

Making Connections: Preventing FASD by Supporting Women's Health

Presented by: Cristine Urquhart, MSW, RSW

Saskatoon, SK
September 24, 2009



Susan, 34 yrs old

Susan wasn't planning on getting pregnant, but it happened. Her fiancé is excited, but she's not so sure how a baby is going to fit in with her career. She tries to manage her stress by going to yoga 3 times a week and a glass or two of wine at night to wind down from the day.



Dawn, 21 yrs old

Dawn really wants to have a healthy baby and knows that drinking alcohol isn't a good idea. With the help of her worker at the Friendship Centre she has managed to make some big changes and hasn't binged in over a month. Each day is a struggle not to drink. Many of her family members and her partner have alcohol problems.



Kim, 16 yrs old

Kim went to a party last weekend and drank so much she can't remember most of the night. She does know that she had sex – although she didn't really want to. She isn't on birth control and is worried she might be pregnant.

Outline

1. Pregnancy, mothering and substance use
2. Integrated framework
3. FASD prevention model
4. Moving forward



Pregnancy, Mothering & Substance Use

Alcohol use by women in childbearing years

Canadian Addiction Survey 2004

- ▣ 15% of young women 18-19 yrs & 11% of women 20 -24 yrs reported heavy, frequent drinking
- ▣ Women of highest income more likely to be drinkers (86% vs 67% for lower) and women of highest income more likely to drink 1 to 3 times a week (33% vs 21.6%)
- ▣ Women with a university degree had almost twice the odds of current drinking (81.9%) than those who had not completed high school (63.4%)

Alcohol use in pregnancy

Canadian Community Health Survey 2001

- ▣ 12-14% of mothers indicated they used alcohol during their last pregnancy

Aboriginal Peoples Survey 1993

- ▣ Drinking alcohol is less common among Aboriginal than non-Aboriginal women, however binge drinking is more common among Aboriginal women

RISQ study 2007

- ▣ More Inuit girls than boys tend to present with problem substance use and the average age when regular use of alcohol began was 13.4 yrs

Alcohol use in pregnancy

Report from SAMHSA 2009

- ▣ 19% of women used alcohol in their first trimester, 7.8% second trimester, 6.2% third trimester
- ▣ Of the women in their first trimester: 8% binge drank, 21.8% smoked cigarettes, 4.6% used marijuana

Resumption of use postpartum

Report from SAMHSA 2009

- ▣ Rapid resumption of substance use noted in first 3 months postpartum

Substance	Third Trimester	3 Months Postpartum
Alcohol	6.2%	31.9%
Binge drinking	1%	10%
Cigarettes	13.9%	20.4%
Marijuana	1.4%	3.8%

Health impacts of alcohol use on women

- ▣ Women are more likely than men to develop cirrhosis after consuming lower levels of alcohol over a shorter period of time
- ▣ Heavy alcohol use has been found to significantly contribute to the development of osteoporosis, breast cancer, reproductive problems, heart disease and stroke and alcohol-induced brain damage
- ▣ Heavy alcohol use compromises bone health in girls and bones do not overcome the damaging effects of early chronic alcohol exposure

Source: National Institute on Alcohol Abuse and Alcoholism. (2002). Women and Alcohol: An Update. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, 26(4).

Low risk drinking guidelines

In British Columbia, the Centre for Addiction Research (www.carbc.ca) recommends the following:

Guideline 1 Avoid intoxication.

Don't drink more than the daily limit (4 standard drinks for men, 3 for women)

Low risk drinking guidelines

Guideline 2

To avoid long term harms to your health, don't exceed the weekly limit.

At least one or two days of the week should be drink-free, and you should never consume more than 20 standard drinks for men, and 10 for women.

Low risk drinking guidelines

Guideline 3

Never consume alcohol when it will put you or others at increased risk.

For example, don't drink when you:

- Are pregnant or breastfeeding
- Use other substances like pain killers
- Drive or operate machinery
- Need to be alert, like at work
- Have a mental illness or health problem

Substance use in pregnancy- a unique difference

- The risk of alcohol use during pregnancy causing birth defects and developmental disabilities in children – is often considered the most profound sex/gender difference in alcohol use.

Impact of the intersections

- Women who use alcohol also smoke, and women who are poor also smoke and women with abuse histories are more likely to drink alcohol and smoke.
- Health risks are heightened for women who use multiple substances.

Punitive Approaches and Stigma

"Drunken breast-feeding arrest touches off debate"

"Police responding to a domestic disturbance arrived at Stacey Anvarinia's home to find the mother breast-feeding her 6-week-old baby in front of them. And she was drunk, they said. Officers arrested the woman, who later pleaded guilty to child neglect and faces up to five years in prison."

Associated Press, North Dakota, July 7, 2009

Mothering Policy

Study of barriers to accessing treatment by mothers

- Shame (66%)
- Fear of losing children (62%)
- Fear of prejudicial treatment on the basis of their motherhood status (60%)



Poole, N. & Isaac, B. (2001). Apprehensions: Barriers to Treatment for Substance Using Mothers, BC Centre of Excellence for Women's Health.

Stigma – Mothering and substance use

Representation of women's responsibility

Mental illness	Woman abuse	Substance use
Out of woman's Control	Within her control	Deliberate

Representation of the system's responsibility in the 3 'cases'

Mental illness	Woman abuse	Substance use
System failing	Limited system failure	Not system's fault

Source: Greaves, L., Varcoe, C., Poole, N., Marina, M., Johnson, J., Pederson, A., et al. (2002). *A Motherhood Issue: Discourses on mothering under duress*. Ottawa, ON: Status of Women Canada.

"We're slipping through the cracks and everything else, and when you push and shove and take away the children and stuff, I mean, we're losing mothers in droves here, you know, so there's a flaw in the system."

Voice of mother in treatment from *Mothering Under Duress* study



Engaging with women around alcohol

- In a survey of physician practices in Ontario most respondents indicated that they talked to patients about drinking/smoking/drug use prior to conception (97.6%)

Best Start Resource Centre. (2009). *Preconception Health: Physician Practices in Ontario*. Toronto, Ontario, Canada: Author.

However...

- 43% of women surveyed in the 2009 Ontario FASD Awareness survey indicated that they received no information or misinformation (8%) about alcohol in pregnancy

Implications for Ontario: Awareness of FASD 2009
http://www.beststart.org/resources/pdfs/implications_report_09.pdf



Framework

Integrated framework

- ✓ Woman/Mother-centred
- ✓ Harm reduction oriented
- ✓ Collaborative

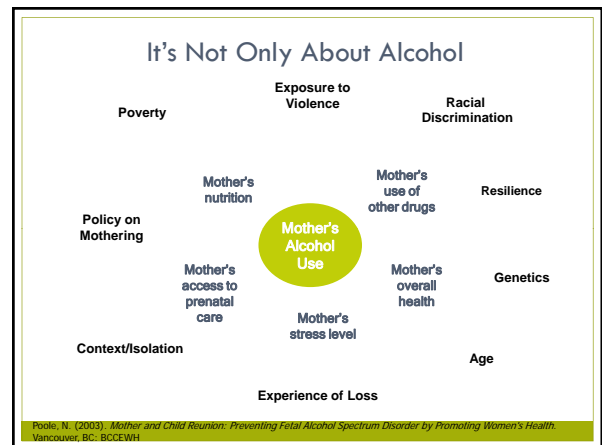


Woman/Mother-Centred

Woman/mother-centred approach

- Focus on the woman's own health pre, during and post-pregnancy and encourage internal motivation for change
- Acknowledge the negative social responses to pregnant women's substance use and assist in dealing with stigma, punishment and blame

Expecting to Quit: Best Practices in Smoking Cessation During Pregnancy. 2005 British Columbia Centre of Excellence for Women's Health.



The story of the highest risk mothers

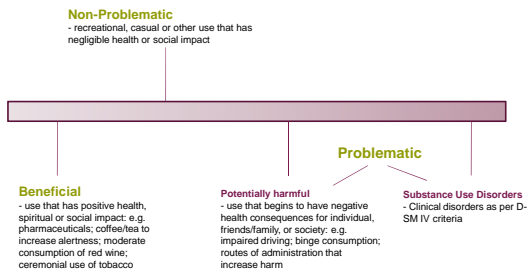
Study of Birth Mothers of 160 children with FAS.
Of the 80 interviewed:

- 100% seriously sexually, physically or emotionally abused
- 80% had a major mental illness
- 80% lived with men who did not want them to quit drinking

Astley, S. J., Bailey, D., Talbot, C., & Clarren, S. K. (2000). Fetal Alcohol Syndrome (FAS) Primary Prevention through FASD Diagnosis II: A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol and Alcoholism*, 35(5), 509-519.

Harm Reduction

Continuum of Substance Use



Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction, (2004). British Columbia Ministry of Health Services. <http://www.healthservices.gov.bc.ca/mhd>

Principles of Harm Reduction

- Pragmatism
- Human rights
- Focus on harms not only the substance
- Provide a variety of options, doors and support
- Priority of immediate goals
- Involvement of women who use substances

Need to recognize that addiction can be “a way of adapting to desperately difficult situations. People cannot be ‘cured’ of adaptive strategies unless better alternatives are available to them.”

ALEXANDER, B. K. (1991)

Interconnections for girls

Girls who experience physical & sexual abuse by dating partners are more likely to be at risk for harmful substance use.
(Note: Odds of 2.0 mean a girl is twice as likely to engage in the behavior as one who was not abused.)

Behavior	Odds
Heavy smoking (within 30 days)	2.5
Binge drinking (within 30 days)	1.7
Cocaine use (ever)	3.4
Diet pill use (within 30 days)	3.7
Laxative use & / or vomiting (within 30 days)	3.7
More than three sex partners (within 90 days)	3.3
Pregnancy (ever)	3.9
Considered suicide (within 1 year)	5.7
Attempted suicide (within 1 year)	8.6

Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behaviour, pregnancy, and suicidality. *The Journal of the American Medical Association*, 286, 572-579

Collaborative

Barriers to collaborative conversations

- Physicians report that they don't feel fully prepared to discuss substance use with women
- Women fear judgment and losing their children
- The approach taken – making assumptions about what she knows, offering information and advice without asking permission

Tough, S. C., Clarke, M. E., Hicks, M., & Clarren, S. (2005). Attitudes and approaches of Canadian providers to preconception counselling and the prevention of Fetal Alcohol Spectrum Disorders. *Journal of FAS International*, 3, e3.
Poole, N. & Isaac, B. (2001). Apprehensions: Barriers to Treatment for Substance Using Mothers, BC Centre of Excellence for Women's Health.

Not all conversations are created equal

In a recent survey of physicians and nurse practitioners in Saskatchewan, "while 95.6% of physicians and 95.1% of nurse practitioners reported that they "always" or "sometimes" ask pregnant women about alcohol use, 39.9% of physicians and 34.1% of nurse practitioners reported "rarely" or "never" using brief motivational techniques when engaging pregnant women about alcohol use."

Davis, P.M. & Carr, T.L. (2008). Needs assessment and current practice of alcohol risk assessment of pregnant women and women of childbearing age by primary health care professionals. *Canadian Journal of Clinical Pharmacology*, 15 (2).

What do we do to try to make people change?

Give them **Insight** - if you can just make people see, then they will change

Give them **Knowledge** - if people just know enough, then they will change

Give them **Skills** - if you can just teach people how to change, then they will do it

Give them **Hell** - if you can just make people feel bad or afraid enough, they will change

What do we know about change?

When people are told what to do, there is a good chance they will do the opposite.

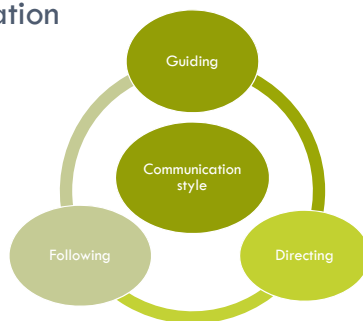
People talk themselves into or out of change.

Perceived benefits of change must be personally relevant for change to happen.

Motivational Interviewing is a collaborative person-centered form of guiding to elicit and strengthen motivation for change.

MILLER & ROLLNICK, 2009

Communication Styles



Rollnick, S., Miller, W.R., Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*. New York: Guilford Press.

Rollnick et al. (2005). Consultations about changing behaviour. *British Medical Journal*, Vol 331: 961-963.

MI Research

- Effective in brief interactions
- Shown to outperform traditional advice giving
- Effect not necessarily related to the practitioner's educational background
- Effect sizes of MI larger with ethnic minority populations & when the practice was not guided by a manual

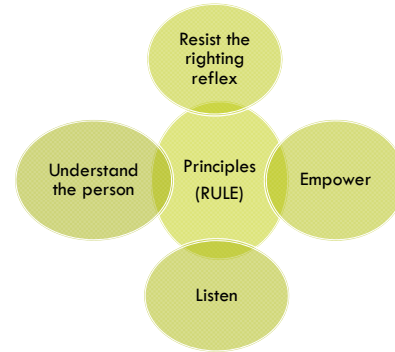
Rubak et al. (2005). Motivational Interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, April, 305-312.

Hattema, J., Steele, J., Miller, W.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.

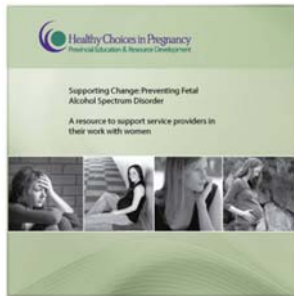
Evidence for collaborative motivational approaches

- Project Choices – RCT on benefits of **4 brief motivational sessions** focused on reducing drinking and one contraception counselling session
- Those in intervention group **2 times** more likely **not** at risk for alcohol exposed pregnancy after 3, 6 and 9 months than those in the control group

Source: Floyd, L. et al. (2007). Preventing Alcohol Exposed Pregnancies: A randomized control trial. *American Journal of Preventative Medicine* 32(1), 1-10.



Rolnick, S., Miller, W.R., Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*. New York: Guilford Press.



Supporting Change: Preventing Fetal Alcohol Spectrum Disorder

www.hcip-bc.org

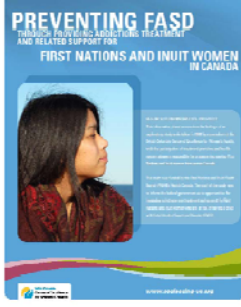


FASD Prevention Model

Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives

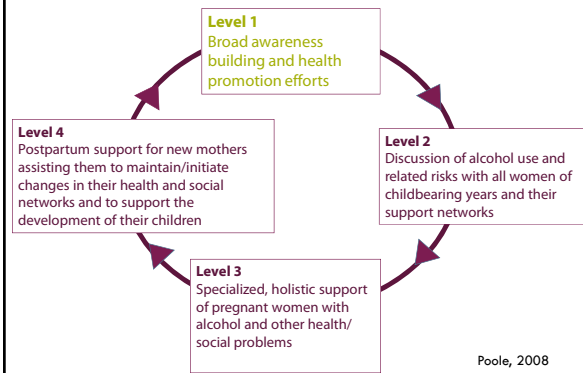


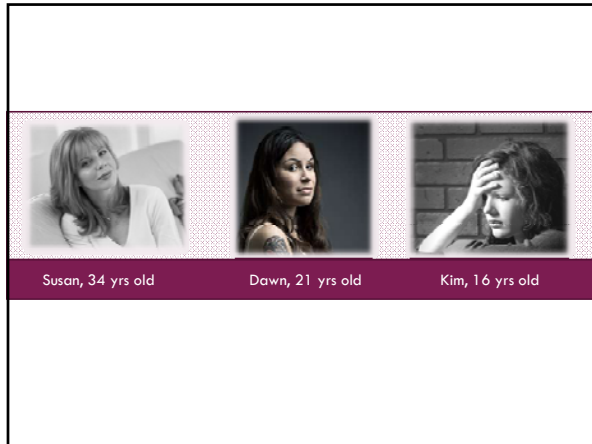
<http://www.phac-aspc.gc.ca/fasd-etca/pdf/cp-pc-eng.pdf>



www.coalescing-vc.org

4 Levels of FASD Prevention





Efficacy & Threat

What We Have Learned:
Key Canadian FASD
Awareness Campaigns

Canself

Women and Alcohol:
A Women's Health Resource

Women and Alcohol:
A Women's Health Resource

www.hcip-bc.org

Individual Responses To Alcohol

3 Low risk drinking guidelines are based on research on the average person, however the effects of alcohol vary greatly from one person to the next. Below are some factors that can influence the way you respond to alcohol:

Being a woman

Sex differences exist in the metabolism of alcohol. These metabolic differences create significant disparities in the way women drink and are often ignored by women. These key measurements help to explain these differences:

- Women have less water in their bodies to help dilute the alcohol in their blood stream
- Women's bodies have high concentrations of adipose tissue which produces alcohol dehydrogenase in comparison to men.
- Women's bodies have lower levels of a particular enzyme that is needed to metabolize alcohol.

These reasons are why drinking guidelines for women are lower than those for men. Researcher's also affect women's drinking. Women often report using substances

Experiences of violence and abuse

Past and current experiences of violence are commonly linked to women's use of alcohol and other substances. Many women identify their substance use as a way to cope with alcohol experiences as children and/or adults (1). In the case of sexual assault, women who drink to cope tend to be at a greater risk for this type of violence (10).

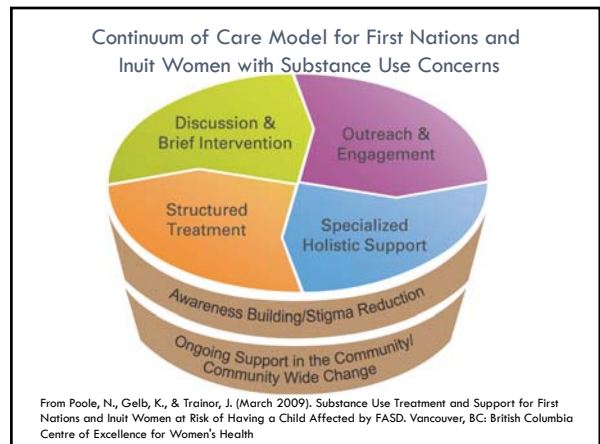
"Low risk drinking guidelines are based on research on the average person, however the effects of alcohol vary greatly from one person to the next."

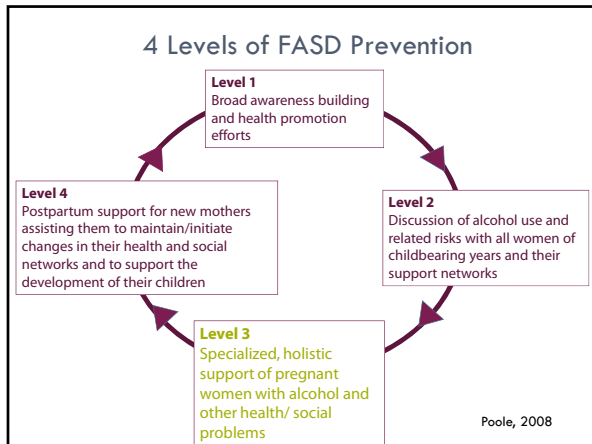
"Past and current experiences of violence are commonly linked to women's use of alcohol and other substances"

Your baby needs you to take care of yourself. Please don't drink alcohol during pregnancy.

Healthy pregnancy.
Healthy baby. Healthy Nation.

www.bcands.bc.ca





Sheway Project

The health of women and their children is linked to the conditions of their lives and their ability to influence these conditions

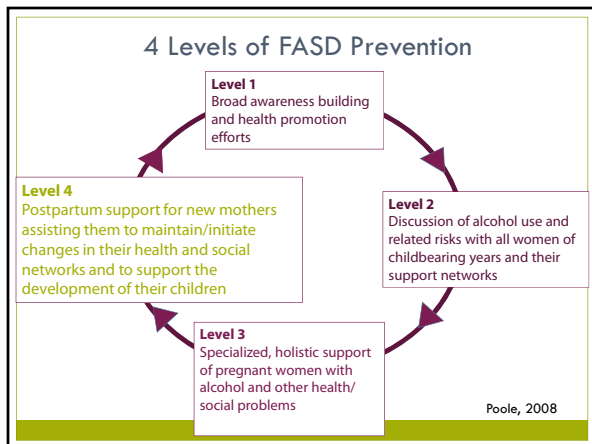
- Provides services in a flexible, welcoming, non-judgmental, nurturing and accepting way
- Supports women's self determination, choices and empowerment
- Offers respect and understanding of First Nations culture, history and tradition
- Takes a harm reduction approach
- Links women and their families into a network of health-related, social, emotional, cultural & practical support



Fir Square Combined Care Unit, BC Women's Hospital

Mother-centred care that in turn supports positive outcomes for infants

- Care centred on the mother-child unit
- Shift from expectation that mothers adapt to systems - to reorganization of providers
- Continuity of care between community and hospital
- Work to support child protection and enhanced mothering capacity



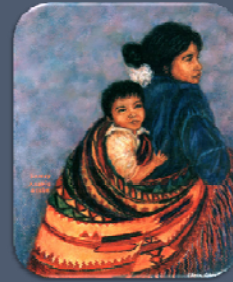
Postpartum support

1. Home visitation by nurses
2. Stop FASD, PCAP and other mentoring programs
3. Key Worker & Parent Support Services

Multifaceted programming

Crabtree Corner Family Resource Centre, Vancouver, BC

- Community Action Program for Children (CAPC)
- Postpartum housing
- Meal programs
- FASD prevention program
- Intergenerational FASD support group



Moving forward

Moving forward

- Moving Forward on Improving Substance Treatment and Support for First Nations and Inuit Women in Canada
- Girls & risky drinking health promotion project to develop a strategy for gender-informed prevention
- SOGC guidelines

Virtual Communities

www.coalescing-vc.org



Summary

1. We all have a role in FASD prevention
2. 3 part evidence-based framework addressing core underlying issues
3. 4 interconnected levels of FASD prevention
4. Strong guiding principles are essential
5. Through collaboration, dialogue and making connections the work continues



Respect, understanding, compassion, hope and collaboration are the values!

Websites

www.bccwh.bc.ca

www.hcip-bc.org

www.coalescing-vc.org

Email

curquhart@cw.bc.ca