British Columbia Centre of Excellence for Women's Health

The British Columbia Centre of Excellence for Women's Health is committed to improving the health of women

Better Practices Review of Interventions aimed at Supporting Women to Reduce their Use of Alcohol in the Childbearing Years

Dr Tessa Parkes, Nancy Poole & Dr Amy Salmon

WEBCAST: 18th March 2008

Healthy Choices in Pregnancy
Provincial Education & Resource Development

Women's Health, Everybody's Business

BACKGROUND TO THE REVIEW

Emphasis and Focus of the Review

- This review presents and examines research on the effectiveness of three levels of intervention with women around their alcohol use including:

  1) Identification of risky drinking

  2) Brief Interventions (BI), and

  3) Intensive Interventions (II).

Why do this Review?

- **Concern related to women's use of alcohol in childbearing years & pregnancy has been increasing in Canada and on global public health agendas**
- **Need for an evidence-based foundation to inform professional training and practice in the ActNow BC Healthy Choices in Pregnancy (HCIP) initiative**
- **Desire to positively influence practice and policy developments beyond the ActNow HCIP work**
- **Popularity of *Expecting to Quit: A best practices review of smoking cessation interventions for pregnant and postpartum girls and women,* produced by the BCCEWH in 2003**

Contextualizing the Review

- Findings from the systematic review are placed in the context of literature, research and commentaries on women's health and women's substance use

- This is essential when appraising an area of research and practice which has a limited number of published and peer review studies available.

The Team

- Tessa Parkes, PhD
- Nancy Poole, MA
- Amy Salmon, PhD
- Cristine Urquhart, MA
- Lorraine Greaves, PhD
- Katja Clarke, MA
- Kirsten Bell, PhD
- Trica McDiarmid, BA

METHODOLOGY AND SUMMARY OF STUDIES REVIEWED

Methodology

- **Systematic Review methodology** according to NICE (UK) and the Canadian Better Practices model described by Moyer, Cameron, Garcia and Maule (2001)
- **Literature search** – April-May 2006 and Aug-Sept 2007 using standard databases, English only, 1996-2007
- Studies had to include women who were **pregnant, postpartum or of childbearing age**
- Key outcome was a **change in self-reported alcohol use** but many other secondary outcomes also reported
- Involved **quality appraisal** of retrieved papers, **data extraction and synthesis**, **contexualizing** results within broader literature, development of **components, approaches** and **recommendations,** and **expert review**

Summary of Studies Reviewed

- **38 studies reviewed in total**
  - 18 studies on identification and screening instruments
  - 11 studies on brief interventions (7 with pregnant women and 4 with women in CBY)
  - 9 studies on intensive interventions (all looking at substance use in general but including alcohol)
- **Most studies included a large % of low income & minority/ethnic women yet only 1 study specifically focused on a pregnant subpopulation**
- **US literature dominates (1 Canadian paper)**
- **All studies rated medium or high quality**

Findings and discussion of

IDENTIFICATION AND SCREENING

Identification and Screening

- **18 studies examined**
  - Reliability and validity of self-report (1)
  - Reliability and validity of screening tools in general (3)
  - Comparison of different screening tools (13)
  - Necessity of accurately measuring alcohol consumption (1)

Findings: Identification and Screening

- Majority of studies conclude that **screening tools are more effective** at identifying potential alcohol use than practice as usual (usually direct questioning by providers)
- **T-ACE and TWEAK** - most sensitive validated screening instruments for lifetime alcohol diagnoses, risk drinking and current alcohol consumption for pregnant women
- **Self-administered** screening methods more accurate than direct verbal questioning by staff
- Assurances of **confidentiality of information from providers** increases women's reporting of alcohol use
- No clear evidence on whether certain tools are better with different **sub-populations** of women

Discussion and Critique

- The desire to utilize **screening tools dominates mainstream research…**
- Yet this **does not mean** that screening is the best or only way to talk with women about their alcohol use
- Practitioners in the fields of women's health, women's substance use and violence against women provide a **critique** of viewing screening as 'the answer'
- While screening has been found to be better than practice as usual in this review, no studies exist that aim to compare screening with, for example, a **non-judgemental personal interview** with a trained professional

Handmaker *et al* (1999)

- Pilot RCT study looking at a Brief Intervention using Motivational Interviewing (MI)
- Reports their findings of **different methods of identifying alcohol use** among their sample of pregnant women *(this was not the intervention being examined by the study - examined the effectiveness of a BI)*
- Findings:
  - Using a self-administered screening questionnaire women reported drinking a mean of 20.48 drinks in the past month
  - The same women reported threefold higher levels of drinking during subsequent non-judgemental personal interviews
  - When asked by their healthcare providers just before delivery most of the women reported not drinking at all during their pregnancy

Alternatives to Screening

- There are **alternatives to screening that address this critique:**
  - Gunn *et al (*2006) report on development and pilot of training program ANEW in Australia emphasizing **advanced communication skills** with women
  - Alberta Alcohol and Drug Commission's (AADC) Enhanced Services for Women (ESW) program for pregnant women, and other outreach oriented programs in Canadian cities
- Both examples highlight the importance of **non-judgemental, women-centred, relationship-based** approaches to talking with women about their alcohol use
- Core: **active listening,** working on issues that **women raise as concerns, harm reduction, flexibility** and **holistic approach**
- Evaluation of programs indicate their **positive impact on women and staff** – now these need to be systematically researched to test effectiveness when compared to screening

Findings and Discussion of

BRIEF INTERVENTIONS

Brief Interventions

- 11 studies on Brief Interventions (BI) were examined
  - 7 with pregnant women
  - 4 with women in the childbearing years
- Each study examines a different approach to intervention so findings are specific to that intervention rather than BI's in general
- In some studies the treatment effect varied between cultural groups and between women with different levels of alcohol use
- Some of the samples of women used in the studies mean that statements about effectiveness cannot be generalized to a wider population of women

Findings: BI’s with Pregnant Women

- Growing evidence that BI’s **can help to reduce alcohol consumption** amongst pregnant women – mixed results
- **5 out of 7 studies** found that the BI reduced women’s use of alcohol during pregnancy
  - e.g. O’Connor and Whaley (2007): “…*women in the brief intervention condition were 5-times more likely to be abstinent by the third trimester*”
- The 2 that failed to find a statistically significant difference seemed to trigger the ***‘screening effect’*** where merely asking women about their use seems to create a researchable difference in drinking behaviour
- Interventions appear to have **different effects** on different sub-groups of women (e.g. heavier drinkers)

Findings: BI's with Women in CBY

- BI's **successful in reducing the risk** of alcohol-exposed pregnancies amongst women in child bearing years in all four of the studies reviewed (3 RCT's)

- Three studies that included contraceptive as well as alcohol counselling found **effective use of contraception increased** amongst the treatment group, alongside a reduction in risk drinking
  - In 2 of 3 studies more women chose the goal of increasing the effectiveness of contraception rather than to reduce their drinking
  - In Floyd et al (2007) women made significant changes in both their use of contraception and their use of alcohol

- **Dual focus on alcohol reduction and contraception -** important element of intervention's success in all three cases – creates choice

- However, Ingersoll et al (2005) found that most of the women in their study **retained a pattern of binge drinking** following the intervention

Findings and Discussion of

INTENSIVE INTERVENTIONS

Intensive Interventions

- 9 Intensive Intervention studies
- All aimed to reduce substance use amongst pregnant/postpartum women – **not solely alcohol**
- Investigated a **range of interventions:**
  - Treatment programs (3)
  - Enhanced prenatal programs (3)
  - Home visiting programs (3)
- Most studies include **multiple components** - impossible to identify the effectiveness of specific components
- All **small samples** and **non-experimental design**

Findings: Intensive Interventions

- All the II's reviewed were **successful** in reducing alcohol and other substance use in pregnancy and improving maternal and fetal outcomes
- Many **other significant outcomes**:
  - Inc. referrals of women into a range of other services
  - Increased take up of referrals by women
  - More permanent child custody placements
  - Enhanced physical and nutritional health of women
  - Improved contraceptive use
  - Decrease in smoking and over the counter drug use
  - Inc of pregnancy vitamins
  - Improvements in the lives of women's children

Success of Intensive Interventions

- Models of care in most of the programs **specifically address the barriers** that usually prevent pregnant women engaging with services
  - increased **coordination and continuity**
  - increased **flexibility and accessibility**
  - **support women over a longer period of time** than regular prenatal or treatment programs
  - focus on **women's broader social environment,** recognizing role played by factors such as housing/childcare/transportation in affecting women's use of substances & ability to attend treatment

- **Value base of staff seems critical to success** - emphasis on non-judgmental and respectful approach to women focused on trust building

Proposed

BEST PRACTICE COMPONENTS AND OVERALL APPROACH

Better Practice Components: Screening

- Screening tools can be helpful in identifying women who use alcohol in pregnancy, especially the use self-administered questionnaires
- Certain screening tools are more effective than others (T-ACE, TWEAK, AUDIT, Alcohol Screening Tool and 4 P's Plus)
- Other aids are tracking tools (visual aids, drink size measures, quantity and frequency measures)
- Simplicity of the tool, use of plain language, use of woman's first language and integrating screening questions with less negatively valued questions about health, all increase effectiveness of tool
- Some questions on screening tools are more significant than others
- Screening tools are most effective when used alongside practitioner training, support and supervision

Components: Brief Interventions

- **Providing choice** in the intervention (e.g. between using contraception and reducing alcohol use)
- Using **Motivational Interviewing practices**
- **Addressing poly-substance use** (e.g. integrating discussion of tobacco use)
- **Discussing partners/support network** to help women
- **Education** (e.g. use of a self-help guide)
- **Relational approach** (e.g. trust building and creation of safety)
- **Harm reduction approach**
- **Goal setting consistent with readiness**

Components: Intensive Interventions

- **Intensive, individualized support** via workers with small case loads
- **Integrated, coordinated and comprehensive** services
- **Flexible, local, accessible and responsive** services (e.g. home visits, transportation and childcare options)
- Focus on **women's self-identified needs** including her social needs
- **Stigma reduction**
- **Harm reduction**
- **Parenting support** (e.g. working with children, working with women as mothers in ways that break intergenerational cycles of family disruption)
- **Health education and prevention focus**

Components: Staff Training & Support

- **Comprehensive/specialized training** (including for example, the risks of prenatal alcohol use, the importance of accurate reporting, aspects of drug, alcohol and cigarette use, theories of addiction and recovery, and interviewing and intervention techniques
- **Experiential training methods** (such as role-play, completing screening tools, strategies for incorporating the tools into standard practice).
- **Continuous expert support from substance use/addictions personnel**
- **Training and support on substance use embedded with training and support on other social and health issues** (violence towards women, child protection, mental health problems)

Better Practices Approaches

- Women-centred Care
- Social issues integration
- Reducing stigma
- Creating a relational approach
- Harm reduction
- Tailoring interventions

Proposed

RECOMMENDATIONS

Recommendations for Practice

- Healthcare providers should ask women about their use of alcohol **through their childbearing years** rather than just during pregnancy - part of a “well woman” approach to care that includes a pre-conception and postpartum focus
- **Discuss alcohol use with all women** to avoid under or over identifying certain women as using alcohol in pregnancy, especially by income or race/ethnicity
- Identification is optimally done in the **context of safe conversations** between women and providers based on respect and unconditional regard. Safety and trust are important considerations in these conversations
- Brief discussions can serve to **effectively link identification and intervention**

Recommendations for Practice

- Give consideration to ways to build in **safety, trust and respect** for women if a formal screening tool is utilized
- Ensure that staff using screening tools have received **training and can access ongoing support and advice** from those with expertise
- Include **discussions about drink size** as well as number of drinks when having conversations with women
- The process of identifying women who use alcohol during pregnancy should be clearly linked to **supportive action**
- Address **women's poly-substance use** incl. tobacco use

Recommendations for Practice

- Provide **on-site addictions services in primary care settings**, and assertive outreach programs to **increase accessibility of prenatal care for pregnant women with alcohol problems**
- Create an **expanded role for prenatal providers** to integrate discussion of alcohol in their work, and to be a referral source for women wanted social support during pregnancy
- Prioritize **good communication** between specialist staff and services and regular prenatal staff and services
- Develop **comprehensive services** that join up prevention, assessment, education, referral and intervention components
- Acknowledge that **interdisciplinary and multidisciplinary working** is essential in this field

Recommendations for Practice

- Stay with **where the women is at** - respect her readiness to change, the areas of change she is interested in, the pace of change needed etc
- Acknowledge **women's family roles** as mothers and partners and how this affects their ability to focus on their own needs and desires and on getting support and treatment for their problems.
- Focus on **removing barriers** to women entering treatment programs - create more treatment programs that are women-centred and accessible
- **Invest time and effort** in the services offered – work in this area takes time and patience

Recommendations for Research

- More study in the area of women and alcohol use in the childbearing years is needed, specifically more research on **identification methods other than screening** that attend to **women's concerns about confidentiality and safety**, specific **tailored approaches for sub-groups of women** and the **ethical dimensions** of work in this area

- Broader **population health estimates** are needed and these can be based in anonymous survey techniques

- More research is needed on the effectiveness of **promising Canadian intensive intervention initiatives** to come to a better understanding of common, multifaceted outcomes being achieved

Recommendations for Knowledge Translation, Policy & Structural Change

- **Ongoing training for healthcare staff** that enables them to address substance use during regular prenatal visits (rather than rely on referral)
- **Mechanisms for knowledge translation** of promising practices need to be identified
- Mechanisms for **increasing the collaboration** of child welfare, prenatal and addictions providers needs to be put in place – to address the very significant barrier to access created by apprehension focused approaches

Next Stage…

- Draft document goes out to expert reviewers for feedback on plausibility and feasibility
- Feedback incorporated in document
- Publication of document – early May

Please contact us at hcip@cw.bc.ca and **pass on comments, questions and suggestions** – we appreciate all feedback that can improve this document

Please also contact us if you wish a **print copy** of the report – It will also be available to download on the ActNow BC Healthy Choices in Pregnancy **website**