

Key Considerations for Episodic Overdose Prevention Services (eOPS)

PEOPLE WHO ARE PREGNANT OR PARENTING

People who are pregnant or parenting and who use substances experience stigma, fear of child welfare involvement, child separation, and punitive policies.

Service providers affect a person's trust in the healthcare system and their future decisions to seek care.

Support, don't punish

- People who are pregnant or parenting can access eOPS
- Recognize that accessing drug poisoning prevention can be a stigmatizing experience

Language matters

- Use person first and non-stigmatizing language
- Avoid assumptions about substance use and family goals

Build relationships and trust

- Ask permission to discuss substance use
- Provide supportive care that is trauma and violence informed, culturally safe, and person and family centered
- Respect choice and autonomy

Uphold Truth and Reconciliation

- Recognize the impacts of colonialism on pregnant and parenting Indigenous women and families
- Recognize your role as a service provider in answering Truth and Reconciliations Calls to Action

Include support networks

- Welcome the person's chosen family and networks, including Indigenous Elders

Understand your responsibilities

- Substance use alone or accessing harm reduction services are NOT reasons to report
- Do not report pregnant people based on concerns for the fetus
- Providers have a duty to report if there are immediate concerns that the parent or family cannot provide safe child care AND there is no safe child care available
- Providers can support families by assisting with child care
- If necessary, a report should be made thoughtfully and together with the parents and healthcare team