



Preconception Substance Use

Ask About Reproductive Goals

At routine visits, ask:

- “Would you like to become pregnant in the next year?”

This helps guide:

- Substance use counseling
- Medication review
- Harm reduction strategies
- Pregnancy timing discussions

Screen for Substance Use

Screen all patients of reproductive age, regardless of pregnancy intention.

Common Screening Tools

Screening Area	Suggested Tools
Alcohol	AUDIT, T-ACE, TWEAK
Drug use	DAST-10
General substance use	NIDA Quick Screen / ASSIST
Youth	CRAFFT
Reproductive-age screening	4Ps / 5Ps

Clinical Pearl

Universal screening reduces stigma and improves equity.

Use non-judgmental, trauma-informed communication to reduce stigma and improve disclosure.

Assess Key Risk Factors

Important considerations include:

- Pattern of use (frequency, quantity, binge patterns)
- Substance dependence
- Polysubstance use
- Co-occurring mental health conditions
- Social determinants of health (housing, safety, food security)
- Readiness for change
- Partner or household substance use

Provide Harm Reduction and Brief Intervention

Use motivational interviewing and patient-centred counseling.

Examples of harm reduction strategies:

- Reducing frequency or quantity
- Avoiding binge use
- Switching to safer treatments
- Stabilizing substance use prior to pregnancy
- Integrating mental health treatment

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Incremental risk reduction before conception improves outcomes.

Substance-Specific Clinical Priorities

Substance	Key Preconception Action	Clinical Note
Alcohol	Encourage abstinence when planning pregnancy	No known safe level in pregnancy
Nicotine / Tobacco	Support cessation before conception	Address smoking, vaping, and second-hand exposure
Cannabis	Encourage discontinuation before conception	Address common misconceptions about safety
Opioids	Continue or initiate opioid agonist therapy when indicated	Methadone or buprenorphine improves outcomes
Stimulants	Reduce use and stabilize health and social supports	Assess cardiovascular risk and polysubstance use

Address Co-Occurring Mental Health Conditions

Substance use frequently co-occurs with:

- Depression
- Anxiety
- Trauma-related disorders
- Bipolar disorder

Screen for mental health conditions and integrate care when possible.

Discuss Pregnancy Timing

If substance use is unstable, discuss pregnancy timing using supportive framing.

Counseling should:

- Support reproductive autonomy
- Avoid coercion
- Align with patient goals
- Emphasize stabilization before conception

When to Refer

Referral may be appropriate for:

- Substance use disorder
- Opioid use disorder
- Polysubstance use
- Unstable social circumstances
- Complex mental health comorbidity

Consider referrals to:

- Addiction medicine
- Mental health services
- Harm reduction services
- Smoking cessation programs
- Social supports

Plan Continuity of Care

Coordinate care across:

- Primary care
- Obstetrics
- Addiction medicine
- Mental health services
- Community supports

Plan postpartum follow-up early due to relapse risk.

Preconception Visit Checklist

- Ask about reproductive goals
- Screen for alcohol, tobacco, cannabis, opioids, stimulants
- Assess mental health conditions
- Review medications
- Provide harm-reduction counselling
- Discuss pregnancy timing
- Offer referrals when needed
- Arrange follow-up care

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Stabilizing substance use before conception reduces fetal exposure and improves maternal and neonatal outcomes.