Supporting Pregnant, Lactating, and Parenting People who Consume Cannabis in Ontario

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Why are we talking about cannabis?

1. Cannabis is commonly consumed in individuals of childbearing age and during pregnancy:
- In 2020, 20-23% of women aged 16 and 25+ reported daily or almost daily cannabis use in the past year (Health Canada, 2021)
- Literature reports cannabis to be the most commonly or the second most commonly consumed substance (after alcohol) during pregnancy with up to 5% of pregnant individuals and up to 6% of breast/chestfeeding individuals self-reporting use. These may be low estimates as they are based on self-report, and could be influenced by cannabis-related stigma and fear of child protection involvement.

2. Cannabis consumption and health and social system involvement have intersectional synergies:
  - Younger folks (<24 years), people living on low income, people who consume other substances (e.g. tobacco, alcohol, drugs), people with lower education and socioeconomic status, and folks with postpartum depression and anxiety are more likely to consume cannabis while pregnant.

3. Cannabis was legalized in 2018 from a medical-based, federally regulated narcotic to a legally sanctioned, adult recreational substance
- As a result, there is increased availability, personal production allowances, and increased attention and support in mainstream health services and research.

4. Cannabis invites a broader discussion about substance use, harm reduction, and anti-oppressive practice in a variety of health and social service sectors.

What are we concerned about as community-based researchers?

1. There is a **lack of conclusive evidence** about cannabis consumption in the context of pregnancy and parenting:
- It is difficult to equivocally attribute neonatal outcomes to cannabis exposure.
- Current evidence that informs guidelines and position statements has been derived from cohort studies; it is difficult to control for confounding factors to independently assess how cannabis influences neonatal outcomes; there are co-occurring health and social factors of participants in these studies including (poly)substance use, tobacco consumption, lower socioeconomic status, life stressors, and structural barriers.

2. There is a need to critically **consider the knowledge, values, assumptions** and perspectives that underpin health and social service practices and guidelines related to:
- An emphasis on abstinence.
- What is considered 'normal' vs. 'problematic' and 'risky' vs. 'safe' in the context of pregnancy and parenting.
- How can anti-racist, anti-oppressive, and anti-colonial knowledge systems inform practices and policies going forward.

3. There is an opportunity to **emphasize the wisdom and experiences of pregnant folks and parents** who consume cannabis in how services and support are delivered related to this issue:
- Caregivers want up-to-date, comprehensive information to guide their decision-making.
- Collaborative engagement can reduce cannabis-related stigma and help to elucidate the multiple reasons why individuals consume cannabis during pregnancy and while parenting.

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Dialogue Summary citation: Gauvin FP, Wilson MG, Ion A, Bhuiya A. Dialogue Summary: Supporting pregnant, lactating and parenting people who consume cannabis in Ontario. Hamilton: McMaster Health Forum | Forum^{r}, 17-18 May 2021.

What did we do in this project?

Evidence Brief

Goal: to outline the current state of research and practice knowledge about cannabis, pregnancy, and parenting in order to highlight opportunities for practice and policy improvements that respond to the lived experiences of people who consume cannabis.

Stakeholder Dialogue Process

Goal: to facilitate a comprehensive discussion of the salient features (including research evidence) in support of pregnant, lactating, and parenting people who consume cannabis in Ontario in order to inform action through local and system-wide solutions.

Elements for addressing the problem:

Through an extensive synthesis of research knowledge related to the topic, we identified the following elements for enhancing practice and support:

1. **Elevate the voices of pregnant, lactating and parenting people who consume cannabis:**
- Use other types of care settings for knowledge sharing;
- Integrate advocacy support;
- Integrate strategies to address stigma, and foster agency and self-determination.

2. **Co-design harm reduction models and tools focused on supporting pregnant, lactating and parenting people who consume cannabis:**
- Focus on approaches that emphasize engagement and leadership of folks with lived experience.

3. **Support the uptake of harm reduction models and tools, and facilitate a broader paradigm shift in health and social care on this issue:**
- Integrate strategies that foster health and social care provider behaviour change and organizational cultural shifts towards harm reduction philosophies.

Implementation considerations:

Individual Level:
- Lack of trust towards health and social care providers;
- There is stigma attached to consuming cannabis, which could impact disclosure of one's consumption.

Care Providers:
- Can be reluctant to empower people to openly share their care and decision needs;
- Can be hesitant to engage in co-design processes due to perceived negative impact and risk.

Organizational / System:
- Can be hesitant to include cannabis within scope of practice given guidelines that encourage abstinence and because of limited research evidence to date;
- May be hesitant to elevate the voices of people who consume cannabis as this can be seen as encouraging its consumption;
- Systems of oppression continue to operate across institutional systems;
- Policy makers may find it challenging to adopt a common model or vision.

Tenets of Harm Reduction

The following tenets can be considered and operationalized when supporting pregnant folks and parents who consume cannabis:

1. Human Rights-Based Approach
- Non-judgemental, non-stigmatizing, non-coercive support
- Practice that is grounded in a social justice and critical orientation

2. Meaningful Engagement
- Supporting the leadership of people who use substances in policy and service development, implementation and evaluation

3. Pragmatism about Substance Use
- Substance use is part of our world
- There is a spectrum of how cannabis can effect the body and each individual is different
- E.g. high THC vs. low THC/high CBD potency; edible vs. combustible
- Behaviours are influenced by structural factors, norms, lived experiences and how we've all been socialized including:
  - Substance use behaviours- if/how they consume
  - Health and social service behaviours – if/how they engage

4. Target Risks and Harms
- Respond to (macro) causes of and (micro) reasons for substance use in individuals rather than eliminating the use itself

5. Be Person-Centered
- What are the needs, preferences, and values of the caregiver consuming substances?
- There is no universal application of a protocol (or child protection standard) - we need to meet people where they are at.

6. Lived Experience is Valued and Valuable Knowledge
- The stories, experiences and perspectives that caregivers share with us should be viewed as "empirical evidence"
- "Truth" that informs and guides our decision-making as social workers

This evidence brief and dialogue summary synthesize research findings into practice considerations that enhance appropriate and effective health and social care for pregnant, lactating, and parenting people who consume cannabis in Ontario.

Do you want copies of the dialogue summary?

Visit https://www.mcmasterforum.org/find-evidence/products/project/supporting-pregnant-lactating-and-parenting-people-who-consume-cannabis-in-ontario
To download the PDFs.