Sex and Gender Differences in Substance Use: Policy and Practice Responses to Improve the Care of Women

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February 11-12, 2009, Whitehorse, Yukon

Outline Day 1

- Sex and gender differences in substance use and addiction
- Models of care
- Pregnancy, mothering and substance use: Overview
- Pregnancy, mothering and substance use: Connecting with women

Self-reflection exercise: Three messages you remember receiving (explicitly or implicitly) about how girls/boys should be or act

True or False: Questions about women and substance use

SEX AND GENDER DIFFERENCES

What do we mean by sex and gender differences?

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Differences in health and illness are influenced by ***both***:

- individual genetic and physiological constitutions including anatomy, physiology, genes and hormones (sex),

and by

- the socially prescribed and experienced dimensions of "femaleness" and "maleness" in a society (gender)

Source: Johnston, J., Greaves, L., & Repta, R. (2007). *Better Science with Sex and Gender: A Primer for Health Research. Women's Health Research Network*

Implications of sex and gender differences

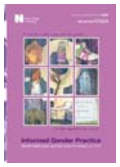
There are sex and gendered aspects of substance use and addiction, including:

- Different mechanisms
- Different origins - risk factors, pathways, contexts of use
- Different courses, consequences, impacts
- Different access to and responses to treatment

AND THEREFORE LEAD US TO RESPOND IN 'GENDER INFORMED' WAYS

Gender-informed service principles

1. Equality: power used openly and fairly
2. Knowledge and commitment: staff able and willing to bring a gender informed perspective to their work
3. Relationships: staff authorised and supported to place relationships with patients at the centre of services



Source: Royal College of Nursing. (July 2008). *Informed Gender Practice: Mental health acute care that works for women. London, UK: National Institute for Mental Health*

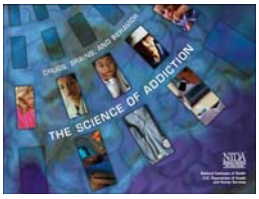
WHO on integrating a gender focus into programs to improve outcomes

- Gender integration refers to strategies that take gender norms into account and compensate for gender-based inequalities
- 2 of the approaches to gender integration:
  1. accommodation of gender differences or
  2. Interventions that seek to transform gender relations

Source: Feldman-Jacobs, C., Olukoya, P., & Avni, M. (July 2005). *A Summary of the 'So What' Report: A look at whether integrating a gender into programmes makes a difference to outcomes. Washington, DC. World Health Organization (WHO) and the Interagency Working Group (IGWG)*

Addressing sex differences

- Little has been published describing how service providers and health system planners might address sex differences in the experience of addiction



Source: Greaves, L., & Poole, N. (2008). Bringing sex and gender into women's substance use treatment programs. *Substance Use & Misuse, 43(9), 1271-1273.*

So what are these sex and gender differences?

Some members of the GENACIS research team studying Gender, Alcohol and Culture in over 30 countries, (in Victoria in 2008)

Differences in prevalence of drug use

Level of illicit drug use in past year by those age 15+

- Cannabis: females: 10.2% males: 18.2%
- Illicit drugs other than cannabis f: 1.9% m: 4.3%

Source: *Canadian Addiction Survey (CAS): Focus on Gender .*(2008). *Ottawa, ON: Health Canada Authors:* Ahmad, N., Flight, F., Singh, V.-A. S., Poole, N., & Dell, C. A.

Difference in prevalence – Convergence?

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- MA is a highly addictive synthetic central nervous system stimulant, both readily accessible and very inexpensive
- Of 1484 admissions to community addictions services for amphetamine misuse in 2003 53% were male and 47% female.
- In Victoria's inner city youth clinic, 70% of methamphetamine admissions in 2003 were girls (personal communication)

Source: Government of British Columbia. (August 2004). Crystal Meth and Other Amphetamines: An Integrated BC Strategy. Victoria, BC: BC Ministry of Health Services.

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Differences in prevalence

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- Women are more likely than men to use prescribed psychoactive drugs of all categories (eg pain relievers 24% versus 20%).
- Benzodiazepines - Health professionals have known for twenty-five years that benzodiazepines are addictive—even at standard doses – if taken for more than several weeks, yet these drugs are still prescribed for much longer periods. Neither health care providers nor women are generally aware of the wide range of withdrawal symptoms associated with stopping tranquilizer use.

Sources: Health Canada. (2003). *Women's Health Surveillance Report*. Ottawa: Canadian Institute for Health Information
Currie, J. C. (2003). *Manufacturing Addiction: The over-prescription of benzodiazepines and sleeping pills to women in Canada*. BCCEWH.

Differences in patterns of use

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- 56.1% of women reported consuming *5 or more drinks* on a single occasion at least once during the current school year. (70% of men)
- 25.2% of women reported consuming *8 or more drinks* on a single occasion at least once during the school year. (46.5% of men)

but

- Women metabolize alcohol differently than men and the health impacts of drinking are more severe for women

Source: Gliksman, L., Demers, A., Adlaf, E. M., Newton-Taylor, B., & Schmidt, K. (2000). *Canadian Campus Survey, 1998*. Toronto, ON: CAMH.

Gender differences in motivations for use

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Although youth of both sexes seek specific effects of methamphetamine use such as increased energy and productivity:

- females are 5 times more likely than males to report weight loss as a motivation for initiation of use (36% vs. 7%).
- However males were more likely to report better sex as a motivator (23% vs. 14%)

Source: Brecht M, O'Brien A, von Maryhauser C, Anglin MD. Methamphetamine use behaviors and gender differences. Addictive Behaviors (2004) 29 (1) 89-106

Sex/gender differences in pathways to use

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- CASA published a comprehensive analysis of the pathways to substance abuse among girls and young women
- The Formative Years report demonstrates that girls and young women use cigarettes, alcohol and drugs for reasons different from boys, that the signals and situations of high risk are different and that girls are more vulnerable to substance use and abuse and its consequences.
- One of the gender specific influences on girls drinking is the influence of exposure to the entertainment media and alcohol and cigarette advertising - which shower girls and young women with unhealthy and unrealistic messages about smoking, drinking and weight loss.

Source: National Center on Addiction and Substance Abuse. (February 2003). *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8-22*. New York, NY: CASA.

Gender differences in pathways to use

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- Younger injection drug users (N = 232) were more likely to be female; work in the sex trade; report condom use; inject heroin daily; smoke crack cocaine daily; and need help injecting.
- HIV prevalence was associated with female sex; history of sexual abuse; engaging in survival sex; injecting heroin daily; injecting speedballs (a mixture of heroin and cocaine) daily; and having numerous lifetime sexual partners.

Source: Miller, C. L., Spittal, P. M., LaLiberte, N., Li, K., Tyndall, M. W., O'Shaughnessy, M. V., et al. (2002). Females experiencing sexual and drug vulnerabilities are at elevated risk for HIV infection among youth who use injection drugs. *Journal of Acquired Immune Deficiency Syndrome, 30*(3), 335-341.

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Differences in pathways/impacts

- High concurrence of MH concerns in student populations e.g. hazardous drinking & psychological distress

  f-11.6% vs. m- 5.7%

Source: Adlaf, E & Paglia-Boak, A. (2007) *Drug Use Among Ontario Students 1977-2007*, CAMH Research Document Series No. 20;

- In recent CAMH study of concurrent disorders in 196 clients aged12-25 years:

  PTSD– 50.5%
  (f-62%; m-39%)
  OCD – 75.5%
  (f-85%; m-66%)

Dennis & Ives (2005) *CSAT 2004 AT Common GAIN Data Set*
GAIN SS* Pilot Results: CYFP Sample
GAIN SS available at www.chestnut.org

Substance use in pregnancy- a unique difference

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

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Sex differences in impact of use

- Women are more likely than men to develop cirrhosis after consuming lower levels of alcohol over a shorter period of time.
- Women are more likely to develop brain shrinkage and impairment, gastric ulcers and alcoholic hepatitis with heavy alcohol use.
- 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).

Sex differences in impact of cocaine

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- cocaine-dependent men have perfusion deficits previously associated with cocaine withdrawal and impaired response inhibition, whereas,
- cocaine-dependent women demonstrated perfusion abnormalities consistent with heightened stress responsivity and worse treatment outcome.

The possibility of different neural mechanisms underlying relapse in men and women exists, and there are implications for utilizing specialized treatments.

Source: Tucker, K. A., Browndyke, J. N., Gottschalk, P. C., Cofrancesco, A. T., & Kosten, T. R. (2004). Gender-specific vulnerability for rCBF abnormalities among cocaine abusers. *Neuroreport, 15*(5), 797-801.

Intersections of substances and their sex specific impacts

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- 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 are multi users.

Diversity, sex and gender

- CTUMS data shows that in 2003 approximately 23% of men (aged 15+) in Canada were current smokers, higher than for women (18%)

but

- A recent study of high school students in Vancouver, found:

  45.5% of Aboriginal/First Nations youth were smokers:
  42.7% of Aboriginal boys and
  48.5% of Aboriginal girls

Source: *Johnson, J. L., Tucker, R. S., Ratner, P. A., Bottorff, J. L., Prkachin, K. M., Shoveller, J., et al. (2004). Socio-demographic correlates of cigarette smoking among high school students. Canadian Journal of Public Health, 95*(4), 268-271.

Gender differences in influences on use

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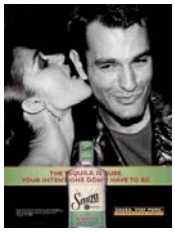
- Dr. Jean Kilbourne has written extensively on media influences on girls and women's drinking, smoking, dieting and identity and made a number of influential videos.
- Spin the Bottle: Sex Lies and Alcohol is a recent video which offers a critique of the role that contemporary popular culture plays in glamorizing excessive drinking and high-risk behaviors. Critics Jackson Katz and Jean Kilbourne decode the power and influence these seductive media images have in shaping gender identity, linked to the use of alcohol.



Source: http://www.jeankilbourne.com/video.html 2009

Deadly Persuasion

FEATURING JEAN KILBOURNE

Media Education Foundation (2003) ISBN 1-893521-87-7

Gender influences as they play out in media and policy - The myth of "crack babies"

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- Flawed research and bias in peer reviewed journal article selection in the 1980s and 90s created a false understanding of the impact of cocaine/crack use in pregnancy
- Political and media forces turned this into a war on poor (usually black) women in the US – and this continues today with legal actions such as that against a woman who used cocaine in pregnancy in Texas charged with for delivering drugs to a minor

Sources: Drug Policy Alliance. *Cocaine and Pregnancy*. Retrieved September 16, 2004, from http://www.drugpolicy.org/library/research/cocaine.cfm

Boyd, S. C. (2004). *From Witches to Crack Moms: Women, Drug Law, and Policy*. Durham, NC: Carolina Academic Press.

Differences in operation of stigma - affecting access to care

- It is well documented in Canada that pregnant women and mothers need non-judgmental information and support related to the use of alcohol, tobacco and other substances in pregnancy and while breastfeeding .
- While we have known about Fetal Alcohol Syndrome since the 1970s, this awareness is only now being translated into information, education, and action, so that effective health promotion, prevention, harm reduction, treatment and maternity care programming for pregnant women and new mothers who have substance use problems and addictions is embedded in provincial and territorial health systems.

Stigma – Mothering and substance use

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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.

Gender differences at treatment entry

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- Women experienced fewer years of regular use of opioids and cannabis, and fewer years of regular alcohol drinking before entering treatment.
- Although the severity of drug and alcohol dependence did not differ by gender, women reported more severe psychiatric, medical and employment complications.

Source: Hernandez-Avila, C. A., Rounsaville, B. J., & Kranzler, H. R. (2004). Opioid-, cannabis- and alcohol-dependent women show more rapid progression to substance abuse treatment. *Drug and Alcohol Dependence, 74*(3), 265-272

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Gender differences in the course/response to treatment

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When we look at the dynamic process of change that occurs following referral and entry into substance abuse treatment

- self-help participation was more strongly associated with moving from using to recovery for women.
- more prior treatment episodes increased the likelihood of moving from recovery to using for women but reduced the likelihood for men.

Source: Grella, C. E., Scott, C. K., Foss, M. A., & Dennis, M. L. (2008). Gender similarities and differences in the treatment, relapse, and recovery cycle. *Evaluation Review, 32(1), 113-137.*

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Women's voices on impact of gender-specific treatment

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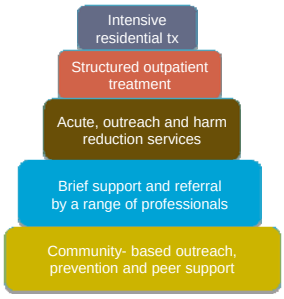
- "With the help of staff and my peers, I have learned more truth about myself than I have in 41 years. This info I will use and continue to add to and build upon. I have found so much joy being in the company of women. I'm so grateful for that. I have a whole new outlook in that regard and that will affect all aspects of my life. Thank you for these experiences and the opportunity to know myself better, as the person I truly am, or will be. I'm leaving here uplifted, inspired, and very hopeful.. "
- "This is the greatest gift I have ever given myself / allowed myself to receive. I love myself and I am so excited about reintroducing myself to my daughter and teaching and raising her in a healthy environment that I didn't have the opportunity to be raised in! I am the solution!"

Source: Aurora Centre client feedback, 2003

Intervention is not a specialist problem but a broad social responsibility that should be shared by many public and private sectors.

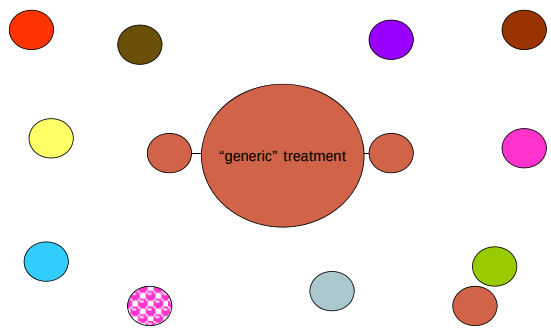
Rethinking Substance Abuse: What the Science Shows and What We Should Do about It Edited by William R. Miller and Kathleen M. Carroll, 2006.

Tiered System

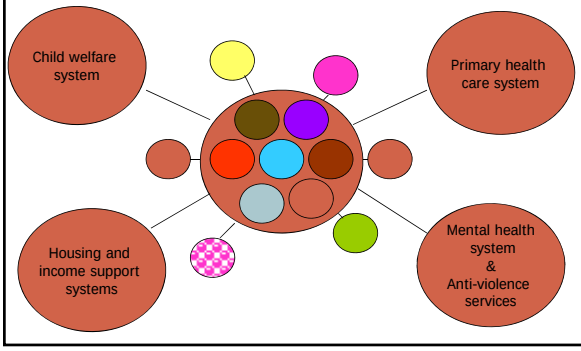


Source: National Treatment Strategy Working Group. (2008). *A System's Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy.*

Old "special population" view



New "population-informed" view



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)

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.

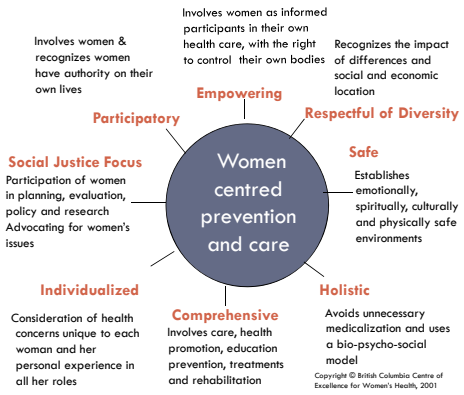
Guideline 3

- **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

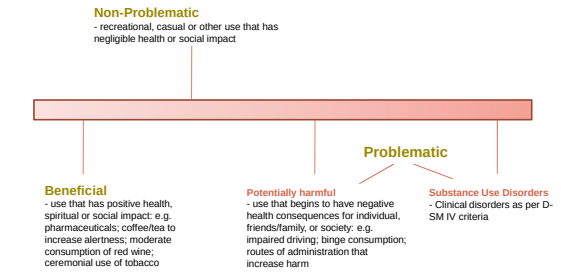
MODELS / FRAMEWORKS

Models / Frameworks

- Women-centred
- Harm reduction oriented
- Bio-psycho-social spiritual
- Culturally informed / safe
- Relational



Continuum of Substance Use

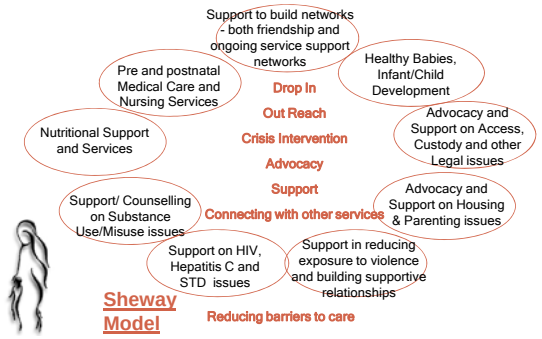


Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction. (2004). British Columbia Ministry of Health Services. http://www.healthservices.gov.bc.ca/mhd

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

Sheway Program: Reducing Harms on Key Determinants of Health



Substance-informed Approach

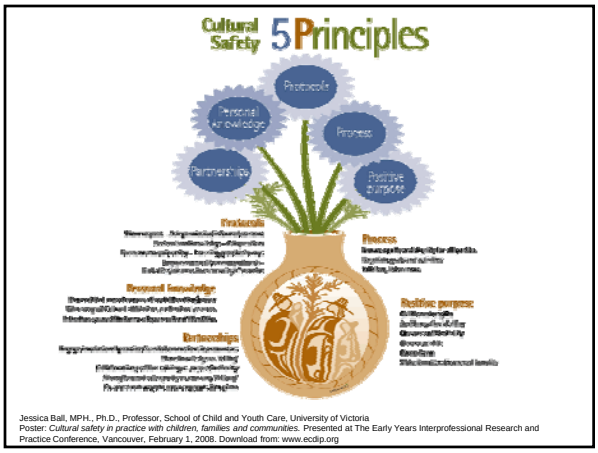
Support is provided to women based on:

- An understanding of a continuum of substance use and a continuum of harm reducing options for safety, change and growth
- Awareness that brief, minimal and multi faceted support is helpful

Biopsychosocial Spiritual Model

Biological	• Possible genetic or physiological predispositions • Physiological effects of addiction on the body, brain & nervous system
Psychological	• Psychological history • Family history • Past trauma
Social	• Influence of family members/friends/peers/society in the development of attitudes/values • How people relate and interact
Spiritual	• Meaningful connection with life • Sense of purpose

Bio-psycho-social-spiritual model of recovery as applied at the Aurora Centre in Vancouver



Jessica Ball, MPH., Ph.D., Professor, School of Child and Youth Care, University of Victoria
Poster: *Cultural safety in practice with children, families and communities.* Presented at The Early Years Interprofessional Research and Practice Conference, Vancouver, February 1, 2008. Download from: www.ecdip.org

Relational Model

- Proposes that the primary motivation for women throughout their lives is building relationships and connection with others (Jean Baker Miller, 1976)
- Problems arise from disconnection or violations within relationships from personal to societal levels (Covington & Surrey, 1997)

Covington, S. & Surrey, J.L. (1997). In S, Wilsnack & R, Wilsnack (Eds.) Gender and Alcohol: Individual and Social Perspectives. New Brunswick, N.J.: Rutgers Centre of Alcohol Studies, 335-351.

Benefits of a Relational Approach

- Increased understanding of way trauma, mental illness & substance abuse have impacted her life – and a complex new identity integrating all three
- Increased empowerment, agency, self esteem and quality of life (N. Finkelstein)
- Increased capacity for mutuality, empathy, authenticity in relationships

Mutual Help Groups

- Reflect relational model in their design
- Importance of women only groups that emphasize strengths
- Women able to share more openly (trauma, abuse, oppression, body image concerns)
- In mixed groups it has been shown that women help facilitate men sharing while women share less than they would in an all female group

Covington, S. & Surrey, J.L. (1997). In S, Wilsnack & R, Wilsnack (Eds.) Gender and Alcohol: Individual and Social Perspectives. New Brunswick, N.J.: Rutgers Centre of Alcohol Studies, 335-351.

16 Steps for Discovery and Empowerment

- Created by Charlotte Kasl
- Began questioning the 12 Step model as the only way to overcome substance use problems
- Encourages women connecting with one another through mutual celebration, creativity and support
- www.charlottekasl.com

Kasl, C. (1992). Many Roads, One Journey. Moving Beyond the 12 Steps. New York: Harper Collins.
Kasl, C. (2007.) In L. Greaves & N. Poole (Eds.), Highs and Lows: Canadian Perspectives on Women and Substance Use. Toronto: Centre for Addiction and Mental Health.

Substance Use Treatment for Women: Guiding Principles

- Driven by women and individualized
- Empowerment and strengths-based
- Women-centred - address all aspect of a woman's life
- Support a harm reduction approach
- Relational - support connections between women

Health Canada. (2001). Best Practices Treatment and Rehabilitation for Women with Substance Use Problems.

Integrated Principles

Cultural Safety

Women-Centred	Harm Reduction	Relational
Partnership / Equality	Women actively involved	Connection
Autonomy	Human rights – self determination	Autonomy
Self-determination	Start where she is at	Strengths-based
Respect	Focus on overall harms	Integration of experiences
Empowerment	Empowerment	Empowerment
	Pragmatism	

"Gender responsive" programs are those that consider the needs of women in all aspects of their design and delivery, including location, staffing, programme development, programme content and programme materials.

United Nations Office on Drugs and Crime. (August 2004). Substance abuse treatment and care for women: Case studies and lessons learned. http://www.unodc.org/pdf/report_2004-08-30_1.pdf

Gender Responsive Treatment: Guiding Principles

1. Gender – acknowledge that gender makes a difference
2. Environment – create an environment based on safety, respect and dignity
3. Relationships – develop policies, practices and programmes that are relational and promote health connections to children, family, significant others and community

United Nations Office on Drugs and Crime. (August 2004). *Substance abuse treatment and care for women: Case studies and lessons learned*. http://www.unodc.org/pdf/report_2004-08-30_1.pdf

Gender Responsive Treatment: Guiding Principles

4. Services – Address the issues of substance abuse, trauma and mental health through comprehensive, integrated, culturally relevant services
5. Economic and social status – provide women with opportunities to improve their socio-economic conditions
6. Community - Establish as system of community care with comprehensive collaborative services

United Nations Office on Drugs and Crime. (August 2004). *Substance abuse treatment and care for women: Case studies and lessons learned*. http://www.unodc.org/pdf/report_2004-08-30_1.pdf

Small group exercise

Choose one model and record on flip chart paper community specific examples of that model in action. Highlight *what is working* and *areas to build on*.

PREGNANCY, MOTHERING & SUBSTANCE USE: OVERVIEW

Alcohol use by women in childbearing years

- In the 2004 Canadian Addiction Survey 15% of young women 18-19 yr & 11% of women 20 -24 yr reported heavy, frequent drinking
- 12-14% of mothers indicated they used alcohol during their last pregnancy in Canadian Community Health Survey 2001

Alcohol use by women in childbearing years

- 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%)

Impact of alcohol use in pregnancy - Fetal Alcohol Spectrum Disorder

- FASD is an umbrella term used to refer to the spectrum of birth defects and developmental disabilities related to prenatal alcohol exposure
- It includes FAS, Partial FAS (pFAS), Alcohol Related Neurodevelopmental Disorder (ARND) and Alcohol related Birth Defects (ARBD)

Tobacco-related risks for pregnant women

Increased risk of:

- placental abnormalities
- premature labour and delivery
- miscarriage
- stillbirth
- SIDS
- range of problems associated with low birth weight

BC Reproductive Care Program. (2006). BCRCP Guidelines for Tobacco Use in the Perinatal Period. Vancouver, British Columbia.

Second-hand smoke

- Women exposed to significant amounts of second-hand smoke during pregnancy are more likely to give birth to low-birth-weight babies.
- Low-birth-weight infants who are exposed to ETS after birth have an increased risk of developing respiratory illnesses.
- Incidence of sudden infant death syndrome (SIDS) is higher among infants who are exposed to ETS after birth.

Risks of other substances in pregnancy

- Increased risk of miscarriage, still birth and premature delivery
- Women who use of street drugs in pregnancy may not be getting enough sleep, have poor nutrition, and be at risk of diseases such as Hepatitis and HIV
- Babies born to mothers who use street drugs during pregnancy often need specialized medical support to relieve withdrawal symptoms at birth

Punitive Approaches and Stigma

Judge rejects lawyers' advice, sends pregnant woman to jail

A 22-year-old pregnant woman is appealing a three-month jail sentence given to her by an Ottawa judge who decided she needed a "wake-up call" and overruled lawyers' recommendations she be given six months of house arrest. Judge Lajoie pointed out that Ms. XX had smoked marijuana in the first three months of her pregnancy, and that she had re-offended while still on probation.

April 5th 2006 Ottawa Citizen

Punitive Approaches and Stigma

"Rescuing infants from the depths of Victoria's crystal meth crisis"

"Often the babies' mothers won't accept what their addiction has done to another human being. They're almost always in denial about any impact to the baby."

Globe and Mail, Friday, January 19, 2007

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%)

Source: Apprehensions: Barriers to Treatment for Substance Using Mothers, BC Centre of Excellence for Women's Health (2001). Researchers: Nancy Poole and Barbara Isaac.

"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

Integrated Framework

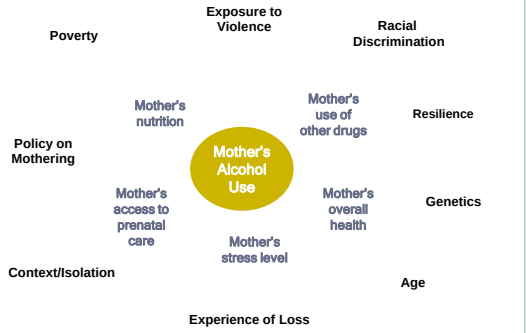
- ✓ Mother-centred
- ✓ Harm reduction oriented
- ✓ Collaborative

What do we mean by woman- or mother-centred?

- □ 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). Vancouver: British Columbia Centre of Excellence for Women's Health.

It's Not Only About Alcohol



Poole, N. (2003). *Mother and Child Reunion: Preventing Fetal Alcohol Spectrum Disorder by Promoting Women's Health.* Vancouver, BC: BCCEWH

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 Principles in Pregnancy

- Provide a variety of options and support
- Prioritize immediate goals - focus on harms, not only the substance – be pragmatic
- Recognize that health care is a right
- Involve women who use substances in defining the level and type of change they wish to make

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)

Evidence for Collaborative Approaches

- Project Choices – RCT on benefits of 4 brief motivational sessions focused on reducing drinking and using contraception
- 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

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

Research on Motivational Interviewing

Effective in brief interactions

Shown to outperform traditional advice giving

Effect not necessarily related to the practitioner's educational background

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

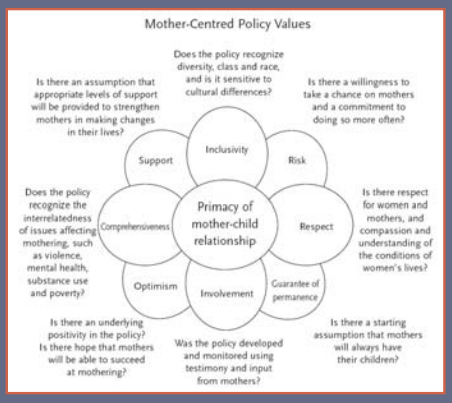
Case Scenario: Talking with Beth

Beth has been coming to your prenatal program sporadically for about two months. She is four months pregnant. Her first baby was taken into care about a year ago because she was drinking heavily. She comes to your program because she has heard good things about it in the community and she really needs the milk coupons you provide. She is also very interested in the food and clothing your program provides. Beth's partner is not that supportive because of Beth's previous experience with professionals.

Beth reports seeing her doctor regularly, she has attended most prenatal classes and has started to purchase things she needs for the baby. She is willing to discuss some life issues, but not others. Beth has never had any treatment for alcohol use. Beth says she is not interested in addictions "treatment" but would like more parenting supports.

Because of Beth's history, you are wondering about her current alcohol use, possible need for treatment, and safety of her children.

Canadian Centre on Substance Abuse. (2005). *Nurturing Change:* Working effectively with high-risk women and affected children to prevent and reduce harms associated with FASD.



4 Levels of FASD Prevention

Level 3 - Specialized, holistic support of pregnant women with alcohol and other health/ social problems

Level 4 - Postpartum support for new mothers assisting them to maintain/initiate changes in their health and social networks and to support the development of their children

Level 1 - Broad awareness building and health promotion efforts

Level 2 - Discussion of alcohol use and related risks with all women of childbearing years and their support networks

PREGNANCY, MOTHERING & SUBSTANCE USE: CONNECTING WITH WOMEN

Level 1 Prevention

Is about:

- raising awareness through campaigns and other broad strategies
- linking to public policy and health promotion activities supportive of girls' and women's health
- involves a broad range of people at the community level

Key Elements for Effective Messaging

Level of Threat	Efficacy Response
Threat is low	*No response* – individuals do not feel concerned
Threat is higher than efficacy	*Defensive response* – individuals respond with avoidance, denial, anger, rationalizing (it won't happen to me)
Efficacy is higher than threat	*Positive response* – increases in awareness, etc.

Council for Tobacco-free Ontario et al., 2000; Witte and Allen, 2000