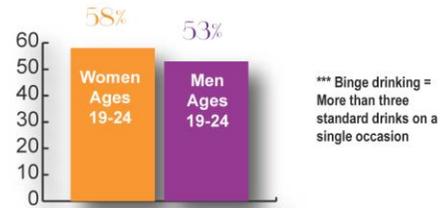
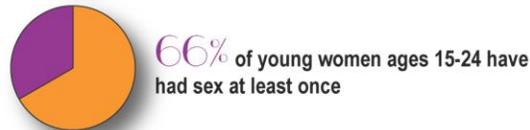


Young Women, Alcohol and Pregnancy: Information for Service Providers

Young Women, Alcohol and Pregnancy Information for Service Providers

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. For example, service providers can support young women in learning more about low-risk drinking guidelines and potential short- and long-term harms and risks of alcohol use.



The rate of binge drinking in women ages 19-24 is increasing and is higher than any other age group of women and higher than in men of the same age.

Women's bodies break down alcohol differently because:

- 1 Women have less water in their bodies to help dilute the alcohol in their blood streams.
- 2 Women's bodies absorb alcohol at a slower rate.
- 3 Women have lower levels of a particular enzyme that breaks down alcohol in their bodies.

Canada's Low-Risk Drinking Guidelines

To minimize the risk of harms from drinking, Canada's Low-Risk Drinking Guidelines suggest women and men follow daily and weekly limits.

- Have no more than 2 standard drinks on most days (3 for men)
- Have no more than 3 standard drinks on any single occasion (4 for men).
- Have no more than 10 standard drinks per week (15 for men).

Coalescing on Women and Substance Use • www.coalescing-vc.org

Making Healthy Choices

Service providers can offer young women the opportunity to consider how much they drink, why they drink, and to make healthy and well-informed choices about alcohol use:

- What is my relationship with alcohol?
- When do I drink? When I'm stressed? Sad? Tired?
- How do I know my limit?
- Do I feel comfortable telling friends that I might not feel like drinking?

References

1. Stockwell T, Sturge J, S.M. *Patterns of Risky Alcohol Use in British Columbia: Results of the 2004 Canadian Addiction Survey*. Centre for Addictions Research of BC Bulletin: Centre for Addictions Research of BC (CARBC); 2007.
2. Health Canada. *Canadian Alcohol and Drug Monitoring Survey: Summary of Results for 2011*. Ottawa, ON 2011 [cited 2014 February 17]; Available from: http://www.hc-sc.gc.ca/hc-ps/drugs-droguies/stat/_2011/summary-sommaire-eng.php#a9.
3. Canadian Centre on Substance Abuse. *Canada's Low Risk Drinking Guidelines*. Canadian Centre on Substance Abuse: Ottawa, ON, 2011. Available from: www.ccsa.ca



Background

In 2011, approximately 75% of young women ages 15-24 years old reported drinking alcohol in the past year. In general, young women are more likely to report heavy drinking than any other age group (1), with approximately 85% of those who drink reporting that they drink in excess of the Canadian low-risk drinking guidelines (2-3). Data from the Canadian Community Health Survey in 2009/2010 found that 2/3 of 15-24 year olds had had sexual intercourse at least once, with a third having done so before the age of 17 (4).

Rates of unintended pregnancy vary by maternal age, with the highest rates being in women ages 15-24 (5). This means that the highest rates of unintended pregnancy occurs in the age group of women are highest risk of heavy or binge drinking (6). Combined, these rates suggest that many young women are likely to experience social harms and negative health consequences from alcohol use and are a high risk group for having an alcohol-exposed pregnancy.

Heavy drinking has risks and harms for both young men and women, including injuries resulting from assaults, driving with someone who is impaired, unplanned sexual activity, unprotected sex, sleep disturbances, negative impacts on relationships, and effects on work or school performance. Young women also face additional risks such as increased risk of experiencing gender-based violence, drink-spiking, unique long-term health problems such as breast cancer, and interactions between alcohol and mood-altering drugs (which women are more likely to be prescribed). Women are also the target of alcohol industry and social messaging that promote alcohol use as an avenue to sexual confidence, freedom, and adventure as well as the need to avoid weight gain while drinking and to consume 'girly' drinks (7). Concerns about "drunkorexia" where college women restrict their calories from food or exercise excessively to 'save' their calories for drinking later on have been discussed periodically in academic research literature and media .

Service providers working with young women can address these concerns from a number of angles. Brief interventions to reduce at-risk drinking in women have been shown to be effective in reducing the frequency and amount of alcohol consumed. Gerbara et al (8) found that many types of brief interventions can be effective for women, including face-to-face discussions and telephone and computer-facilitated interventions. Motivational interviewing approaches which respond to the current concerns of young women provided opportunities to share information on the effects and possible consequences of alcohol use and discussion of possible strategies to moderate or reduce alcohol use.

Other intervention approaches have taken a dual-approach to addressing both contraception use and alcohol use with young women. Researchers with Project BALANCE (**B**irth Control and **A**lcohol **A**wareness: **N**egotiating **C**hoices **E**ffectively) in the

United States conducted a randomized control trial of 207 women at Virginia Commonwealth University between the ages of 18 and 24 years who were at risk for an alcohol-exposed pregnancy (9). Women were split into two groups: one group received an assessment and a face-to-face session and the other group received an assessment only. The two groups were followed up at 1 month and 4 months. At four months, the rate of alcohol-exposed pregnancy risk was significantly lower in the intervention group (20.2%) than in the control group (34.9%). The findings from Project BALANCE demonstrate the type of interventions that can be easily implemented in existing student health or university alcohol programs.

While many colleges and universities have existing programs and policies to address substance use, several campuses across Canada have renewed their efforts to address binge drinking and the impact of alcohol on their campus communities and are working to create a "culture of moderation." (10-11) These initiatives have taken many different forms, including peer-led education campaigns, alcohol-free orientation week policies, restrictions on the size and number of beverages sold to an individual in campus bars and pubs, and bystander interventions. Many of these initiatives pay attention to both individual pressures to drink as well as the environments in which drinking takes place.

What You Can Do

Service providers can address alcohol use, contraception use, or both in many different ways.

1. Help young women 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. Remember that different types of birth control may be effective for different groups of girls and women, including those who have FASD themselves.
3. Young women are the age group most likely to drink heavily and to have an unintended pregnancy. Answer questions and concerns about alcohol use prior to pregnancy awareness honestly and discuss current research findings - high levels of alcohol consumption clearly harms a fetus, but the research is less clear at lower levels of consumption. If women continue to have concerns, provide them with resources to learn more about FASD and, if asked, about abortion clinics in your community.
4. Some young women 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. If appropriate, provide information about possible signs of alcohol misuse and addressing alcohol dependence.
5. Some young women may not be interested in changing their alcohol use. However, they may still be interested in information about alcohol use during pregnancy and changing their contraceptive use. Young women who use oral contraception and who drink heavily may appreciate discussing how oral contraception may be less effective if they have been drinking heavily and vomiting and in learning more about alternate forms of contraception and emergency contraception.
6. Start conversations based on young women's needs and interests. Alcohol use and misuse is often tied to other concerns such as body image, depression, anxiety, and smoking. Some of these concerns may reflect broader social messages and alcohol industry marketing which focus on sexual confidence, belonging, and beverages to prevent weight gain.
7. While many young women are not planning to become pregnant, some women may appreciate discussions about preconception planning, especially in the context of

changes in personal relationships, annual health checks, and oral contraception prescription renewal.

8. Drinking heavily in some social situations, such as at bars, parties, and on dates, can make young women more vulnerable to having an unwanted sexual experience. Discuss strategies for increasing personal safety. For example, if women are going out drinking, they can make decisions in advance with their friends about how much they want to drink and then support each other in those decisions.

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. The Low-Risk Drinking Guidelines (LRDG's) are suggestions to assist adults to make informed decisions about their alcohol consumption. They describe drinking practices that balance the health benefits while minimizing risks including identifying sex-specific consumption levels for women. Includes resources for service providers to support the promotion and implementation of the LRDG's such as:

- Guidelines for Healthcare Providers to Promote Low-Risk Drinking among Patients <http://www.ccsa.ca/2012%20CCSA%20Documents/2012-Guidelines-For-Healthcare-Providers-to-Promote-Low-Risk-Drinking-Among-Patients-en.pdf>

Alcohol Screening, Brief Intervention and Referral Website

<http://www.sbir-diba.ca/>

This website by The College of Family Physicians of Canada and Canadian Centre on Substance Abuse provides a [Clinical Guide](#), [Screening and Assessment](#), [Brief Intervention](#) and [Follow-up and Support](#) Protocol, as well as information and resources on patient sub-populations, including women, alcohol and pregnant and alcohol and breastfeeding.

The Essentials of... Motivational Interviewing

<http://www.cnsaap.ca/SiteCollectionDocuments/PT-Essentials%20of%20Motivational%20Interviewing-20070322-e.pdf>

Developed by the Canadian Centre on Substance Abuse, this document defines and describes Motivational Interviewing and how it can be used to elicit change in substance use.

CHOICES Curriculum

<http://www.cdc.gov/NCBDDD/fasd/freematerials.html>

CHOICES: A Program for Women About Choosing Healthy Behaviors is an intervention for non-pregnant women of childbearing age and is designed to prevent alcohol-exposed pregnancies by addressing risky drinking and ineffective or no use of contraception. See [Facilitator Guide](#), [Counselor Manual](#) and [Client Workbook](#).

Alcohol Use in Pregnancy Consensus Clinical Guideline (Society of Obstetricians and Gynaecologists of Canada, 2010)

<http://sogc.org/wp-content/uploads/2013/01/gui245CPG1008E.pdf>

Clinical Practice Guidelines with national standards of care for the screening and recording of alcohol use and counseling on alcohol use of women of child-bearing age and pregnant women based on the most up-to-date evidence.

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.

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.

Centre for Addictions Research of BC

<http://www.carbc.ca>

Resources to help community leaders, educators, health and social service workers and citizens take effective action in addressing the impact of alcohol in schools, on campuses and in communities.

For young women:

You may find the following resources helpful to share with young women.

Healthy Families BC

<http://www.healthyfamiliesbc.ca/search?keys=birth+control>

The website provides easy to read information for girls and women on contraception, pregnancy, alcohol and the risks and health effects of drinking alcohol.

Women and Alcohol: A Women's Health Resource Booklet

<http://www.health.gov.bc.ca/women-and-children/pdf/women-and-alcohol-brochure.pdf>

This resource presents low risk drinking guidelines as they apply to women, describes factors influencing girls' and women's drinking, highlights sex- and gender-specific health considerations with regard to drinking; and discusses where to find support and more information for those who wish to learn more.

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.

Project Choices (Manitoba)

<http://www.projectchoices.ca>

A free program for young women who are sexually active and drink alcohol in Winnipeg. Website includes FAQs on drinking, birth control, and pregnancy.

Health Before Pregnancy Workbook

http://www.beststart.org/resources/rep_health/Health_Before_pregnancy_2011_FULL.pdf

In an interactive format, this workbook for young adults and couples raises issues that can affect both women and men and the health of their future children and provides answers to commonly asked questions people think about as they consider parenting.

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.

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.

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? Are we aware of alcohol and sex-specific health risks and are we sharing this information with young women?
2. Are we having conversations with all women of childbearing age about their alcohol consumption? Are we identifying at-risk drinking before pregnancy?
3. What important preconception information are we sharing with women, if any (preparing to stop drinking, taking folic acid, etc.)? How can we incorporate these discussions into our practice (e.g., annual health checks, renewal of birth control prescriptions)?
4. Alcohol is the most commonly used substance by women in Canada and rates of heavy drinking are increasing in 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?
5. Pathways to alcohol misuse and dependence differ for young women than young men. Young women face distinct challenges, such as higher rates of depression and trauma, poor body image, risk of pregnancy, and so forth. How might we reach young women at different levels of development and risk?
6. When we work with young women, 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?

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.

References

1. Stockwell T, Sturge J, S M. Patterns of Risky Alcohol Use in British Columbia: Results of the 2004 Canadian Addiction Survey. Centre for Addictions Research of BC Bulletin: Centre for Addictions Research of BC (CARBC); 2007.
2. Grant BF, & Dawson, D. A. . Age At Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse* 1997;9(103-110).
3. Canada H. Canadian Alcohol and Drug Monitoring Survey: Summary of Results for 2011. Ottawa, ON2011 [cited 2014 February 17]; Available from: http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/_2011/summary-sommaire-eng.php#a9.
4. Rotermann M. Sexual behaviour and condom use of 15 –to- 24-year-olds in 2003 and 2009/2010 , vol. 23, no. 1. Ottawa: Statistics Canada. . *Health Reports*. 2012;23(1):1-5.
5. Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001-2008. *American Journal of Public Health*. 2014;104(Suppl 1):S43-8.
6. Ahmad N, Flight F, Singh VAS, Poole N, CA. D. Canadian Addiction Survey (CAS): Focus on gender. Ottawa: Health Canada2008.
7. L. G, Pederson A, Poole N, editors. *Making It Better: Gender Transformative Health Promotion*. Toronto ON: Canadian Scholars Press; 2014, in press.
8. Gebara C, Bhona F, Ronzani T, Lourenço L, Noto A. Brief intervention and decrease of alcohol consumption among women: a systematic review. *Substance Abuse Treatment, Prevention, and Policy*. 2013;8:31.
9. Ceperich SD, Ingersoll KS. Motivational interviewing + feedback intervention to reduce alcohol-exposed pregnancy risk among college binge drinkers: determinants and patterns of response. *Journal Of Behavioral Medicine*. 2011;34(5):381-95.
10. Dyck T. *Helping Campuses: Drugs on Campus*. Victoria, BC: Centre for Addictions Research of BC; 2013 [cited 2014 March 11]; Available from: <http://www.carbc.ca/KnowledgeToAction/HelpingCampuses.aspx>.
11. Strang R. *Reducing alcohol harms among university students: a summary of best practices*. Halifax, NS: Nova Scotia Department of Health and Wellness2012.