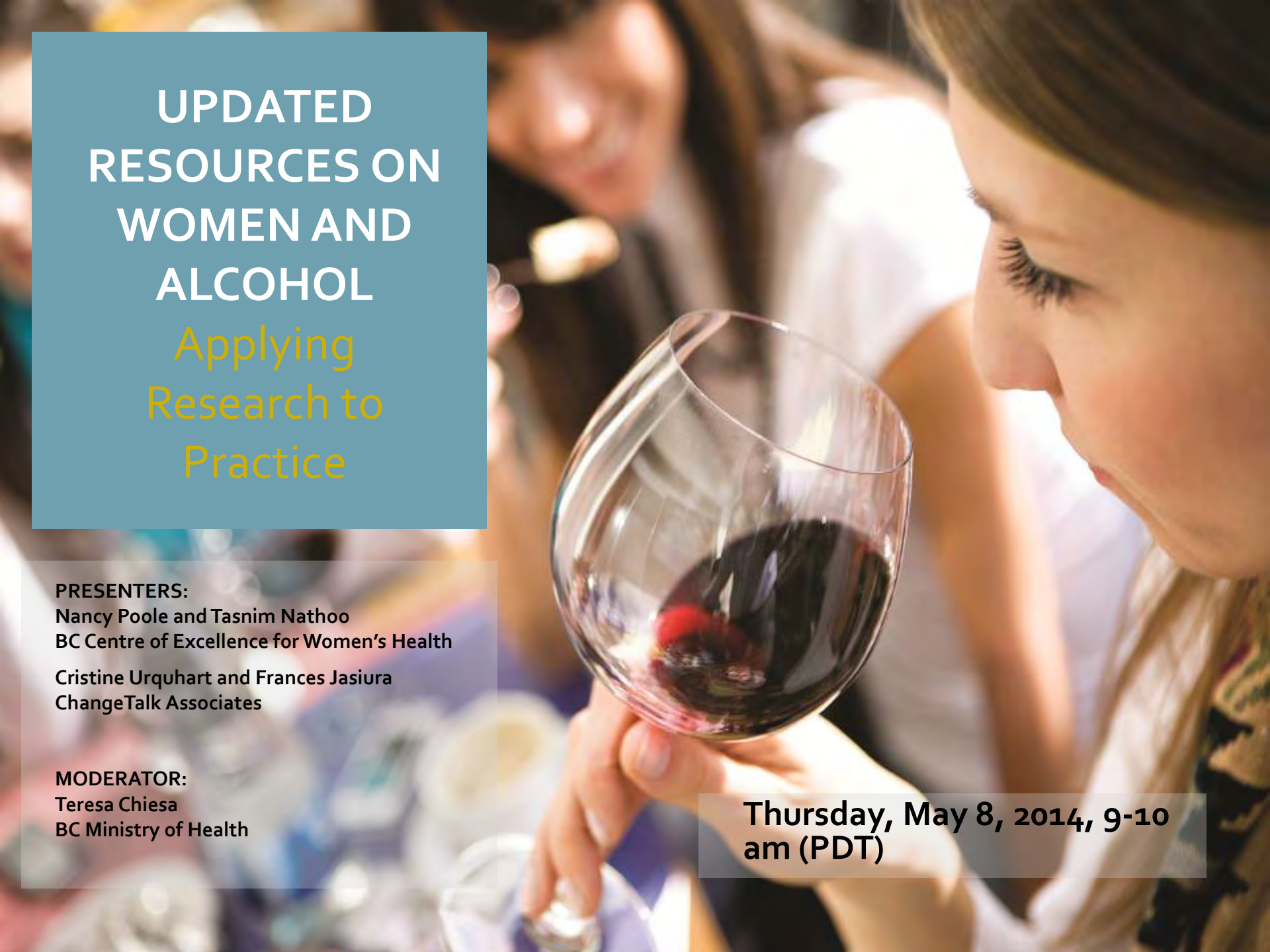


UPDATED RESOURCES ON WOMEN AND ALCOHOL

Applying Research to Practice

PRESENTERS:
Nancy Poole and Tasnim Nathoo
BC Centre of Excellence for Women's Health

Cristine Urquhart and Frances Jasiura
ChangeTalk Associates

MODERATOR:
Teresa Chiesa
BC Ministry of Health

Thursday, May 8, 2014, 9-10 am (PDT)

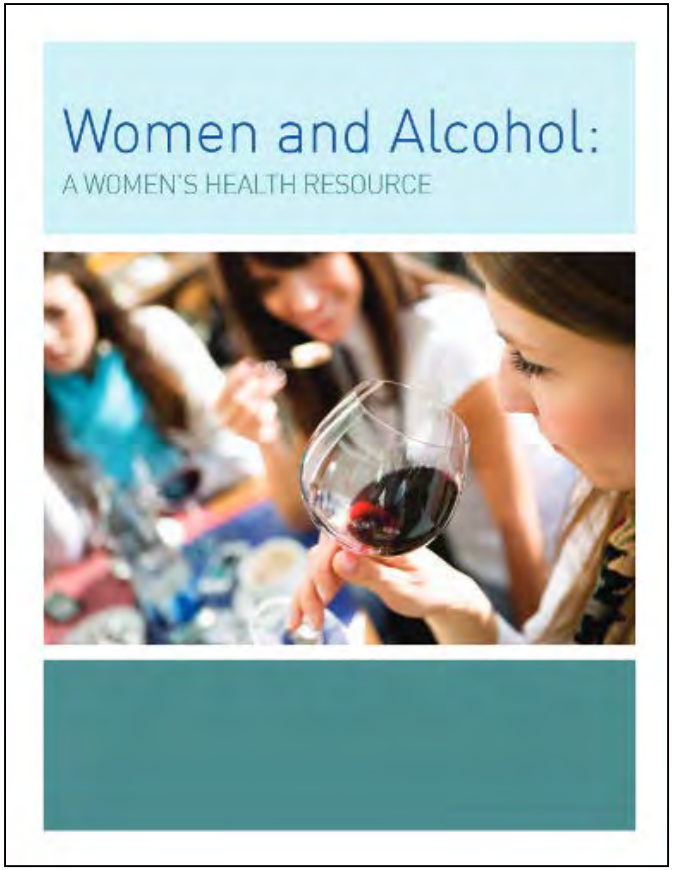
Agenda

1. Recent resources on women and alcohol
2. Practice Ideas

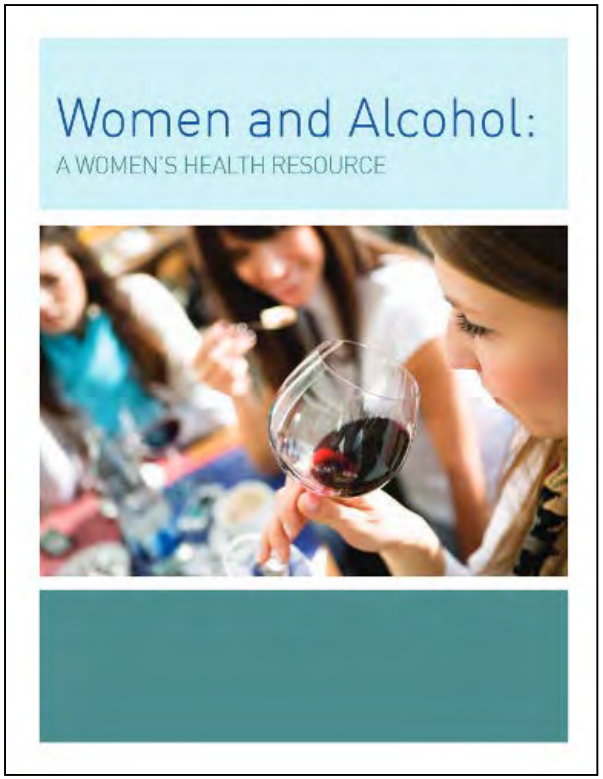
Discussion

1. *Women and Alcohol: A Women's Health Resource*
2. The research behind the updated resource

Discussion



Recently developed resources on women and alcohol



Download from the BC Ministry of Health website:
http://www.health.gov.bc.ca/women-and-children/publications.html

Also, will soon be available from:
www.womenspopulationhealth.ca/womenandalcohol

www.ccsa.ca

Resources for service providers re alcohol and pregnancy

- Visual intro
- Background
- What you can do
- Resources
- Evidence to practice
- Referrals
- References

www.coalescing-vc.org (orange section)

Publications from the CanFASD Prevention Network Action Team

www.canfasd.ca

ALCOHOL, PREGNANCY AND PREVENTION OF FETAL ALCOHOL SPECTRUM DISORDER

WHAT MEN CAN DO TO HELP

Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of developmental disability. FASD is the result of exposure to alcohol in utero and is believed to affect 1% of the population. While men's alcohol use is not a direct contributor to FASD, there are many ways that men can help to prevent FASD.

Preventing FASD is about more than telling women not to drink alcohol during pregnancy - in fact, this approach can often lead to more harm than good. Researchers and service providers who are part of the Canada FASD Research Network have some suggestions for men who want to make a difference.

1 **Take a 'pregnant pause'.** If your partner, friend, sister, co-worker or another woman you know is pregnant, you may want to consider taking a 'pause' from drinking as a way of showing support. Whether it's for a month, three months or the entire pregnancy, remaining alcohol-free can be helpful and encouraging for many women.

2 **Be a good host.** When entertaining friends or family or having a night out, offer non-alcoholic beverages and avoid pressuring women to drink (pregnant or not). Some women continue to drink alcohol during pregnancy because they have a hard time saying 'no' when it is expected that they drink in certain social situations or when they haven't told others about their pregnancy. As a host offer 'mocktails' and other non-alcoholic options for drinks, and make sure that everyone feels part of the fun whether or not they are drinking alcohol.

3 **Minimize harms.** Most of us don't drink on our own – our drinking habits are shaped by those around us. Support a 'culture of moderation' by taking a look at your own drinking and working to minimize any harmful effects that your own drinking might have on yourself or others. Taking a look at Canada's Low Risk Drinking Guidelines is a good place to start (www.cosa.ca).

Evaluation of FASD Prevention and FASD Support Programs
An Introductory Guide

www.fasd-evaluation.ca

SUPPORTING PREGNANT AND PARENTING WOMEN WHO USE SUBSTANCES

What Communities are Doing to Help

CanFASD

FASD PREVENTION: AN ANNOTATED BIBLIOGRAPHY, 2013

Prepared by Rose Schmidt, Ginny Gonneau and Nancy Poole
BC Centre of Excellence for Women's Health

January 2014

CanFASD Northwest
CANADA NORTHWEST FASD RESEARCH NETWORK

February 2010

Consensus on

10 Fundamental components of FASD prevention from a women's health determinants perspective

The following ten fundamental components of FASD prevention emerged from a working session of the Network Action Team on FASD prevention. This session was held in Victoria, B.C., in March 2009, and was funded by the Canadian Institutes for Health Research. This consensus document weaves together a range of sources—women's experiences, peer-reviewed research, published articles, as well as expert evidence—to create a clear message regarding the importance of FASD prevention from a women's health determinants perspective.

1. Respectful

Respect is paramount to successful FASD prevention and treatment. It is a vital tool in the elimination of discrimination and stigma in prevention initiatives, and it is pivotal to creating an environment where women can address their health care needs. In FASD prevention, the implementation of respect as a fundamental principle involves creating conditions for women to discuss their experiences, identifying coping strategies and healing processes to promote women's wellness, and supporting the inclusion and full participation of women in their own health, care, and well-being.

References

Canadian Centre on Substance Abuse. 2001. Respect is Key: A conversation with Pam Woodsworth, Ottawa, ON CCSA.

Four Worlds Centre for Development Learning. July 2003. Making the Path by Walking It: A Comprehensive Evaluation of the Women and Children's Healing and Recovery Program Pilot. Yellowknife, Northwest Territories. Cochrane, AB.

Poole, N. 2000. Evaluation Report of the Sheway Project for High-risk Pregnant and Parenting Women. Vancouver, BC: BCCEWH.

2. Relational

Throughout life the process of building relationships and connecting with other people can be extremely important. Women who are most at risk for having a child at risk of FASD experience some form of social disconnection, whether that be from their friends or family, the larger community, or other types of relational engagement. It is vital to FASD prevention to acknowledge that the process of growth, change, healing, and prevention does not happen in isolation. It moves forward through interactions with others in long-term, supportive, trust-based relationships. Therefore, paying attention to the relational dynamics of interpersonal connections in day-to-day life, as well as in comprehensive treatment settings, can enhance the successes of FASD prevention initiatives.

References

Harding, LM, 2003. Prevention Through Connection: A Collaborative approach to women's substance abuse. Stone Centre, Wellesley College: Wellesley, MA.

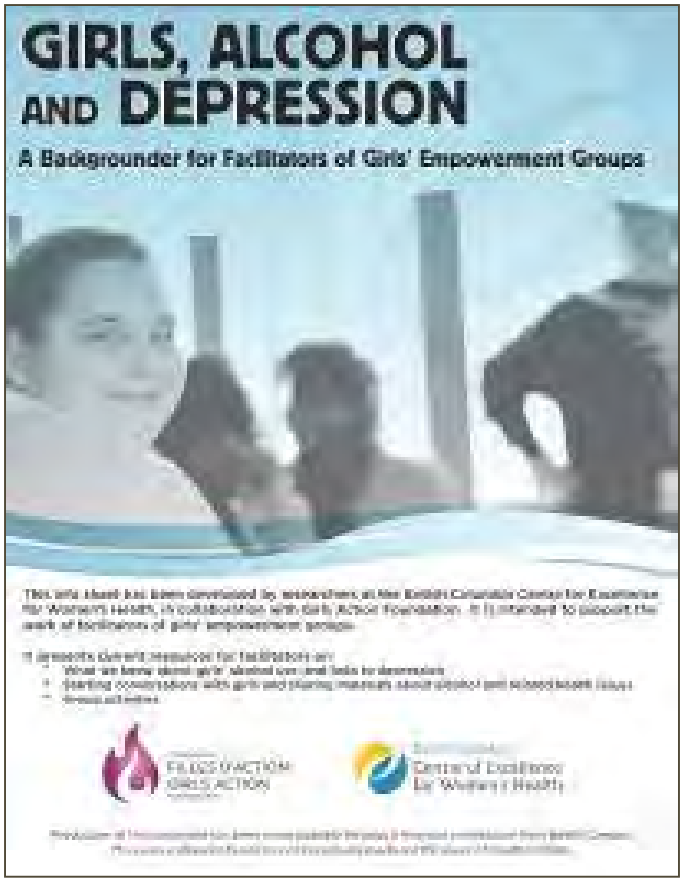
The Breaking the Cycle Compendium: Volume 1: The Roots of Relationship. Edited by M. Leslie. 2007 Mothercraft Press.

Marcellus, L. (2004). The ethics of relation: Public health nurses and child protection clients. Journal of Advanced Nursing, 51(4), 414-420.

3. Self-Determining

Women have the right to both determine and lead their own paths of growth and change. Although it may run contrary to many prevailing beliefs in substance use treatment and prevention approaches, self-determination is fundamental to successful FASD prevention. As such, 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, so as to facilitate self-determined care. In order to provide this support most effectively, health systems should involve women in designing models of care, and individually, women should be able to determine their own process of care.

CanFASD
CANADA FASD RESEARCH NETWORK



Materials for girls group facilitators
http://girlsactionfoundation.ca

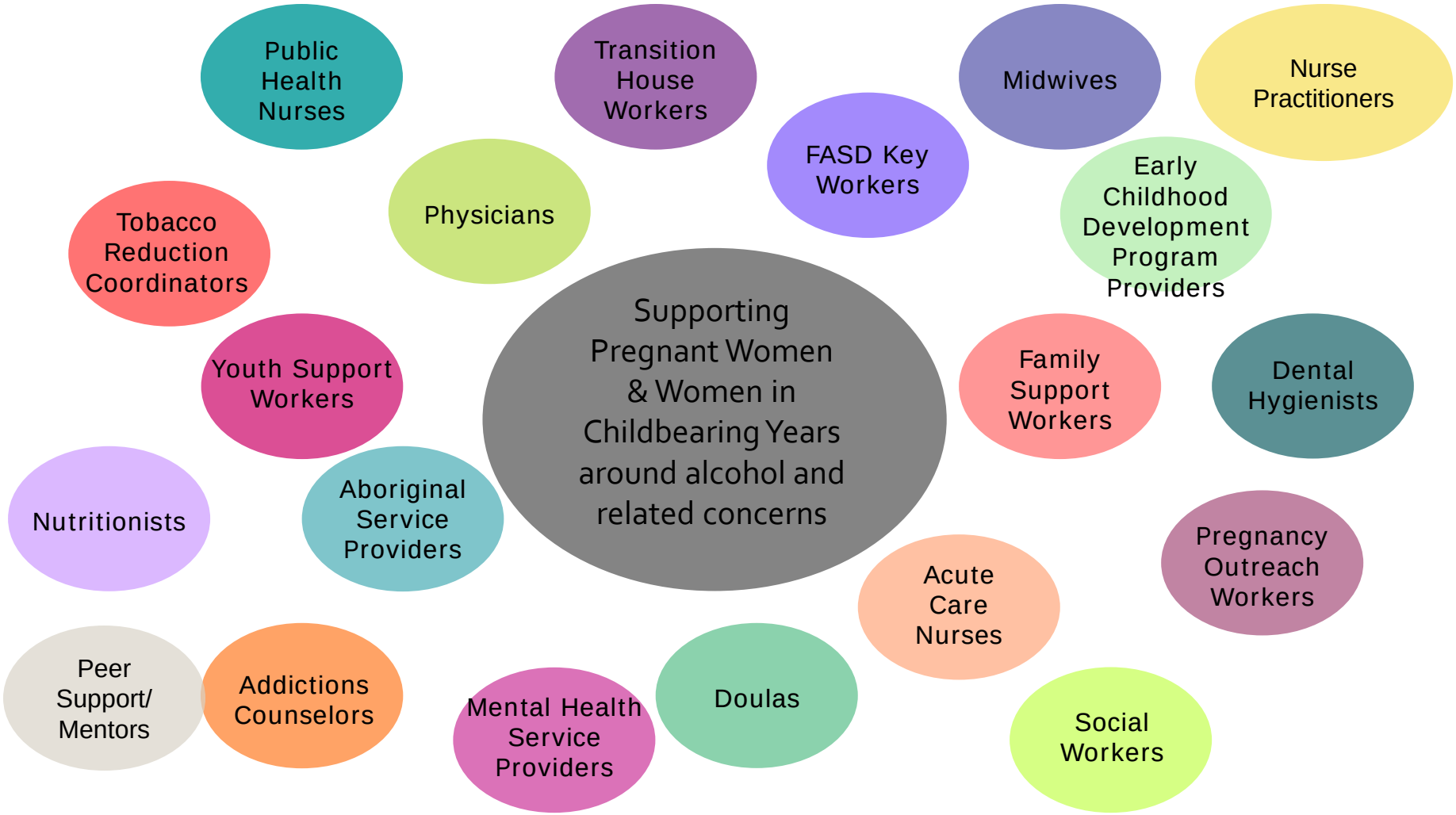
Materials from local and provincial liquor distribution agencies

Materials from mental health and substance use sites:

www.heretohelp.bc.ca
www.camh.ca
http://educalcool.qc.ca/en/
etc.

Using resources within empowering conversations

Continuum of Support



Questions to Consider

1) Who are the women I am in conversation with?
2) Where are the opportunities to begin introducing some of the resources/information related to women and alcohol?
3) How do I tailor the resources/information/messaging to best meet the needs of the women and families I work with?
4) What is possible within the scope of my role?
5) Who else/what other services can I connect with to provide integrated support/resource sharing/information with each other and to the women in our community?

When we share resources/information in empowering conversations, the purpose is not to deliver advice, but rather to foster change within a supportive relationship.

Miller, W.R. & Rollnick, S. (2013). Motivational Interviewing: Helping People Change, 3rd Ed. New York: Guilford Press.

Elicit

Provide

Elicit

Motivational Interviewing Approach to Sharing Resources and Information

Conversation Example: Elicit-Provide-Elicit

1) HOW WOULD YOU DESCRIBE THE OVERALL APPROACH?

2) LISTEN FOR THE TRANSITIONS BETWEEN THE STEPS IN E-P-E

Essence of an MI Approach

Miller, W.R. & Rollnick, S. (2013). Motivational Interviewing: Helping People Change, 3rd Ed. New York: Guilford Press.

Elicit

HOW

- Ask what she already knows
- Ask what she wants to know
- Ask permission to share information

WHY

- Build relationship/engagement
- Evoke her wisdom and understanding
- Tailor information and conversation
- Stress acceptance and choice, strengthen autonomy

Provide

HOW

- Non-threatening approach/normalize the conversation
- Generalized statements
- Chunk-check (any questions so far) -chunk
- Choice around how information is received

WHY

- Maintain engagement
- Address both importance and confidence
- Information exchange, not provision
- Relationship lies at the heart of informing

Elicit

HOW

- Ask what she makes of the information
- Find out what is staying with her

WHY

- Build active partnership to support ongoing connection, communication, further conversation
- Evoke her understanding, perspective, voice
- Empower active engagement in own health choices and decisions
- Opportunity to clarify, add, revisit, if needed

Reflective Practice

To reflect on your practice of sharing resources/information with women around alcohol and related health concerns using an empowering approach consider:

- Was she engaged in the conversation? How do you know?
- Who was doing all of the talking?
- What does she already know about the topic?
- Did you ask permission before you shared a resource/information?
- How did you make autonomy and choice explicit?
- How did you tailor your approach/message to best meet her needs?
- How does the resource/information shared make sense in her life? What does it mean to her?

Discussion

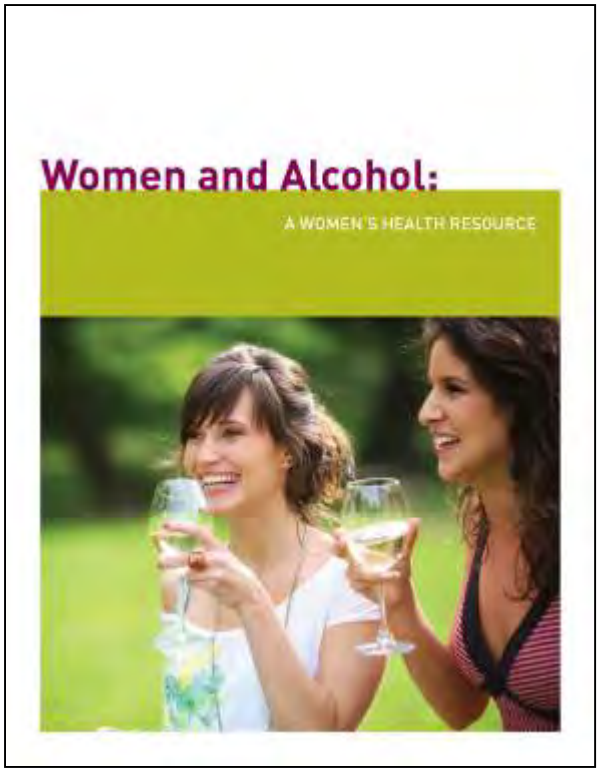
Recent Research - Updates

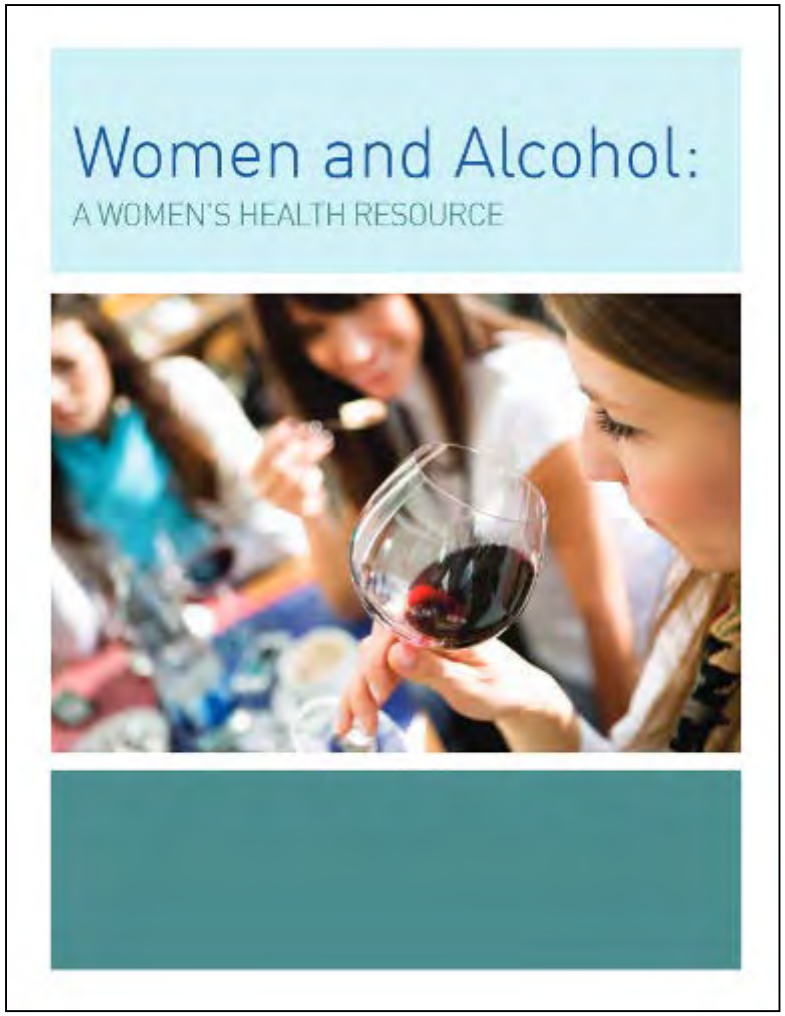
- Alcohol and Cancer
- Alcohol and Weight Gain
- Alcohol and Stroke and Heart Disease
- “Light Drinking” and Pregnancy

Why was an update necessary?

Download the updated resource from the BC Ministry of Health website: http://www.health.gov.bc.ca/women-and-children/publications.html

Resource will soon be posted on the BC Women's Hospital website as well





http://www.health.gov.bc.ca/women-and-children/pdf/women-alcohol-resource-2014.pdf

Updated resource, same headings with updated research

- Low risk drinking
- Health risks of drinking
- Individual responses to alcohol
- Considerations for women
- Supporting someone close to you
- Resources

http://www.health.gov.bc.ca/women-and-children/pdf/women-alcohol-resource-2014.pdf

Canada's Low Risk Drinking Guidelines

- Released in November 2011 by the Canadian Centre of Substance Abuse
- Low risk drinking guidelines give suggestions for daily and weekly drinking limits (for men and women) and other suggestions for minimizing the risks associated with drinking alcohol (e.g., drinking slowly, drinking with food, alternating between alcoholic and non-alcoholic beverages).

Canada's low risk drinking guidelines and related resources are available for download from www.ccsa.ca.

Cancer and Alcohol

- Alcohol consumption is an important known cause of cancer.
- Drinking as little as one drink a day on average can increase the risk for developing cancer of the breast, colon and rectum, esophagus, larynx, liver, mouth and pharynx.

Health Risks of Drinking

The low risk drinking guidelines offer a starting point by clarifying what is **not** low risk. Going over the amounts outlined in the guidelines can lead to dependence on alcohol and a wide range of long-term health problems. Women tend to be more susceptible than men to health problems caused by heavy drinking.

What kinds of health problems are caused by heavy drinking?

- For women, alcohol use increases the risk of breast cancer [5].
- In fact many serious illnesses and chronic health conditions are linked to drinking, even at low levels. Long-term alcohol use can increase the risk of at least eight types of cancer (mouth, pharynx, larynx, esophagus, liver, breast, colon, rectum) and numerous other serious conditions (e.g. epilepsy, stroke, pancreatitis, dysrythmias, and hypertension) [6].
- Small amounts of alcohol have been shown to reduce the risk of certain types of stroke and other cardiovascular diseases. However, heavier drinking increases blood pressure as well as the risk of stroke and heart disease. Most health care providers will suggest options other than drinking alcohol for reducing your risk of these diseases.

If you believe that small amounts of alcohol might have health benefits for you, talk to your health care provider about your overall health and to explore the possible benefits and harms [7].

- Alcohol induced brain damage is another risk [8].
- Breast cancer, heart disease and brain damage risks are further complicated if you smoke or use other substances and if you are exposed to environmental toxins (eg.moulds, pesticides) [9].
- Alcoholic hepatitis and cirrhosis of the liver risk are linked to heavy drinking, and women develop these alcohol-related health problems after a shorter length of heavy drinking [10].
- Drinking has particular risks for women who are pregnant or are planning to become pregnant. See the section on *Considerations for Women*.

While the Low Risk Drinking Guidelines overall suggest that women consume no more than 10 drinks a week and no more than two drinks a day most days in order to reduce long-term risks for multiple chronic illnesses, women who are specifically interested in reducing their risk of developing cancer should drink less than one drink a day.

Cancer and Alcohol, Canadian Centre on Substance Abuse, 2014

Research indicates that prolonged heavy drinking can result in serious health problems for women such as:

- Breast and other forms of cancer
- Heart disease and stroke
- Brain damage
- Liver disease
- Addiction or alcohol dependence

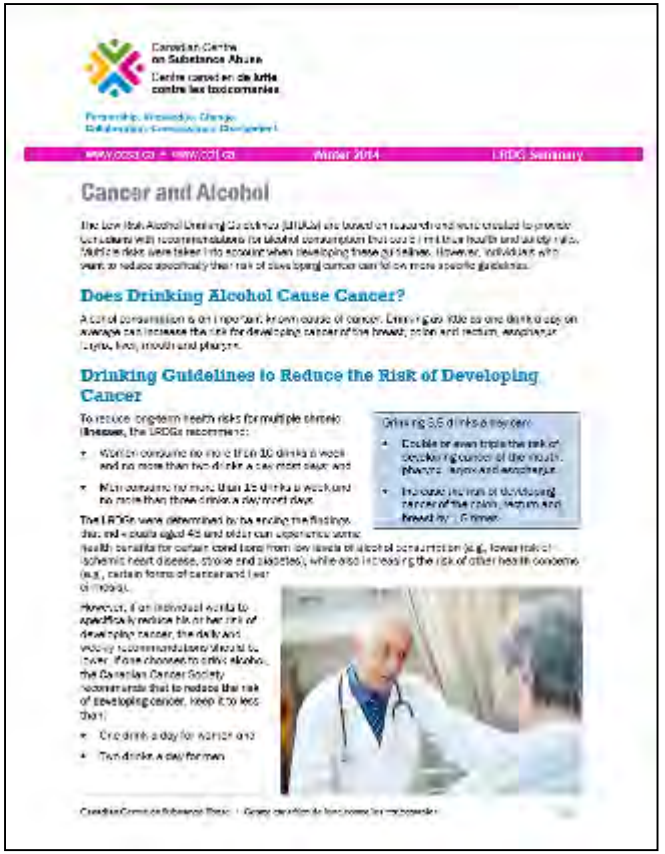
Risk Estimates (includes 7 types of cancer)

Table 1. Percentage change in long-term relative risk by average standard drinks per day for 12 illnesses that are similar for men and women aged below 70 years.

Type of Illness or Disease	Proportion of All Deaths, 2002–2005	Percentage Increase/Decrease in Risk Zero or Decreased Risk: 0%	-1 to -24%	-25% to -50% Increased Risk: Up to +49%	+50 to 99%	+100 to 199%	Over +200%	1 Drink	2 Drinks	3–4 Drinks	5–6 Drinks	+ 6 Drinks
Tuberculosis	1 in 2,500							0	0	+134	+194	+394
Oral cavity & pharynx cancer	1 in 200							+42	+96	+197	+368	+697
Oral esophagus cancer	1 in 150							+20	+43	+87	+164	+367
Colon cancer	1 in 40							+3	+5	+9	+15	+26
Rectum cancer	1 in 200							+5	+10	+18	+30	+53
Liver cancer	1 in 200							+10	+21	+38	+60	+99
Larynx cancer	1 in 500							+21	+47	+95	+181	+399
Ischemic heart disease	1 in 13							-19	-19	-14	0	+31
Epilepsy	1 in 1,000							+19	+41	+81	+152	+353
Dysrythmias	1 in 250							+8	+17	+32	+54	+102
Pancreatitis	1 in 750							+3	+12	+41	+133	+851
Low birth weight	1 in 1,000							0	+29	+84	+207	+605

Reducing Cancer Risk

- If a woman wants to specifically reduce her risk of developing cancer, the daily and weekly recommendations should be lower. The Canadian Cancer Society recommends that to reduce the risk of developing cancer, keep it to **less than one drink a day for women**
- That said, any type of alcohol — beer, wine or spirits — increases the risk of cancer.



Canadian Centre on Substance Abuse
Centre canadien de lutte contre les toxicomanies

Winter 2014

Cancer and Alcohol

Does Drinking Alcohol Cause Cancer?

Drinking Guidelines to Reduce the Risk of Developing Cancer

Two page information sheet on alcohol and cancer available from www.ccsa.ca

Alcohol and Diet

- The energy content of alcohol is 7.1 calories per gram.
  - A can of beer (12 fl. oz.) has 150 calories
  - A glass of wine (5 fl. oz.) has 125 calories.
  - Piña colada cocktail (4.5 fl. oz) has 245 calories
- Need to consider both alcohol content as well as added sugars and flavorings in a drink.

Some tips when deciding how much you will drink

People tend to overestimate the size of a standard drink. We also tend to underestimate how much we have had if our drink is "topped up" versus finishing one drink before having the next.

People tend to think that some kinds of alcohol are not as harmful as others. It is the *amount* of alcohol in a beverage not the *type* of drink (e.g., wine or cooler or liqueur) that is important to know.

The energy content of alcohol is 7.1 calories per gram. When considering how alcohol fits into your overall diet, consider both alcohol content as well as added sugars and flavorings in a drink. For example, a can of beer (12 fl. oz.) has 150 calories while a glass of wine (5 fl. oz.) has 125 calories. On the other hand, a smaller piña colada cocktail (4.5 fl. oz) has 245 calories [3]. When consumed in moderation, alcohol has not been found to be a major contributor to weight gain [4].

When applying the guideline about avoiding intoxication it is important to know yourself – you may become intoxicated after two instead of three drinks (as described in the low risk drinking guideline), so two may be your personal limit.

In addition to being mindful of the number of drinks you have on one occasion, it is important to consider the number of days that you drink in a week. It is easy to fall into a pattern of drinking every day, with no alcohol-free days.

If you feel that you are drinking more than the recommended amount, it's a good idea to talk to people who can give you advice and support. Speaking with a family physician, another health care provider or counsellor can help you assess and reduce your alcohol use. Some resources you might find helpful are listed at the end of this booklet.

Safer Drinking Tips

- Set limits for yourself and stick to them.
- Drink slowly. Have no more than 2 drinks in any 3 hours.
- For every drink of alcohol, have one non-alcoholic drink.
- Eat before and while you are drinking.
- Always consider your age, body weight and health problems that might suggest lower limits.
- While drinking may provide health benefits for certain groups, do not start to drink or increase your drinking for health benefits.

Research vs. Weight-conscious Marketing

- When consumed in moderation, research has **not** found alcohol to be a major contributor to weight gain.

Sayon-Orea, C., Martinez-Gonzalez, M. A. and Bes-Rastrollo, M. (2011). Alcohol consumption and body weight: a systematic review. Nutrition Reviews, 69: 419–431. doi:10.1111/j.1753-4887.2011.00403.x

Alcohol, Stroke, and Heart Disease

- Small amounts of alcohol have been shown to reduce the risk of certain types of stroke and other cardiovascular diseases. However, heavier drinking increases blood pressure as well as the risk of stroke and heart disease.
- At what point do the potential risks and benefits outweigh each other?

Health Risks of Drinking

The low risk drinking guidelines offer a starting point by clarifying what is **not** low risk. Going over the amounts outlined in the guidelines can lead to dependence on alcohol and a wide range of long-term health problems. Women tend to be more susceptible than men to health problems caused by heavy drinking.

What kinds of health problems are caused by heavy drinking?

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- In fact many serious illnesses and chronic health conditions are linked to drinking, even at low levels. Long-term alcohol use can increase the risk of at least eight types of cancer (mouth, pharynx, larynx, esophagus, liver, breast, colon, rectum) and numerous other serious conditions (e.g. epilepsy, stroke, pancreatitis, dysrythmias, and hypertension) [6].
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- Drinking has particular risks for women who are pregnant or are planning to become pregnant. See the section on *Considerations for Women*.

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Cancer and Alcohol, Canadian Centre on Substance Abuse, 2014

Research indicates that prolonged heavy drinking can result in serious health problems for women such as:

- **Breast and other forms of cancer**
- **Heart disease and stroke**
- **Brain damage**
- **Liver disease**
- **Addiction or alcohol dependence**

Protective Benefits of Alcohol?

- **Possible health benefits are only relevant from middle age onwards** and the only zero-risk consumption level for younger people is abstinence, as they have no established health benefits to cancel out the well-established health risks
- The likelihood of experiencing the **health benefits of drinking are apparent at very low levels** (between a half and one drink on average per day)

Table 4. Risk thresholds in Canadian standard drinks estimated for men and women compared with lifetime abstainers.

All-Cause Mortality Analysis	Number of Studies Included	Number of Standard Drinks for Benefit/Risk Threshold					
		Women			Men		
		Maximum Benefits	Zero Net Risk	Increased Risk	Maximum Benefits	Zero Net Risk	Increased Risk
English et al, 1995	16	0.5	1.5	2	1	2	3
Rehm et al, 2001	37	1	1.5	3	1	2.5	4
Bagnardi et al, 2004	29	0.5	2.5	[4]*	0.5	3	[5]*
Di Castelnouvo et al, 2006	34	0.5	2	[3]*	0.5	3	[4]*

Pregnancy and "light drinking"

Considerations for Women

Special Considerations

- Pregnancy
- Breastfeeding
- Life Stressors
- Safety

Several other important factors can also influence the effects of alcohol and the circumstances where women should avoid drinking alcohol.

Pregnancy

Drinking is a critical issue for women who are pregnant. Drinking alcohol during pregnancy may lead to:

- Having a baby with Fetal Alcohol Spectrum Disorder (FASD);
- Having a miscarriage or stillbirth;
- Having a baby who has low birth weight or is born prematurely [13].

Fetal Alcohol Spectrum Disorder describes a range of harms related to alcohol exposure in utero. These harms can include brain damage, vision and hearing problems, slow growth, and birth defects such as bones that are not properly formed or heart problems [13]. The brain damage may cause the child to have lifelong learning disabilities and problems with memory, reasoning and judgment.

Choosing not to drink any alcohol while pregnant or planning to become pregnant is the safest option [2]. Often women drink before they are aware they are pregnant but it is important to know that it is never too late to stop drinking alcohol during pregnancy. Quitting alcohol as soon as possible and looking after your health are the best ways to lower the risk of harm to you and the fetus.

Breastfeeding

Alcohol passes into a woman's bloodstream and into her breast milk at similar levels. The concentration of alcohol in a mother's blood and breast milk peaks at about 30-60 minutes after drinking. Alcohol does not stay in a mother's milk over time and is cleared out of milk in the same way that alcohol is cleared out of her bloodstream. Having an occasional drink has not been shown to be harmful to a breastfed infant. Ideally it is best to avoid breastfeeding for about 2 hours after drinking one alcoholic beverage [14]. Alternatively, women can consider pumping and storing breast milk before having a drink so their babies can continue to receive breast milk [14].

There is no known safe amount of alcohol, at any stage of pregnancy, that will completely prevent the risk of having a child with FASD.

“Light” drinking in pregnancy

Evidence is inconsistent at low-moderate levels of consumption.

Some studies suggest NO EFFECT of light-moderate drinking during pregnancy

Recent examples:

Kelly *et al* (2008, 2012, 2013) - No increased risk of clinically relevant behavioural difficulties, cognitive deficits at age 3, 5, and 7 (N=10,534 - 12,495); differences in scores between boys and girls

Humphriss *et al* (2013) - No effect of moderate (3-7 glasses/week) maternal alcohol consumption on balance at age 10;

Friday 10 January 2014

the drinks business

FRONT PAGE NEWS AND VIEWS DBTV DB INDEX JOBS SUBSCRIPTIONS ABOUT DB DB GLOBAL MASTER

WINE SPIRITS BEER CHAMPAGNE FINE WINE PRODUCTS USA FRANCE UK ASIA ARCHIVES

WOMEN WHO DRINK WHEN PREGNANT HAVE ‘BETTER BEHAVED CHILDREN’

8th January, 2014 by Lauren Mao

Children of mothers who drink alcohol during pregnancy are "better behaved", according to one study.

Research from Denmark suggests women who have the occasional drink during pregnancy have children who are better adjusted than the offspring of those who abstain.

According to *The Telegraph*, results of the study showed that the children of women who drank up to a bottle of wine per month while pregnant were emotionally better off by the time they reached the age of seven than children whose mothers had stayed teetotal.

The study is based on a long-term study by the University of Copenhagen of more than 100,000 pregnant Danish women who were asked about their drinking habits.

Some studies show a ‘J’ or ‘U’ shaped curve suggesting a protective effect from light drinking

Recent Research – Light drinking in pregnancy

Evidence is inconsistent at low-moderate levels of consumption.

Some studies suggest ADVERSE EFFECTS of light-moderate drinking during pregnancy

Recent examples:

Andersen *et al* (2012) - Low to moderate consumption of alcohol increased risk of spontaneous abortion substantially in first trimester (N= 92 719)

Feldman *et al* (2012) - Increased risks for physical features of FAS and growth deficiencies (reduced birth length and weight); dose-related effects, no evidence of safe threshold at lower amounts of alcohol use

Studies define 'light' drinking differently which contributes to confusion.

Better safe than sorry?

- While the risk from "light" consumption during pregnancy appears very low, there is no known threshold of alcohol use in pregnancy that has been definitively proven to be safe.
- Individual-level factors such as nutrition, genetics, and other substance use can interact to affect outcomes.
- Potential for misunderstanding drink sizes and actual alcohol content of various types of drinks
- Compelling evidence from research on animals that even low doses of alcohol at any time during pregnancy can affect fetus

Research to Practice

- No safe time
- No safe amount
- No safe kind

Recent Research on messaging

Discussing ambiguity with women - Helpful or not?

Public health guidelines: "The safest choice is to not drink at all while pregnant, planning to become pregnant or before breastfeeding“

Importance of being honest and factual about the limits of research on alcohol during pregnancy suggested by some studies

“Credibility … was enhanced by acknowledging uncertainty about the risk to the fetus with low to moderate alcohol exposure. Rather than undermine an abstinence-based message, this information served as a clear rationale for the recommendation. An honest and scientific framing of the message and delivery by an expert source were also shown to minimize counterargument and strengthen the message’s persuasiveness.” (France et al., 2013, p.8)

Discussion

FASD Prevention Virtual Learning Series

Extending Learning about Girls, Women, Alcohol and Pregnancy - A Virtual Learning Series

Webinar 3 Trauma-informed approaches to FASD prevention
Tentative date: June 12 9 am Pacific

BCCEWH www.coalesecing-vc.org www.bccewh.bc.ca **and** http://fasdprevention.wordpress.com/

BC Women's Hospital + Health Centre www.womenspopulationhealth.ca/womenandalcohol

BC Ministry of Health http://www.health.gov.bc.ca/women-and-children/publications.html

Email: bccewh@cw.bc.ca