

# BRIEF INTERVENTION ON SUBSTANCE USE WITH GIRLS AND WOMEN

## 50 IDEAS FOR DIALOGUE, SKILL BUILDING, AND EMPOWERMENT

### DIALOGUE FOR CHANGE

- Brief interventions are collaborative conversations between an individual and a health care or social service provider about a health issue. This resource focuses on brief intervention on substance use with girls and women in the preconception and perinatal period.
- Brief intervention focuses on preventing and reducing harmful or risky patterns of substance use and can also include addressing underlying concerns that may be affecting substance use (e.g., depression, gender-based violence). Brief interventions may be formal or informal, structured or unstructured, short or long, a one-time event, or a series of conversations over a period of time.
- Because substance use has wide-ranging effects on many different aspects of life, service providers across a range of health care and social service settings can have an important role in addressing the potential harms of substance use and improving girls' and women's overall health.

## Primary Care

Regular and ongoing conversations in primary care about substance use reduces stigma and normalizes substance use as part of life. Service providers are encouraged to have discussions with all women, not just those who they believe are more likely to have substance use problems.

## 1

### ALCOHOL, TOBACCO, AND BREAST CANCER.

Many women are interested in learning about how to reduce their risk of breast cancer. Both active smoking and exposure to second-hand smoke can increase the risk of breast cancer. Alcohol is a known carcinogen (cancer-causing substance) and drinking alcohol has consistently been shown to increase the risk of breast cancer. Women can reduce their risk by quitting smoking, reducing the number of cigarettes they smoke, or eliminating their exposure to second-hand smoke. All women can drink less alcohol to reduce their risk of breast cancer; for women at higher risk of breast cancer, they can choose to avoid alcohol entirely or drink occasionally.

## 2

### ALCOHOL, DEPRESSION, AND ANTIDEPRESSANTS.

As alcohol is a depressant, it can worsen symptoms of depression for some girls and women. Share information about the relationship between alcohol and mood, e.g., alcohol seems to improve our mood in the short-term but overall it can increase symptoms of depression and anxiety. Combining antidepressants and alcohol can worsen symptoms of depression or side effects from antidepressants. You might suggest that girls and women avoid drinking alcohol until they know how their antidepressant affects them. Help girls and women assess their particular situation and share information about reducing the effects of alcohol (e.g., drink slowly, eat some food while drinking) if they choose to drink occasionally.

# 3

**ALCOHOL AND SLEEP.** Many people use alcohol to help them fall asleep. As alcohol has sedative effects, it does help people fall asleep faster, but it leads to poorer sleep quality later in the night, e.g., less REM sleep, aggravated breathing problems such as snoring and sleep apnea, extra trips to the bathroom, more frequent waking. Help girls and women find alternate strategies for addressing troubles falling asleep.

# 4

**ALCOHOL AND HEART HEALTH.** Heart disease is a leading cause of death for women. Binge drinking and drinking heavily (i.e., outside of Canada's Low Risk Drinking Guidelines) can increase blood pressure and contribute to the development of heart disease and stroke. Some women may have questions about whether a glass of wine a day will prevent cardiovascular problems. Discuss how drinking to reduce risk of heart disease is not recommended as the risks outweigh the benefits. Discuss alternative strategies for improving heart health.

# 5

**TOBACCO AND ANXIETY.** Many girls and women use cigarettes to "self-medicate" or to help ease feelings of stress and anxiety. Research into smoking and stress has shown that instead of helping people to relax, smoking actually increases anxiety and tension. Nicotine creates an immediate sense of relaxation, but this feeling is temporary and soon gives way to withdrawal symptoms and increased cravings. Help girls and women find other ways to reduce anxiety or deal with the underlying causes of their anxiety (e.g., family problems, grief and loss).

# 6

**TOBACCO AND BONE HEALTH.** Studies have shown a direct relationship between tobacco use and decreased bone density. Women who have gone through menopause and who smoke have lower bone density. This means they have a higher chance of breaking a hip than women who do not smoke. If women are not ready to quit smoking, but are interested in improving their bone health, you can share information about diet and physical activity that can help reduce risk.

# 7

**MEDICAL CANNABIS AND WOMEN'S HEALTH.** Many girls and women are interested in emerging evidence on the medicinal uses of cannabis. Evidence to-date suggests that cannabis can be helpful with issues such as chronic pain, nausea and vomiting (but not during pregnancy), and muscle spasms related to conditions like multiple sclerosis or spinal cord injury. Help girls and women to evaluate health claims and stay up-to-date with the latest research findings, including the use of cannabis for women's health issues like menstrual cramps and endometriosis and conditions that disproportionately affect women like migraines and fibromyalgia.

# 8

**ALCOHOL, PRESCRIPTION OPIOIDS, AND PRESCRIPTION SEDATIVES.** Women are frequently prescribed sedatives, including benzodiazepines such as Valium and Ativan, for issues such as anxiety and insomnia. Opioids such as oxycodone, morphine, and codeine are typically prescribed to treat acute and chronic pain. Taking benzodiazepines and opioids together or with alcohol can increase the risk of a drug overdose. Share information with women about how these medications and alcohol are depressants which can slow breathing; when a woman takes more than her body can handle, this can lead to unconsciousness and death.

# 9

**SUBSTANCE USE AND ASTHMA.** When working with girls and women who have asthma, it can be helpful to discuss substance use, including alcohol, tobacco, cannabis, and opioids. Some people find that their asthma symptoms are triggered by any kind of alcohol while others find specific drinks to be harmful (e.g., champagne, red wine, beer) – often it’s a specific substance in alcohol such as histamines or sulphites that can cause problems. As well, smoking tobacco or cannabis can trigger symptoms and affect long-term lung health. Help girls and women identify their triggers and remind them to take their inhaler when going out drinking or using other substances.

# 10

**SUBSTANCE USE AND NUTRITION.** Many girls and women are interested in learning more about nutrition and how to “listen to their body.” They may be experimenting with being vegan or vegetarian, reducing their caffeine or sugar intake or have questions about food and diet trends. As part of this, they may be interested in cutting back or taking a break from alcohol, tobacco, and cannabis as a way of learning about their own needs and preferences. Encourage small changes, curiosity, and self-care.

## Preconception Care

Many women are interested in taking steps to improve their health when planning a pregnancy and this can be an opportunity to have safe, non-judgmental conversations about substance use.

# 11

**HEALTHY EATING.** Many women who are planning to become pregnant will make changes to their diet. Consider sharing information about alcohol use and pregnancy when discussing caffeine, herbal supplements, vitamins, and foods to avoid when planning a pregnancy or are already pregnant.

# 12

**SUBSTANCE USE AND FERTILITY.** Ask women what they already know about substance use and fertility. “You’ve mentioned to me that you smoke. What do you know about how smoking affects your reproductive health?” “Are you aware of the latest research/guidelines about alcohol and pregnancy? Are you interested in learning more?” Many women are unaware of the impacts of substance use on fertility, including that tobacco can affect fertility for men and women and that heavy alcohol use can affect ovulation and disrupt menstrual cycles in women. Research on women’s health and cannabis is rapidly emerging and this is an area that many women may be interested in learning more about.

# 13

**ALCOHOL AND PREGNANCY PLANNING.** If a woman is considering or planning a pregnancy, discuss options related to drinking: (1) She can stop drinking before she gets pregnant (safest), (2) Not drink while trying to conceive or not using effective contraception (safest), (3) Not drink between ovulating and getting her period each menstrual cycle, (4) Stop drinking if she thinks she could be pregnant.

# 14

**QUIT SMOKING WITH A PARTNER.** Tobacco use can reduce fertility for both women and men. Ideally, women should try to stop smoking before pregnancy. If women are ready to quit smoking, ask if they think it would be helpful for their partner(s) to be involved in supporting them or whether their partner(s) might be interested in quitting, too.

# 17

## Prenatal Care

Asking questions about the type, frequency, and amount of substance use is often a routine part of prenatal care for physicians, midwives, nurses, pregnancy outreach workers and other prenatal care providers, especially during the first appointment. There are also other opportunities for ongoing brief intervention on substance use throughout pregnancy and into the postpartum period.

# 15

**TOBACCO AND HARM REDUCTION DURING PREGNANCY.** Share a resource such as “Getting Ready to Quit” ([www.expectingtoquit.ca](http://www.expectingtoquit.ca)) with pregnant women who smoke and who might not be ready to quit. It includes tips on how to reduce the harms of smoking tobacco and what to say to people who tell them they shouldn’t smoke because they are pregnant. Emphasize that there are many paths to quitting smoking and to let you know when they are ready. Role model how to have conversations about smoking, reducing, or quitting smoking with family and friends.

# 16

**CANNABIS AND “MORNING SICKNESS.”** As cannabis has a history of being used for nausea during pregnancy and is often prescribed to treat nausea and vomiting for cancer and other health issues, some women may ask about using cannabis to manage nausea during pregnancy. You can share information about the potential short- and long-term effects of cannabis use during pregnancy and that the evidence to-date suggests that there is no known safe amount of cannabis use during pregnancy. Women may be interested in knowing more about THC, the main psychoactive component of cannabis, and how it crosses into the placenta (regardless of how cannabis is consumed). Discuss alternate ways of managing nausea during pregnancy.

**POLYSUBSTANCE USE AND HARM REDUCTION DURING PREGNANCY.** Many pregnant women are able to reduce or quit substance use for all or part of their pregnancy. For women who are making changes to their substance use, it may be helpful for them to know about the relative harms of various substances and the potential impact on the fetus. Share how alcohol and tobacco are the two substances that can be most harmful for fetal health and in the long-term for infants who are exposed in utero. This may help women prioritize the changes that they are making in their lives. If women are using illicit substances, some potential harms can be addressed through safer substance use (e.g., clean needles and other supplies), safer sex, and supports such as testing for sexually transmitted and blood-borne infections (STBBIs).

# 18

**QUITTING TOBACCO AND POSTPARTUM RELAPSE PREVENTION.** Many women quit smoking during pregnancy, but rates of relapse postpartum are very high. Remind women of their successes in reducing or cutting back during pregnancy and ask them if they are interested in continued support following pregnancy. Topics might include women’s health and the continued benefits of smoking cessation, stressors in her life after the birth and alternative coping strategies, the effects of second-hand smoke on the family, finding new motivations to staying quit after birth, or resources that might be helpful (including text-messaging and online support).

# 19

**PRESCRIPTION OPIOIDS AND BREASTFEEDING.** It is safe to breastfeed while taking most prescription opioids, including methadone and buprenorphine. Deciding whether to breastfeed while taking prescription opioids will depend on which medications women are using, the dose or amount they are taking, and whether they were taking them during pregnancy.

# 20

**ALCOHOL AND BREASTFEEDING.** When sharing information about breastfeeding, women may be interested in learning more about whether it is safe to drink alcohol while breastfeeding. While alcohol passes into a woman's bloodstream and into her breast milk at similar levels, the amount of alcohol in breast milk peaks 30-60 minutes after drinking and does not stay in breast milk over time. Help women decide whether to avoid alcohol completely, how to "pump and dump" depending on their feeding schedule, or how to make alternative arrangements, if needed.

# 21

**CANNABIS AND SECOND-HAND SMOKE.** Help women prepare for after the baby is born. Second-hand smoke from cannabis has many of the same

chemicals as tobacco smoke. Encourage women to think about ways of reducing how much smoke their babies are exposed to, e.g., smoking away from their children or outside the house, or consuming in ways other than smoking (e.g., tinctures, sprays, vaping).

# 22

**CANNABIS AND SAFE STORAGE.** Encourage women who use cannabis to ensure that they are storing their products in a safe place where children cannot reach them. (Cannabis in food products, such as cookies and brownies, can be especially tempting to curious children). Let women know that they should get immediate medical help if their child eats or drinks cannabis. Symptoms can include problems walking or sitting up, difficulty breathing, and becoming sleepy.

## EMPOWERING CONVERSATIONS

Brief intervention doesn't have to be complicated – research shows that simply asking girls and women about their substance use can motivate many girls and women to reduce or change their substance use. Look for opportunities to start a conversation or build on what girls and women are already asking or talking about. A few suggestions:

- **Permission.** Ask permission – it shows respect and gives girls and women an opportunity to say "no" if they would rather not talk about their substance use at this particular time. "Can I talk to you about substance use and health issues?" "I ask all my patients about alcohol use when I first meet them as it's an important part of our overall health. Would it be alright for me to do this now?"
- **Open the Conversation.** Find out what they already know. Let them lead the conversation. "What do you already know about alcohol and pregnancy?" "How does tobacco and cannabis fit into your life right now?"
- **Information.** Share information, either a handout or an online resource, to build on existing knowledge, to address concerns, and to keep the conversation going. "It can be helpful to think about how to keep ourselves safe before we going out drinking." "If you're thinking about having a baby soon, here's some ideas for getting ready and thinking about your health."
- **Check In.** Acknowledge what girls and women have to say and check their understanding. "What do you think about that?" "Do you know where you can get condoms?"
- **Referral.** If they are interested, share information about programs and supports that are a good fit for them and explore any potential barriers to accessing them. "That are lots of places you can get more information. Can I show you some options?" "Here is some information about a program that some of my patients have found useful."

# Self-Assessment: Topics for Brief Intervention on Substance Use - Alcohol, Tobacco, Cannabis, and Prescription Opioids

There is a wide range of topics that service providers can include in brief intervention on substance use. When working with girls and women, the scope of brief interventions and support can be broadened from a typical focus on amount and frequency of substance use to include a range of topics such as specific health risks (e.g., breast cancer), mental wellness, fertility, relationship dynamics, and parenting. The lists below can be used by service providers to determine which topics are relevant to their practice area and to consider the contexts in which they might incorporate brief interventions (e.g., intake, treatment for specific health issues, parenting support).

## ALCOHOL

### ✓ Check topics relevant to your practice

- Alcohol use and overall health and well-being
- Specific health concerns (general), e.g., stroke, heart disease, liver disease, cancer
- Specific health concerns (for women), e.g., breast cancer, women feel effects of alcohol at lower levels
- Harm reduction, e.g., low-risk drinking guidelines, finding personal limits, learning to “listen” to your body
- Effects of mixing with other medications and drugs (especially other depressants such as sedatives or opioids)
- Mental wellness, e.g., effects on anxiety and depression, coping with stress and difficult circumstances
- Nutrition, diet, and disordered eating
- Contraception and FASD prevention
- Pregnancy - “Zero is best” - risks of miscarriage, stillbirth, low birth weight, premature baby, FASD
- Parenting - balancing alcohol use with caregiving responsibilities, role modeling and discussing alcohol use with children
- Breastfeeding - timing, planning
- Gender-based violence, e.g., relationship dynamics and drinking, personal safety, sexual assault
- Other:

## TOBACCO

### ✓ Check topics relevant to your practice

- Specific health concerns (general), e.g., cancer, lung disease, heart disease and stroke, bladder health
- Specific health concerns (for women), e.g., irregular periods, reduced fertility
- Harm reduction - reducing or cutting back, reducing exposure to second hand smoke, available resources (including medications) when ready to quit
- Mental wellness, e.g., coping with stress and difficult circumstances, gender-based violence
- Exercise and nutrition, including concerns about weight gain as a reason to avoid quitting
- Contraception - increased risk for heart attacks, stroke, and blood clots while using certain forms of hormonal birth control
- Pregnancy - health effects on fetus, strategies for quitting or cutting back, nicotine replacement therapy, exposure to second-hand smoke
- Parenting - second-hand smoke, role modelling and discussing tobacco use with children
- Breastfeeding - harm reduction strategies
- Relationship dynamics - partner smoking and effects on personal use
- Indigenous wellness - traditional or sacred tobacco vs. commercial tobacco - tobacco as medicine in many First Nations cultures
- Other:



## CANNABIS

### ✓ Check topics relevant to your practice

- Cannabis use and overall health and well-being
- Medical vs. recreational cannabis use, different ways of consuming
- Evaluating health claims, cannabis as “natural”, THC (tetrahydrocannabinol) vs. CBD (cannabidiol)
- Specific health effects, e.g., short-term memory, attention, motor skills, reaction time
- Harm reduction, e.g., lower-risk guidelines, second-hand smoke, avoiding synthetic cannabis, cannabis and driving
- Contraception - preventing potential harm to fetus
- Pregnancy - effects on fetus, decisions about medical cannabis during pregnancy, health risks associated with using for nausea or morning sickness, exposure to second-hand smoke
- Parenting - balancing use with caregiving responsibilities, role modelling and discussing cannabis use with children, second-hand smoke, safe storage
- Other:

## PRESCRIPTION OPIOIDS

### ✓ Check topics relevant to your practice

- Prescription opioids as one component of pain management
- Short and long-term effects, e.g., feeling drowsy, nausea, constipation, tolerance, withdrawal, addiction and overdose potential
- Specific health effects (for women), e.g., hormonal changes (which can affect your period or interest in sex), infertility, “medication overuse headaches”
- Effects of mixing with other medications and drugs (especially other depressants such as alcohol or sedatives like benzodiazepines)
- Mental wellness - long-term effects on depression, anxiety, cognition
- Misuse and coping with stress, difficult life circumstances, gender-based violence
- Pregnancy - effects on fetus, opioid agonist treatment, Neonatal Opiate Withdrawal
- Breastfeeding - safety, monitoring, co-sleeping
- Parenting - role modelling and discussing opioid use and misuse with children, safe storage
- Other:

## SELF-ASSESSMENT QUESTIONS FOR SERVICE PROVIDERS

1. Which substance use topics can I routinely address in my day-to-day practice?
2. How does addressing substance use fit within my model of care or program philosophy?
3. How does my particular role/relationship with girls and women influence the topics I am best situated to discuss?
4. Is it possible for me to address more than one substance or health concern in my conversations with girls and women?
5. Are there topics I could better address if I had additional organizational support? E.g., additional time, staffing, up-to-date community resource list.

# Sexual Health

Service providers in sexual health settings can encourage reflection, healthy decision-making and skill-building related to substance use, contraception, and sexual practices (e.g., finding personal drinking limits, negotiating condom use, accessing harm reduction supplies like condoms and clean needles to prevent transmission of STBBIs) as well as provide information on substance use, fertility, and women's reproductive health.

## 23

**ALCOHOL USE, VOMITING AND ORAL CONTRACEPTION.** Discuss how contraceptive methods, in particular oral contraception, can be less effective if women have been vomiting. If you are concerned about being perceived as judging women whose drinking results in vomiting, you can give a range of reasons why women may throw up, e.g., "If you throw up - from food poisoning or the stomach flu or because you've been drinking a lot - your birth control pill might not be effective. It's best to use another method of birth control or consider getting emergency contraception or the 'morning after pill.'" This can lead to a conversation about finding personal limits with respect to alcohol use and an offer to share additional health information about alcohol and other substance use.

## 24

**SUBSTANCE USE AND FERTILITY.** Share information about how alcohol, tobacco, and opioids are some of the substances that can make it more difficult to conceive. Possible questions to start the conversation might include: "Are you planning to have children in the next little while?" "Are you aware of the latest research/guidelines about alcohol and pregnancy? Are you interested in learning more?" "You've mentioned to me in a previous appointment that you smoke. What do you already know about how smoking affects your reproductive health?"

## 25

**SUBSTANCE USE AND BIRTH CONTROL COUNSELLING.** When asking questions about whether women and their partner(s) are interested in becoming pregnant or in preventing a pregnancy, service providers might share information about the effectiveness of various methods. If women are unsure about pregnancy or are interested in using a less effective method of birth control, they might find it helpful to reflect on their substance use in the course of making a decision

## 26

**HIV AND TOBACCO.** Women living with HIV who smoke might be interested in learning more about strategies for reducing or quitting tobacco use and the health impacts of tobacco for individuals living with HIV. While women might not be ready to quit, ask whether it might be helpful for you to ask again about their interest in quitting at a future appointment.

## 27

**HORMONAL BIRTH CONTROL AND TOBACCO.** Women who use hormonal birth control are at increased risk for health problems such as stroke, blood clots, and heart attack. Support women in making decisions that are right for them such as reducing or quitting tobacco use, using hormonal birth control that contains less or no estrogen, or choosing another method of contraception.

## 28

**MENTAL WELLNESS.** Substance use and sex can be fun, relaxing, and pleasurable activities. For some people, they also can become a way of coping with stress and difficult life circumstances; in the long run, this will often create additional stress and problems for people. Offer girls and women support in developing alternate coping strategies and finding additional resources for addressing the problems they might be facing.



# 29

**CONSENT, SEXUAL ACTIVITY AND SUBSTANCE USE.** Discuss what consent is, who can give it and when it can and cannot be given. Talk about how alcohol and other substances can affect sexual decision-making for both women and their partners. Help women develop skills for talking about and discussing consent while in the moment, e.g., “Are you comfortable?” “Is this okay?” “Do you want to slow down?” “Do you want to go further?” Remind women that consent should be clear and enthusiastic on both sides and that they and their partners should be able to consent every step of the way. If people are under the influence of alcohol or other substances (e.g., passed out, unaware of their environment, unable to talk clearly or are silent), then they are not able to give consent.

## Anti-Violence Services

Substance use and past or current experiences of violence are often interconnected and women who experience violence often use substances to cope with their circumstances. Discussions about substance use have the potential to support women’s safety and promote healing from abuse and violence.

# 30

**TRANSITION AND HEALING.** Leaving an abusive partner is a time of transition and many women will start to take steps to improve their health and take care of themselves. Ask women if they would like support or assistance in developing or reaching their own goals. You can discuss a range of options with women, including going for walks, taking vitamins, stretching, and cutting back on using substances.

# 31

**SUPPORT COMPASSION AND SELF-CARE.** Some women may feel discouraged about changing their substance use as they might feel “it’s too late” or “the damage is done.” Listen to their concerns and remind

them that it’s never too late to make positive changes. Share a resource like “Your Body Will Forgive You” ([www.expectingtoquit.ca](http://www.expectingtoquit.ca)) which discusses the positive effects of quitting smoking after 30 minutes, 12 hours, 48 hours and so on.

# 32

**SUPPORT DIFFERENT PATHS TO HEALING AND RECOVERY.** Many women may find 12-step programs like AA helpful while others may find that they would benefit from women-only or women-centred groups. Some women might be interested in programs like the 16 Steps to Discovery and Empowerment developed by Charlotte Kasl that discusses how women often use substances as a coping and survival strategy. Allowing women to find the program or group that is best for them provides further opportunities for self-efficacy and decision-making.

# 33

**SUBSTANCE USE AND MOTHERING.** In longer-term programs, share information about how to reduce the impact of second-hand tobacco or cannabis smoke on children. Help women to reflect on the impact of current or past substance use on parenting and how to use responsibly. Role model and provide guidance on how to have age-appropriate conversations about substance use with children.

# 34

**ADVOCACY AND SYSTEM NAVIGATION.** Offer to help women access supports and services related to substance use. Not all women will need or be interested in substance use treatment, but they might be interested in online resources or want to learn how to access nicotine replacement therapy (e.g., patch, gum) or find it helpful to have an advocate when discussing concerns about prescription medications with their health care provider.

# 35

**SUPPORT UNDERSTANDING OF THE LINKS BETWEEN SUBSTANCE USE AND EXPERIENCES OF VIOLENCE.** For some women, substance use is a part of abuse dynamics, e.g., their partner threatened to hurt them if she did/did not use drugs or prevented her from accessing treatment for substance use issues. You can use a resource like the Power and Control Wheel for Woman's Substance Abuse ([www.ncdsv.org](http://www.ncdsv.org)) to help her understand and make sense of these dynamics.

## Girls and Young Women

Many girls and young women use alcohol, cannabis and other substances. Instead of focusing on zero substance use, service providers can provide support focused on harm reduction, skill-building, and individual strengths. For many girls and young women, substance use is connected to issues such as sexuality, mental wellness, eating disorders and weight concerns, and sexual assault.

# 36

**LOW RISK DRINKING GUIDELINES.** Help girls moderate their drinking by discussing Canada's Low Risk Drinking Guidelines ([www.ccsa.ca](http://www.ccsa.ca)). Possible areas for discussion can include safer drinking tips (e.g., not drinking on an empty stomach), understanding what a standard drink is, moderate drinking (as defined as 1-2 drinks), and finding their personal limit (e.g., based on body size, genetics). Many girls will be surprised to know that 'binge drinking' is considered to be three drinks or more.

# 37

**DRIVING AND SAFETY.** Many girls have found themselves in situations where they are in a car with or offered a ride by a driver who is drunk or high. While most people are familiar with the dangers associated with alcohol and driving, they may be unsure about cannabis. While some people believe that cannabis has no effect on driving (or that they are better drivers while high), cannabis does affect cognition and reaction times. Help girls make alternate plans to get home safely, when needed.

# 38

**SUBSTANCE USE AND SEXUAL ASSAULT.** Drinking heavily in some situations (e.g., bars, parties, on dates) can make some girls more vulnerable to having an unwanted sexual encounter. Ensure girls know that the behaviour of a perpetrator is NEVER their fault. Discuss ways that girls can keep themselves and their friends safer, e.g., make a decision in advance with friends about how much they want to drink and then support each other in those decisions. You can also encourage girls to help other girls who might be in an unsafe situation by offering help or calling a friend to support them.

# 39

**SUBSTANCE USE, DISORDERED EATING, AND WEIGHT CONCERNS.** Research has shown considerable overlap between substance use, mental wellness, and eating disorders. For example, girls might avoid quitting smoking or restrict food/exercise excessively when going out drinking due to concerns about weight gain. Help support girls in developing a healthy self-concept and body image as well as coping and problem-solving skills. Encourage critical thinking about media and societal messages and what they convey about physical appearance and substance use.

# 40

## PERSONAL VALUES ABOUT SUBSTANCE USE.

Help girls develop their own values about substance use. Some possible reflection questions: (1) What is my relationship with alcohol and other substances? (2) What do I think about other people who use substances? (3) When do I use alcohol and other substances? When I'm stressed? Tired? Sad? (4) How do I know my limit? (5) Do I feel comfortable telling friends that I might not feel like drinking or using?

# 41

## HEALTH EFFECTS FOR YOUNG WOMEN.

Share information about how alcohol and other substance use can have consequences of particular concern for women, e.g., alcohol and breast cancer risk, alcohol use during pregnancy can result in Fetal Alcohol Spectrum Disorder.

# 42

**TALKING TO FAMILY.** Role model how to have conversations about substance use with parents, siblings, and other family members.

# 43

**MIXING ALCOHOL AND CAFFEINE.** Youth are more likely to drink caffeinated alcohol beverages or to mix alcohol and energy drinks. Let girls know about the possible harms from mixing alcohol with caffeine so that they can make informed decisions. Caffeine can mask the depressant effects of alcohol which can make girls feel more alert or less intoxicated than they actually are. As well, as caffeine keeps people awake and drinking for longer than they typically might.

# 44

## RECOGNIZING THE SIGNS OF ALCOHOL

**POISONING.** Help girls learn the signs of alcohol poisoning, including slow or irregular breathing, being unresponsive, seizures, repeated vomiting, low body temperature, and pale, clammy or bluish skin. If they are with friends and someone passes out, encourage them to: call a responsible adult, consider calling 911, stay with the person, lie the person on their side (recovery position) and keep them warm.

## Women and Their Partners

Partners are a strong influence on women's substance use and many would like to support women in making changes to their substance use and/or are interested in making changes themselves. Partner involvement in brief intervention will depend on women themselves and whether they find their partners' involvement supportive or would prefer that their partners access services or make changes on their own. Remember that partners can be men, women, or gender-diverse.

# 45

**SHARE HEALTH INFORMATION.** If you are sharing health information (e.g., a pamphlet, website, app) about substance use with women, encourage them to share and discuss the information with their partners following the appointment. Let them know that you are willing to answer any questions that their partners might have, e.g., about how much you should drink at a time or about the best way to quit smoking or about alcohol use during pregnancy. Be willing to involve partners for a part of an appointment in order to support women's health concerns; or, if the partner has significant concerns of their own, provide information about community resources and support that their partner might be interested in.

# 46

**FINDING COMMON HEALTH GOALS.** When providing brief intervention and support to women who are interested in changing or reducing their substance use, help women develop goals and a plan for reaching those goals. Ask women if they would like to involve their partners or whether their partners might be interested in changing their substance use, too. If appropriate, involve women's partners in the discussion.

# 47

**HELP PLAN FOR FUN.** Because alcohol and other substance use is integrated into so many aspects of life – from after-work beer to smoke breaks to girls' night out to a quiet night with friends and a glass of wine – many people can struggle with the social aspects of making changes to their substance use. Help women and their partners come up with socially appropriate ways of refusing a drink or a joint, find alternate ways of spending time with friends (e.g., going for coffee), or make a plan to bring their own non-alcoholic drinks to a party. Making changes together can take some of the social pressure off and encourage positive and long-lasting changes.

*This resource is an excerpt from: Nathoo, T., Poole, N., Wolfson, L., Schmidt, R., Hemsing, N., and Gelb, K. (2018). Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women. Vancouver, BC: Centre of Excellence for Women's Health.*

[Download the full report from www.bccewh.bc.ca](http://www.bccewh.bc.ca)



# 48

**PRECONCEPTION SELF-ASSESSMENT (FOR MEN).** Encourage men to assess their own substance use, including prescription medications, alcohol, tobacco, cannabis, steroids, herbal supplements, and other drugs. Not only does substance use have an impact on fertility, it can also affect overall health and well-being and ability to parent. Men might be interested in making other changes to their lifestyle to prepare for parenthood.

# 49

**PREGNANT PAUSE.** Some individuals might want to consider taking a "pause" from alcohol and other substance use as a way of showing support for their pregnant partner. Whether it's for a month, three months, or the entire pregnancy, having their partners be substance-free can be helpful and supportive for many women.

# 50

**GETTING READY FOR PARENTHOOD.** Encourage pregnant women and their partners to spend some time thinking about the role of substance use in their lives after the baby is born. Some individuals might not be interested in changing their substance use and can plan to use responsibly. Other individuals might see parenthood as a time of transition and will consider making long-term changes to their substance use.

