

Girls, Alcohol and Pregnancy: Information for Service Providers

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BRIEF INTERVENTIONS WITH GIRLS: 15 OPPORTUNITIES FOR DISCUSSION, SKILL-BUILDING AND SUPPORT

Alcohol use *during* pregnancy is strongly related to alcohol use *before* pregnancy. Rather than narrowly focusing on changing women's behaviours during pregnancy, FASD prevention efforts can support women's health across the lifespan, starting with girls and young women. Service providers can offer girls with the opportunity for safe discussion about reproductive health concerns, contraception, pregnancy, alcohol use, and related issues such as sexuality, mental wellness, and body image.

- 1 Talk about low-risk alcohol use in the context of Canada's Low-Risk Drinking Guidelines.
- 2 Start conversations based on girls' needs and interests. Alcohol use and misuse is often associated with other issues such as body weight, depression, anxiety, and tobacco use.
- 3 Provide information about youth-friendly services in the community.
- 4 Role-model how to have conversations about alcohol use with parents, siblings and other family members.
- 5 Some girls may not be interested in changing their alcohol use. Discuss strategies for effective contraception and ensuring personal safety and safety of friends while drinking.
- 6 Discuss how individual responses to alcohol can vary significantly depending on body size, genetics, hunger, other drugs, and medication use. Help girls find their limit.
- 7 Provide information about how women's bodies metabolize alcohol differently from men's.
- 8 Discuss how alcohol use can have consequences of particular concern for women, such as increased rates of breast cancer.
- 9 Help girls see the bigger picture and discuss what constitutes "risky" or "heavy" drinking.
- 10 Ensure sexually active girls know how, when, and where to access regular contraception, and, if needed, emergency contraception.
- 11 Discuss how contraceptive methods, including barrier methods and oral contraception, may be less effective if girls have been drinking heavily and vomiting. Provide information about alternate forms of contraception, long acting reversible contraceptives and emergency contraception.
- 12 Some girls might be interested in discussing alcohol marketing. Help girls critique the messages they are often presented with in mass media and advertising.
- 13 Some girls may use alcohol to cope with stress and/or difficult life circumstances. Respect that they are doing the best they can, listen to their concerns, and support the development of additional ways of coping.
- 14 Know how to identify possible signs of alcohol dependence and discuss these warning signs with girls who have questions about their own use and possible misuse.
- 15 Discuss alcohol use in the context of smoking, marijuana use, and other substance use. Alcohol use doesn't always happen in isolation. Girls may request information and support related to other substance use first.

FASD prevention begins long before pregnancy. Support girls' autonomy by giving them the knowledge, resources and support to make healthy choices around alcohol and contraception.

Background

When considering FASD prevention with girls, it is helpful to consider trends in girls' alcohol use and in teen pregnancy.

Historically, boys have consumed alcohol at higher rates than girls. While there are still important differences, girls' rates of alcohol use have now 'caught up' to boys'. That said, there have been shifts in both girls' and boys' drinking patterns. Compared to a decade previously, more youth are waiting till later in their adolescence before having their first drink. The 2013 British Columbia Adolescent Health Survey (1), which surveyed students in grades 7 through 12, found that the most common age for first trying alcohol was 14 years old (24%). Among youth who had tried alcohol, 93% drank in the past year and 62% drank in the past month. Rates of past month binge drinking were 39%, with similar rates for girls and boys.

Although boys and girls were equally likely to report binge drinking in the past month (defined in this study as five or more drinks in the past couple of hours), girls were more likely to binge drink at younger ages - for example, 25% of girls aged 14 or younger who had tried alcohol indicated binge drinking in the past month, compared to 17% of similar aged males.

These rates suggest numerous opportunities for intervention with girls around their alcohol use. Canada's Low-Risk Drinking Guidelines encourage youth to delay drinking at least until the late teens and to drink no more than 1-2 drinks per occasion and not more than 1-2 times per week (2). While these guidelines can be helpful as a foundation for intervention, in reality, many girls do drink and most girls who do drink do not drink in moderation on a regular basis - rather they alternate between periods of abstinence and binge drinking.

Instead, service providers may choose to focus on reducing harms associated with alcohol use. Best practices support approaches that focus on harm reduction, skill-building and individual strengths rather than on only providing information and supporting zero alcohol use (3). Service providers can support girls in talking to their parents about their drinking, address safety concerns (e.g., getting home safely), discuss short- and long- term risks of heavy drinking, increase awareness of warning signs associated with alcohol poisoning or possible alcohol abuse and dependence, and support moderate or safer drinking practices.

As well, many messages targeted at reducing alcohol use in girls and young women emphasize girls' vulnerability, shame, regret, risk and personal safety. In contrast, alcohol industry messaging focuses on weight concerns and a desire to fit in with peers. Health care providers can have an important role in providing more balanced

information that is relevant or 'tailored' to the concerns, interests and needs of individual girls.

Given that approximately 75% of adult women consume alcohol (4), supporting increased knowledge and moderate drinking in girls is an important area for intervention. However, service providers working with girls in the areas of contraception, pregnancy, and sexuality can also support healthy decision-making and skill-building.

In 2009, about 30% of 15 to 17-year-olds reported having had intercourse, compared with 68% of 18 and 19-year-olds (5). While teen pregnancy rates continue a 20 year decline (6), every year about 40,000 adolescent girls become pregnant; of those, roughly 20,000 have an abortion and 20,000 give birth (7). Service providers can support girls in reducing rates of unplanned pregnancy and, for those who do become pregnant, help to address health concerns such as smoking and drinking over the course of the pregnancy. While pregnant girls are more likely to access prenatal care after the first trimester (15% of teens as compared with 4% of adults), they are also more likely to attend prenatal classes (8). They are also less likely to drink alcohol during pregnancy as compared to adults (7).

A strong body of research suggests that reducing rates of teen pregnancy requires a focus on three areas - all areas in which service providers can play an important role: 1) Enhancing youth development programming and support for economic advancement among girls at risk for unwanted pregnancy; 2) Ensuring access of girls to affordable and effective contraception and reproductive health services and; 3) provision of broadly-based sexual health education(6).

What You Can Do

Health care providers can provide girls with the opportunity for safe discussion about reproductive health concerns, contraception, pregnancy, alcohol use, and related issues such as sexuality, mental wellness, and obesity. Brief interventions can focus on skill building and harm reduction as well as supporting girls' autonomy by giving them the knowledge, resources and support to make healthy choices around alcohol and contraception.

1. Help girls reduce at-risk drinking by discussing Canada's Low Risk Drinking Guidelines. 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).

2. Support the use of effective contraception. As most girls are not planning to become pregnant, encourage girls to use to prevent unintended pregnancy and sexually transmitted infections. If a girl is using birth control, ensure that she is using the best method for her and using it properly. Remember that different types of birth control may be effective for different groups of girls and women, including those who have FASD themselves. Some girls might appreciate role-modeling how to have conversations about birth control with partners.

3. Support awareness of availability of accessible and free emergency contraception ("morning after pill") and pregnancy testing in your community. If appropriate, you may also want to discuss how excessive/binge drinking can lead to vomiting which can reduce the effectiveness of the birth control pill; make sure girls know where to access emergency contraception or are aware of alternate methods of birth control.

4. Drinking while driving or getting into a car with a drunk driver continue to disproportionately be an issue for teens. As well, drinking heavily in some situations (e.g., bars, parties, on dates) can make some girls more vulnerable to having an unwanted sexual experience. Discuss safety while drinking with girls: help them to develop a plan to get home from events, to decide on their drinking limit ahead of time, and to support other girls' in staying safe.

5. Start conversations based on girls' needs and interests. Alcohol use and misuse is often tied to other concerns such as body image, depression, anxiety, and smoking. Remember that alcohol use doesn't always happen in isolation - discuss alcohol use in the context of smoking, marijuana use, and other substance use. Girls may request information and support related to other substance use first.

Resources

For service providers:

Canada's Low Risk Drinking Guidelines

<http://www.lrdg.net>

Website includes information, tools, and resources on low-risk drinking for health and safety. While the guidelines are primarily intended for adults, a [summary on youth and alcohol](#) is also available.

Trauma-Informed Care for Children Exposed to Violence: Tips for Pregnancy Prevention Programs

http://www.safestartcenter.org/sites/default/files/documents/publications/PDF_TipSheetFor_Pregnancy.pdf

Girls who have experienced violence are more likely to use alcohol to cope with trauma and may be more likely to get pregnant. This tip sheet from the Safe Start National Resource Centre for Children's Exposure to Violence provides a rationale for addressing exposure to violence and recommends strategies to make programs trauma informed.

Girl-Centred Approaches to Prevention, Harm Reduction, and Treatment

<http://www.bccwh.bc.ca/publications-resources/documents/GenderingNatFrameworkGirlCentred.pdf>

Discussion guide for health care providers and practitioners to stimulate further conversation on gendered approaches to youth prevention, harm reduction, and treatment.

Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide

<http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>

A guide to alcohol screening and brief interventions for health and mental health care professionals and others who work with children and adolescents (ages 9-18). Developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the USA. A [pocket guide](#) is also available.

Elements of Youth-Friendly Contraceptive and Reproductive Health Services

<http://www.cdc.gov/teenpregnancy/TeenFriendlyHealthVisit.html>

A brief overview developed the Centers for Disease Control. Includes "A Teen-Friendly Reproductive Health Visit" infographic.

Pimotisiwin: A Good Path for Pregnant and Parenting Aboriginal Teens

http://www.beststart.org/resources/aboriginal_health.html

A resource from the Best Start Resource Centre to help service providers in supporting Aboriginal teens who are pregnant and parenting, as well as their children. To provide continuity, the resource also includes brief information about preventing teen

pregnancies. The information will assist in strengthening programs and services in a culturally appropriate manner.

Girls, Alcohol and Depression: A Backgrounder for Facilitators of Girls' Empowerment Groups

http://girlsactionfoundation.ca/files/alcohol_depression_1.pdf

This info sheet has been developed by researchers at the British Columbia Centre for Excellence for Women's Health in collaboration with Girls Action Foundation to support the work of facilitators of girls' groups. Includes resources for starting conversations with girls about alcohol and related health issues.

Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals

<http://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf>

A resource developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States in 2011 for health professionals. Supports creating a gender-responsive and trauma-informed environment.

Sexuality and U

<http://www.sexualityandu.ca/>

Accurate, credible and up-to-date information and education on sexual health from the Society of Obstetricians and Gynaecologists of Canada. Includes resources for health professionals, teachers, and parents.

Dealing with Binge Drinking - Improving Safety for Teens

http://www.cw.bc.ca/library/pdf/pamphlets/BCCH1564_BingeDrinkingInBC_2010.pdf

This pamphlet from BC Children's Hospital was developed following a study looking at teens brought to the ER for alcohol intoxication. It includes key safety messages for teens and for adults.

Engaging and Empowering Aboriginal Youth: A toolkit for service providers

http://master.fnbc.info/sites/default/files/resource-files/Engaging%20and%20Empowering%20Aboriginal%20Youth%20-%20Toolkit%20for%20Service%20Providers_0.pdf

A guide for service providers, facilitators, educators, community partners and researchers to help improve their work with Aboriginal youth.

For girls:

You may find the following resources helpful to share with girls.

Girls, Women and Alcohol: Making Informed Choices

http://www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf

A resource booklet designed to help girls and women make healthy and well-informed choices about alcohol use - not designed to make girls stop drinking alcohol.

Circle of 6 app and Healthy Relationship Toolkit (Tech 4 Good, 2011)

<http://www.circleof6app.com/about/>

A free app and 'Healthy Relationship Toolkit' that aims to prevent violence before it happens, by allowing young women to quickly and easily call on the help of their friends.

The Best Start in Life, What Young People Need to Know About Fetal Alcohol Spectrum Disorder (FASD)

http://www.acc-society.bc.ca/files_2/fetal-alcohol-spectrum-disorder.php

Video and facilitator's toolkit developed by Aboriginal youth at the BC Aboriginal ChildCare Society. The full video is 15 minutes long and is suitable for ages 12 and up. It features messages from a doctor, a nurse, an Elder, several youth and a mother whose children have been affected by FASD. It also tells the true-to-life drama of Susan, a young woman who finds out she is pregnant and learns how to have a healthy pregnancy.

Sexuality and U

<http://www.sexualityandu.ca/>

Accurate, credible and up-to-date information and education on sexual health from the Society of Obstetricians and Gynaecologists of Canada.

Unwasted.ca

<http://unwasted.ca>

A website that discusses "the truth behind drugs, gambling, and alcohol." Includes information on how to identify possible signs of alcohol abuse

Native Youth Sexual Health Network

<http://www.nativeyouthsexualhealth.com>

The Native Youth Sexual Health Network works on issues related to healthy sexuality, cultural competency, youth empowerment, reproductive justice, and sex positivity by and for Native youth. Download a two-part sexual health toolkit which includes information on healthy relationships, birth control and emergency contraception, sexuality, effects of alcohol and drugs, and traditional views on sexual health.

From Evidence-to-Practice

Self-Assessment and/or Discussion Questions

The following questions are intended to support direct-service providers, program leaders, and system planners in reflection on their current practices, policies, and procedures in relation to pregnant women and mothers who use substances. These questions can be used for self assessment or as a tool for group discussion and collective reflective practice.

1. What do we know about the Canada's Low Risk Drinking Guidelines, especially as they pertain to youth? Are we aware of alcohol and sex-specific health risks and are we sharing this information with girls?
2. Alcohol is the most commonly used substance by women in Canada and rates of heavy drinking is increasing among girls and young women. How does this fit with our experience as service providers? Do we see certain sub-populations in our program or service that appear to be consuming alcohol at higher rates than others?
3. As service providers, do we create a safe environment for girls to discuss alcohol consumption? How do we support access to and effective use of contraception, if at all? What could we be doing differently?
4. Does our organization provide a "youth-friendly" environment? Do we have information about youth services in the community available? Do we involve youth in program development and evaluation?
5. Pathways to substance use differ for girls and boys and girls face distinct challenges, such as higher rates of depression and trauma, poor body image, risk of pregnancy, and so forth. How might we reach girls and young women at different levels of development and risk?
6. When we work with girls, are we able to involve their support networks, including friends, partners, and parents? What are some of the ethical challenges that might arise when we do this, e.g., confidentiality, safety?
7. As service providers, what are our own values and beliefs about underage substance use? Does our organization have a formal policy on abstinence-based or harm reduction-based approaches to alcohol and drug use? How does this inform our work with girls?

8. Alcohol advertisers target girls and young women through concerns about appearance, especially weight gain, and a desire to connect with others. What can be done in our program or service to reduce media influence and strengthen protective factors for girls and young women?

Referrals

BC Association of Pregnancy Outreach Programs

<http://www.bcapop.ca>

Pregnancy Outreach Programs (POPs) are located all over BC and provide free prenatal and early parenting support to women who experience health or lifestyle challenges during pregnancy, birth and the transition to parenting. The website provides information, resources, and contact information for programs across the province. 1-604-31-8797

Alcohol & Drug Information & Referral Service

1-800-663-1441 Lower Mainland: (604) 660-9382

This service is available to people across B.C. needing help with any kind of substance use issues 24 hours a day. It provides multi-lingual information and referral to education, prevention and treatment services and agencies around the province. There are programs in some BC communities that provide women-only services, and that prioritize pregnant women.

First Nation, Métis and Inuit Specific Programs

If you are living in a First Nations community, contact your local health centre, community health nurse, or community health representative. If you are living outside your First Nations community or feel uncomfortable accessing service through your First Nation, contact your local BC Aboriginal Friendship Centre, Pregnancy Outreach Program, or your local health authority's public health nursing or mental health and substance use team.

- [BC Association of Friendship Centre's](#)
- [First Nations Health Authority](#)
- [Metis Nation BC](#)

Here to Help

<http://www.heretohelp.bc.ca>

A website of the BC Partners for Mental Health and Addictions. Self-help resources in multiple languages.

Local BC Public Health Unit

Go here to find out the services that are available in your area – search for maternal child health services.

- [Vancouver Coastal Health Authority](#)
- [Island Health Authority](#)
- [Interior Health Authority](#)
- [Fraser Health Authority](#)

- [Northern Health Authority](#)

Mental Health Information Line 310-6789 (no area code needed)

A provincial line that is answered 24/7/365. It provides empowering emotional support, information on appropriate referral options and a wide range of support relating to mental health concerns. The Here to Help website provides additional information, screening self-tests, and self-help resources related to mental health and substance use.

Motherisk

www.motherisk.org 1-877-FAS-INFO (1-877-327-4636)

Includes up-to-date information for professionals and mothers about alcohol, drugs, and pregnancy. A toll-free helpline is available 9am to 5pm with information in English or French based on continuing research and study by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.

Options for Sexual Health BC

<https://www.optionsforsexualhealth.org>

Provides services on sexual health, birth control and pregnancy through clinics, education programs and the 1-800-SEX-SENSE information and referral line. See their clinic finder.

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