

Substance/Alcohol Use By Women in Pregnancy And After Birth

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Objectives:

- ▶ Participants will be able to identify the prevalence of substance use in pregnancy and for women in their childbearing years
- ▶ Participants will be able to list the effects that substance use and alcohol have on the developing baby
- ▶ Participants will be able to identify effective strategies to help pregnant women abstain from or reduce substance use in pregnancy
- ▶ Participants will identify their role in the prevention and treatment of substance use in pregnancy

Prevalence of Substance Use - Women of Childbearing Years Why Is This Important?

- ▶ Important to understand prevalence of substance use before pregnancy
- ▶ Once patterns established difficult to stop substance use in pregnancy
- ▶ Risky use of alcohol/substances before pregnancy - ↑ risk of use in pregnancy
- ▶ Unplanned pregnancies 40 -50% (Public Health Agency of Canada)
- ▶ Unplanned pregnancy - may be 8-12th week of pregnancy before aware of pregnancy
- ▶ If substance/alcohol use part of daily life - fetus exposed to potential toxins



Prevalence of Substance Use Women of Childbearing Years

Alcohol

Canada:

- ▶ 74.4% report past year alcohol consumption
- ▶ Past year alcohol use higher among 25 years and over
- ▶ 15-24 years of age are more likely to drink at risky levels
- ▶ 15.9% exceeded 10 drinks/week (Canada's LRADG* for women)
- ▶ 9.7% exceeded 3 drinks/special occasion (Canada's LRADG* for women)
- ▶ 20% of women in childbearing years drink 5 or more drinks/occasion once/month or more, 3 times the rate from a decade ago (CAWH, 2008)



Health Canada, Canadian Drug Use Monitoring Survey, 2012
 LRADG - Canada's Low Risk Alcohol Drinking Guidelines

Prevalence of Substance Use Women of Childbearing Years

Alcohol

Ontario:

- ▶ Past year alcohol consumption for women
 - ▶ 74.6% - 2010
 - ▶ 78.9% in 2011
- ▶ 17.1% reported exceeding the LRADG* for women (among drinkers)
- ▶ 10% reported hazardous or harmful drinking (among drinkers)
- ▶ Increases in daily drinking rates among women increased from 2.6% of women in 2001 to 5.7% in 2011



*LRADG - Low Risk Alcohol Drinking Guidelines
 Addiction and Mental Health Indicators Among Ontario Adults 1997-2011, CAMH

Prevalence of Substance Use Women of Childbearing Years

Tobacco

- ▶ 14% females aged 15 years and over
- ▶ Rate has decreased over past 5 years



Cannabis

- ▶ 7.0% report past year cannabis use
- ▶ Cannabis use higher for 15-24 year olds
- ▶ In 2011, 25% of those who used Cannabis reported using it on a daily basis
- ▶ Many people report using it to help them sleep



Health Canada, Canadian Drug Use Monitoring Survey, 2012
 Health Canada, Canadian Tobacco Use Monitoring Survey, 2012

Prevalence of Substance Use Women of Childbearing Years



Illicit Drug Use

- ▶ 1.1% report past year illicit drug use - cocaine, ecstasy, speed, hallucinogens and heroin
- ▶ Illicit Drug Use higher among youth aged 15-24
- ▶ Sample was women of childbearing years - 15-44 years of age

Opioids

- ▶ 16.9% Canadians, ≥15 years report past year opioid use

Health Canada, Canadian Drug Use Monitoring Survey, 2012



Prevalence of Substance Use Pregnancy



- ▶ Alcohol - 11% of women consumed alcohol
- ▶ Alcohol use in pregnancy is more commonly reported in older women
- ▶ Tobacco - 13% of women smoked cigarettes
- ▶ Tobacco use in pregnancy is more common in younger women
- ▶ Illicit Drug Use - 5% of women reported illicit drug use
- ▶ Under-reporting issue in pregnancy - social stigma - prevalence rates likely higher
- ▶ Assume if using illicit drugs - also use alcohol and may have poorer eating habits

Canadian Perinatal Health Report, 2008

Substance Use in Pregnancy - Not Simple



- ▶ 2/3's with substance use problems also have mental health issues
- ▶ Many women with substance use issues
- ▶ Current or past experience of trauma and violence*
- ▶ Not as easy as just telling women don't use alcohol/substances in pregnancy
- ▶ Assessment and providing treatment/support for all three risk factors is very important - substance use, mental health issues, and abuse
- ▶ Just advising women to stop using substances in pregnancy may help lighter users
- ▶ Those using substances to cope unlikely to be helpful, and may be harmful
- ▶ Important to let the woman know you are there to help and not to judge

*IC Centre of Excellence for Women's Health

Risk Factors for Substance Use in Pregnancy

- ▶ Stress, mental health issues
- ▶ Current or past experience of trauma or violence
- ▶ Low socioeconomic status
 - ▶ ↓ income
 - ▶ ↓ paying job
 - ▶ ↓ education
 - ▶ unstable housing



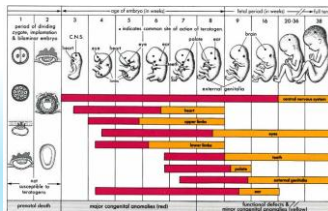
Risk Factors for Substance Use in Pregnancy

- ▶ Lack the support of a partner/have a partner who also has substance use issues
- ▶ Mother with cognitive impairments - consider she may have undiagnosed FASD
- ▶ Having a previous child who was exposed to alcohol/substances in pregnancy (child may have some deficits but go denied by mother as function OK)
- ▶ Women 35 years of age and older who work/drink socially (unique to alcohol)
- ▶ Women using alcohol/substances at a risky level before pregnancy
- ▶ Unplanned pregnancy (50% of pregnancies are unplanned)



Outcome of Prenatal Substance Use Exposure on Babies/Children

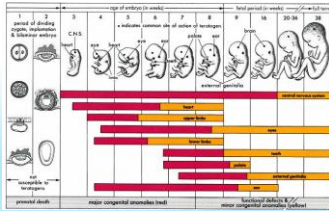
- ▶ Alcohol
- ▶ Alcohol freely crosses the placenta
- ▶ Most damage to brain/central nervous system
- ▶ Develop throughout pregnancy
- ▶ Damage is permanent
- ▶ Fetus exposed to alcohol for longer time
- ▶ slower alcohol metabolism, smaller liver



Outcome of Prenatal Substance Use Exposure on Babies/Children

Alcohol

- ▶ Impact of alcohol on baby depends on:
 - ▶ when alcohol is consumed
 - ▶ how much is consumed
 - ▶ how often it is consumed
- ▶ May also depend on:
 - ▶ Age
 - ▶ Nutrition
 - ▶ Determinants of health
 - ▶ Genetic factors



Outcome of Prenatal Substance Use Exposure on Babies/Children



FASD:

- ▶ FASD affects 1% of population (may be as high as 2-3%) - Public Health Agency of Canada
- ▶ 6.8 billion dollars are spent annually to support those with FASD (birth to age 65) (Stade et al., 2013)
- ▶ 95% have a mental illness, 60% charged with or convicted of a crime
- ▶ At least 60% of prison population have some sort of deficit associated with alcohol exposure*

*Zadunayski et al

What is FASD?



- ▶ Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that describes the range of disabilities that result from drinking alcohol in pregnancy
- ▶ Difficulties with attention and memory
- ▶ Have trouble filtering sensory information
- ▶ Problems with planning/initiating activities
- ▶ Regulation of emotions is difficult
- ▶ Immature executive functioning

What is FASD?



- ▶ It is often referred to as an **invisible disability**
- ▶ Many have excellent verbal skills and can parrot advice
- ▶ Appear as if they won't do it but in reality they cannot do it due to brain damage
- ▶ Often have normal intelligence
- ▶ **Don't learn/generalize from past mistakes** - may need help to make good decisions for entire life
- ▶ Will likely need an external influence their entire life to make good decisions
- ▶ Often poor historian

What is FASD?



- ▶ Have difficulty using the information they have in an organized fashion
- ▶ Leading cause of **preventable** developmental disability
- ▶ Cannot be cured and provides lifelong effects to the individual, their family and cost to society
- ▶ Includes alcohol related physical birth defects that range from mild to severe
- ▶ If using other substances also likely to use alcohol so important to address and ask about alcohol use if substance use is reported or suspected

Diagnosis of FASD?



- ▶ Complex issue
- ▶ Involves multi disciplinary team (coordinator for case management, physician trained in FASD diagnosis, psychologist, occupational therapist, speech language pathologist)
- ▶ Consists of screening, referral, physical exam and differential diagnosis, neurobehavioral assessment, treatment plan and follow-up
- ▶ 3 diagnoses possible-FAS, pFAS, ARND*

*FASD-Canadian Guidelines for Diagnosis-Chudley et al, 2005

Outcome of Prenatal Substance Use Exposure on Babies/Children



Cannabis:

- ▶ No link demonstrated with heavy cannabis use in pregnancy and premature births, miscarriages or major physical abnormalities
- ▶ Shows affect on development/learning skills of children starting at age 3 continuing into teenage years
- ▶ Shows affect on cognitive functioning, behaviour, future substance use and mental health
- ▶ Research continues

Canadian Centre of Substance Abuse, Clearing the Smoke on Cannabis Series Highlights, April 2013

Outcome of Prenatal Substance Use Exposure on Babies/Children

Crystal Meth

- ▶ Very Addictive - mainly snorted, but also injected, or smoked
- ▶ Increases alertness, sense of wellbeing, and sexual arousal, euphoria, curbs appetite
- ▶ 1.2 million Americans thought to use it every week (2009), including 5% of pregnant women
- ▶ Likely to use alcohol and other illegal drugs
- ▶ Crosses placenta



Science News, July 27, 2005

Outcome of Prenatal Substance Use Exposure on Babies/Children



Crystal Meth

- ▶ Low birth weight, cleft palates and other malformations
- ▶ In 2005, Peter Wells from U of T found that just one hit of crystal meth in mice produced long-term neurodevelopmental problems, including reduced motor coordination
- ▶ NIH longitudinal study indicated increased cognitive problems at 7.5 years, slower learning, trouble organizing their work and struggle to stay focussed
- ▶ Need more research but initial research indicates crystal meth can be as harmful or more harmful than alcohol to the developing brain

Diziz et al. Effects of Prenatal Methamphetamine Exposure on Behavioral and Cognitive Findings at 7.5 Years of Age. *The Journal of Pediatrics*, 2014; DOI: [10.1016/j.pediatrics.2014.04.011](https://doi.org/10.1016/j.pediatrics.2014.04.011)

Outcome of Prenatal Substance Use Exposure on Babies/Children



Opioids:

- ▶ Miscarriage
- ▶ Preterm Birth, Low Birth Weight, Respiratory Failure/Disorders
- ▶ Crosses placenta and infant experiences same effects of drug as mother
- ▶ No studies have shown ↑ risk of birth defects for mothers on methadone or buprenorphine (Subutex)
- ▶ Have found birth defects with other opiates - heroin and codeine
- ▶ Babies on methadone in pregnancy show smaller head circumference and ↓ birth weight than infants with no substance use but catch up to peers as they age
- ▶ Subutex - alternative to methadone, ↓ chance of overdose, ↓ sedative effects than methadone
- ▶ Subutex not as commonly used

Licit and Illicit Drug Use During Pregnancy: Maternal, Neonatal and Early Childhood Consequences, Canadian Centre on Substance Abuse, 2013

Outcome of Prenatal Substance Use Exposure on Babies/Children



Neonatal Abstinence Syndrome Caused by Opioids (NAS):

- ▶ NAS - group of problems in newborns who were exposed to illicit drugs in utero - problems related to withdrawal symptoms
- ▶ 0.3% of Canadian babies born with NAS
- ▶ Occurs in 60-80% of newborns born to mothers dependent on opioids
- ▶ NAS lasts 4 weeks or longer - causes problems with feeding, elimination, irritability and sleeping
- ▶ Women on methadone have higher birth weight babies/lower rates of preterm birth, lower risk of HIV and viral hepatitis
- ▶ Subutex (buprenorphine) may be less NAS effects than methadone - need more research

Licit and Illicit Drug Use During Pregnancy: Maternal, Neonatal and Early Childhood Consequences, Canadian Centre on Substance Abuse, 2013

Strategies to Reduce Substance Use in Pregnancy

Levels of Influence - Where Can You Make a Difference

- ▶ Your independent practice
- ▶ Practice of colleagues and other disciplines
- ▶ Local community supports and services
- ▶ Provincial practice, advocacy and policy



Target Groups That Require Different Approaches



All Women/Men in their Childbearing Years

- ▶ Women struggling with Social Determinants of Health (lack of income, lack of education, lack of appropriate social support, in violent relationships, women with mental health issues, women who have had past trauma)
- ▶ Women who are working, more established career, waited until their career was more established to begin a family
- ▶ Important to address partner's substance use

Strategies to Reduce Substance Use Women of Childbearing Age Independent Practice



Women of Childbearing Years: Screening, Brief Intervention, Referral

- ▶ Begin Before Pregnancy
- ▶ Screen all women for substance/alcohol use issues
- ▶ Be aware of the current research regarding substances used and their related health risks
- ▶ Provide key messages to all women on Canada's LRADG* (2 drinks/day, 10 drinks/week, 3 drinks/special occasion, no alcohol if pregnant, planning a pregnancy)
- ▶ Add in no alcohol if you suspect you are pregnant
- ▶ <http://www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx>
- ▶ <http://www.rethinkyourdrinking.ca/>
- ▶ Emphasize that LRADG* are upper limits - if do not drink even better

* LRADG - Low Risk Alcohol Drinking Guidelines

Strategies to Reduce Substance Use Women of Childbearing Age Independent Practice



Screening Tools:

- ▶ Substance Abuse Screen
- ▶ T-ACE
- ▶ CAGE
- ▶ TWEAK

Strategies to Reduce Substance Use Women of Childbearing Age - Independent Practice



T-ACE

- T Tolerance How many drinks does it take to make you feel high?
- A Annoyance Have people annoyed you by criticizing your drinking?
- C Cut Down Have you ever felt you need to cut down on your drinking?
- E Eye Opener Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Score 1 point for each Yes
High Risk Score: 2 or more points (maximum 5 points)

www.beststart.org/resources/alc_reduction/pdf/DR_alcohol_08.pdf
www.caphc.org - search Maternal Drinking Guide

Strategies to Reduce Substance Use Women of Childbearing Age - Independent Practice

iaBPG INTERNATIONAL INTEGRATED & BEST PRACTICE GUIDELINES

RNAO Registered Nurses' Association of Ontario
 Guiding and for Health, Working and for Learning

Universal Screening Questions for Substance Use Disorders

1. Have you ever had any problems related to your use of alcohol or other drugs? (Yes/no)
2. Has a relative, friend, doctor or other health worker been concerned about your drinking or other drug use or suggested cutting down? (Yes/no)
3. Have you ever said to another person "No, I don't have [an alcohol or drug] problem; when around the same time, you questioned yourself and FELT, "Maybe I do have a problem?" (Yes/no)

Scoring: A positive response to any one question should indicate the need for further investigation using a validated assessment tool.
(Health Canada, 2002)⁴⁰

Strategies to Reduce Substance Use Women of Childbearing Age Independent Practice



Women of Childbearing Years:

- ▶ If above LRADG* or screen positive on screen advise to cut back - offer or online/phone support
- ▶ If using alcohol/substances assess how often, how much, reason for use, self perception of use
- ▶ Drug and Alcohol Helpline - <http://www.drugandalcoholhelpline.ca/> - 1-800-565-8603
- ▶ Centre for Addiction and Mental Health http://www.camh.ca/en/hospital/health_information/finding_help/Pages/finding_help.aspx
- ▶ Discuss use of reliable birth control that is easy to use to prevent alcohol/substance exposed pregnancy
- ▶ Multi-vitamin recommended for all women of childbearing age

* LRADG - Low Risk Alcohol Drinking Guidelines

Strategies to Reduce Substance Use Women of Childbearing Age - Independent Practice **10**

Consensus on 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective
CanFASD originally Canada NorthWest FASD Research Network - February 2010

1. Respectful

- ▶ Respect is paramount to successful FASD prevention
- ▶ Helps to create conditions for women to discuss their experiences, identifying coping strategies and healing processes

2. Relational

- ▶ Women who are most at risk for having a child at risk of FASD experience some form of social disconnection
- ▶ Change and growth occurs through interactions with others that are long-term, supportive and based in trust
- ▶ This type of environment is important for the woman's personal support networks and in relationships with care providers and support networks

Strategies to Reduce Substance Use Women of Childbearing Age - Independent Practice **10**

Consensus on 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective
CanFASD originally Canada NorthWest FASD Research Network - February 2010

3. Self-Determining

- ▶ Women have the right to determine and lead their own paths of growth and change
- ▶ the role of health care and other support systems in FASD prevention should be to support women's autonomy, decision making, and control of resources

4. Women Centered

- ▶ In addition to the health of the baby the woman's health is important in and of itself
- ▶ Women are informed participants in their own health care, and attends to women's overall health and safety
- ▶ Empowerment, safety, and social-justice - key considerations

Strategies to Reduce Substance Use in Women of Childbearing Age - Independent Practice **10**

Consensus on 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective - CanFASD originally Canada NorthWest FASD Research Network - February 2010

5. Harm Reduction Oriented

- ▶ Helps with immediate goals; provides variety of options/supports
- ▶ Focuses on both the substance use and on reducing the harms that are associated with use.

6. Trauma Informed

- ▶ Consider the influence of trauma/violence on health and interactions with others
- ▶ Practitioners need to understand trauma-related symptoms as a way to cope, and integrate this knowledge into service delivery and policy

Strategies to Reduce Substance Use Women of Childbearing Age - Independent Practice **10**

Consensus on 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective - CanFASD originally Canada NorthWest FASD Research Network - February 2010

7. Health Promoting

- ▶ Addresses the social determinants of health and understands how they affect health
- ▶ FASD prevention strategy requires a holistic, multidisciplinary, cross-sectoral approach to be successful

8. Culturally Safe

- ▶ Need to feel respected, safe, and accepted for who they are, with respect to their cultural identity and personal behaviours
- ▶ Need to respect a person's culture, values and preferences at every encounter

Strategies to Reduce Substance Use Women of Childbearing Age - Independent Practice **10**

Consensus on 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective - CanFASD originally Canada NorthWest FASD Research Network - February 2010

9. Supportive of Mothering

Supportive of women's choices and roles as mothers, recognize the influences that a loss of custody may have on a woman - open to many options such as: part-time parenting, open adoption, kinship and elder support, shared parenting

10. Uses a Disability Lens

- ▶ Women with substance/mental health issues may also have disabilities, including FASD
- ▶ Need to consider her disabilities and accommodations when developing plan of care

Strategies to Reduce Substance Use Women of Childbearing Age - Independent Practice



Not Sure How to Ask?

- ▶ Advise client - "I ask all women about alcohol/substance use due to health/safety/pregnancy risks of alcohol/substance use"
- ▶ Situate in middle of interview
- ▶ You may begin with: "Many women drink alcohol or use substances socially. Some women may drink/use substances to relax on the weekend - "Do you ever drink alcohol/use substances?"
- ▶ Acknowledge that some women may use alcohol to cope with mental health issues or past traumas such as a loss, abuse or violence
- ▶ Ask about how much alcohol/substance is normally used/occasion and how many times/week, reason for using, self-perception of their use

Strategies to Reduce Substance Use in Pregnancy Independent Practice



- ▶ Practice asking and referring, the more you do it the easier it becomes
- ▶ Ask/advise all women multiple times about alcohol/substance use in pregnancy
- ▶ Encourage all women to abstain from alcohol/substance use throughout pregnancy
- ▶ Approach in a non-judgemental gentle way - may be the first time she has shared with anyone
- ▶ Discuss the effects of alcohol/substance use on the developing baby with all women
- ▶ Refer to Motherisk if more information is needed 1-877-327-4636
- ▶ Acknowledge many pregnancies are unplanned - alcohol/substance use may have been consumed before knowing about pregnancy
- ▶ Emphasize can't change the past but do have control over their future behaviour

Strategies to Reduce Substance Use in Pregnancy Independent Practice



- ▶ Offer to provide further support/referrals if the woman wants -addiction treatment
- ▶ Support can take many forms - addiction counselling, listening, a trusting relationship, help with determinants of health(give prenatal vitamins), relationship counselling - assess for abuse
- ▶ Tell her that she and her baby deserve a life free of alcohol/substances - she is worth it!
- ▶ Sometimes role may be harm reduction - alcohol (? crystal meth) are the substances that we are aware of that causes the most permanent harm to the developing baby
- ▶ If a women has consumed alcohol or substances in pregnancy, document in her file **after she leaves** Why? - Must be confirmed alcohol use to diagnose FASD in the future
- ▶ Thank her for sharing and encourage her to come back and talk again

Postpartum Support Equally Important Independent Practice



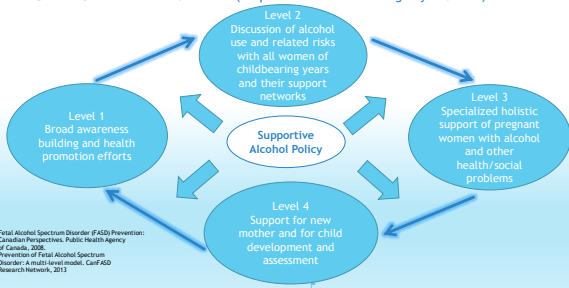
- ▶ If changes were made in pregnancy motivating factor may have been developing baby
- ▶ Acknowledge that temptation to use/abuse substances may be hard after the birth of her baby but emphasize she is worth it and encourage her to reach out for help
- ▶ Mother needs help/support/repeated check ins to maintain changes
- ▶ Assess for perinatal mood disorder, relationship with partner, stress, abuse
- ▶ Discuss effects of substance use on breast milk content
- ▶ Ensure she is on reliable birth control to prevent unplanned pregnancy
- ▶ Encourage all women to take a multivitamin daily

Strategies to Reduce Substance Use in Pregnancy Working With Someone Who May Have FASD



- ▶ FASD-informed approach to practice
- ▶ Trauma-informed
- ▶ Harm reduction
- ▶ Cultural safety and FASD

Four Levels of Prevention Can FASD Research Network (Adapted from Public Health Agency of Canada)



Working with Women of Childbearing Age/Pregnant Better Practices - Influencing Your Colleagues



- Levels of Influence - Where Can You Make a Difference
- ▶ Talk about the risks of alcohol/substance use for women themselves and in pregnancy with your colleagues
 - ▶ Share your knowledge/successes/challenges - review this powerpoint with them
 - ▶ Do some presentations/post recent studies at various teams within/outside your organization
 - ▶ Post on internal sharing sites - post on provincial sharing sites
 - ▶ Become active in your professional association

Current Provincial Action



Levels of Influence - Where Can You Make a Difference

- ▶ FASD ONE - Call To Action in Ontario - currently there is no provincial integrated strategy
- ▶ RNAO FASD Advocacy FASD Resolution - 2012
- ▶ Select Committee on Developmental Services Report and Recommendations
- ▶ Mandate letter from the premier to Minister of Community and Youth Services included specific mention of FASD
- ▶ Local FASD Networks - become active with them to help with prevention
- ▶ Alcohol and Women of Childbearing Years Public Health Initiative. This initiative is working on making universal alcohol screening a norm for all sexual health clinics

Policies That Affect Alcohol Use/Distribution



Levels of Influence - Where Can You Make a Difference?

Alcohol policies can be an important and effective way to promote moderate alcohol consumption, support community values, raise awareness of harms, influence community social norms and promote healthier communities

Alcohol policy is:

- ▶ A benefit to all sectors of society
- ▶ Especially relevant to those who drink in an unsafe manner
- ▶ Effective in reducing the overall harm from alcohol which may reduce the incidence of FASD

Policies That Affect Alcohol Use/Distribution



Alcohol consumption and harms can be reduced through seven primary approaches

Alcohol Policy Approach	Theoretical Assumption
1. Regulating physical availability of alcohol	Reducing supply by restricting physical availability will increase effort to obtain alcohol and thereby reduce total volume consumed and alcohol-related problems
2. Controlling affordability (alcohol taxes and other price controls)	Increasing the economic cost of alcohol (i.e., the price to the consumer) relative to alternative commodities will reduce demand
3. Placing restrictions on marketing	Reducing exposure to marketing will slow recruitment of drinkers and reduce heavier drinking by young persons
4. Developing drinking and driving prevention and countermeasures	Deterrence, punishment and social pressure will reduce drinking and driving
5. Modifying the drinking context	Creating environmental and social constraints will limit alcohol consumption and reduce alcohol-related violence
6. Developing education and persuasion strategies	Health information that increases knowledge and changes attitudes will prevent drinking problems
7. Providing treatment and early intervention services	Alcohol dependence will be prevented by motivating heavy drinkers to drink moderately; various therapeutic interventions will increase abstinence among persons who have developed a dependence on alcohol

SOURCE: BABOR ET AL., 2010

Policies That Affect Alcohol Use/Distribution



- Legal drinking age
- Universal screening, brief interventions and referrals
- Server training and Challenge and Refusal programming
- Provincial Alcohol Strategy- don't have one
- Warning labels and signs - Sandy's Law

FASD ONE Call To Action In Ontario

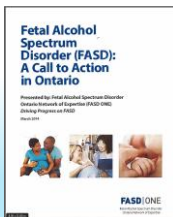


Presented by: Fetal Alcohol Spectrum Disorder Ontario Network of Expertise (FASD ONE) *Driving Progress on FASD*, March 2014

<http://www.fasdontario.ca>



FASD ONE Call To Action In Ontario



**FASD ONE Call To Action
Prevention Recommendations**

Objective:

Ontarians will receive accurate information regarding the risks of alcohol use during pregnancy along with timely access to the services they require to abstain from or limit alcohol use in pregnancy



**FASD ONE Call To Action
Prevention Recommendations**

1.1 Ensure that all Ontarians receive ongoing evidence based information about the effects of alcohol use in pregnancy using broad based, community driven, linguistically and culturally appropriate communication channels, resources and materials



**FASD ONE Call To Action
Prevention Recommendations**

1.2 Ensure that all pregnant women and women of childbearing age have the opportunity to discuss their alcohol use, the risk of alcohol exposed pregnancy, and pregnancy planning in a safe environment with well-informed practitioners



FASD ONE Call To Action Prevention Recommendations

1.3 Ensure that all pregnant women who are using alcohol or are at higher risk of alcohol use in pregnancy have priority access to holistic, culturally appropriate women centred services that reflect the social determinants - addiction treatment, mental health services, prenatal care, safe housing, income stability, food security



FASD ONE Call To Action Prevention Recommendations

1.4 Ensure that new mothers receive postpartum support to assist them to maintain healthy changes made during pregnancy to prevent future alcohol exposed pregnancies to support the development of their children and to prevent secondary disabilities related to prenatal alcohol exposure



Working with Pregnant Women Better Practices - Provincial Practice/Policy

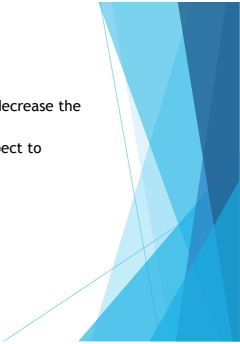
Levels of Influence - Where Can You Make a Difference

- ▶ Working alone - moderately effective
- ▶ Working together - effective and wise use of resources
- ▶ Evaluating success of strategy - more effective
- ▶ **Developing policy** across the province to ensure all women of childbearing age screened for alcohol use - **most effective**
- ▶ **Developing alcohol policy** that limits availability of alcohol and changes societal attitudes towards alcohol - **most effective**



Discussion Questions

- ▶ What activities exist in your communities to decrease the incidence of alcohol exposed pregnancies?
- ▶ What can you do to influence policy with respect to alcohol use and prevention of FASD :
 - individually
 - locally
 - provincially



Thank You



Questions or Comments?
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