

Why do we need Harm Reduction? Caring for People Using Substances in Pregnancy and Postpartum

Healthcare providers may have conscious or unconscious preconceptions about what makes a person fit to be a parent. These biases can stigmatize pregnant individuals who use drugs or alcohol. Biases and stigmatization may be a barrier to engagement in care, including prenatal care which can lead to an increase in adverse pregnancy and neonatal health outcomes.

Harm reduction involves multiple strategies, services and options which may help people reduce potential harms from their substance use and which may help to keep them alive and healthier. By supporting people who use drugs through the lens of harm reduction, communities, health care providers and policy makers focus more on individual needs and circumstances and less on criminalization and drug use cessation.

In the context of pregnant people, supporting harm reduction can include counseling, education, and in some situations, medications that will overall reduce risks to both the pregnant person and the fetus.

To read more about ways that may reduce risks while pregnant or feeding breastmilk please visit [Harm Reduction](#).

Harm reduction recognizes the autonomy of every person and understands that each person will know best what works for them in their current circumstance.

Environmental influences, as well as epigenetic and genetic factors each play a role in addiction. Lived identities, including sexual, gender, racial, ethnic, differently abled, may further impact a pregnant person's experience with substance use and how harm reduction might be approached in a culturally appropriate manner.

Environment plays a significant role in a person's journey with substance use. Trauma—often intergenerational-poverty, lack of access to housing, food, or personal safety can all contribute to substance use that becomes problematic. The predisposition of someone to addiction based on their genetics can be doubled because of their social and cultural environmental factors, such as age of initial access to substances, access to regular physical activity, and interaction with the environment. The right combination of the genetic and epigenetic factors may create a “perfect storm” and become a powerful inducement to addiction.

Substance use in Canada accelerated dramatically during COVID-19 pandemic, and with it so did deaths from poisonings and accidental overdose. According to Canada Health Infobase “A total of 7,328 apparent opioid toxicity deaths occurred in 2022 (January-December). This is an average of 20 deaths per day. In 2019 prior to the COVID-19 pandemic, the average number of deaths per day was 10, which increased to a peak of 22 in 2021”.

People who are – poisoned by or accidentally overdose on substances are not suicidal; they frequently use to dull their pain of life situations and personal history. In fact, **98%** of amphetamines or other stimulant poisonings in 2022 were accidental.

Harm reduction is about finding ways to keep people alive and as engaged as possible in their health care and social supports. Harm reduction strategies may range from total abstinence, to using at a supervised consumption site, or simply working to substitute one hit a day with something less harmful.

There is a broad range of approaches, strategies and programs which compose Harm Reduction. Harm reduction is based on the certainty that people deserve to believe in their value and dignity; to help them recognize they truly belong, they are needed, and they are wanted. People who choose to become or maintain a pregnancy whilst using need comprehensive ongoing care. Following the principles of harm reduction (HR) all social, agency, and health supports should continue to provide the care and support needed after birth and during infancy. Simply put, Harm Reduction works to save lives because each one of us has equal worth.

Additional Resources:

[Harm Reduction A British Columbia Community Guide](#)

[Harm Reduction CMHA Ontario](#)

[Harm Reduction SAMSA](#)

[Harm Reduction HealthLink BC](#)

Key References:

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