

Dialogue + Action: Women and Substance Use

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Hosted by BC Women's Hospital & Health Centre,
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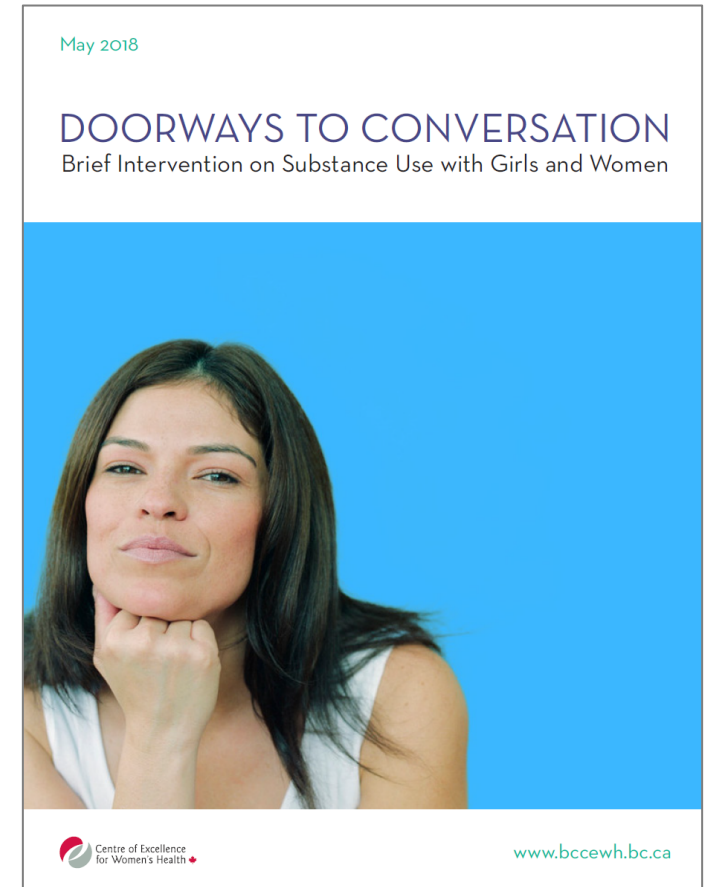
Project Partners:

University of British Columbia
School of Midwifery
Canadian Centre on Substance
Use and Addiction

Financial assistance for the Dialogue to Action Project was received from the Public Health Agency of Canada (PHAC). The views represented in this webinar do not necessarily reflect those of PHAC.

The goals of this webinar are to:

- Summarize key findings from the project, including what was learned in pan-Canadian consultations with providers and in the literature;
- Share promising approaches to brief intervention and support;
- Involve webinar participants in critical thinking about how we can improve our capacity to discuss substance use with girls, women, and their support networks.
- Introduce 2 resources to support practice



Agenda

1. Project Overview
 2. What are Brief Interventions?
 3. Promising Practice Approaches
 4. Intersectoral and System Level Work
- Q&A

Please type in your questions and comments in the Q&A box on the lower right hand corner of your screen

It may be helpful to download the Doorways to Conversation document for the promising practice part of the webinar to follow along

<http://bccewh.bc.ca/featured-projects/dialogue-to-action-on-discussing-alcohol-with-women-project-2/>

Project Overview

Dialogue + Action: Women and Substance Use

TIDE (Trauma-Informed
Development Education
Project)

Trauma Gender
Substance Use (TGS)

TGS Resources

TGS Webinar Series

► [Dialogue to Action on
Discussing Alcohol with
Women Project](#)

Integrating and
Measuring the Effect of
Sex, Gender and
Gender-Transformative
Approaches to
Substance Use

Dialogue to Action on Discussing Alcohol with Women Project

This project has engaged with a wide range of health and social service professionals in improving practices with respect to discussing alcohol with women and their support networks in the preconception period and when pregnant.



Financial assistance for the Dialogue to Action on Discussing Alcohol with Women project was received from the Public Health Agency of Canada, FASD National Strategic Project Fund

Dialogue to Action Project Resources

[Resource List](#) for Project Regional Meetings

Women and Substances Information Sheets

- *Women and Alcohol* [English version](#) [French version](#)
- *Women and Tobacco* [English version](#) [French version](#)
- *Women and Prescription Opioids* [English version](#) [French version](#)
- *Women and Cannabis* [English version](#) [French version](#)

Indigenous Approaches to FASD Prevention: [Brief Interventions with Girls and Women](#)

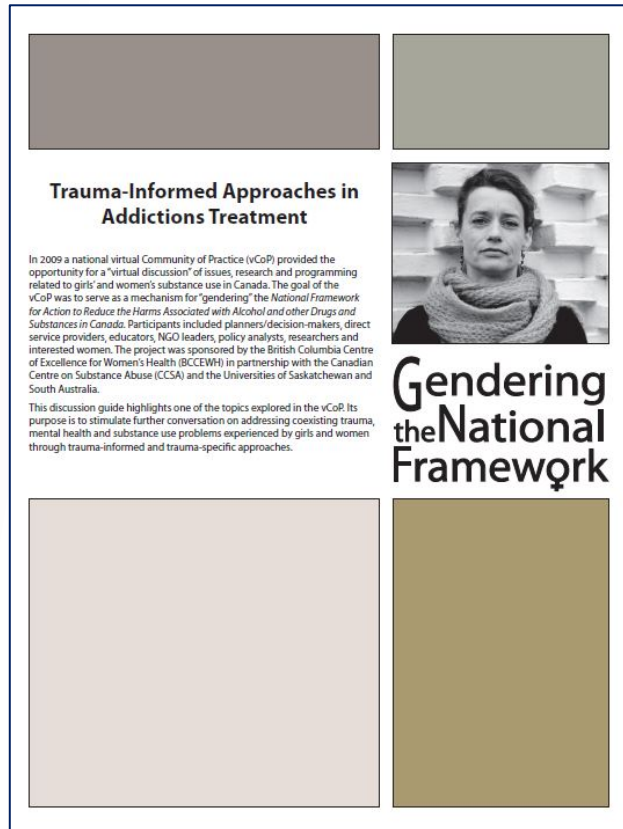
Webinar—The Role of Anti-violence Workers in Providing Brief Support on Substance Use

[Recording](#) [View Slides](#)

Project Goal

To inspire and facilitate health and social care providers to incorporate brief intervention on alcohol and other substance use in their daily practice with girls, women, and their partners in the preconception, interconception and perinatal periods

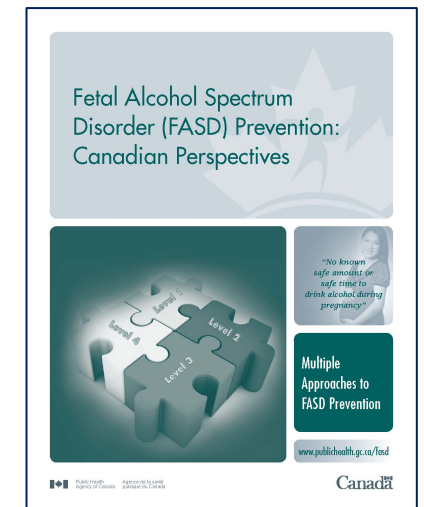
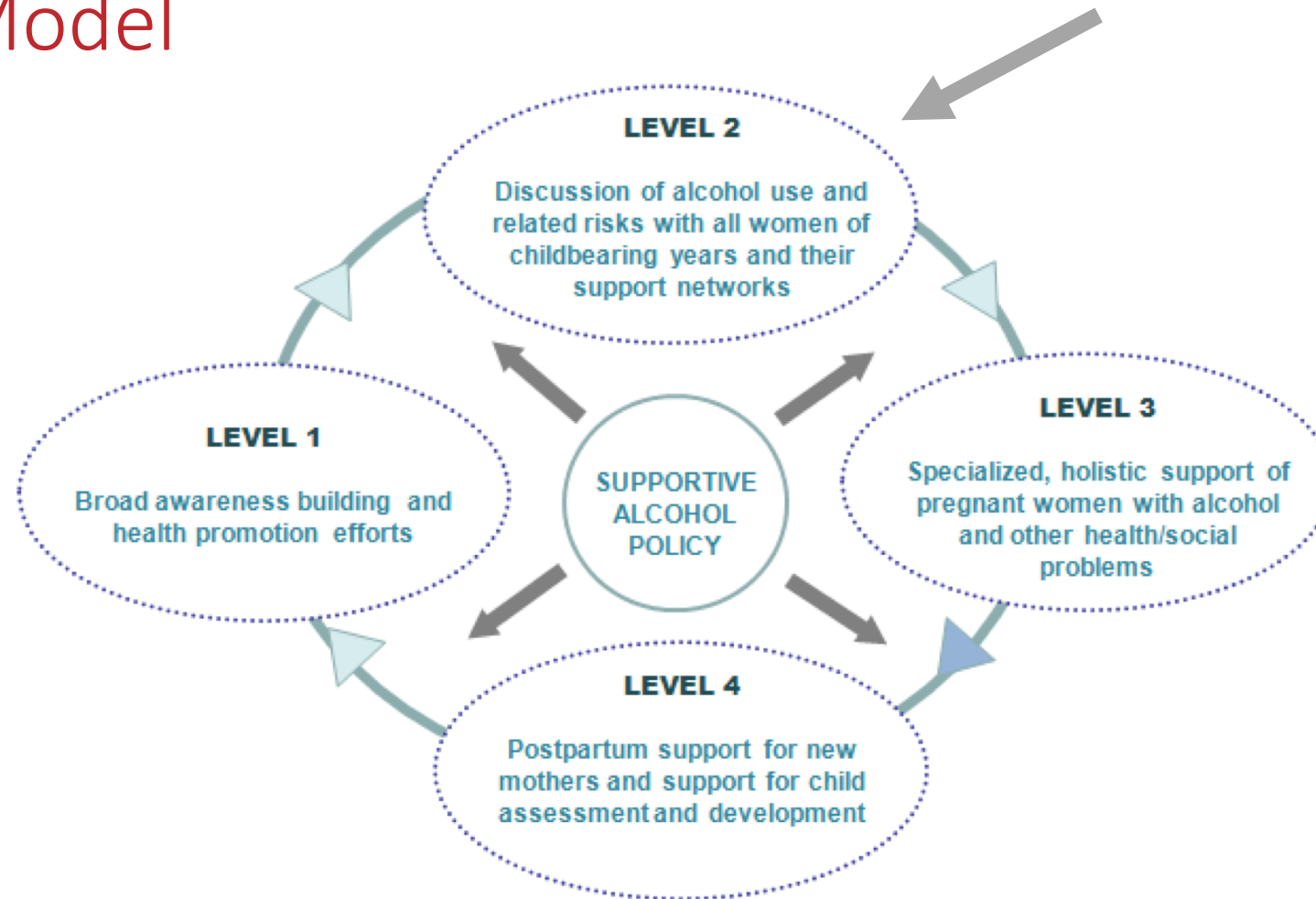
Project Overview: Theory of Change



We believe that transdisciplinary, participatory, appreciative, and dialogic approaches are key to supporting the uptake of practices such as brief intervention with women and their partners on substance use, on the part of professionals.

This is an example of a discussion guide built through discussion by professionals in virtual community with CEWH researchers

Project Overview: Four-Part FASD Prevention Model



Project Overview: Prevalence Statistics

Alcohol

- % of girls and women in Canada over 15 years of age who use alcohol at risky level monthly or more = 18.5%
- Analysis of recent StatsCan data is showing that the risky drinking levels by women is continuing to increase

Tobacco

- % of women who are current smokers in Canada = 10%
- % of young (< 20 years) pregnant women in Alberta's Central Zone in 2014 who smoked = 48 %

Cannabis

- % of women 15-44 years who report cannabis use in Canada = 11%

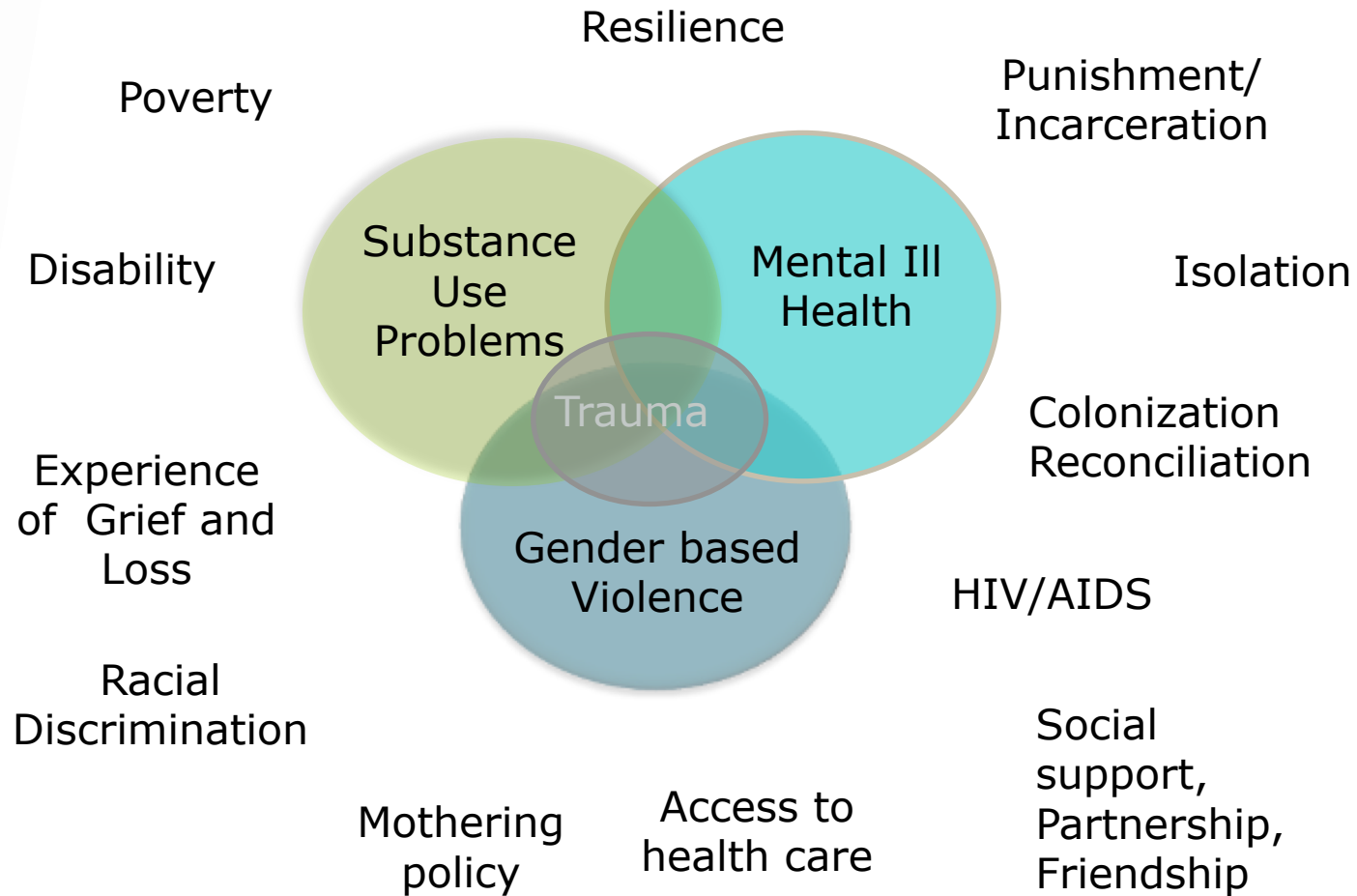
Opiates

- % of women who use opioid pain relievers in Ontario = 15.7 %
- The rate of infants requiring support for withdrawal at birth rose 15-fold between 1992-2011

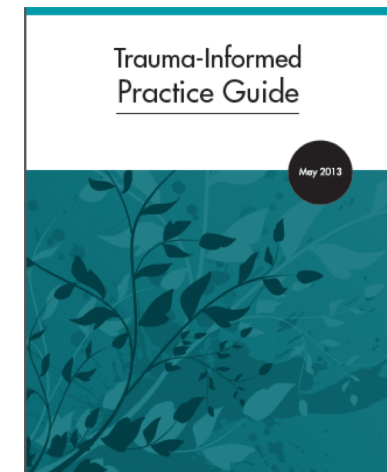
Sources:

Statistics Canada. (2013). Custom tables on alcohol use from the Canadian Community Health Survey. Analysis by CCSA.
Canadian Tobacco, Alcohol and Drugs Survey (CTADS)
Alberta Perinatal Health Program
CCSA Clearing the Smoke on Cannabis 2 Maternal Cannabis Use during Pregnancy
Turner, S.D., et al., Neonatal opioid withdrawal and antenatal opioid prescribing. *CMAJ Open*, 2014. 3(1): p. E55-E61.

Project Overview: Beyond the Statistics



Our responses need to incorporate the complexity of influences on problematic substance use by girls and women



Women (or patient or person) Centred

Respect women's context, pressures, and goals when delivering care. Support self determination, choices and empowerment.

Harm Reduction

Support girls and women to address immediate health and social goal, and consider their options for change in substance use

Principles for Practice and Policy Perinatal Substance Use

Trauma Informed

Recognize that substance use may be related to past and current experiences of violence and trauma. Create safety and collaboration

Cultural Safety and Humility

Build respectful and reciprocal relationships that acknowledge differences and create safe ways to interact.

Project Overview: Key Activities

1. An **environment scan of current practices** through 13 regional consultations
2. A **review and summary of existing evidence** on brief intervention with girls and women, including strategies for engaging their partners and support networks
3. Promotion of **promising practices** through a webinar series, conference presentations and workshops
4. Engagement and **consultation with key experts** working in the areas of perinatal data collection and child protection

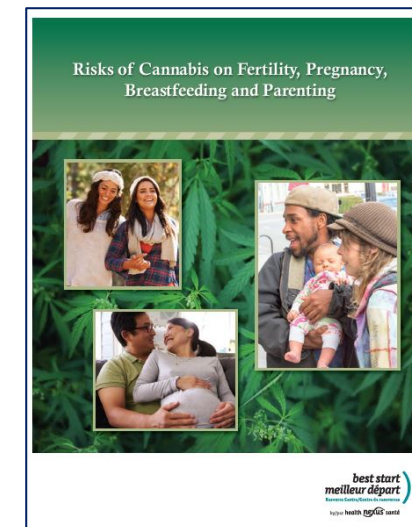
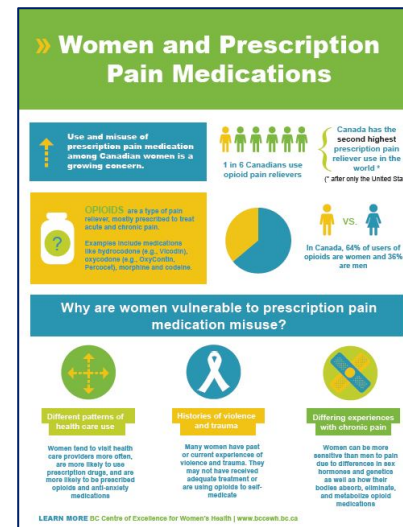
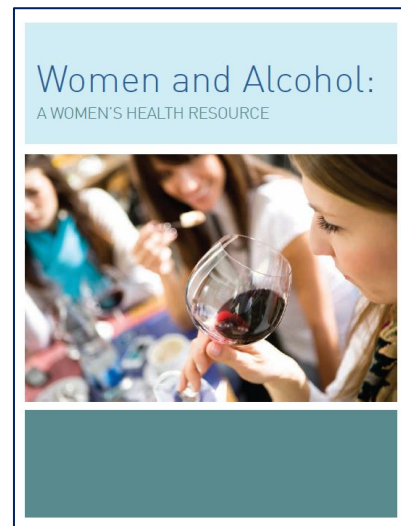
Project Overview: Health and Social Service Providers

Professionals Engaged in 13 Regional Sessions

- Midwives
 - Physicians
 - Nurses
 - Indigenous health care providers
 - Anti-violence workers
 - Pregnancy outreach workers
 - Sexual health service providers
 - Substance use workers
1. Vancouver
 2. Edmonton
 3. Saskatoon
 4. Winnipeg
 5. Thunder Bay
 6. Toronto
 7. Halifax
 8. Moncton
 9. Charlottetown
 10. St John's
 11. Whitehorse
 12. Yellowknife
 13. Iqaluit

Project Overview: Regional Sessions

- Shared resources about the alcohol, tobacco, cannabis, and prescription opioids and evidence-informed brief intervention approaches
- Invited discussion of current practice



Project Overview: Evidence Reviews

- Existing practices on brief interventions with women and girls, and strategies for engaging with their partners and support networks, were explored
- This review included academic and grey literature from 2004 to 2017

Women and Alcohol



Alcohol

- Alcohol is the most widely used drug in Canada. It is created when grains, fruits, or vegetables are fermented.
- The use of alcohol has been traced as far back as 10,000 BC.
- Although alcohol comes in different forms (e.g., beer, wine, rum, vodka), it has the same effect: it slows down the part of your brain that affects your thinking and judgment as well as your breathing and heart rate.
- For many people, drinking alcohol reduces tension and reduces inhibition, making them feel more at ease and relaxed.
- Drinking can also make you feel "drunk" or "intoxicated". Signs of being heavily intoxicated include difficulty walking, slurred speech, and loss of memory of what you said or did while drinking. Heavy drinking can lead to coma and death.
- Drinking can sometimes make you "hangover" about eight to ten hours after your last drink. Symptoms can include headache, nausea, dizziness, dehydration, fatigue, and irritability.
- It is possible to develop alcohol dependence (addiction) to alcohol.

Alcohol and Your Health

- Because alcohol affects the body differently, it is important that you "listen" to your body and adjust your drinking response. The way alcohol affects you depends on many factors, including:
 - your age and body weight
- your sensitivity to alcohol
- the type and amount of food you eat when you drink
- how much and how often you drink
- when you are well, when you are, and when you are doing
- how long you have been drinking
- what you are doing when you drink
- whether you are taking any other drugs (illness, medication, over-the-counter, or herbal)
- your family history

- Women are more physically affected by alcohol than men. This means that even after drinking smaller amounts, women generally feel greater effects for longer periods of time.
- Women who drink to become numb or to forget their problems are more likely to develop alcohol dependence than men.
- Many serious chronic and chronic health conditions are linked to drinking over the long term.
- Drinking alcohol can increase your risk of:
- heart disease
- lung cancer
- liver disease
- pancreatic disease
- bone disease
- depression
- anxiety
- stroke
- accidents
- violence
- suicide
- alcoholism
- alcohol dependence
- alcohol withdrawal
- alcohol poisoning
- alcohol-related liver disease
- alcohol-related brain disease
- alcohol-related heart disease
- alcohol-related kidney disease
- alcohol-related lung disease
- alcohol-related stomach disease
- alcohol-related skin disease
- alcohol-related eye disease
- alcohol-related ear disease
- alcohol-related nose disease
- alcohol-related throat disease
- alcohol-related mouth disease
- alcohol-related teeth disease
- alcohol-related hair disease
- alcohol-related skin disease
- alcohol-related eye disease
- alcohol-related ear disease
- alcohol-related nose disease
- alcohol-related throat disease
- alcohol-related mouth disease
- alcohol-related teeth disease
- alcohol-related hair disease


Canada's Low Risk Drinking Guidelines for Women

Guidelines to drink in a responsible way. These low risk drinking guidelines help women moderate their drinking and reduce their immediate and long-term alcohol-related harm. The guidelines suggest that:

- You should have no more than 2 drinks a day and no more than 10 drinks per week.
- You should plan to have some non-drinking days each week.
- On a special occasion, you should have no more than 3 drinks on one day.
- It is safer not to drink during pregnancy.

Drink	Alcohol Content
Beer	341ml (12 oz.) 5% alcohol content
Wine	142ml (5 oz.) 12% alcohol content
Spirits	43ml (1.5 oz.) 40% alcohol content

Women and Tobacco



Tobacco

- There are many types of tobacco. **Smoking tobacco** or **combustion tobacco** is used in cigarettes, cigars, and pipes. There are also **water-based tobacco** products, such as chewing tobacco, snuff, and smokeless tobacco. These products are also addictive and can cause health problems.
- Tobacco is a stimulant drug that affects the body's ability to relax and sleep. It also increases your heart rate and blood pressure and constricts your blood vessels, which can lead to heart disease.
- Nicotine is the addictive chemical found in tobacco. There are over 4000 other chemicals in tobacco, many of which are known to cause cancer and other health problems.
- Second-hand smoke is the smoke from a cigarette and the smoke that smokers breathe in. It contains many of the same chemicals as the smoke from a cigarette, but it is less concentrated.
- Tobacco use can affect your fertility. It can lead to early menopause and low sperm counts in men.


Tobacco and Your Reproductive Health

- Tobacco use can affect your period. It can make your periods irregular, cause you to skip periods, or cause you to have heavier periods.
- Tobacco use can affect your ability to conceive. Women who smoke or use other forms of tobacco are less likely to get pregnant.
- Tobacco use can affect your fertility. It can lead to early menopause and low sperm counts in men.

Tobacco and Your Health

- Tobacco use has a wide range of effects on health and is a leading cause of death and disability in Canada.
- Some of the health effects of tobacco use include:
 - Cancer: Tobacco is the leading cause of cancer in Canada. It causes lung cancer, throat cancer, mouth cancer, and many other types of cancer.
 - Heart disease: Tobacco is a major risk factor for heart disease. It causes heart disease by narrowing the arteries and increasing the risk of heart attack.
 - Lung disease: Tobacco is the leading cause of lung disease. It causes chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.
 - Stroke: Tobacco is a major risk factor for stroke. It causes stroke by narrowing the arteries and increasing the risk of blood clots.
 - Diabetes: Tobacco is a major risk factor for diabetes. It causes diabetes by increasing the risk of insulin resistance.
 - Alcoholism: Tobacco is a major risk factor for alcoholism. It causes alcoholism by increasing the risk of alcohol dependence.
 - Alcohol withdrawal: Tobacco is a major risk factor for alcohol withdrawal. It causes alcohol withdrawal by increasing the risk of alcohol dependence.
 - Alcohol poisoning: Tobacco is a major risk factor for alcohol poisoning. It causes alcohol poisoning by increasing the risk of alcohol dependence.
 - Alcohol-related liver disease: Tobacco is a major risk factor for alcohol-related liver disease. It causes alcohol-related liver disease by increasing the risk of alcohol dependence.
 - Alcohol-related brain disease: Tobacco is a major risk factor for alcohol-related brain disease. It causes alcohol-related brain disease by increasing the risk of alcohol dependence.
 - Alcohol-related heart disease: Tobacco is a major risk factor for alcohol-related heart disease. It causes alcohol-related heart disease by increasing the risk of alcohol dependence.
 - Alcohol-related kidney disease: Tobacco is a major risk factor for alcohol-related kidney disease. It causes alcohol-related kidney disease by increasing the risk of alcohol dependence.
 - Alcohol-related lung disease: Tobacco is a major risk factor for alcohol-related lung disease. It causes alcohol-related lung disease by increasing the risk of alcohol dependence.
 - Alcohol-related stomach disease: Tobacco is a major risk factor for alcohol-related stomach disease. It causes alcohol-related stomach disease by increasing the risk of alcohol dependence.
 - Alcohol-related skin disease: Tobacco is a major risk factor for alcohol-related skin disease. It causes alcohol-related skin disease by increasing the risk of alcohol dependence.
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 - Alcohol-related throat disease: Tobacco is a major risk factor for alcohol-related throat disease. It causes alcohol-related throat disease by increasing the risk of alcohol dependence.
 - Alcohol-related mouth disease: Tobacco is a major risk factor for alcohol-related mouth disease. It causes alcohol-related mouth disease by increasing the risk of alcohol dependence.
 - Alcohol-related teeth disease: Tobacco is a major risk factor for alcohol-related teeth disease. It causes alcohol-related teeth disease by increasing the risk of alcohol dependence.
 - Alcohol-related hair disease: Tobacco is a major risk factor for alcohol-related hair disease. It causes alcohol-related hair disease by increasing the risk of alcohol dependence.

Women and Cannabis



Cannabis

- Cannabis (e.g., weed, pot, marijuana, hash, ganja) is a drug that is made from the cannabis plant and can be smoked, eaten, or used in other ways.
- THC (tetrahydrocannabinol) is the chemical in cannabis that makes you feel high. It is the main psychoactive ingredient in cannabis.
- Depending on how much THC is in the cannabis, how you use it, and how your body responds, the effects of cannabis can last from 1 to 4 hours. There are different types of cannabis and the effects depend on the amount of THC in the cannabis.
- Using cannabis can produce feelings of euphoria ("being high") and relaxation, change in perception and sense of time, and increased appetite. Some people also experience anxiety, panic, and mild paranoia.
- Cannabis affects your short-term memory, attention, and motor skills, and slows your reaction time.

Cannabis and Pregnancy

- Using cannabis while pregnant may affect the fetus. Until more is known about the short- and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant.
- Some research shows that babies born to women who use cannabis during pregnancy are more likely to be born with low birth weight and may have other health problems.
- Some research suggests that cannabis use can affect the fetus's development, including the brain and lungs.

Cannabis and Your Health

- Medical cannabis is prescribed to treat health issues such as nausea and vomiting, chronic pain, and symptoms associated with HIV/AIDS and multiple sclerosis.
- Symptoms of withdrawal from cannabis, if they occur, are usually mild and may include sleep disturbance, irritability and loss of appetite.
- Regular cannabis smoking is associated with chronic cough and phlegm. Quitting smoking, or using non-smoked forms of cannabis, is likely to reduce these symptoms.
- Some research suggests that cannabis use can affect the fetus's development, including the brain and lungs.

Until more is known about the short- and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant.

Women and Prescription Opioids

Prescription Opioids

- Opioids are a type of medication often prescribed to treat acute and chronic pain.
- Opioids are drugs that are made from the opium poppy plant or made in a lab from chemicals.
- Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycontin), Percocet, or Percodan, hydrocodone (e.g., Vicodin), Tylenol, and others.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, injections, patches, and suppositories.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria ("high").
- Opioid medications can be addictive. At high doses, they can cause drowsiness, slow your breathing, and lead to coma and death.

Prescription Opioids and Pregnancy

- Using prescription opioid medications during pregnancy can have risks. If you become pregnant, you are taking opioids, you should talk to your healthcare provider about the risks and benefits of continuing to use opioids.
- Using opioids during pregnancy can increase the chance that your baby will be born too early, be born with a low birth weight, or experience symptoms of withdrawal from the medications you are taking.
- If your baby experiences symptoms of withdrawal, he or she will need medical observation and possibly treatment. Not all babies will experience withdrawal and not all require medical treatment. It is most likely who experience symptoms of withdrawal will have no long-term effects on their health and development.
- Scientists are still learning about the overall safety of using long-term opioids during pregnancy. Some opioids in certain doses may cause birth effects such as: clubfoot, or problems with the baby's heart, brain and spine (neural tube defects), or lung.
- Depending on your situation, you may want to discuss alternative forms of pain management with your healthcare provider.
- If you have an addiction to opioids, it is recommended that you have medical supervision and support when you are pregnant. This is because withdrawal from opioids can be dangerous for you and your fetus.
- If you are on opioids, you should talk to your healthcare provider about the risks and benefits of continuing to use opioids.

Some risks from prescription opioid medications are listed below. These risks are not exhaustive and may be different for each person. If you are taking opioids, you should talk to your healthcare provider about the risks and benefits of continuing to use opioids.

Project Overview: Working Groups

Child Protection

Invited collective reflection on promising practice in brief intervention on women's substance use, and its alignment with trends and practices in child welfare policy

Perinatal Data Gathering

Discussed promising practice in brief intervention on women's substance use, and its alignment with the collection of data on perinatal substance use

Brief Interventions

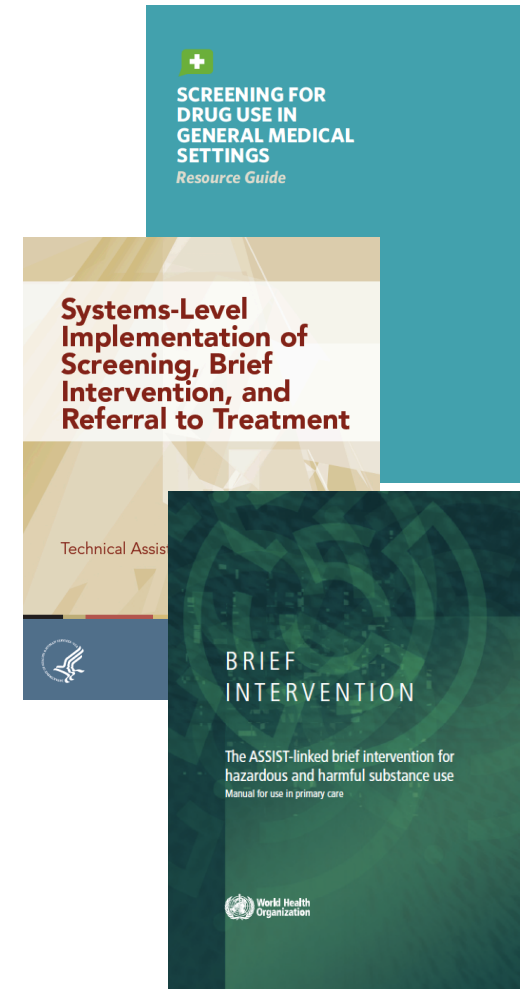
What do we mean by brief interventions?

- Collaborative conversations between an individual and a health or social service provider about issues such as substance use, mental wellness, contraception, experiences of violence or trauma . . .
- Can be informal, structured or unstructured
- Can be a one-time or a series of conversations over a period of time
- Can be initiated by range of health and social service providers not only physicians and nurses

Brief Intervention: Current Practice

- Many intervention models incorporate brief intervention and support including:
 - Screening and brief intervention (SBI)
 - Screening, brief intervention, and referral (SBIR)
 - Screening, brief intervention, and referral to treatment (SBIRT)
- Many clinical guidelines recommend first conducting universal screening and then brief interventions with women who screen positive for risky or hazardous substance use, in essence using screening as case finding for problematic substance use.

In this webinar we will be recommending a broader use of brief intervention in the form of conversations about the health effects of substances and women's relationship to substance use, not only case finding for problematic use. This is particularly relevant in the context of alcohol use in pregnancy, where any drinking, not only harmful substance and addiction are of concern.



Brief Intervention: Current Practice

- In the regional consultations, some service providers expressed concern with approaches to discussing substance use with girls and women that start with screening:
 - Screening can focus on behaviour in a way that may be perceived as judgmental or stigmatizing
 - Screening can create an unequal power dynamic between providers and clients
 - Screening does not fit into all providers' practice approaches and/or validated approaches for pregnant women or the sub-population of women and girls is not available
- Many providers valued brief interventions as an opportunity to develop relationships and act as the "Doorways to Conversations" with their patients and/or clients

Brief Interventions: Opportunities

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.

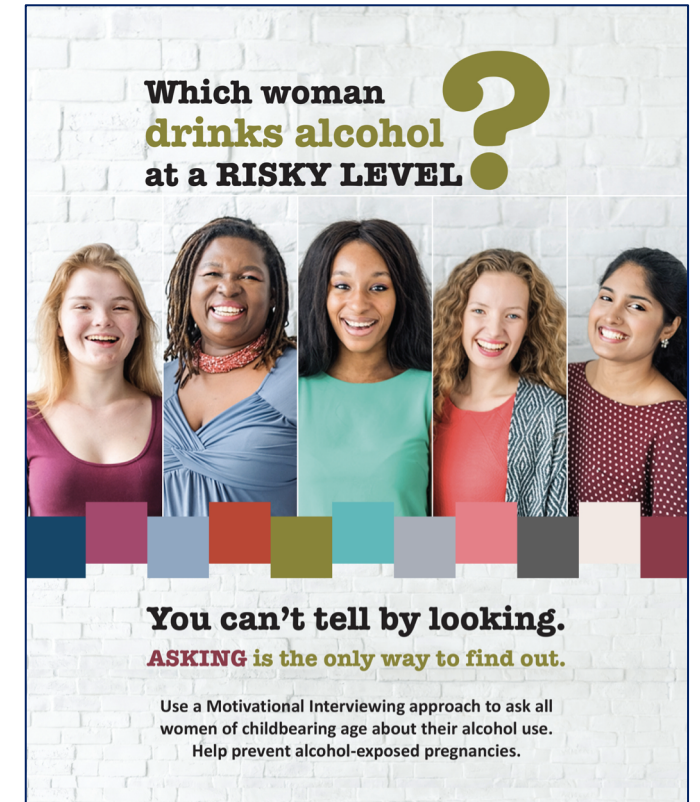
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- Education and training can help overcome many of the common barriers to brief interventions
- Training on motivational interviewing and brief interventions has:
 - Increased knowledge and use of screening and brief interventions
 - Increased confidence in providing health education
 - Increased knowledge for referral
- Being explicit about consent, confidentiality, and privacy can reduce concerns that brief interventions will impact relationships with patients/clients

This resource will be available June 2018 from the CEWH

Brief Interventions: Opportunities

- Web-based and mobile resources can increase uptake and reach of SBI
 - Virtual screening and/or brief interventions can help overcome limited service provider time
 - Online and text-message interventions can reach women in rural and remote locations
 - Electronic screening increases anonymity, which can reduce stigma and judgement
- Web-based interventions have increased knowledge on substance use, preconception or perinatal health
 - Have been effective in disseminating consistent prenatal health messages



Available from skprevention.ca

What do we see as the purpose of brief interventions?

1. Support people in learning more about health issues affecting them, and to reflect on their health promotion strategies
2. Support people in making any needed changes in health and substance use
3. Support people in making connections between substance use, sexual health, mental wellness, and other determinants of health that might support their plans for change in substance use
4. Support people to identify and strategize as to how to address underlying concerns that may be directly or indirectly affecting substance use (e.g., depression, gender-based violence, lack of resources)

What opportunities are there for doing brief intervention by the following professions/fields



Practice Approaches when working with women and girls

Practice Approaches

APPROACH	KEY THEME	RELEVANCE TO BRIEF INTERVENTION
CLIENT CENTRED*	Start "where client is at" Collaborate with client Client identifies what's important Strengths based	Girls and women have the capacity to find their own goals and solutions, with support from service providers.
WOMEN CENTRED (OR PERSON CENTRED)	Holistic Women as experts on their own lives Addresses gender inequities Strengths based	Women are at the center of all decision-making related to their health. Service providers recognize the unique needs, roles and responsibilities that women may have and collaborate with them in developing holistic approaches to change.
PATIENT CENTRED	Care is collaborative, coordinated, and accessible Patients and families are active participants in decision-making Patient participation and feedback in service delivery	Service providers focus on the needs of girls and women rather than the diagnosis. Collaboration and shared decision-making help to identify health goals that are realistic and achievable.
STRENGTHS BASED	Focus on individual strengths as opposed to deficits Resilience and ability to cope with adversity Optimism and hope for healing	Service providers identify "what works" by asking girls and women questions about their skills, interests, and what they are already doing to take care of themselves. Focus on "how to do more of what works" rather than on identifying and eliminating problematic substance use. Avoid diagnoses and pathologizing language that emphasize deficits and what's wrong.
HARM REDUCTION	Prioritize immediate goals and maximize options User involvement Cross system collaboration Human rights/self-determination Improve determinants of health Strengths based	Service providers help girls and women develop a plan to improve their overall health and to address problematic substance use when they are ready. Consider offering support in areas that intersect with substance use such as contraception, safer sex, anxiety, and self-esteem.

APPROACH	KEY THEME	RELEVANCE TO BRIEF INTERVENTION
MOTIVATIONAL INTERVIEWING	Client centred Behaviour change as a process Empathy and non-judgement Works with where the client "is at" Readiness for change	Ask permission before discussing the topic. Service providers summarize girl's and women's substance use in an accepting and non-judgmental way. Ask open-ended questions about what they like or dislike about substance use, how they might make changes in the context of their own lives and in their own way.
TRAUMA INFORMED	Physical, emotional and cultural safety Choice and collaboration with client and service systems to prevent re-traumatization Trustworthiness Strengths based	Substance misuse may be an attempt to cope with past or current experiences of violence and trauma. Service providers offer support in developing alternative ways of coping and referral to trauma treatment, if appropriate.
CULTURAL SAFETY	Critical reflection Challenge power imbalances between client and practitioner Trust, respect and safety Equity/access to health care for all	Recognize how relationships between girls and women and service providers have been shaped by colonization, residential schools and other practices and policies of cultural and social assimilation. Challenge discrimination and racism and support Indigenous ways of knowing.
INDIGENOUS WELLNESS**	Strengths based Land, lineage, language Purpose, meaning, hope, belonging Human rights/self-determination	Adopt holistic approaches that support Indigenous girls, women, and their communities. Focus should be on the whole person, rather solely physical health, by creating balance of spirit, emotion, mind, and body. Wellness models support Indigenous girls' and women's self-determination.
SOCIAL DETERMINANTS OF HEALTH	Social and economic factors affect individual health outcomes, including substance use Living and working conditions Population health Health inequities and health gradient	Girls and women may need help in meeting basic needs such as shelter, food, and income before they are able to address their substance use. Service providers recognize that the risks for and consequences of substance use are affected by community and population level factors.

Practice Approaches

- Brief intervention/support will vary depending on the role of the service provider
- Brief intervention/support does not need to be lengthy or intensive to be effective
 - It can be included as part of routine intake and assessment, as part of care for a specific issue, or integrated into health promotion and wellness activities
 - Many women and girls will reduce or make changes because they were asked about their substance use
- Brief intervention/support can address multiple substances or multiple health outcomes

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:

Practice Approaches: Self-Assessment Questions

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 organizational support? E.g., additional time, staffing, up-to-date community resource list

Practice Approaches: Primary Care

Brief intervention and support in primary care can include:

- Information about the effects of substance use on health
- Information about substance use in relation to prevention, care, and treatment of specific health concerns (e.g., heart disease, breast cancer)
- Information about self-help and community support (including text-based and online support) related to substance use, including how to access nicotine replacement therapy, reliable online assessment/reflection tools, and referral information for related concerns such as mental wellness and trauma treatment.

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.

Practice Approaches: Sexual Health

Brief intervention and support can include:

- Sharing information about the relationships between substance use and fertility and women's reproductive health
- Supporting 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)
- Providing information about online and self-help resources on substance use and referrals to community substance use services for those who might be interested in additional support.

RESOURCES



Discussing Sexual Health, Substance Use, and STBBIs
This resource offers sample dialogue and outlines several strategies to facilitate safer and more respectful discussions about sexual health, substance use and STBBIs with clients.
Available from www.cpha.ca



Project CHOICES Counsellor Manual
Based on motivational interviewing, this evidence-based program reduces alcohol-exposed pregnancies by helping women to reduce or stop drinking, use contraception effectively, or both.
Available from www.cdc.gov



Positive Quitting: Smoking and HIV
A website to support smoking cessation for people living with HIV – includes information for service providers.
www.positivequitting.ca



HIV/AIDS, Pregnancy, and Tobacco
This fact sheet explains how tobacco use during pregnancy can increase the risk of passing HIV from mother to child and encourages steps towards a tobacco-free pregnancy.
Available from <http://skprevention.ca>

Practice Approaches: Anti-Violence

- Brief support help women enhance their safety, develop alternative coping strategies and determine services and supports

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) to help her understand and make sense of these dynamics.

RESOURCES



Making Connections for Women with Experiences of Abuse

A workbook that service providers can use with women to explore and understand the connections between woman abuse, mental health concerns and substance use.

Available from www.bcwomens.ca



WINGS (Women Initiating New Goals of Safety) Manual

A single-session intervention for women who use substances to help reduce gender-based violence and to access support with substance use services.

Available from <http://blogs.cuit.columbia.edu/wings/>



Dialogue + Action
Women and Substance Use



CEWH

Practice Approaches: Young Girls and Women

- Service providers working with girls and young women can provide support focussed on harm reduction, skill building and identifying strengths

RESOURCES



Amplify Toolkit

A “how-to” manual and a workshop guide on how to organize and facilitate girls’ programs, including health promotion programming for girls and young women.

Available from <http://girlsactionfoundation.ca>



Alcohol and Sexual Assault infographic

Developed by Youth Action for Prevention in partnership with the Sexual and Reproductive Health Program and the University of Saskatchewan student groups (USSU Women’s Centre, What’s Your Cap?, USSU Students’ Union), this infographic raises awareness about the connection between alcohol and sexual assault, and the importance of getting consent to all sexual acts.

Available from <http://skprevention.ca>



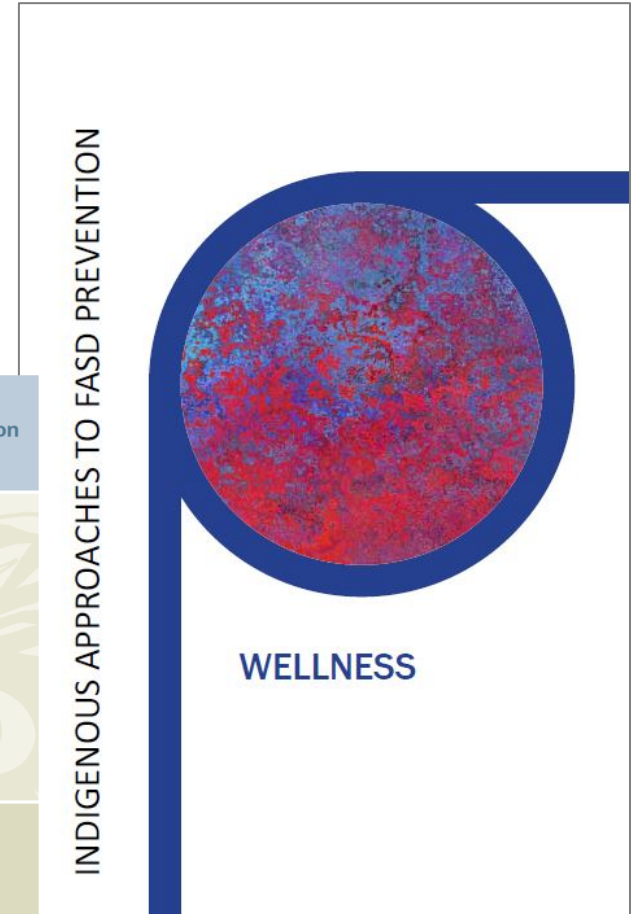
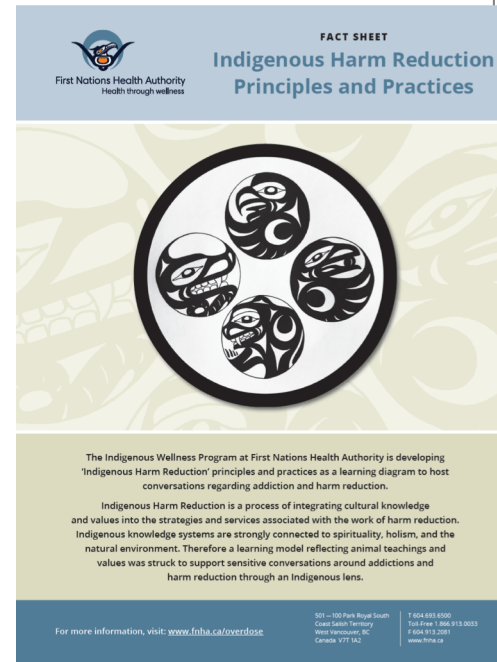
Sensible Cannabis Education: A Toolkit for Educating Youth

Developed by Canadian Students for Sensible Drug Policy, this resource aims to support adults in having informed and non-judgmental conversations with young people about cannabis.

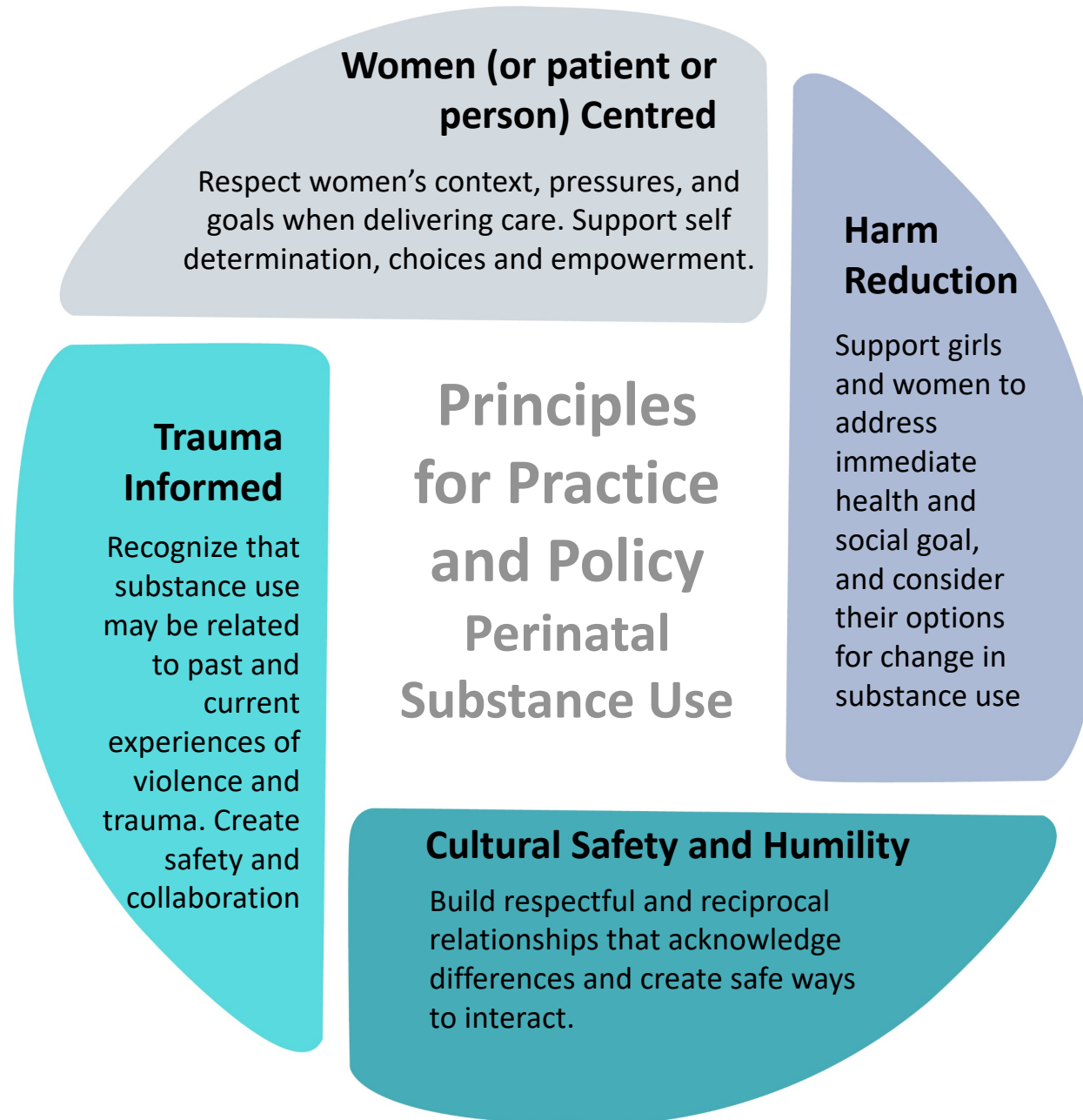
Available from <https://cssdp.org>

Practice Approaches: Indigenous Girls and Women

- Brief intervention and support can be made more culturally relevant by including resources developed by local community members and/or in the local language, by using traditional exercises such as a blanket exercise or land-based programming, and by offering referrals to Indigenous-specific programs.
- In general, it can be less stigmatizing and more respectful to discuss substance use from a strengths-based perspective and within a context of wellness that includes topics such as safer sex and mental wellness.



Interagency and System Level Work



There remains much to be done with child welfare systems to ensure that: women are not afraid to access prenatal care for fear of losing custody of their children and that providers are clear about what constitutes a duty to report. There are promising steps to improve cross sectoral work, including sessions planned for the Prairie Child Welfare Consortium's fall conference.

Nationally we also have much work to do to improve approaches to how we ask, record, analyze and share data on perinatal substance use. Here too we see promising interest in integrating the principles and practices we have discussed in clinical professional guidelines and training.

Summary

Summary

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.

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May 2018

DOORWAYS TO CONVERSATION

Brief Intervention on Substance Use with Girls and Women



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We see the potential for many other professionals beyond nurses and physicians to offer brief conversations on substance use.

We hope the *Doorways to Conversations* and *50 Ideas for Dialogue, Skill Building and Empowerment* documents will be helpful and inspiring to this end

Summary

- We have been so impressed by the interest and commitment to good practice, that practitioners have shown.
- We hope you will continue to see the importance of having these educational and reflective conversations on substance use with all women and their support networks.
- We are interested in collaborating with governments and professional organizations as you do further work in this area.

bccewh.bc.ca

Discussing alcohol use with women – does the SBIR model need rearranging?

October 4, 2017 in Clinical Tools, Preconception, Screening, Substance Use | [Leave a comment](#)



How to discuss alcohol use with women of childbearing age is a topic in women's health that is getting more attention and focus. Within FASD prevention circles, we have understood that women and their partners may not know about the risks of alcohol consumption during pregnancy or may drink before they realize they are



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