

— VIRTUAL SYMPOSIUM —

Opportunities to Support Children and Families with
Prenatal Substance Exposure:
From Policy to Practice

May 17th, 2022



Presented by:

POLICY BENCH
Fraser Mustard Institute for
Human Development

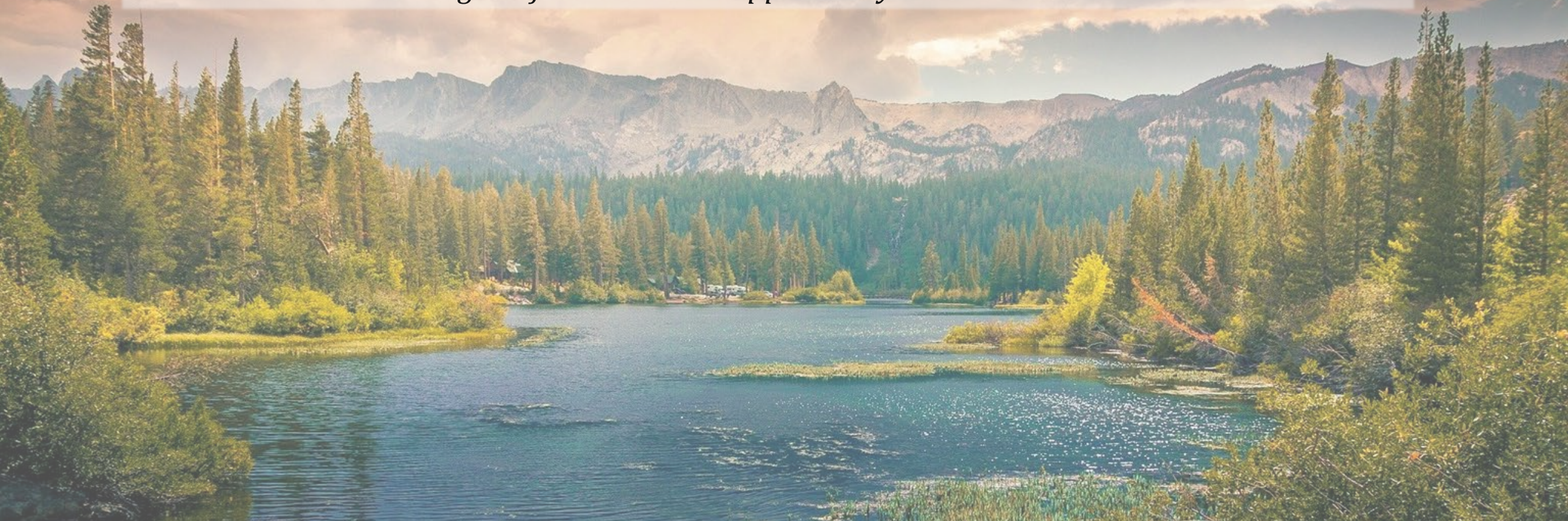
With Speakers From:



Acknowledgements

We recognize this land on which we have gathered today and the enduring presence of Indigenous peoples connected to, and on this land. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit and is still the home to many Indigenous people from across Turtle Island today.

We are grateful to have the opportunity to work on this land.



The Fraser Mustard Institute for Human Development

Policy Bench

- The [Policy Bench](#) is an initiative of the Fraser Mustard Institute for Human Development (FMIHD). Dr. J. Fraser Mustard (1927-2011) galvanized the international community with his belief that interventions in the early years of life offer unparalleled potential for improved quality of life.
- The FMIHD honours Dr. Mustard's legacy through key initiatives such as the Policy Bench that support the University of Toronto academic community by providing transdisciplinary opportunities for collaboration and knowledge mobilization in the area of human development.
- The Policy Bench brings together leaders at the University of Toronto and SickKids with transdisciplinary expertise from an array of academic disciplines—ranging from health, psychology, education, economics and medical sciences—to support optimal human development and health equity across the life course, from the early years into adulthood. This involves the synthesis, creation and dissemination of knowledge designed to assist decision makers, practitioners and relevant stakeholders in making evidence based policy decisions that improve outcomes for children and youth.

The Fraser Mustard Institute for Human Development Policy Bench

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- Dr. Marla B. Sokolowski
- Dr. Suzanne Stewart
- Dr. Charmaine Williams

Opportunities to Support Children and Families with Prenatal Substance Exposure: *From Policy to Practice*

Overview:

- This symposium brings together experts from the domains of maternal and child health, medicine, and social sciences to offer different perspectives on the issue of substance use during and post-pregnancy as well as implications for research, policy, and practice
- Panelists will present the latest evidence on the impacts of prenatal substance exposure as well as findings from clinical and community-based programs that provide support to families with substance use problems in Canada

Panelists



Dr. Laura Best

Post-Doctoral Fellow,
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Mental Health and University
of Toronto



Andi Camden

PhD Candidate, Dalla Lana
School of Public Health,
University of Toronto; Child
Health Evaluative Sciences,
The Hospital for Sick Children



Dr. Naana Afua Jumah

Obstetrician Gynaecologist
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Care & Perinatal Service,
Thunder Bay Regional Health
Sciences Centre



Dr. Mary Motz

Clinical Psychologist and
Research and Evaluation Lead,
Mothercraft's Breaking the
Cycle program

Questions: Please use the Q&A box to submit questions anytime!



The Use of Cannabis during Pregnancy

A Policy Brief from the
Fraser Mustard Institute for Human Development

Laura Best, PhD

Post-doctoral Fellow

University of Toronto Factor-Inwentash Faculty of Social Work

Centre for Addiction & Mental Health



POLICY BENCH

Fraser Mustard Institute for

Human Development

The Use of Cannabis During Pregnancy

Policy Brief



February 2022



POLICY BENCH

Fraser Mustard Institute for
Human Development

Purpose:

- to review the existing literature on the safety of cannabis use or exposure during pregnancy
- discuss implications for policy & practice

Methods:

- Literature review up to December 2021

The Use of Cannabis During Pregnancy

Policy Brief



February 2022



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Fraser Mustard Institute for
Human Development

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The Use of Cannabis During Pregnancy

Policy Brief



February 2022



POLICY BENCH

Fraser Mustard Institute for
Human Development

1. Cannabis Overview

2. Cannabis Use in Canada

3. Cannabis Use During Pregnancy

4. Implications



Understanding Cannabis

Cannabis: products derived from the *cannabis sativa* plant



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- **Δ^9 -Tetrahydrocannabinol (THC)**
 - psychoactive, intoxicating, “high” effects



Understanding Cannabis

Cannabis: products derived from the *cannabis sativa* plant

- **Δ^9 -Tetrahydrocannabinol (THC)**
 - psychoactive, intoxicating, “high” effects
 - acts on the **endocannabinoid system**: neurotransmitter system in the body and brain involved in regulating many processes
 - (stress, pain, appetite, motivation, sleep etc.)



Understanding Cannabis

Cannabis: products derived from the *cannabis sativa* plant

- Δ^9 -Tetrahydrocannabinol (THC)
- **Cannabidiol (CBD)**
 - no intoxicating effects
 - thought to also act on the endocannabinoid system, mechanism not well understood



Understanding Cannabis

Cannabis: products derived from the *cannabis sativa* plant

- Δ^9 -Tetrahydrocannabinol (THC)
- Cannabidiol (CBD)
- **Terpenes**
 - >100 identified, contribute to scent and flavour, other effects unknown



Cannabis Consumption

- multiple forms of cannabis with varying potency of THC/proportions of THC/CBD
- route of administration, THC potency (e.g., 30%) and individual biological factors will impact the effects

Inhalation

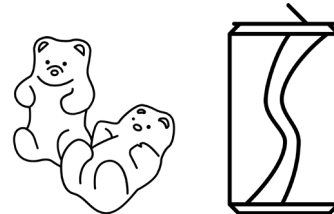


Smoking

- E.g., joint, pipe

Vaporizing

Ingestion



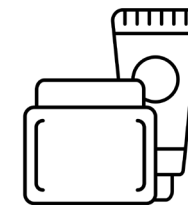
Edibles

- E.g., baked goods, candies

Liquids

- E.g., tea, soda

Topical



Creams

Oils



Effects of Cannabis

Acute:

- Altered mood
 - (e.g., euphoria, relaxation, anxiety, paranoia)
- Impaired cognition and altered perception
 - (e.g., confusion, impaired memory, heightened senses)
- Physiological effects
 - (e.g., cardiovascular, motor response, pain relief)

Chronic:

Inter/intra-individual variability:

- Age, sex, weight
- Endocannabinoid system variability
- Frequency of use
- Route of admin
- Quantity & potency
- Mental health hx
- Environment



Effects of Cannabis

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Chronic:

- 9% of users will develop **Cannabis Use Disorder:**
 - continued use of cannabis despite negative consequences on social, psychological or physical functioning
- Risk of mental health effects (e.g., psychosis, anxiety)

Inter/intra-individual variability:

- Age, sex, weight
- Endocannabinoid system variability
- Frequency of use
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Cannabis Legalization in Canada

2001

Legalization of Medical Cannabis

- Requires MD authorization
- Commonly prescribed for pain management, PTSD, anxiety etc.



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Oct 2018

The Cannabis Act

- Legalization of cannabis production, sales and possession for recreational use
- **Provincial jurisdiction** re implementation



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Oct 2018

The Cannabis Act

- Legalization of cannabis production, sales and possession for recreational use
- **Provincial jurisdiction** re implementation

Oct 2019

Edible/Topical Cannabis

- Legalization of production and distribution of edible, extract and topical forms of cannabis for recreational use

2023: planned review of the Cannabis Act by Gov't of Canada



Cannabis Use in Canada

Table 4: Historical Incidence of Cannabis Consumption in Canada, 2009-2019

Year	Percentage (%)
2009 ¹	10.6 ⁵
2010 ¹	10.7 ⁵
2011 ¹	9.1 ⁵
2012 ¹	10.2 ⁵
2013 ²	10.6 ⁵
2014 ²	no data available
2015 ²	12.3 ⁵
2016 ²	no data available
2017 ²	14.8 ⁴
2018 ³	14.9 ⁶
2019 ³	16.8 ⁷
2020 ³	20.0 ⁸

Notes: Due to methodological differences between CADMUS, CTADS and Statistics Canada in the collection and reporting of statistics, data should be interpreted with caution.

¹Health Canada, CADUMS (2012).

²Health Canada, CTADS (2013, 2015, 2017).

³Statistics Canada, National Cannabis Survey (2019).

⁴Based on population estimate.

⁵Based on sample size.

⁶Based on first three quarters of 2018 (before legislation).

⁷ First, second, third, and fourth quarters of 2019 combined.

⁸ Based on the fourth quarter of 2020 (collected Nov-Dec)

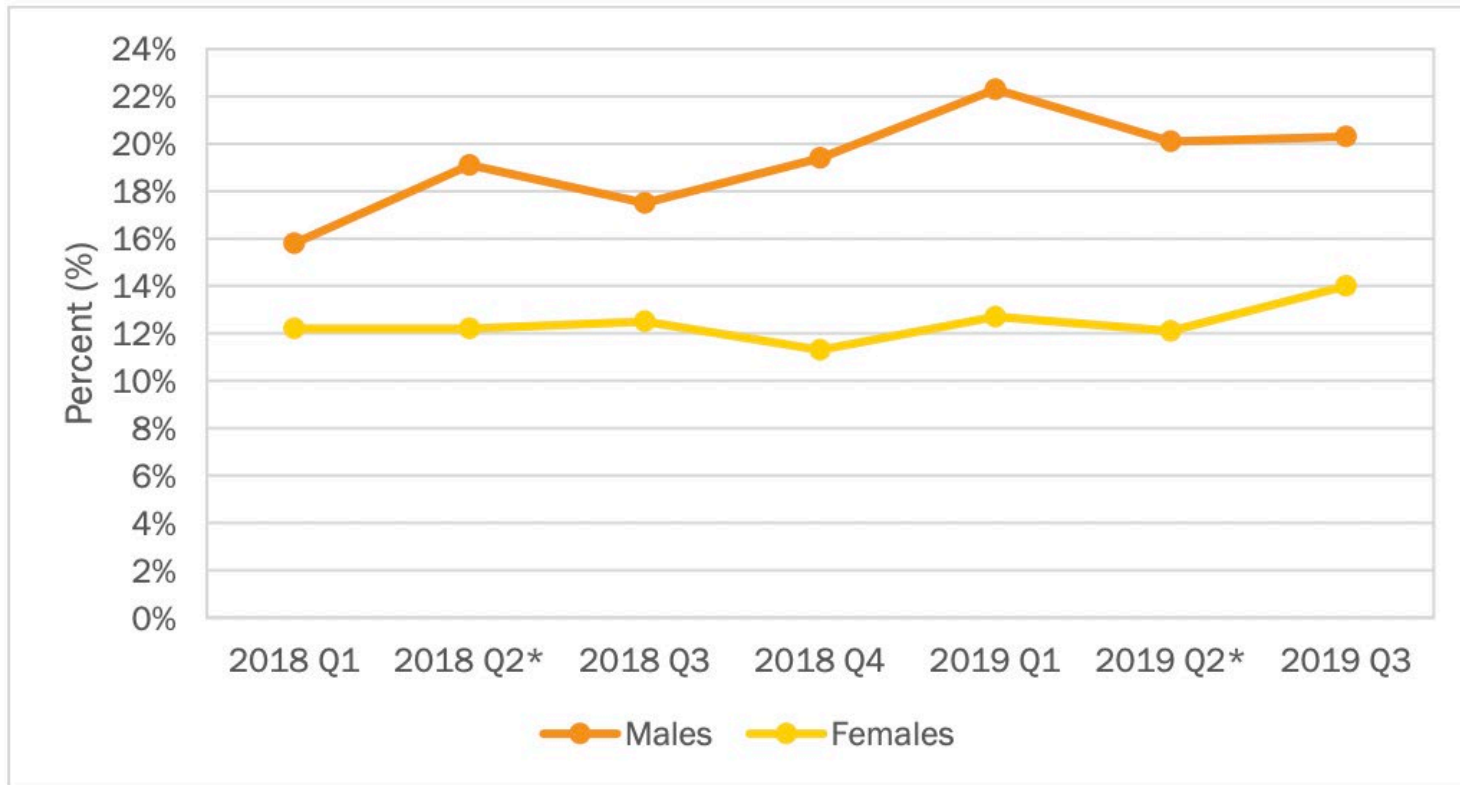


- General upward trend in self-reported past-year cannabis use since 2009
 - Twice the amount of estimated new users in 2019 compared to 2018
- Daily to near-daily cannabis use seems to be stable (~6%) in 2018 and 2019
- Consistent data on Cannabis Use Disorder prevalence in Canada is lacking



Cannabis Use in Canada

Figure 4. Prevalence of self-reported past-quarter cannabis use among Canadians by sex (2018-2019)



- Historically, cannabis use is higher in males
- This gap is closing, especially among adolescents and young adults
- In Spring 2020:
 - 21% of males
 - 18% of females

* Data for these quarters includes provinces and territories, all remaining quarters are provincial data only.

Source: NCS 2018 Q4; 2019 Q1; 2019 Q2; 2019 Q3^{21,22,23,24}

Source: Canadian Centre for Substance Abuse (CCSA, 2020)



Lower Risk Use Guidelines

Table 9: Lower-Risk Cannabis Use Guidelines and Associated Evidence Grades

Recommendation	Level of Evidence
Abstain from cannabis use if possible (general precautionary principle)	N/A
If you use cannabis, start later in life (particularly avoid use prior to age 16 years)	Substantial
Choose lower-strength products, such as those with a lower THC content or a higher ratio of CBD to THC	Substantial
Do not use synthetic cannabis products	Limited
Avoid smoking cannabis (choose other modes of use such as vaping or edibles)	Substantial



Lower Risk Use Guidelines

Table 9: Lower-Risk Cannabis Use Guidelines and Associated Evidence Grades

Recommendation	Level of Evidence
Avoid deep inhalation when smoking cannabis	Limited
Try to limit your use as much as possible (avoid daily/near-daily use)	Substantial
Don't drive or operate machinery after using cannabis	Substantial
Avoid cannabis use if you are <u>pregnant</u> or have a personal predisposition toward or first-degree family history of psychosis or substance use disorders	Substantial
Avoid combining the risky behaviors listed above	Limited
<i>Source: Goodman et al. (2020); Fischer et al. (2017)</i>	



Cannabis Use during Pregnancy

Table 7: Cannabis Use During Pregnancy, Ontario, Canada, 2012-2017

Year	All Singleton Live Births and Still Births		Cannabis Use During Pregnancy	
	Sample Size	Percent (%)	Sample Size	Percent (%)
All Women	732,818	100	10,731	100
2012-2013	122,519	16.7	1,527	1.24
2013-2014	125,890	17.2	1,604	1.27
2014-2015	127,355	17.4	1,790	1.41
2015-2016	127,268	17.4	1,892	1.49
2016-2017	129,929	17.7	2,175	1.67
2017	99,857	13.6	1,743	1.75

Source: Corsi, D. J., Hsu, H., Weiss, D., Fell, D.B. and Walker, M. (2019). "Trends and Correlates of Cannabis Use in Pregnancy: A Population-Based Study in Ontario, Canada from 2012 to 2017," *Canadian Journal of Public Health*, 110: 79.



Cannabis Use during Pregnancy

Limited research suggests a small but possibly increasing proportion of the Canadian population is using cannabis during pregnancy:



Cannabis Use during Pregnancy

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- Survey of self-report cannabis use (n = 7000) women who gave birth Jan – June 2018 (Grywacheski et al., 2020)
 - **3.1% used cannabis during pregnancy**
 - **2.6% while breastfeeding**



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- Canadian Cannabis Use Survey: women who gave birth in the last 5 years
 - **<4% report using cannabis during pregnancy 2018-2020**
 - **4-6% reported using cannabis while breastfeeding 2018-2020**



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- Canadian Cannabis Use Survey: women who gave birth in the last 5 years
 - <4% report using cannabis during pregnancy 2018-2020
 - 4-6% reported using cannabis while breastfeeding 2018-2020
- Anonymous survey administered to patients from prenatal clinics in Hamilton, ON (n = 478) May-October 2019 (Kaarid et al., 2021)
 - **11% had consumed cannabis during pregnancy**
 - **4% continuing to consume cannabis during pregnancy**
 - **5% planning to use cannabis while breastfeeding**



Effects of Prenatal Cannabis Exposure: A brief overview

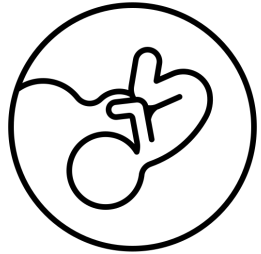
“The science is incomplete, but the public health message is clear: [t]o have the healthiest baby possible, avoid using [cannabis], alcohol, and tobacco during your pregnancy”

- Dr. Therese M. Grant, Director Fetal Alcohol and Drug Unit, University of Washington



Effects of Prenatal Cannabis Exposure: A brief overview

Fetus



- Endocannabinoid system develops at 5 weeks
- THC can cross placenta rapidly, may ↑ vascular resistance, ↓ O₂
- ↑ risk of cesarean section

New-born



- ↑ risk of low birth-weight & neonatal O₂ supplementation at birth
- THC metabolites detectable in breastmilk
- Potential effects reported by studies remain unclear:
 - admission to neonatal intensive care
 - later childhood outcomes including social or cognitive impacts



Effects of Prenatal Cannabis Exposure: A brief overview

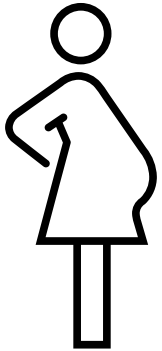
Mom



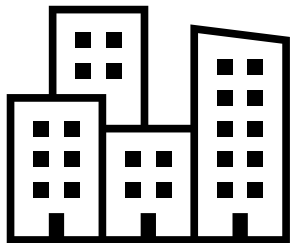
- Limiting cannabis use by 15 weeks may reduce risk of negative outcomes
- No association with maternal outcomes (e.g., gestational diabetes or pre-eclampsia)
- Cannabis use disorder:
 - ↑ risk of low birth weight, preterm birth & death within one year
 - No association with maternal outcomes or mortality



Cannabis Use during Pregnancy



- Younger
- Poorer mental health: anxiety, depression, self-harm
- More likely to be unmarried or with a partner who uses cannabis



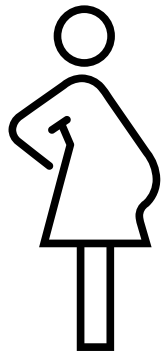
- Urban centres
- Lower socioeconomic status
- Less formal education



Patterns & Reasons for Cannabis Use



- Growing perceptions that cannabis is safe to use in general & during pregnancy
 - Beliefs it is a natural product with no addictive potential
 - **Lack of consult from healthcare professionals interpreted as lack of concern for use = safe**



- Therapeutic in nature:
 - Nausea & morning sickness***
 - Pain
 - Mood & anxiety symptoms
 - Substitution for other medications



Risk-benefit?
More research is
needed



Limitations of Existing Research

1. Lack of sex- and gender-focused research on health effects of cannabis

2. Methodological limitations:

- Correlational or cross-sectional
- Retrospective, self-report measures
- Limited information on frequency, time of exposure, pattern of cannabis use including route of administration or potency

3. Influence of confounding variables unknown

- E.g., socioeconomic variables, polysubstance abuse, other mental or physical health concerns



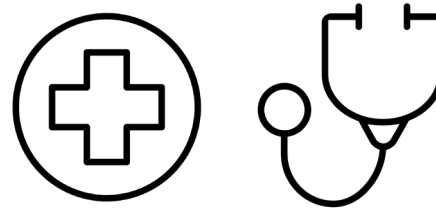
Policy Implications

Cannabis Distributors



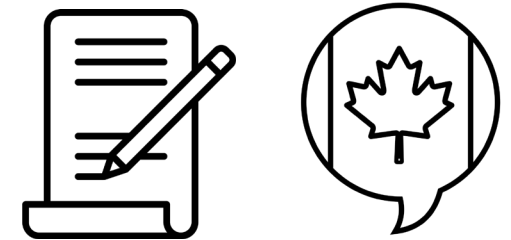
- Retail stores & pharmacists increasingly first point of contact for Q's
- Be well-educated
- Lack of training may result in personal opinions being shared as recommendations

Healthcare Professionals



- **Talk about cannabis with everyone** to prevent assumptions of safety
- Non-judgemental, unbiased
- Provide alternative symptom management options

Policymakers



- Continue prioritizing collection, monitoring & sharing of evidence
- Provide necessary resources for knowledge-sharing



Summary

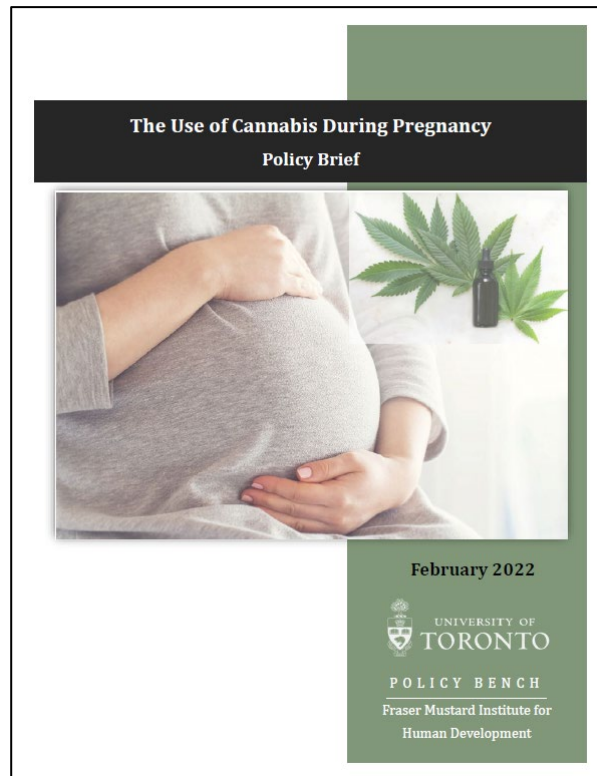
- Canadians are using cannabis during pregnancy despite public health guidelines to abstain
- Overall perception that it is safe to use – reinforced by lack of communication from their healthcare professionals
- Research suggests an association with low birth weight, other potential effects require more research
- More rigorous research studies are needed focusing on:
 - Sex- and gender-specific effects
 - Socioeconomic status, polysubstance use and other relevant variables
 - Longitudinal collection of more comprehensive data on cannabis exposure
- Stakeholders each have an important role to play in facilitating evidence-based use of cannabis by Canadians



Thank you for your attention!

To learn more:

<https://socialwork.utoronto.ca/projects/>



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PRENATAL OPIOID USE IN ONTARIO

Leveraging Population-Based Administrative Data to Understand the Health of Pregnant People and Children

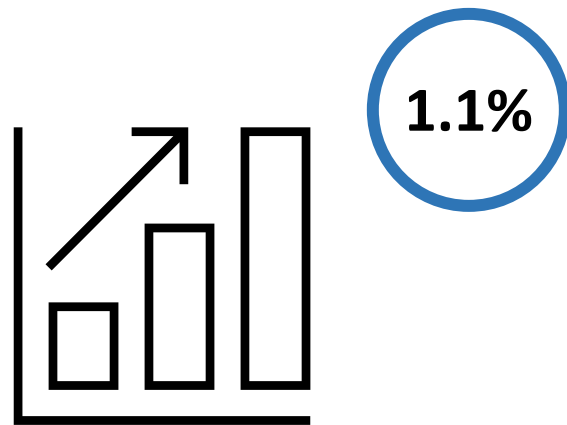
Andi Camden, MPH
Fraser Mustard Institute for Human Development Policy Bench
– Virtual Symposium
May 17, 2022



LEARNING GOALS:

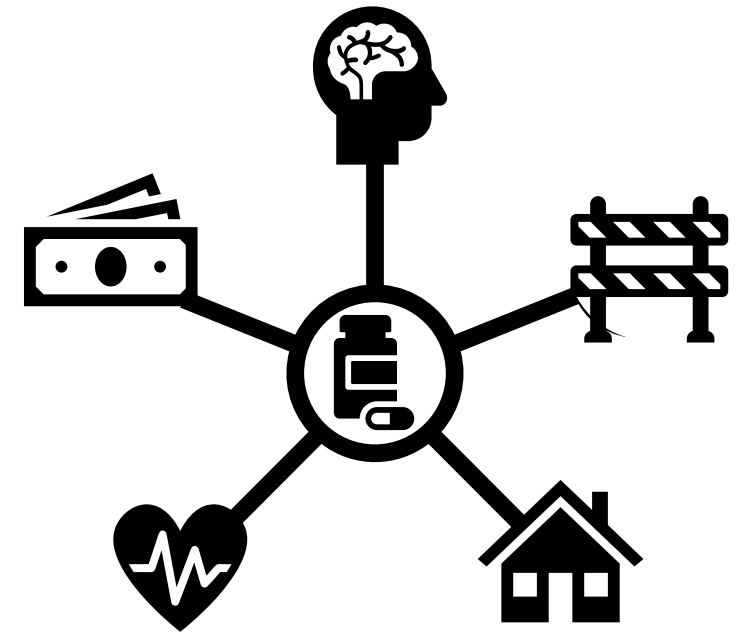
describe the **epidemiology** of prenatal opioid use and **associated health and healthcare outcomes** among pregnant people and children in Ontario

BACKGROUND



Rates of opioid use in pregnancy increased **16-fold** from 2002 to 2014 in Ontario

CONTEXTUAL FACTORS



ADVERSE HEALTH OUTCOMES



PREGNANT PEOPLE

Communicable disease
Overdose
Mortality



INFANTS

NAS
Preterm birth
Low birth weight
Mortality



CHILDREN

Neurodevelopment
Visual
Healthcare utilization
Routine care

DATA



PRENATAL OPIOID EXPOSURE



PRESCRIPTION OPIOIDS

Pain management
Medication for opioid use disorder



OPIOID-RELATED HOSPITAL RECORDS

Opioid use disorder
Toxicity
Adverse events



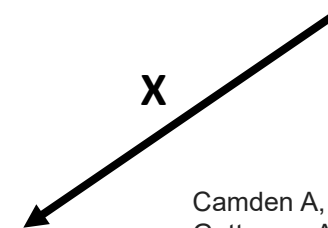
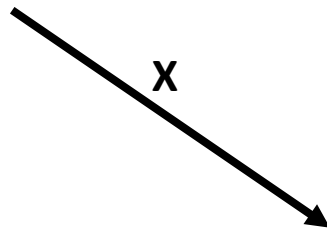
NEWBORN HOSPITAL RECORDS

Neonatal abstinence syndrome (NAS)
Exposure to maternal drugs of addiction



OUTPATIENT VISITS

Opioid maintenance therapy



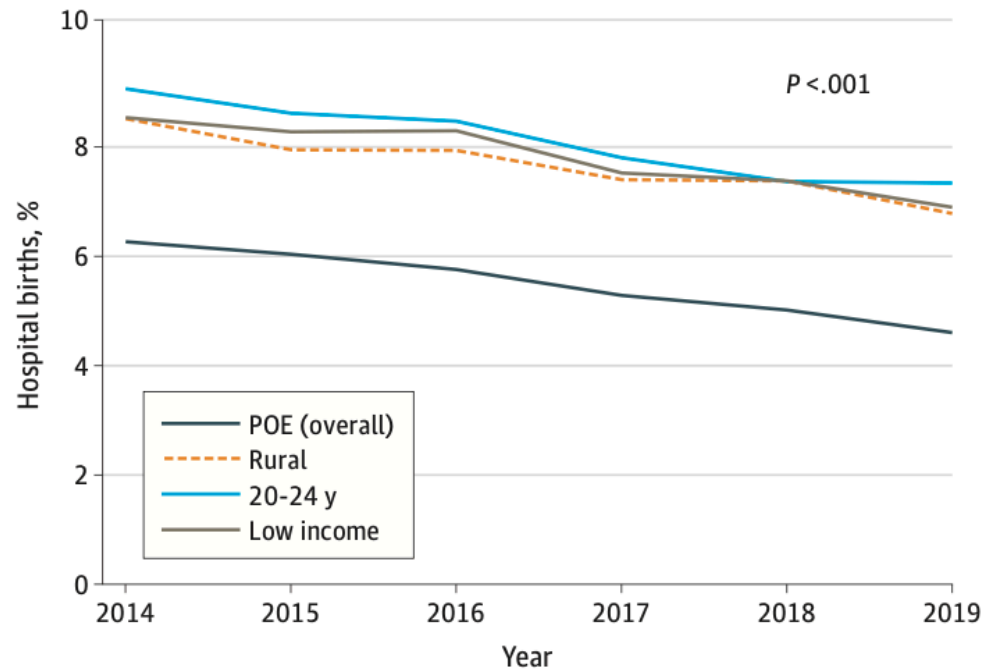
UNREGULATED OPIOID USE
(e.g., heroin, fentanyl)

Camden A, Ray JG, To T, Gomes T, Bai L, Guttman A. *Pediatrics*. 2021 Jan 1;147(1).

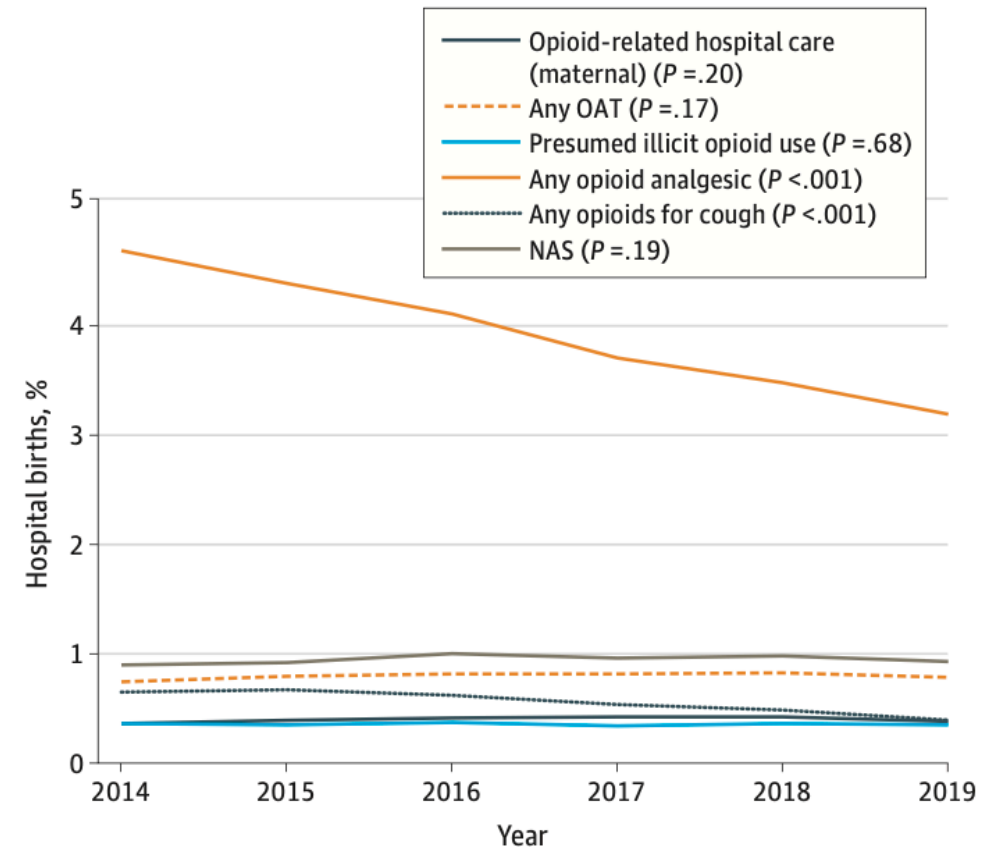
PREVALENCE OF POE

Figure. Temporal Trends in Prenatal Opioid Exposure (POE) Among All Hospital Births in Ontario, Canada, 2014-2019

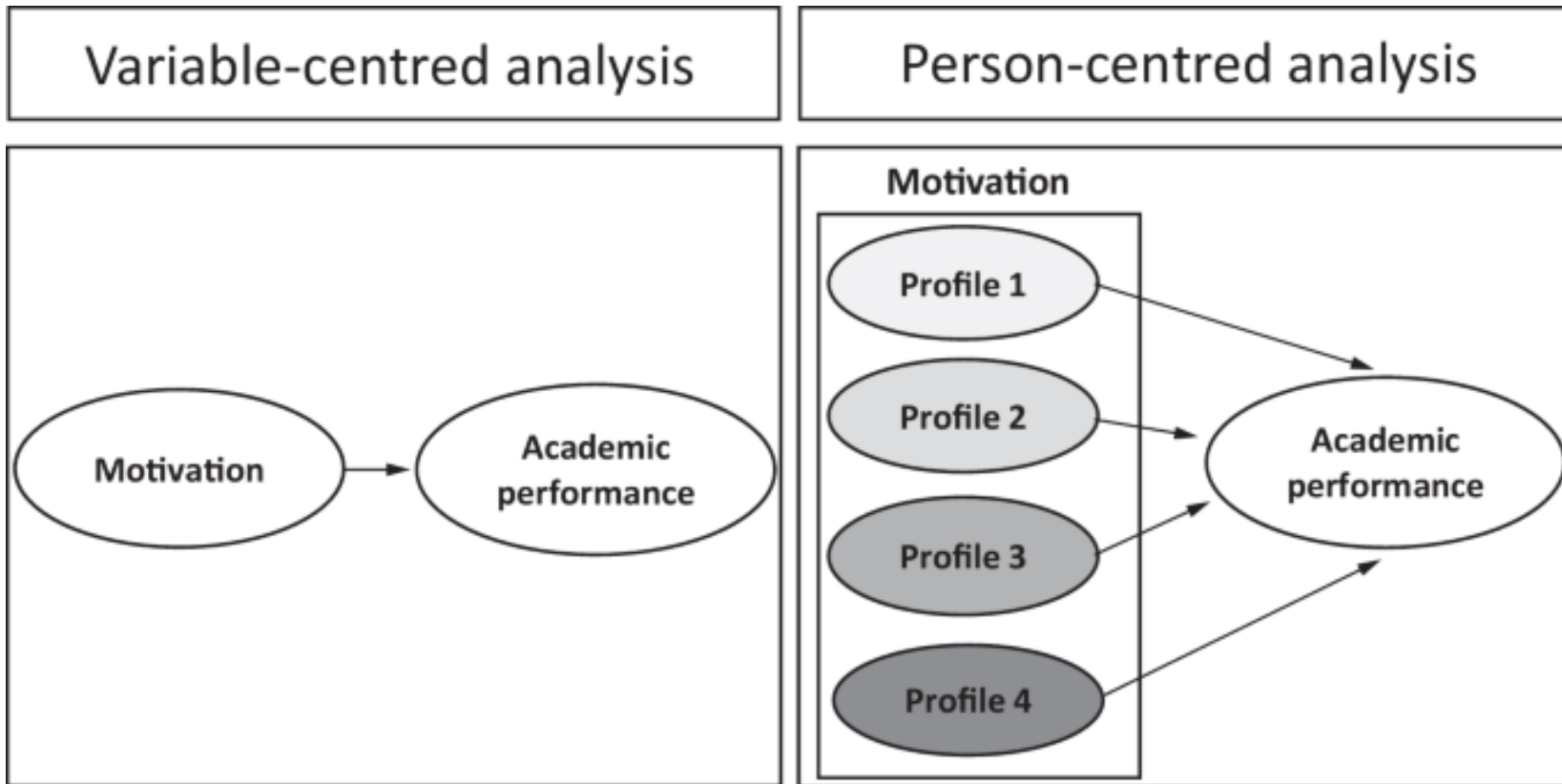
A Prevalence of prenatal opioid exposure overall, and by select maternal characteristics



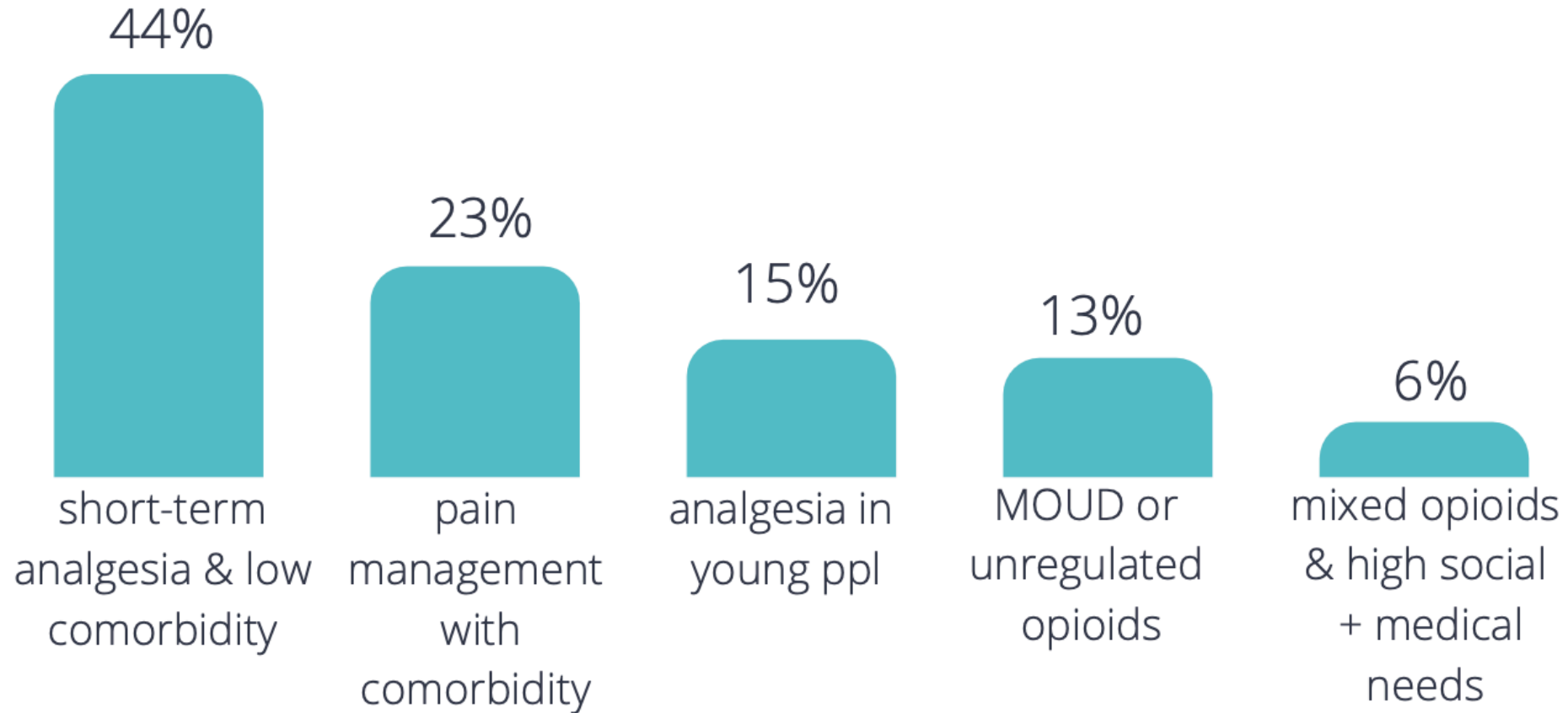
B Type of opioid exposure during pregnancy^{a,b}



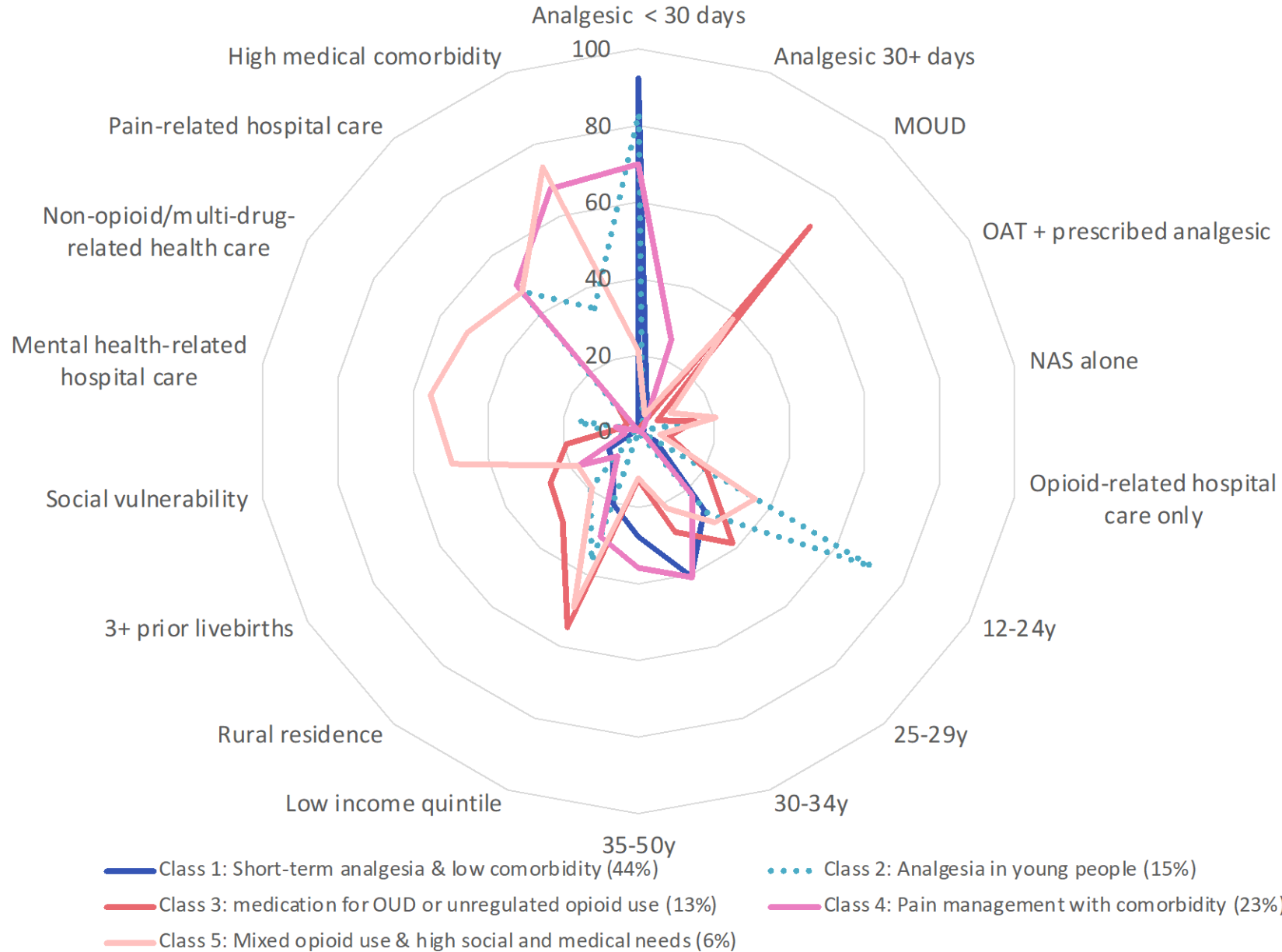
VARIABLE- VS. PERSON-CENTRED APPROACHES



IDENTIFICATION OF 5 GROUPS



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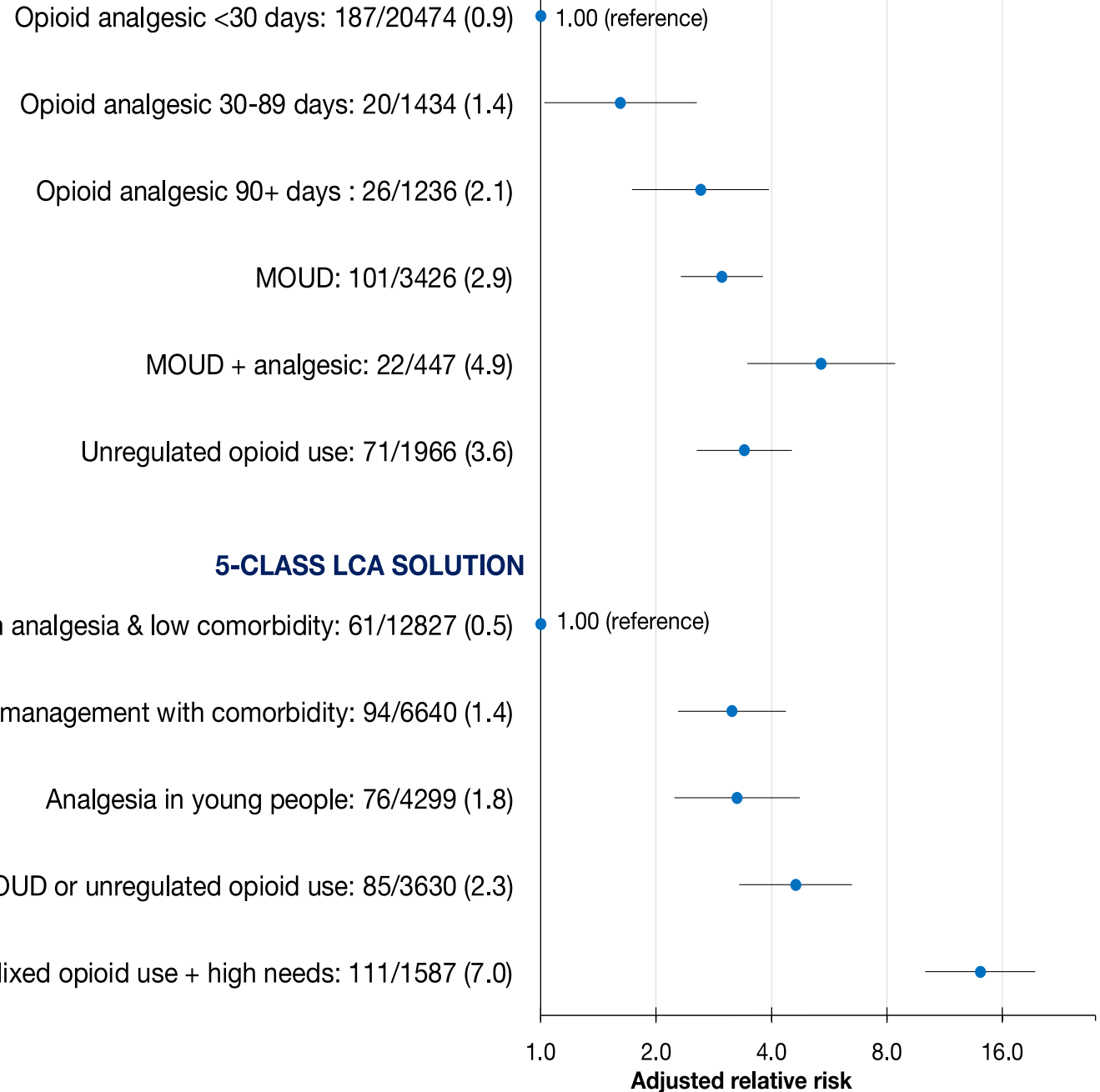


OUTCOME ANALYSIS

Risk of drug overdose or death up to 365 days after the index birth hospitalization

WITH OUTCOME/ # AT RISK (%)

TYPE OF PRENATAL OPIOID EXPOSURE



DEVELOPMENTAL HEALTH

**Growing evidence of
developmental impairments
among children with POE/NAS**

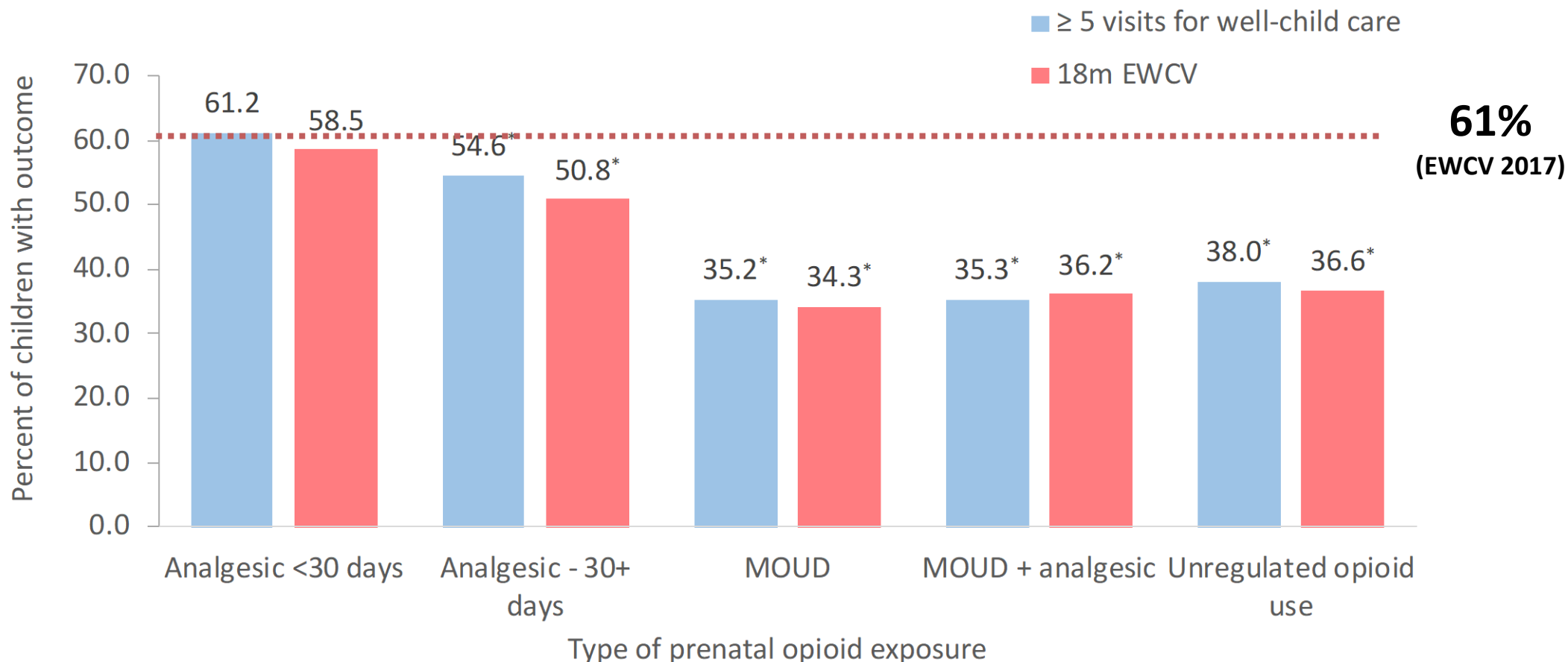
ICES REPORT

Reviewing the Evidence on Prenatal Opioid Exposure to Inform Child Development Policy and Practice

Andi Camden, Madeleine Harris, Sophia den Otter-Moore, Douglas M. Campbell and Astrid Guttman

WELL-CHILD CARE

Percent of children with 5+ physician visits for well-child care by 2 years of age and developmental screening at the 18-month enhanced well-child visit by type of POE



OUTCOME ANALYSIS

Association of latent groupings with developmental screening at 18 months among children with POE

TYPE OF PRENATAL OPIOID EXPOSURE

Opioid analgesic <30 days: 9308/15920 (58.5)

Opioid analgesic 30+ days: 1121/2208 (50.8)

MOUD: 870/2539 (34.3)

MOUD + analgesic: 121/334 (36.2)

Unregulated opioid use: 467/1275 (36.6)

5-CLASS LCA SOLUTION

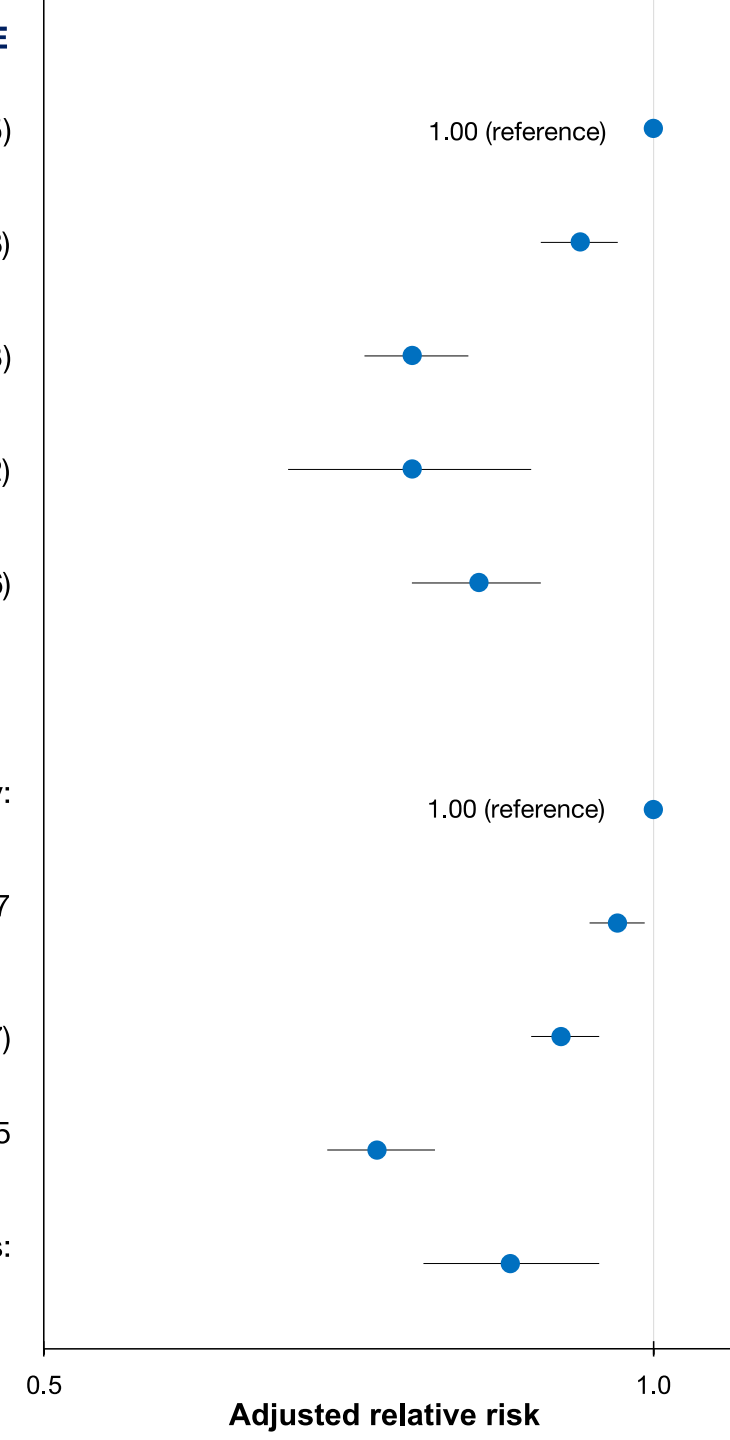
Short-term analgesia with low comorbidity: 5769/9449 (61.1)

Pain management with comorbidity: 2796/5097 (54.9)

Analgesia in young people: 1628/3147 (51.7)

MOUD or unregulated opioid use: 678/2075 (32.7)

Mixed opioid use + social & medical needs: 345/848 (40.7)



KEY TAKEAWAYS

1

1 in 20 births in Ontario have POE

Importance of multiple linked administrative databases to improve identification of POE and POE + NAS

2

Heterogeneous population with varying needs

LCA can provide a deep understanding of distinct subgroups in a population and identify different subgroups vs. traditional approaches

3

Important disparities in well-child care

Highlight the need for strategies to strengthen access to primary care and CPG for children with POE

ACKNOWLEDGEMENTS

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MSc**



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Tara Gomes, PhD

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THANK YOU!

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Opportunities to Support Children and Families with Prenatal Substance Exposure: From Policy to Practice

Naana Jumah

17 May 2022





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- Speakers Bureau/Honoraria: PSI Foundation

Potential for conflict(s) of interest:

- N/A



Practice Profile

Where do we practice?



Who do we care for?





Legacy of Colonization



Ottawa to pay for travel companion for Indigenous women giving birth away from reserve

Health Minister calls old policy of having woman travel alone 'extremely unhelpful'

The Canadian Press | Posted: Apr 09, 2017 4:14 PM ET | Last Updated: Apr 09, 2017 4:14 PM ET



Health Minister Jane Philpott says she heard a 'cry loud and clear' from Indigenous health experts who were urging the federal government to allow pregnant First Nations women to leave home with an escort. (Fred Chartrand/Canadian Press)

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Politics

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Sask. Indigenous women file lawsuit claiming coerced sterilization

Women who were sterilized after giving birth each seek \$7M in damages

By Alex Soloducha, CBC News | Posted: Oct 10, 2017 8:21 PM CT | Last Updated: Oct 10, 2017 8:57 PM CT



The two women who have filed the lawsuit were both surgically sterilized after giving birth at the Royal University Hospital in Saskatoon. (Trevor Bothorel/CBC)

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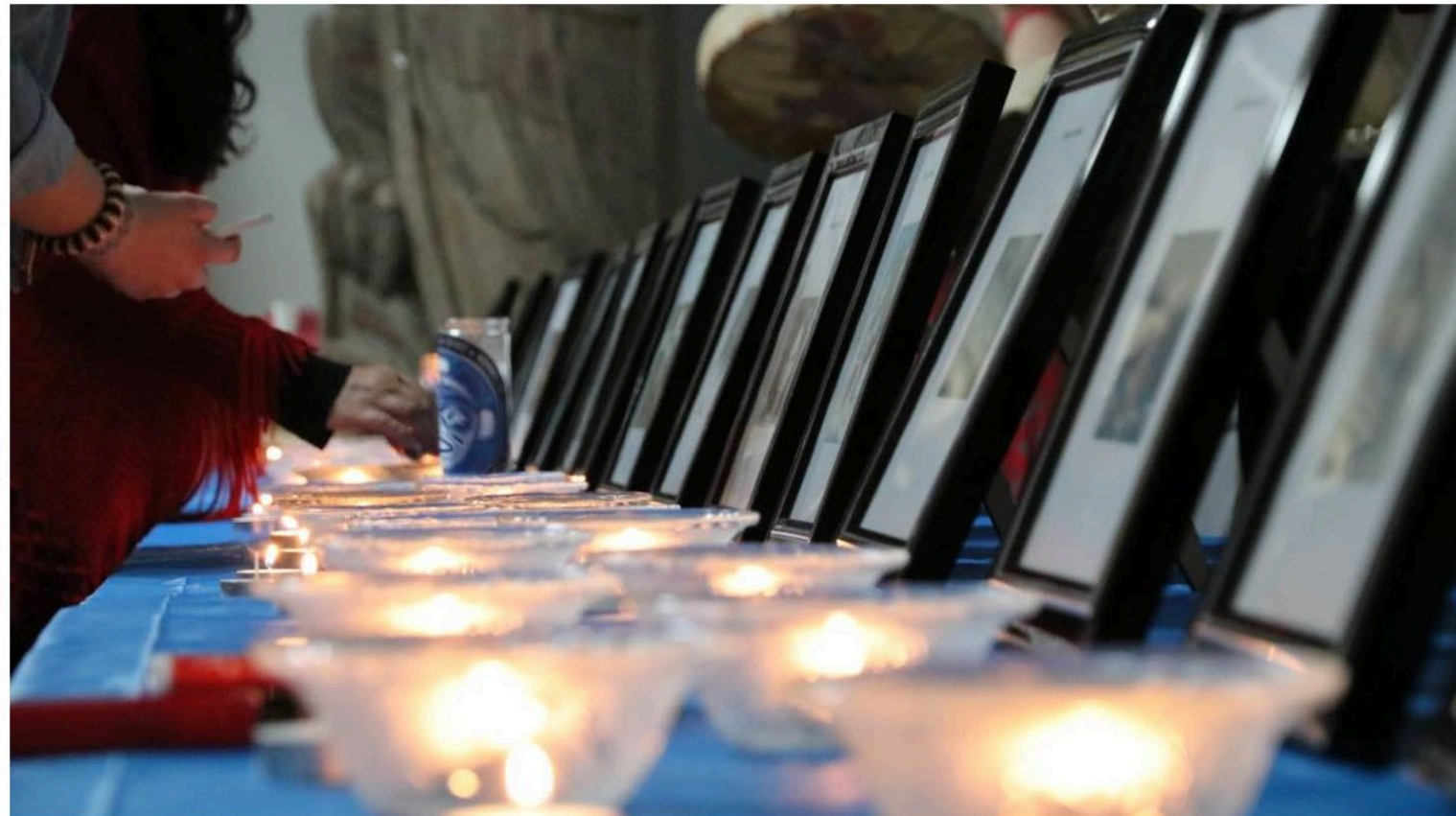


Still no way to tell how many Indigenous women and girls go missing in Canada each year

StatsCan and some major police forces do not track missing Indigenous women



Margo McDiarmid · CBC News · Posted: Dec 20, 2017 5:00 AM ET | Last Updated: December 21, 2017





Indigenous child welfare rates creating 'humanitarian crisis' in Canada, says federal minister

Provincial governments open to meeting with Ottawa on Indigenous child welfare

By Jorge Barrera, CBC News | Posted: Nov 02, 2017 8:27 PM ET | Last Updated: Nov 02, 2017 8:46 PM ET



Feds call emergency meeting with provinces on Indigenous child welfare 5:58

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Latest Indigenous Headlines



■ Federal grant delays cause hardships and closures, Indigenous groups say November 10, 4:53 PM ET

■ How to become an Indigenous healer for \$1,111 November 10, 8:00 AM ET

■ Indigenous demonstration forces closure of the Pinery November 10, 1:17 PM ET

■ 'Right thing to do': Passamaquoddy granted special



Cases



Case 1

- 27 yo G3P2 Indigenous woman, history of IVDU
- Moved to town to go into treatment
- Stable on Methadone for a year with full carries
- Couch surfing since moving to town



Case 1 - continued

- First two children in customary care with an Aunt on home reserve - a fly-in community
- Has housing in her community and would like to return to be closer to her other two children and family support
- Methadone is not available in her community, only Suboxone



Case 1 - Conclusion

- She worries that Suboxone won't work for her
- She worries about relapse and how she'll cope with little support in town and no stable housing for her and baby



Case 2

- 34 yo reported to police for being unresponsive on the street
- Brought to Emerg by ambulance
- Admitted with a serious skin infection and concern for an infection in her heart valves



Case 2 - continued

- Actively using methamphetamines and “other stuff”
- Known to trade sex for drugs and money
- Known to have Hepatitis C
- Kicked out of shelters and transitional housing for “bad behaviour”



Case 2 - Conclusion

- Found to be 26 weeks pregnant on ultrasound
- Found to be HIV positive on admission



Case 3

- 38 yo works in financial services at large bank
- Post-partum depression after last birth 5 years ago
- Found community of support with other new moms at “Babes and Brews” events which she attended weekly during maternity leave



Case 3 - continued

- Embraces mommy wine culture with her friends
- Started going to after work drinks a few nights a week whenever childcare available
- Now drinking up to a bottle of wine per night to get that same buzzy feeling even when at home



Case 3 - Conclusion

- Presents for the first prenatal visit at 20 weeks
- The maternity care provider glosses over the section on the perinatal record about substance use because that's obviously not an issue for this couple but wonders why they presented so late for care



Are they going to take my baby
away from me?

That depends on ...



Miigwetch
Thank you
Merci



Nurture
North



Breaking the Cycle: Community-Based Early Intervention Services for Infants and Young Children Exposed to Substances

Mary Motz, PhD. C.Psych.
Mothercraft/Breaking the Cycle



Breaking the Cycle



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Breaking the Cycle

- An early intervention program that promotes the wellness and mental health of infants and young children who are at-risk for poor outcomes due to maternal substance use and co-occurring factors.
- Infant/early childhood mental health is the developing capacity of the child from birth through the early years to:
 - Experience, regulate, and express emotions;
 - Form close and secure interpersonal relationships; and
 - Explore the environment and learn



Breaking the Cycle



BTC Families

Pregnant People/ Mothers

- Who are pregnant and/or parenting children 0-6 years;
- Who are experiencing problems of substance use and recovery;
- Who desire support around their substance use/recovery and parenting



Infants/Young Children

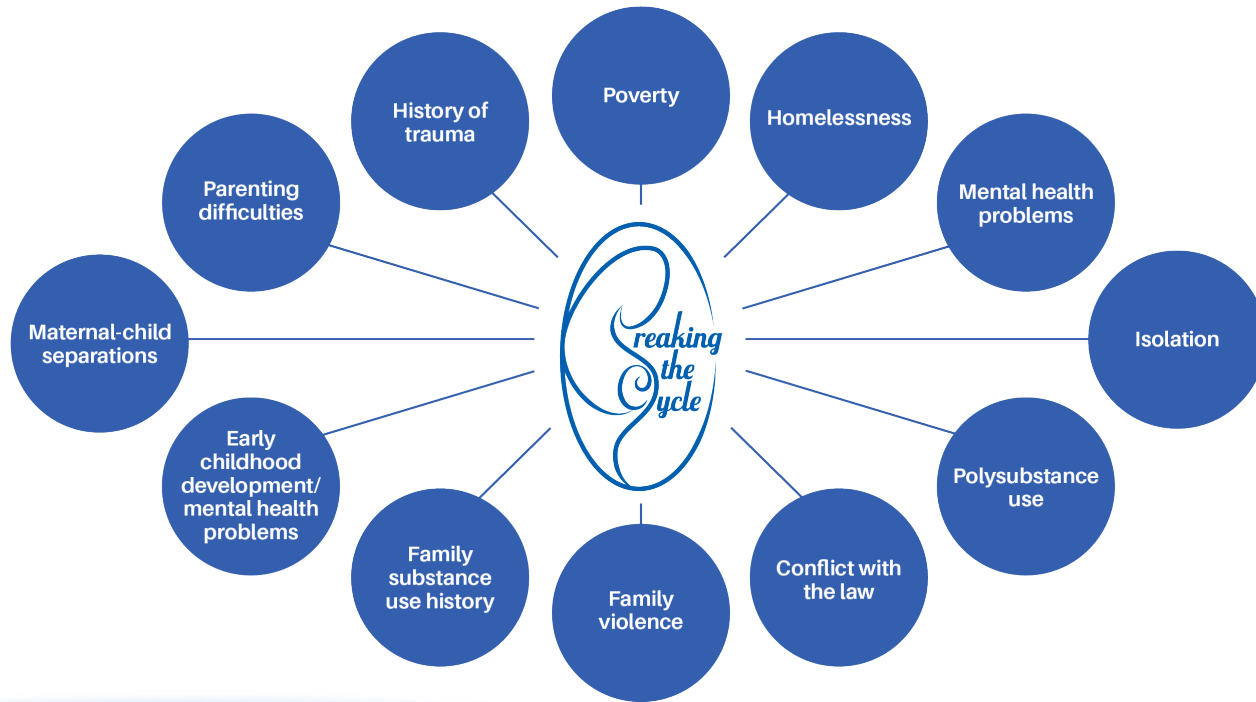
- Who have been exposed to alcohol and/or other substances during the prenatal period; and/or
- Who have been exposed to parental alcohol/ substance use in postnatal period



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Profile of BTC Families



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Hospital for Sick Children

St. Joseph's Health Centre

St. Michael's Hospital

**Children's Aid
Society of Toronto**

**Catholic Children's
Aid Society of Toronto**



**Toronto Western Hospital -
Mental Health and Addictions**

Toronto Public Health

**Ministry of Community
Safety and Corrections**

**Association of Ontario
Midwives**



Breaking the Cycle

BTC Partners



Addictions

- Relapse Prevention Group
 - Recovery Group
 - Life Skills Group
- Individual Counselling
- Connections Group

Developmental Clinic

- Screening and Assessment
- Developmental and Interactional Guidance
 - Parent-Child Psychotherapy
 - Home Visiting
 - Early Intervention



Mental Health Counselling

Health/Medical Services

- FASD Assessment/Diagnostic Clinic
- Pre-Postnatal Counselling

Basic Needs Support

- Food • Clothing • Transportation

Probation and Parole Services

Child Care

Pregnancy Outreach Program

Parenting

- New Mom's Support Group
- Nobody's Perfect Parenting Program
- Cooking Healthy Together
- Parent-Child "Mother Goose" Program
- Hanen "You Make the Difference"
- "Learning Through Play" Group
- Access Visits



Breaking the Cycle

BTC Programs and Services



**Trauma-
Informed**

Developmental

Child Functioning

Relationship Between Mother and Child

Relationship Between Staff and Families

Relationships Among Staff

Relationships Among Community Agencies

Relationship-Based Theoretical Frameworks

Attachment

**Harm
Reduction**

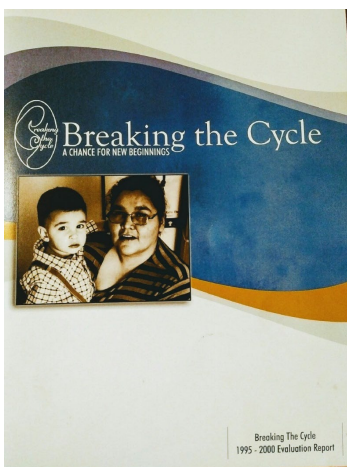


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BTC Theoretical Frameworks



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Engagement:

Holistic, cross-sectoral, community-based models, combined with pregnant outreach services, successfully engage pregnant women and mothers

Enduring Impacts of Early Engagement:

- Longer and greater intensity of service use
- Treatment goal completion
- Maintenance of recovery
- Child custody

Decreased isolation and increased connections to other community services:

- Prenatal/health care
- Withdrawal management/addiction treatment
- Hostel/shelter/housing supports
- Child welfare
- Mental health assessment/treatment
- Income support
- Legal support

Enhanced birth and perinatal outcomes for infants of substance-involved mothers engaged earlier in pregnancy:

- Fewer prenatal risk factors
- Reduced prenatal substance exposure
- Fewer birth complications
- Higher birth weight
- Better postnatal health and reduced length of hospital stay

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journal homepage: www.elsevier.com/locate/chiabuneg

Research article

Engaging mothers with substance use issues and their children in early intervention: Understanding use of service and outcomes

Naomi C.Z. Andrews^{a,b,*}, Mary Motz^a, Debra J. Pepler^b, Jessica J. Jeong^b, Jennifer Khoury^c

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BREAKING THE CYCLE:
Measures of Progress 1995-2005

Wahy Watz Ph.D., Margaret Leslie Dip.C.S., C.Psych.Assoc.,
Diana J. Pappas Ph.D., C.Psych., Timothy E. Wozniak Ph.D., C.Psych.,
Patricia A. Freeman M.A.



SPECIAL SUPPLEMENT
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Parenting Sense of Competence and Parenting Stress:

- Significantly higher levels of perceived parenting efficacy, parenting satisfaction, and overall confidence
- Significantly decreased levels of parenting stress

Mother-Infant Attachment:

- Significantly higher levels of quality of attachment and decreased levels of maternal hostility

Social Support:

- Significantly higher levels of support - emotional, financial, practical, social - from family and friends

Knowledge of Services:

- More informed about programs in community
- Better able to access help from other agencies
- Better able to deal with practical problems
- Better able to meet basic needs
- More connected with other mothers
- More a part of the community where they lived





A Qualitative Framework of Cumulative Risk and Protection for Understanding Neurodevelopment and Clinical Progress: A Multiple Case Study Approach

Bianca C. Bondi^a, Debra J. Pepler^a, Mary Motz^b, and Naomi C.Z. Andrews^c

^aDepartment of Psychology, York University, Toronto, Ontario, Canada; ^bEarly Intervention Department, Mothercraft, Toronto, Ontario, Canada; ^cDepartment of Child and Youth Studies, Brock University, St. Catharines, ON, Canada



Cumulative Risk, Protection, and Early Intervention: Neurodevelopment in Sibling Groups Exposed Prenatally to Substances

Bianca C. Bondi^a, Debra J. Pepler^a, Mary Motz^b, and Naomi C.Z. Andrews^c

^aDepartment of Psychology, York University, Toronto, Ontario, Canada; ^bEarly Intervention Department, Mothercraft, Toronto, Ontario, Canada; ^cDepartment of Child and Youth Studies, Brock University, St. Catharines, ON, Canada

Child Development Outcomes:

- With early intervention, many infants and young children with prenatal alcohol and other substance exposure are progressing along a typical developmental trajectory

For Children Exposed Prenatally to Alcohol and Other Substances:

- Neurodevelopment is shaped by the balance of cumulative risk and protection
- Postnatal risk domains (i.e., birth/postnatal, child, and parent-child interaction domains) and relational protective domains (i.e., family, parent-child interaction domains) have the most salient impact on neurodevelopment
- Early intervention is important as soon as possible postnatally and before age 3 years



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In Her Own Words...



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