

Dialogue to Action on Discussing Substance Use with Women

Dialogue Objectives

- To learn about what is already being done related to sharing information and providing brief support to women on legal (and soon to be legal) substances – alcohol, tobacco, cannabis and prescription opioids;
- To share what is known about promising practices and existing resources that serve to guide discussion, support and referral with girls and women who use alcohol and other substances;
- To learn how we might (co)create resources and provide other forms of support to health and social care providers so they have the competence and confidence to collaborate effectively with women who use substances, on health promotion, prevention, treatment and harm reduction actions.

The Dialogue to Action on Discussing Substance Use with Women project has received financial assistance from the Public Health Agency of Canada. The views herein are not necessarily those of the Public Health Agency. Project partners with the Centre of Excellence for Women's Health are the Canadian Centre on Substance Use and Addiction and the UBC Midwifery Program.

The Centre of Excellence for Women's Health (CEWH) collaborates on multidisciplinary and action-oriented research on girls' and women's health and promotes the introduction of gender into health research. The CEWH pays particular attention to research that will improve the health status of girls and women who face health inequities. The CEWH is hosted by BC Women's Hospital + Health Centre, an agency of the Provincial Health Services Authority.

Resource List

Selected Academic Articles (Brief Intervention)

1. Wright, T. E., Terplan, M., Ondersma, S. J., Boyce, C., Yonkers, K., Chang, G., & Creanga, A. A. (2016). The role of screening, brief intervention, and referral to treatment in the perinatal period. *American Journal of Obstetrics & Gynecology*, 215(5), 539-547. doi:10.1016/j.ajog.2016.06.038

This article discusses the conclusions of an expert panel convened in 2012 by the US Centers for Disease Control on the need for, and benefits of, screening, brief intervention, and referral to treatment by prenatal care providers to reduce the burden of substance use in pregnancy. They concluded that screening for substance use during pregnancy, and responding based on level of risk should be universal. Women at low risk should receive brief advice, those classified as moderate risk should receive a brief intervention using the principles of motivational interviewing, whereas those who are high risk need referral to specialty care. Given that screening, brief intervention, and referral to treatment has the potential to reduce the burden of substance use in pregnancy it should be integrated into prenatal care.

2. Velasquez, M. M., von Sternberg, K. L., Floyd, R. L., Parrish, D., Kowalchuk, A., Stephens, N. S., ... Mullen, P. D. (2017). Preventing Alcohol and Tobacco Exposed Pregnancies: CHOICES Plus in Primary Care. *American Journal of Preventive Medicine*. doi:10.1016/j.amepre.2017.02.012

Alcohol and tobacco use often continues into the first trimester, especially among women with unplanned pregnancy. Project CHOICES is an efficacious, four session dual focused preconception brief intervention, based in motivational interviewing that addresses both alcohol use and contraceptive use among non-pregnant women. This article reports the findings of a study of CHOICES plus, which adds tobacco use as a target behavior to the CHOICES intervention. Non-pregnant, non-sterile women aged 18-44 years old, who drank heavily, were sexually active, and not using effective contraception ($n=261$) were recruited from 12 primary care clinics in Toronto. Women were randomly assigned into the CHOICES plus group, or a control group of brief advice. Forty-five percent of the women smoked tobacco. At 9 months follow up, CHOICES plus significantly reduced the risk for both AEP (absolute risk reduction -0.233, 95% CI= -0.239, -0.226) and TEP (-0.233, 95% CI= -0.019, -0.52)¹. The authors concluded that addressing both alcohol and tobacco in a single preconception program was effective and feasible for low income women in primary care.

3. de Dios, M. A., Herman, D. S., Britton, W. B., Hagerty, C. E., Anderson, B. J., & Stein, M. D. (2012). Motivational and mindfulness intervention for young adult female marijuana users. *Journal of Substance Abuse Treatment*, 42(1), 56-64.

In this randomized control trial, women aged 18-29 were assigned to either a two-session brief intervention using motivational interviewing and mindfulness based meditation, or an assessment only control group ($n=34$). The intervention included mindfulness based meditation, as the authors previous research indicated that female marijuana users had high levels of anxiety-related symptoms and associated marijuana use with relaxation and tension relief. Participants' marijuana use was assessed at baseline and at one, two and three months post intervention. Women in the intervention group had lower marijuana use at all three follow up measures (6.15 ($p=.015$), 7.81 ($p=.005$), and 6.83 ($p=.026$) fewer days per month, respectively). The results demonstrated that the intervention was effective and feasible.

4. Harris, B. R. (2016). Talking about screening, brief intervention, and referral to treatment for adolescents: An upstream intervention to address the heroin and prescription opioid epidemic. *Preventive Medicine*, 91, 397-399.

In this commentary, the authors posit that screening, brief intervention and referral (SBIR) for substance use among adolescents may work as an upstream prevention for prescription opioid and heroin use, as well as reduce the consequences from alcohol and tobacco use. The authors highlight the relationship between “early initiation of less harmful substances such as alcohol and marijuana and subsequent use of prescription opioids and heroin.” Evidence suggests that SBIR for substance use among adolescents decreases initiation to substance use, reduces intentions to use and decreases perceived prevalence of use. Studies have also found that universal screening is acceptable, and a low-cost intervention. The current efforts toward combatting the opioid epidemic provide a platform to increase support for SBIR and to support integration into routine health care practice.

5. Kennedy, J. (2017). Barriers to success: smoking cessation conversations. *British Journal of Midwifery*, 25(8), 498-504.

Discussions about smoking during pregnancy are often viewed by service providers as difficult and potentially challenging to the relationship they have with their client. In this article, the authors examine common barriers to conversations about smoking cessation and suggest practices to overcome these barriers using the health behaviour model. Barriers discussed include institutional pressures and ineffective communication skills. They discuss how to start these conversations and highlight the importance of using a-strengths based approach and involving partners and other family members.

Trauma and Gender Informed Web Resources that address the 4 Substances (listed in alphabetical order)



4 women's health and substance use info sheets. Centre of Excellence for Women's Health.
<http://www.coalescing-vc.org/virtualLearning/section6/info-sheets.htm>



Alcohol and pregnancy infographic sheets. Centre of Excellence for Women's Health. (2014).
<http://bcccewh.bc.ca/wp-content/uploads/2014/06/FASD-BIG-Infographics-Combined.-June.-2014.websized1.pdf>



Alcohol use and pregnancy consensus clinical guidelines. Society of Obstetricians and Gynaecologists of Canada. (2010).
<https://sogc.org/wp-content/uploads/2013/01/gui245CPG1008E.pdf>



Brief Intervention Group (BIG) SBIRT Initiative
<http://bigsbirteducation.webs.com/resources>



Create a welcoming environment: 10 things your clinic, practice, or department can do. Equip Healthcare. (2016).
<https://equip2013.files.wordpress.com/2016/06/10-things-welcoming-environment-oct-27-2016.pdf>



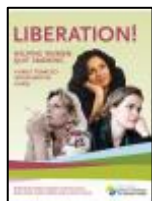
Developing an Indigenous approach to FASD prevention. Thunderbird Partnership Foundation, CanFASD Research Network and Centre of Excellence for Women's Health. (2017).
<https://canfasd.ca/wp-content/uploads/sites/35/2017/06/Consensus-Statement-Eight-Tenets-June-1.pdf>



Final report: Opioid use, misuse, and overdose in women. Office on Women's Health, US Department of Health and Human Services. (2017).
<https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf>



Here's what we know about alcohol and pregnancy. Centre of Excellence for Women's Health and CanFASD Research Network. (2017).
<http://bcccewh.bc.ca/2017/09/heres-what-we-know-about-alcohol-pregnancy/>



Liberation! Helping women quit smoking: A brief tobacco intervention guide. British Columbia Centre of Excellence for Women's Health. (2012).
http://bccewh.bc.ca/wp-content/uploads/2012/05/2012_Liberation-HelpingWomenQuitSmoking.pdf



Perinatal substance use: 5 ways you can improve care during pregnancy and beyond. National Perinatal Organization. (2017).
<http://www.nationalperinatal.org/annualconference2018>



Planning for change facilitator guide: Workshop for First Nations women about FASD prevention and skills for change. Best Start (2017).
http://www.beststart.org/resources/aboriginal/F19-E_PlanningforChange.pdf



Project CHOICES infographic. Healthy Child Manitoba.
https://www.gov.mb.ca/healthchild/fasd/projectchoices_infographic_en.pdf



Responding safely to intimate partner violence (IPV): We must do better than screening. Violence Evidence Guidance Action. (2017).
<http://projectvega.ca/documents/2017/01/ipv-screening-brief.pdf>



Risks of cannabis on fertility, pregnancy, breastfeeding and parenting – Booklet. Best Start. (2017).
<http://www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=A30-E>



Small Steps Matter. Alberta FASD Research Network & Canada FASD Research Network. (2015).
<http://bccewh.bc.ca/wp-content/uploads/2015/09/Harm-Reduction-Poster-Aug-18-2015.pdf>



Tobacco free futures guideline chapter 20: Reproductive years. Alberta Health Services. (2017).
<https://www.albertaquits.ca/helping-others-quit/healthcare-providers/tff-special>



Women, girls and prescription medication - Report. British Columbia Centre of Excellence for Women's Health. (2015).
<http://bccewh.bc.ca/wp-content/uploads/2015/09/CRISM-Report-21-Aug-2015.pdf>

Selected Resources Organized by Professional Group

Included in this table are selected articles about brief intervention on substance use organized by the 8 professions/sectors invited to these meetings – to provide inspiration for profession-specific action.

Midwifery
<ul style="list-style-type: none"> Chertok, I. R. A. & Archer, S. H. (2015). Evaluation of a midwife- and nurse-delivered 5 A's prenatal smoking cessation program. <i>Journal of Midwifery & Women's Health</i>, 60(2), 175 – 181. de Wilde, K., Tency, I., Sarah, S., Temmermen, M., Boudrez, H., Maes, L. (2015). Which role do midwives and gynecologists have in smoking cessation in pregnant women? A study in Flanders, Belgium. <i>Sexual & Reproductive Healthcare: Official Journal of the Swedish Association of Midwives</i>, 6(2), 66 – 73. van der Wulp, N. Y., Hoving, C., & de Vries, H. (2014). Dutch midwives' experiences with implementing health counselling to prevent prenatal alcohol use. <i>Journal of Clinical Nursing</i>, 23(21-22), 3286-3289. doi:10.1111/jocn.12525
Public Health Nursing
<ul style="list-style-type: none"> Groner, J., French, G., Ahijevych, K., & Wewers, M. E. (2005). Process evaluation of a nurse-delivered smoking relapse prevention program for new mothers. <i>Journal of Community Health Nursing</i>, 22(3), 157-167. Joseph, J., Basu, D., Dandapani, M., & Krishnan, N. (2014). Are nurse-conducted brief interventions (NCBIs) efficacious for hazardous or harmful alcohol use? A systematic review. <i>International Nursing Review</i>, 61(2), 203-210. doi:10.1111/inr.12096 Saskatchewan Prevention Institute. (2017). <i>Which woman drinks alcohol at a risky level</i>. Retrieved from http://skprevention.ca/wp-content/uploads/2017/05/3-150-Which-Woman-Drinks-Brochure.pdf
Primary Care Physicians
<ul style="list-style-type: none"> Alberta Health Services. (2010). <i>Preventing FASD and FAS – Working with pregnant women who use substances</i>. Retrieved from http://fasd.alberta.ca/documents/hi-asa-women-info-prevent-fasd.pdf Grossberg, P., Halperin, A., Mackenzie, S., Gisslow, M., Brown, D., & Fleming, M. (2010). Inside the physician's black bag: Critical ingredients of brief alcohol interventions. <i>Substance Abuse</i>, 31(4), 240-250. doi:10.1080/08897077.2010.514242 Hutchings, D., et al. (2006). Implementing screening and brief alcohol interventions in primary care: Views from both sides of the consultation. <i>Primary Health Care Research and Development</i>, 7(3), 221 – 229.
Violence Prevention
<ul style="list-style-type: none"> Gilbert, L. (2017). WINGS: An evidence based SBIRT intervention for addressing partner violence among young women who use drugs or alcohol. Retrieved from http://hospitalsbirt.webs.com/young-women McCollum, E. E., Stith, S. M., Miller, M. S., & Ratcliffe, G. C. (2011). Including a brief substance-abuse motivational intervention in a couples treatment program for intimate partner violence. <i>Journal of Family Psychotherapy</i>, 22(3), 216-231. doi:10.1080/08975353.2011.602618 Schmidt, C. S., et al. (2015). Brief alcohol interventions in social service and criminal justice settings: A critical commentary. <i>British Journal of Social Work</i>, 45(3), 1039 – 1049.

Pregnancy Outreach

- Funderbunk, J. S., et al. (2008). How do alcohol brief interventions fit with models of integrated primary care. *Families Systems & Health: The Journal of Collaborative Family Healthcare*, 26(1), 1 – 15.
- Olaiya, O., Sharma, A. J., Tong, V. T., Dee, D., Quinn, C., Agaku, I. T., . . . Satten, G. A. (2015). Impact of the 5As brief counseling on smoking cessation among pregnant clients of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics in Ohio. *Preventive Medicine: An International Journal Devoted to Practice and Theory*, 81, 438-443.

Sexual Health

- Canadian Public Health Association. (2017). *Discussing sexual health, substance use, and STBBIs*. Retrieved from https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/discussionguide_e.pdf
- Crawford, M. J., Sanatinia, R., Barrett, B., Byford, S., Dean, M., Green, J., . . . Ward, H. (2014). The clinical effectiveness and cost-effectiveness of brief intervention for excessive alcohol consumption among people attending sexual health clinics: a randomised controlled trial (SHEAR). *Health Technology Assessment*, 18(8), 1-48. doi:10.3310/hta18300
- Roderick, P., Sundaram, S. S., Dimitrov, B. D., Dewhirst, S., Tucker, L. J., Leydon, G., . . . S Sundaram, S. (2016). Assessing feasibility and acceptability of a brief intervention for risky alcohol consumption in sexual health clinic attendees: a randomised controlled trial. *Journal of Family Planning & Reproductive Health Care*, 42(2), 143-151. doi:10.1136/jfprhc-2014-100912

Substance Use

- Darker, C. D., Sweeney, B., Keenan, E., Whiston, L., Anderson, R., & Barry, J. (2016). Screening and Brief Interventions for Illicit Drug Use and Alcohol Use in Methadone Maintained Opiate-Dependent Patients: Results of a Pilot Cluster Randomized Controlled Trial Feasibility Study. *Substance Use & Misuse*, 51(9), 1104-1115. doi:10.3109/10826084.2016.1160118
- Grossman, J., Donaldson, S., Belton, L., & Oliver, R. H. (2008). 5 A's smoking cessation with recovering women in treatment. *Journal of Addictions Nursing*, 19(1), 1-8.

Indigenous-Specific

- Best Start Resource Centre. (2012). *Supporting the sacred journey: From preconception to parenting for First Nations families in Ontario*. Retrieved from http://www.beststart.org/resources/rep_health/pdf/SupportingtheSacredJourney.pdf
- Dickerson, D. L., Brown, R. A., Johnson, C. L., Schweigman, K., & D'Amico, E. J. (2016). Integrating motivational interviewing and traditional practices to address alcohol and drug use among urban American Indian/Alaska Native youth. *Journal of Substance Abuse Treatment*, 65, 26-35. doi:10.1016/j.jsat.2015.06.023
- Hanson, J. D., Ingersoll, K., & Pourier, S. (2015). Development and implementation of choices group to reduce drinking, improve contraception, and prevent alcohol-exposed pregnancies in American Indian women. *Journal of Substance Abuse Treatment*, 59, 45-51.

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