower, moon, sun and heart. Each of these were carefully chosen to represent womanhood and motherhood. The flower is to represent the gentle feminine energy we all hold. The moon represents the woman's connection to the moon and sacred moon

time in my Nehiyaw (Cree) culture. The sun represents life and our energy we get from the sun to grow and raise our babies. The sun also rises everyday which represents another opportunity for a new start for us. The heart represents love, which is something we can find within family, friends, and community. The first love we receive is from our mother when we are in her tummy.”

DAY 1

OCTOBER 28, 2024

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



Elder Mary Point from the Musqueam First Nation welcomed attendees, and shared her reflections on her family's connection to the Musqueam territory. She shared personal experiences including the impact of the residential school system on her community, and called for collaboration to address injustices, particularly through cultural revitalization and commitment towards the Truth and Reconciliation Commission's Calls to Action. Elder Mary invited everyone to join in a traditional Musqueam song to honor these efforts.

Elder Glida Morgan and her daughter Jade Morgan, from the Tla'amin First Nation, provided opening remarks. Elder Glida shared a personal story about creating a healing ceremony for her daughter and called for kindness, love, and connection in the community's work. She offered blessings to conference participants through singing and dedicated the lullaby to children, both present and in spirit.

Darci Skiber, Executive Director of BC Women's Mental Health and Substance Use Programs, followed with gratitude for the Elders, the planning committee, and attendees. She discussed reflections on her leadership role and encouraged participants to engage with open hearts and minds. She encouraged participants to connect one dot in their work to create meaningful change.

As delegates came together over the three days of the conference, we are reminded of one of the six teachings gifted by Coast Salish Knowledge Keeper, Shane Pointe:

Whax hooks in shqwalowin

"Open your hearts and your minds to what is being taught to you. When you are open you are able to do your best."

The PPSUP conference endeavored to create a space where people with different experiences and perspectives could come together to share their knowledge and learn with open hearts and minds.

DAY 1

OCTOBER 28, 2024

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

Keynote: *What We Bring – Examining What We as Care Providers Bring With Us into Our Clinical Spaces* - Dr. Sharon Vipler



Dr. Sharon Vipler opened her presentation by addressing the central theme: the myth of objectivity in medicine. She discussed how the ideal of being a “neutral, objective” physician is unrealistic and how embracing this discomfort can improve care. Drawing on her experience as a family physician and addiction medicine specialist, she shared how her initial encounters with patients in addiction settings often led to frustration when patients were labeled as “difficult” or “not ready for change.”

A turning point came when she took a trauma-informed care course, which emphasized the importance of recognizing the prevalence of trauma, how it affects patients, and how to create safe spaces for care. She explained that trauma-informed care helped her approach patients with curiosity and kindness, rather than reacting personally to their behavior. This shift in perspective also helped her manage difficult interpersonal interactions with colleagues, as she learned to apply the same curiosity and kindness to their struggles.

Dr. Vipler reflected on the concept of identity, particularly in the context of her medical training. A leadership coach helped her realize that her identity was too tied to being a doctor, which led to challenges when her professional identity was questioned or threatened. She also explored the emotional and psychological toll that medical professionals experience, including “micro-threats” to their identity that occur in everyday interactions, such as dealing with patients who decline care or who don’t conform to expectations. She also discussed how personal biases and cultural identity can influence how healthcare providers interact with patients, acknowledging her own internalized biases and how they shaped her early interactions with patients. She emphasized the importance of recognizing these biases and being self-reflective to provide better care.

Dr. Vipler further explored the complexities of medical decision-making, especially in the face of uncertain or contested issues, such as the prescription of safe supply for people with substance use disorders. She noted how healthcare providers are often forced to choose sides, which can become enmeshed with their professional identity, leading to internal conflicts. Her message was clear: in medicine, multiple truths can coexist, and it’s important to remain open, curious, and critical in the face of uncertainty.

In closing, Dr. Vipler reiterated her core message: when we feel uncomfortable or challenged, lean into that discomfort with curiosity and kindness. She encouraged the audience to continue questioning, evolving, and be a Truth Seeker.

DAY 1

OCTOBER 28, 2024

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

On Day 1, the conference was structured around two distinct streams that delegates could choose to attend: 1. Community and Two-Eyed Approaches to Care and 2. Direct Care, each offering unique perspectives and insights on supporting perinatal substance use populations.

Community and Two-Eyed Approaches to Care

The morning sessions of the conference focused on decolonizing healthcare, providing culturally safe care, and emphasizing the importance of community-based support in addressing substance use and homelessness. Key presentations included Lisa Smith's exploration of decolonizing healthcare for Indigenous communities, Hajar Masoud highlighted the challenges pregnant women face in Vancouver's Downtown Eastside, advocating for a "Housing First" approach and culturally informed housing solutions. Adria Pritchard shared the success of Union Gospel Mission's Sanctuary Program, focusing on peer support and wrap-around care for women in recovery.

In the afternoon, discussions continued on the integration of Indigenous perspectives into healthcare, particularly through Indigenous birth work and doula programs. Marissa Jim and Karina Bai emphasized the importance of relationship-building and cultural protocols in perinatal care. Katherine Bartel's work at Surrey Memorial Hospital showcased efforts to bridge cultural gaps and create safer birthing environments for Indigenous families. The Sheway Indigenous Cultural Support Program demonstrated the power of integrating cultural activities into healthcare to foster healing. Dr. Amanda Lee's research on overdose response hotlines and mobile services underscored the critical need for tailored harm reduction services for women and gender-diverse individuals.

Direct Care

The Direct Care stream morning sessions focused on innovative, trauma-informed care models aimed at improving outcomes for infants and families affected by substance use during pregnancy. Lisa Bakker and Emily Van Waes presented the success of the Eat Sleep Console (ESC) care model at Nanaimo Regional General Hospital (RGH), which keeps parent-infant dyads together, reduces NICU admissions and morphine use, while addressing challenges like fluctuating drug supplies. Dr. Osnat Wine and Dr. Vera Caine discussed the barriers and facilitators to implementing family-centered care in acute settings in Alberta, emphasizing the need for education to support rooming-in for infants at risk of Neonatal Abstinence Syndrome (NAS). Jennifer Rasmussen and Karen Pike explored the complexities of infant feeding for peripartum individuals using unregulated substances, stressing the importance of trauma-informed care, evidence-based practices, and further research on drug contamination in breast milk. Tina Sangha and Jennifer Rasmussen critically examined the use of urine drug testing (UDT) in perinatal care, highlighting how it can perpetuate stigma and bias, especially toward marginalized communities, and called for more equitable practices in UDT.

DAY 1

OCTOBER 28, 2024

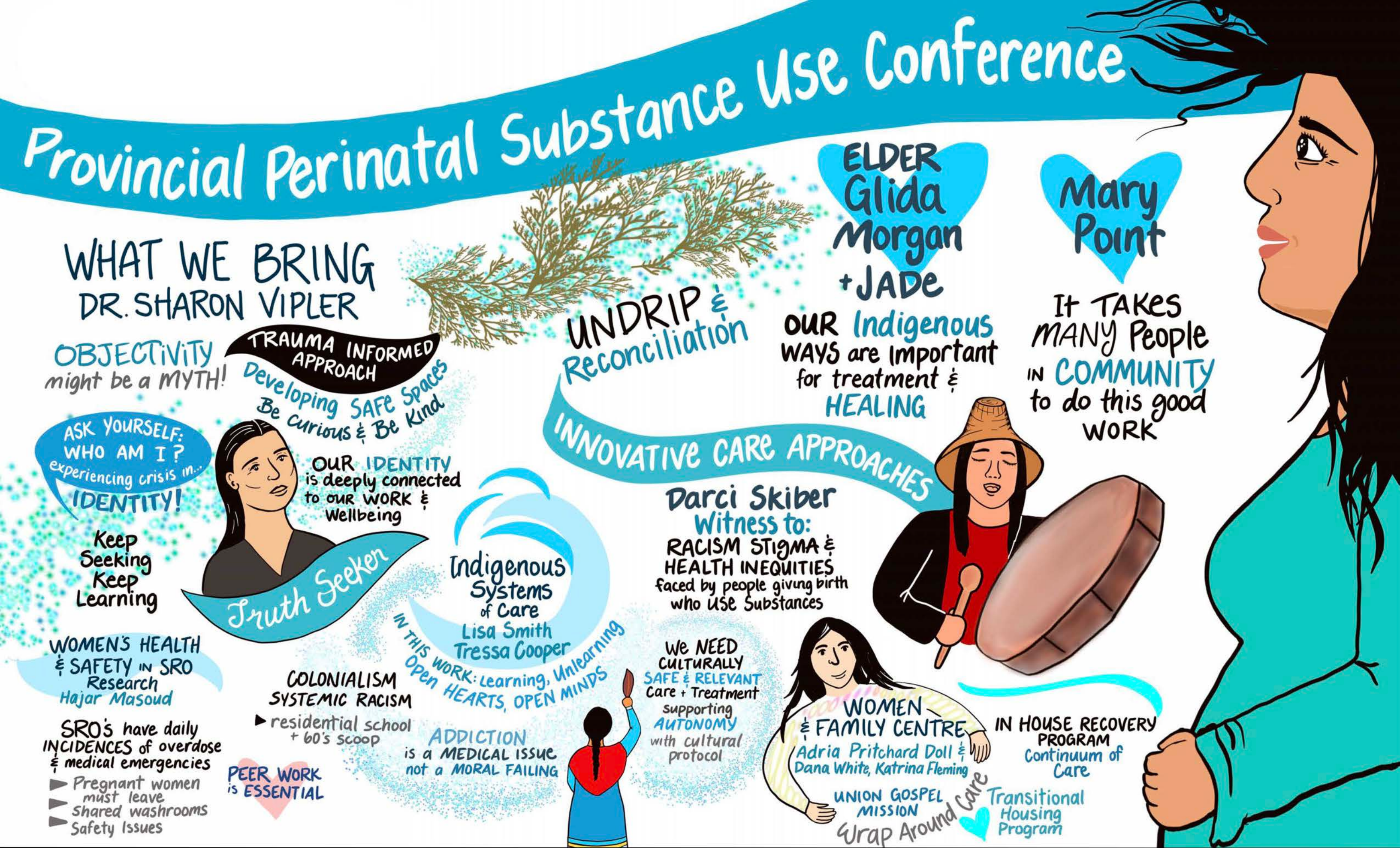
CONNECTING THE DOTS THROUGH INNOVATIVE CARE APPROACHES ACROSS THE PERINATAL SUBSTANCE USE CONTINUUM

In the afternoon, Shannon Leonard and Colleen Lum discussed their work at the Families in Recovery (FIR) Program at BC Women's Hospital, focusing on opioid and benzodiazepine withdrawal in pregnant individuals and the development of protocols to manage withdrawal emergencies. Lindsay Wolfson and Dr. Nancy Poole discussed the importance of multi-disciplinary, collaborative care models for women and gender-diverse individuals using substances during pregnancy. Dr. Emma Crowley introduced a virtual clinic for managing perinatal substance use in Northern Health. Dr. Jennifer Clune explored the ethical and clinical complexities of treating concurrent mental health and substance use disorders in the perinatal period, using case studies to illustrate the need for integrated, compassionate care to improve outcomes for both patients and their babies.

Connecting the Dots and Closing Remarks



In closing, Michelle Buchholz shared insights into her artistic process as a graphic recorder. The topics and themes of Day 1 of the 2024 PPSUP conference are captured on pages 12-13. The session concluded with a blessing from Elder Glida, who expressed gratitude, shared a song of love and connection, and encouraged peace for all attendees.



Provincial Perinatal Substance Use Conference

WHAT WE BRING
DR. SHARON VIPLER

OBJECTIVITY
might be a MYTH!

TRAUMA INFORMED
APPROACH
Developing SAFE Spaces
Be Curious & Be Kind

ASK YOURSELF:
WHO AM I?
experiencing crisis in...
IDENTITY!

Keep
Seeking
Keep
Learning



Truth Seeker

OUR IDENTITY
is deeply connected
to our WORK &
Wellbeing

WOMEN'S HEALTH
& SAFETY IN SRO
Research
Hajar Masoud

SRO's have daily
INCIDENCES of overdose
& medical emergencies
► Pregnant women
must leave
Shared washrooms
Safety Issues

PEER WORK
is ESSENTIAL

COLONIALISM
SYSTEMIC RACISM
► residential school
+ 60's scoop

ADDICTION
is a MEDICAL ISSUE
not a MORAL FAILING

Indigenous
Systems
of Care
Lisa Smith
Tressa Cooper

IN THIS WORK: Learning, Unlearning
Open HEARTS, OPEN MINDS



UND RIP &
Reconciliation

INNOVATIVE CARE APPROACHES

ELDER
Glida
Morgan
+ JADE

OUR Indigenous
WAYS are Important
for treatment &
HEALING

Mary
Point

It TAKES
MANY People
IN COMMUNITY
to do this good
WORK



Darci Skiber
Witness to:
RACISM STIGMA &
HEALTH INEQUITIES
faced by people giving birth
who USE Substances

We NEED
CULTURALLY
SAFE & RELEVANT
Care + Treatment
supporting
AUTONOMY
with cultural
protocol

WOMEN
& FAMILY CENTRE
Adria Pritchard Doll &
Dana White, Katrina Fleming

UNION GOSPEL
MISSION
Wrap Around Care

IN HOUSE RECOVERY
PROGRAM
Continuum of
Care

Transitional
Housing
Program



Provincial Perinatal Substance Use Conference

SHEWAY
Indigenous Cultural Support
Claudia Kobetitch

Indigenous
CULTURAL
Supports

Cultural
Activities

ELDER
Visits

PROGRAM
EVALUATION

Community
Kitchen

BABY
Welcoming
Ceremony

Making Lasting
Connections and
Saving Lives!



CONNECTING the DOTS
through
INNOVATIVE
Care Approaches



**BENZODIAZAPINE
WITHDRAWAL PROTOCOLS
& EDUCATIONAL IMPERATIVES**
Shannon Leonard & Colleen Lum

Perceptions of Overdose
Response HOTLINES + PHONE
Application Services among
Women & Gender Diverse Individuals
Amanda Lee



VIEWED AS A
SAFER
alternative

PRIVACY
online,
more
Accessible

N.O.R.S.
Brave App
Never Use Alone

X criminalization
is a barrier... X

Compassion
for each Person

COLLABORATIVE
PRACTICE & TOOLS TO
SUPPORT YOUR WORK
Dr. Nancy Poole & Lindsay Wolfson

PROVIDE
essential
Medications

**MANAGING
Seizures**
- communication
& education around
benzo withdrawal
seizures
during pregnancy

MOCK CODE
Blue / Pink
ON
FIR
helpful for
NURSES

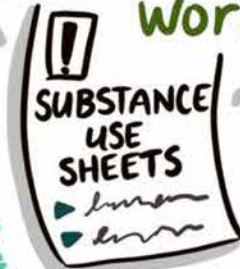
comfortable
+ fun learning

Barbie
simulation



Case Study:
what to do? Timing
is key!

Helpful for...
**CHILD WELFARE
Workers**



THIS Course
is for EVERYONE
online, FREE

Brief Intervention
HOLD a COMPLEXITY of
ISSUES + can be lead by
people in various roles

HARM Reduction
is ESSENTIAL part of
programming

LIVED
EXPERIENCE
SAFETY

TRUST

cross
system

Spectrum of
Readiness for change
amongst Patients



DAY 2

OCTOBER 29, 2024

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

On Day 2 of the conference, Elder Glida Morgan and Jade Morgan from the Tla'amin First Nation offered heartfelt welcome and gratitude for everyone coming together. Elder Glida spoke of the importance of honoring their ancestors and shared her personal journey of substance use recovery, describing it as a day-by-day process. She encouraged everyone to remain open, listen, and engage with the teachings shared throughout the day.

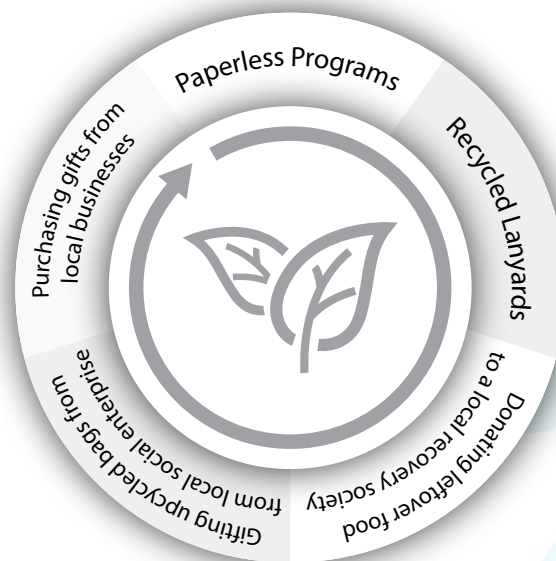
Cheryl Davies, Chief Operating Officer of BC Women's Hospital + Health Centre, welcomed the attendees and acknowledged the contributions of the Elders. She reflected on the restorative power of the event, highlighting the challenges of the world today and the importance of unity and interconnectedness. Quoting Elder Shane Point, she reminded the audience that "we are one" through our shared connections to the land and each other.



Commitment to Sustainability

The Provincial Perinatal Substance Use Conference 2024 was dedicated to minimizing waste and promoting sustainability by sourcing locally whenever possible. Our efforts to reduce environmental impact included:

These initiatives reflect our commitment to fostering a sustainable and responsible event, while supporting the local community and reducing our ecological footprint.



DAY 2

OCTOBER 29, 2024

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

Keynote: *Equity Science and Perinatal Substance Use: Opportunities and Risks* - Dr. Sana Shahram



In her keynote, Sana Shahram discussed the inherent complexities and uncomfortable truths within equity work, particularly in the context of First Nations' rights in B.C. She began by emphasizing the importance of truth-telling in land acknowledgements, noting that they are not just formalities but reminders of the messy, uncomfortable truths we must face together. She explained that the challenge of equity work arises from society's limited capacity for confronting these truths, and that addressing systemic power imbalances is essential to making progress.

Sana introduced the concept of "What's the Water?"—a parable illustrating how power operates invisibly in society, much like the water we swim in, with some more attuned to seeing the waves of inequity than others. She linked equity to power, explaining that most people are unaware of the unearned advantages or disadvantages they hold due to systemic structures. This power shapes people's opportunities, access, and outcomes, often in ways that are unspoken or invisible.

Sana addressed the over-reliance on good intentions in equity work, pointing out that impact matters more than intention. She discussed the "equity gap" where health inequities exist in predictable, avoidable, and unfair ways due to unequal distribution of resources and opportunities. The assumption that everyone has the same understanding of fairness complicates the work of equity, as societies often fail to acknowledge how power distorts what is seen as fair and just.

Sana challenged the audience to think critically about the systems of oppression that underpin everyday life, including settler colonialism, capitalism, and neoliberalism. She cited examples such as safe consumption sites and systemic barriers to health care as manifestations of power imbalances and privilege. She critiqued how power shapes policies and conversations around issues like homelessness, healthcare, and systemic racism. She argued that addressing these inequities requires recognizing that these systems are not neutral but intentionally designed to benefit some and harm others.

Sana also examined Indigenous rights, urging the audience to understand them as collective responsibilities, not just individual entitlements. She highlighted the harm caused by settler colonialism and policies like the Indian Act, which continue to destabilize Indigenous communities and erode their power. She called for decolonizing health systems by incorporating Indigenous knowledge, prioritizing the wisdom of Elders and Matriarchs, and moving away from Eurocentric models of care.

Concluding her keynote, Sana urged the audience to focus on systems rather than individuals, stressing that equity work requires dismantling oppressive structures, not just changing behaviors. She emphasized the need for a collective commitment to justice, calling for action in the fight for justice rather than neutrality, and reminding everyone that true equity work is an ongoing, unfinished effort.

DAY 2

OCTOBER 29, 2024

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

On Day 2 of the conference, delegates had the opportunity to choose between two streams: 1. Evaluating & Transforming Systems of Care, which explored critical issues around substance use, pregnancy, and healthcare reform, and 2. Clinical Tools, Guidelines, and Resources, which focused on strategies to improve perinatal care for individuals with substance use disorders through education, data integration, and equity-oriented approaches.

Evaluating & Transforming Systems of Care

The first workshop, led by Robin Janes and a panel of professionals and individuals with lived experience, focused on the intersection of substance use, pregnancy, and healthcare. Key themes included the trauma and stigma faced by pregnant individuals who use substances, especially within punitive healthcare practices like birth alerts. The session emphasized the need for compassionate, stigma-free care and the use of Motivational Interviewing (MI) to encourage non-judgmental communication.

In the second workshop, Jennifer Scott, Sherry Sherpa, and Catherine Higgins from the Yu Be-Yah Clinic presented their innovative perinatal care program for Indigenous women and families in Prince George, BC. The clinic provides culturally safe, patient-centered care, offering services like prenatal care, mental health support, harm reduction, and postpartum counseling. The session highlighted the clinic's efforts to reduce accessibility barriers by offering drop-in services and on-site prenatal testing in a judgment-free environment. The clinic also focuses on continuity of care and advocates for policy changes to protect family rights and reduce unnecessary child removals.

The final workshop, led by Kat Wahamaa, explored the power of music and arts in social change, using her musical project Precarious as a case study. The project highlights the social, economic, and political vulnerability faced by marginalized communities. Participants learned how music can amplify marginalized voices, promote empathy, and drive social transformation. The session offered practical tools for using art in advocacy and community work, concluding with a call to use creativity to dismantle inequality and empower silenced voices.

DAY 2

OCTOBER 29, 2024

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

Clinical Tools, Guidelines, and Resources

The morning sessions began with Ivy Parsons and Dr. Kristen Gulbransen, who led an interactive, evidence-based session about enhancing provider knowledge of perinatal substance use.

Elaine Yanxi Chen and Dr. Ellen Giesbrecht presented on the integration of data to track perinatal substance use and maternal mortality. They demonstrated how combining multiple data sources can identify early intervention opportunities and advocated for data-driven guidelines to reduce maternal deaths related to substance use.

Nirupa Goel and Dr. Eric Cattoni spoke about patient-centered, harm reduction approaches for managing alcohol use during pregnancy, highlighting resources such as www.helpwithdrinking.ca. They provided clinical tools and patient-facing materials to support primary care providers in addressing alcohol use without stigma.

Colleen Varcoe's workshop focused on advancing equity-oriented healthcare by addressing the impact of systemic factors and highlighted tools from the EQUIP Health Care program.

In the final workshop, led by Dr. Kate Bodkin, Dr. Vanessa Paquette, Dr. Carolyn Marchand, Dr. Eric Cattoni & Nicole Carter, the presenters discussed improving maternal and fetal health outcomes for individuals with substance use disorders during pregnancy, despite limited research. The session included interactive case studies on opioid agonist therapy (OAT), breastfeeding with ongoing substance use, and managing alcohol use disorder.

Connecting the Dots and Closing Remarks

At the close of Day 2 of the conference, Michelle Buchholz summarized some of the key topics and themes that emerged throughout the day. These insights are visually captured through the graphic recordings on pages 18-19.

In the closing remarks of Day 2, Elder Glida Morgan and Jade Morgan expressed heartfelt gratitude for the day's events, acknowledging the impact of the inspiring presentations, particularly one focused on "facing messy truths." Elder Glida reflected on the significance of circles, both literal and metaphorical, as symbols of community and connection. She encouraged everyone to care for themselves, to walk forward in a good way, and to support one another in both body and spirit. The day concluded with a drumming and singing ceremony, offering a peaceful and loving closure to the conference.

TRC CALLS to ACTION

- Child Welfare
- Education
- Health
- Justice

CHERYL Davies
COO
BC Women's Hospital

Be Truth Seekers & Remain

Open Minded

Join our Services
+ Reduce Stigma

What are OUR understandings of JUSTICE?

There is often more focus ON FAIRNESS than OUTCOMES

POWER AND Privilege

SHAPES what IS AVAILABLE to US... who has right to CARE, has access to HUMAN Rights, etc...

EQUITY SCRAMBLE 2020
28 Million Black Boxes

THERE ARE RISKS: Tokenism Misappropriation

DOUBLE Standards + Hypocrisy

SYSTEMS of IDEAS

shapes who HOLDS POWER

Colonialism + systematic oppression of Indigenous Women

"Always Remember the ANCESTORS"

- Elder Glida MORGAN + JADE

Give Space

Having Conversations

ROBIN Janes, CATHY Werts
ANGELA Hughs, Dr. HEATHER McEwen

WHAT BIRTHEES go through will stay with them for the REST of their Lives...

"Remove MY CHILD OR go to Treatment"

change how we treat people

"WOMEN SELF STIGMATIZE" ask what we need...

Life & Services are very Different away from the Big cities

PERINATAL JOURNEY

MY CHILDREN were taken AWAY and I never got them BACK

"These WOMEN deserve LOVE and CARE"

Stigma and Judgement while on OAT

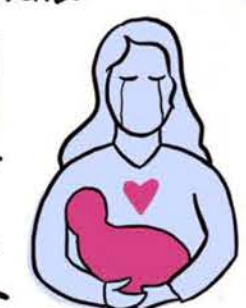
MY ACTIONS scrutinized & behaviour is WATCHED

SUBSTANCE USE isn't a REASON for REPORTING
"Birth Alerts" no longer in practice.

Still a long ROAD AHEAD

"The Ground of Neutrality is marred by OPPRESSION"
- DR. Sana S.

Connecting the DOTS



Precarious

Kat Wahamad

PEER Projects+ Advocacy

ART for Social Change

create ART

THEATRE Production

HISTORY of Prohibition

Tableau

POSITIVE



Resistance Quilt

creative ways to talk about

SAFE SUPPLY & Harm Reduction

USING DATA YOU DON'T HAVE

Bodkin, Paquette, Carter Marchand & Cattoni

HIGH MORTALITY rate of PATIENTS with SUD



LACK of ROBUST DATA

- LACK of Safety Info
- Exclusion from Clinical Trials
- Funding Limitations

Limitations on SAFE Supply & what can be prescribed with OAT

- Rapidly Changing & toxic drug Supply

There is NOT ENOUGH infrastructure to SUPPORT SAFE SUPPLY & OAT in BC

When someone is 'OVER SEDATED' they need MORE OAT not less...

Need MORE UNDERSTANDING of stimulants & current drug supply...

SHOW CARE!

Pharmacists are HELPFUL in understand titration & drug effects

NO HARM



Yu Be-yah Clinic

MEDICINE House

VACCINES OAT Services

Addiction Counselling
Healthy Mmm checks

Uskiyaz Whulheh
Uhoonti - Dakelh
Jennifer Scott, Catherine Higgins
Sherry Sherba
Carrier Sekani Family Services

- Harmony House
- Heartwood
- Fir Square
- FNHA

Patient Consent & Choice

SECTION 96 FORM: struck down by BC Appeals Court

Prescribe SAFE SUPPLY



DAY 3

OCTOBER 30, 2024

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



Elder Glida Morgan and Jade Morgan welcomed participants with a grounding check-in, highlighting the rattle as a symbol of love and new life. Elder Glida expressed gratitude, honored missing and murdered Indigenous peoples, and led a healing song, offering blessings for peace and strength in the work ahead.

On the final day of the conference, participants engaged in thought-provoking sessions that focused on systemic inequities, decolonization, and the transformative power of humor in mental health.

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

Sana Shahram, Logan Burd, and Lisa Knox



This workshop focused on introducing the Systematic Equity Action (SEA) framework, a tool designed to help participants critically analyze and address equity issues, particularly around the concept of motherhood, within media and societal systems. The SEA framework was presented as a comprehensive tool for analyzing and addressing systemic inequities at their root causes. Built on years of expert dialogue and evidence, the session aimed to inspire participants to consider how they can apply the framework in their own work.

Worldview

Participants reflected on how media and societal portrayals of mothers influence public perceptions and power dynamics, particularly regarding mothers who use substances.

Coherence

The workshop explored how societal systems, including policies and media, reinforce negative stereotypes about motherhood, especially for mothers who use substances.

Potential

Participants considered the long-term impacts of decisions made for mothers, emphasizing the importance of viewing these decisions through an equity lens that supports both mothers and children.

Accountability

The group reflected on who holds power in decisions affecting mothers, particularly in contexts like child apprehension, birth alerts, and the involvement of child protection services.

The workshop also applied the SEA framework to policies like birth alerts and child apprehension, critiquing how these policies reflect colonial worldviews and disproportionately harm Indigenous mothers. The session concluded by redefining mothering as an act of care and mutual support, not limited to biological relationships, and emphasized the need to view mothering as a broader, nurturing role that extends beyond biological ties.

DAY 3

OCTOBER 30, 2024

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

Workshop: Getting to the Root of Things: Maintaining Systemic Perspectives in Frontline Social Work Practice - Meenakshi Mannoe



Meenakshi Mannoe's workshop focused on the intersection of colonialism, systemic oppression, and social work. As a racialized settler, Meenakshi reflected on the importance of personal accountability in decolonizing both oneself and social work practices. She discussed how crisis-driven social work often prioritizes immediate responses over addressing root causes, which harms both clients and workers, preventing long-term systemic change.

The session introduced the Inequalitree Framework, created by Ayendri Perera-Riddell, to analyze systemic inequality. The framework uses a tree metaphor:

- Roots represent ideologies like colonialism and patriarchy.
- Trunk and Branches represent institutions like child welfare, prisons, and schools.
- Leaves represent the impacts on individuals, such as trauma and child apprehension.

This tool helps participants understand how inequality is perpetuated through ideologies and institutions. Meenakshi guided participants in reflecting on harmful ideologies, such as stigmatizing beliefs about addiction and motherhood, which are reinforced by colonialism and patriarchy, leading to harmful policies. She encouraged participants to envision and share more supportive systems for families, prioritizing community, safety, housing, and equitable resource distribution, with ideas like simplified referrals, supportive housing, regulated drug supply, and matriarchal decision-making.

Meenakshi advocated for decolonizing social services, prioritizing Indigenous knowledge, and creating supportive, community-centered systems. She highlighted the importance of direct financial aid, accessible housing, and comprehensive healthcare while empowering social workers to advocate for justice. The session called for radical support, including matriarchal decision-making and equitable resource distribution.

Meenakshi concluded with a call to action for participants to critically examine their roles in advancing systemic change. She stressed that the status quo is unacceptable, and that radical change is possible through collective effort, honoring Indigenous knowledge, and actively decolonizing practices. She concluded with a powerful quote by Audre Lorde, "I am not free while any woman is unfree, even when her shackles are very different from my own", urging everyone to continue challenging oppression in all its forms.

DAY 3

OCTOBER 30, 2024

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

Keynote: *Stand Up for Mental Health: Recovery One Laugh at a Time!* **David Granirer**

David Granirer, founder of Stand Up for Mental Health, delivered an inspiring keynote on using humor to break the stigma surrounding mental health. His program trains individuals affected by mental health issues to perform stand-up comedy, empowering them to reclaim their voices and raise awareness about mental health challenges. Granirer, along with program participants, showcased how humor can be transformative in the recovery process.

Granirer emphasized the therapeutic potential of humor, explaining how laughter helps people cope with the emotional weight of mental health struggles. Humor offers a unique way to process difficult emotions, reduce stress, and foster connection. He shared that humor can also combat the stigma associated with mental illness by making conversations more open and less intimidating.

Drawing from his own experience with bipolar disorder, Granirer spoke about the years he spent in silence and shame due to societal stigma. He described feeling “invisible” and convinced he was “nothing,” illustrating the isolation often faced by those with mental health challenges. Granirer’s story highlighted the importance of creating supportive environments where people are seen and heard, allowing them to speak openly about their struggles.



Through Stand Up for Mental Health, Granirer helps individuals regain confidence by teaching them comedy as a tool for healing. By performing stand-up, participants demonstrate resilience and strength, showing that recovery is possible. Comedy, Granirer explained, not only alleviates personal struggles but also highlights the capacity of people to overcome adversity.

Granirer also addressed the stigma surrounding mental health in the workplace, advocating for a cultural shift where mental health issues—like anxiety or panic attacks—are treated with the same care as physical illnesses. He envisioned a world where people could openly admit to struggling with mental health and receive support without judgment, reducing the shame and isolation often experienced by those in professional settings.

The keynote concluded with Granirer emphasizing strength-based mental health care, which focuses on resilience and empowerment rather than deficits. He encouraged the audience to view mental health challenges as just one part of a person’s identity, not something that defines them. Granirer’s message was clear: humor is a powerful tool for healing and a means to challenge stigma, inspire hope, and foster positive change in attitudes toward mental health.

DAY 3

OCTOBER 30, 2024

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

Connecting the Dots and Closing Remarks



As Day 3 of the conference drew to a close, Michelle Buchholz “connected the dots” by summarizing some of the key topics and themes observed throughout the morning. These insights are visually captured through the graphic recordings on page 24.

In the closing remarks, Elder Glida and Jade expressed deep gratitude and reflection on the powerful three-day conference.

Elder Glida began by sharing her appreciation for the vast knowledge shared throughout the event. She echoed an earlier presenter’s aspiration for the idea of what it would be like if society governed by matrilineal grandmothers and knowledge keepers; a thought that resonated deeply with her.

Jade followed with heartfelt remarks, feeling exhilarated and emotional from the experience. She expressed her gratitude for being part of the conference and for the opportunity to paint the buffalo, acknowledging the fun and connection that had been shared. Jade then invited everyone to reflect on their own strength as she sang a Coast Salish women’s warrior song, a song she had learned at the age of 12. The song was dedicated to all the “warriors” present—mothers, individuals, and those who had the courage to speak up and share their stories. The event ended on a powerful, emotional note, with a deep sense of connection and appreciation.

ELDER GLIDA + JADE
HONOUR & TAKE
good Care of Yourself
Whax hooks
in Shqwalowin

Crisis to crisis
Mentality

BURNOUT in
Colonial Systems

POLICING
Year 8 of Toxic
Drug Supply
Crisis

HOUSING

**Welfare
Systems**

MCFD
JUSTICE
systems

Ground OURSELVES
in the Forest: we
want to Grow

ACKNOWLEDGE
Inequality

**Getting to the Root
of Things**
Meenakshi Mannoe

Inequalitree

Exercise

Impacts

Institutions

Worldview
& Ideologies

Political
and
Economic
choices by "elected
leaders" in this SYSTEM

**Reorienting the
Conceptualizations of Mothering**
-Sana Shahram, Lisa Knox, Logan Burd

DATA Collection
must have a PURPOSE
to enact JUSTICE

Women's
Warrior
Song

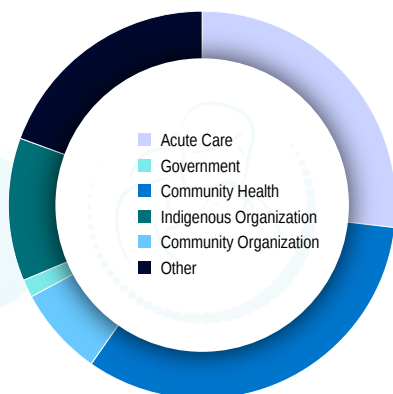
Stand Up for Mental Health
-David Granirer
& Comedy Team



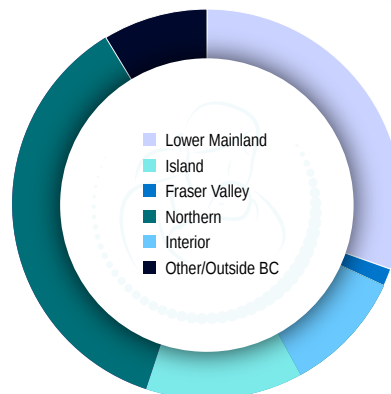
Conclusion

This year's conference brought together delegates from a wide array of sectors and settings, for a total of more than 200 delegates. There was equal representation from both acute care and community-based organisations, with significant representation from Indigenous-led organisations. Participants also came from across the province, with over a third of attendees travelling from Northern BC to participate in the conference.

CONFERENCE ATTENDEES
Work Sector/Setting



CONFERENCE ATTENDEES
Region of Work



This remarkable diversity not only enriches our discussions but also serves as a cornerstone of our collective strength. By sharing insights and experiences from different perspectives and locales, we foster a collaborative environment that enhances our understanding and approach to the challenges we face, making this conference a unique platform for innovation and partnership.

THANK YOU to our PPSUP 2024 Exhibitors!



BC Association of Aboriginal
Friendship Centres
BCAAFC



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



MENTAL HEALTH
AND SUBSTANCE USE
PROGRAMS + INITIATIVES



Perinatal Services BC
Provincial Health Services Authority



TOGETHER WE CAN
DRUG & ALCOHOL RECOVERY & EDUCATION SOCIETY



And to the local businesses whose products contributed to this conference:

bada jean

Paintillio

jonnon

Nehwo Maskwa Candles

POPPY & PEONIES



CASSYEX
CONSULTING

Our deepest thanks to all those that participated in the 3rd annual Provincial Perinatal Substance Use Conference 2024!

