

FASD PREVENTION

Level 1 Strategies

8th International Conference on FASD – March 2019

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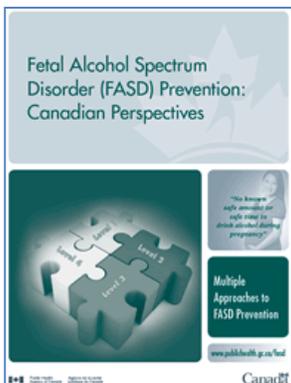
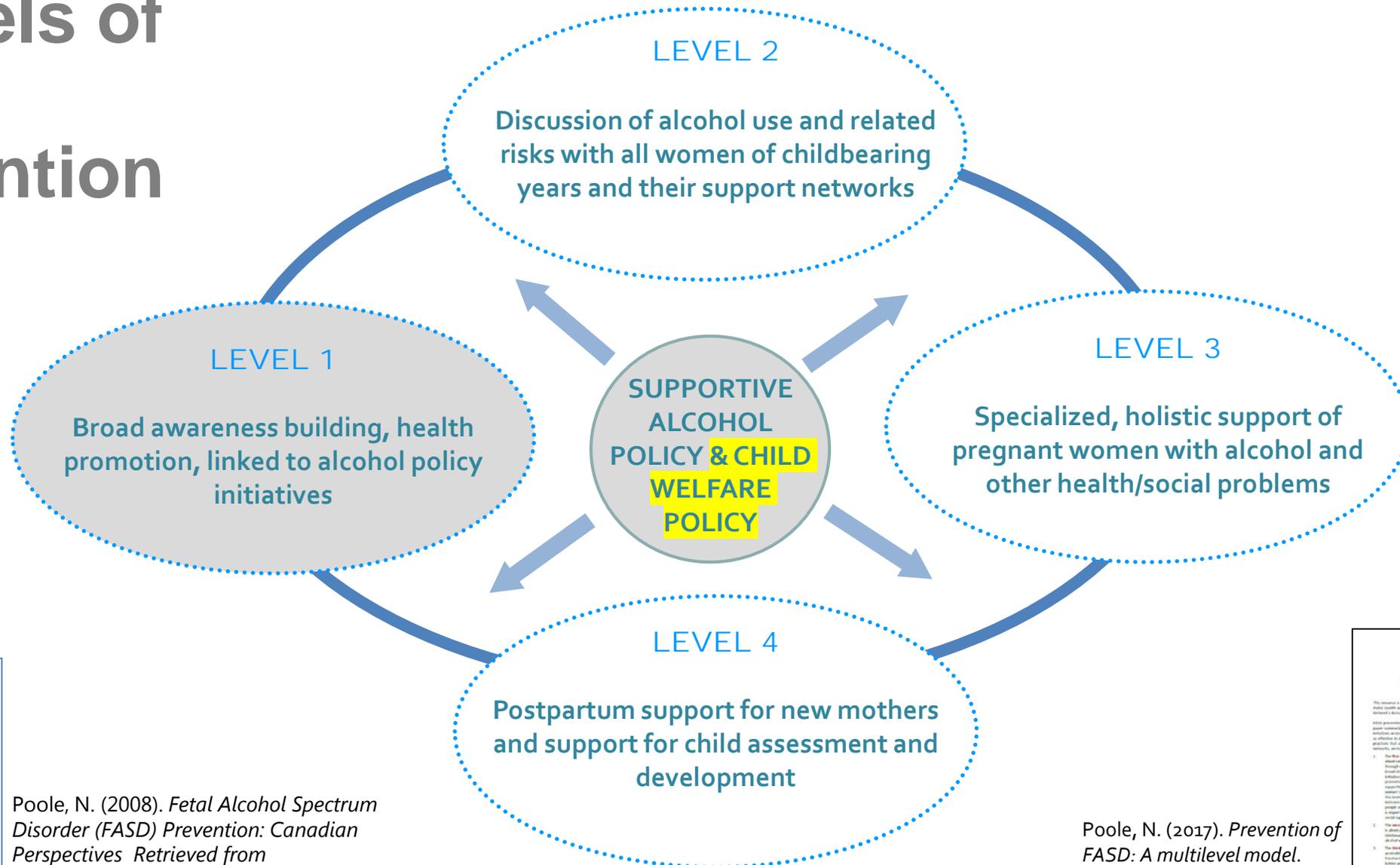
Prevention Lead, CanFASD Research Network



Centre of Excellence
for Women's Health 



4 Levels of FASD Prevention



Poole, N. (2008). *Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives* Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/publications/cp-pc/pdf/cp-pc-eng.pdf>



Poole, N. (2017). *Prevention of FASD: A multilevel model*. Retrieved from : <https://canfasd.ca/>

Examples of Level 1 initiatives:

Awareness/health education

- Health education materials (pamphlets, posters).
- Awareness campaigns

Health promotion

- Materials for facilitators of girls' empowerment groups and other health promotion efforts
- Community wide strategies that focus on health promotion

Alcohol Policy

- Low risk drinking guidelines
- Warning labels and other alcohol policy initiatives

Canada's
**LOW-RISK
ALCOHOL
DRINKING
GUIDELINES**

Drinking is a personal choice. If you choose to drink, these guidelines can help you decide when, where, why and how.

Canadian Centre on Substance Use and Addiction
Evidence, Engagement, Impact.

[http://www.ccsa.ca](https://www.ccsa.ca)

<https://skprevention.ca>

2 3

IT'S NOT SEXIST.
IT'S SCIENCE.

<http://educalcoo.l.gc.ca>

**GIRLS, ALCOHOL
AND DEPRESSION**

A Backgrounder for Facilitators of Girls' Empowerment Groups

<http://girlsactionfoundation.ca>

**ALCOHOL & PREGNANCY
DON'T MIX.**

HEALTHY MOTHERS & BABIES NEED EVERYONE'S SUPPORT.

www.healthinfoc.ca | 1-800-267-8811
BC LIQUOR STORES
www.bcliquorstores.com

Let's meet at the bar.

Alcohol-free is supportive.

Yukon FASD Interagency Advisory Cttee

CEWH

Women's Health
Centre of Excellence
for Women's Health

Not expect awareness initiatives to promote behaviour change?

- The authors conducted a critical literature review of public health interventions aimed at increasing awareness of the effects of alcohol on pregnancy and reduce alcohol consumption during pregnancy.
- All of the studies used a multimedia-based educational intervention, although they varied greatly in method. For example, one RCT used a prenatal health message delivered by mobile phone text and the other used a combination TV commercial, 10 min DVD and printed pamphlet; the other studies all used mass media including posters, pamphlets, radio and television adds and other community advertising.
- Increased knowledge about the effects of alcohol on pregnancy was found in six studies, but one found contradictory effects. Although alcohol reduction was found in the four studies that measured it, none of these reductions were statistically significant. The authors conclude that evidence is lacking regarding the effects of multimedia education campaigns on women's alcohol consumption during pregnancy, and more high quality research is needed.
- Crawford-Williams, F., Fielder, A., Mikocka-Walus, A., & Esterman, A. (2015a). A critical review of public health interventions aimed at reducing alcohol consumption and/or increasing knowledge among pregnant women. *Drug & Alcohol Review, 34*(2), 154-161. doi: 10.1111/dar.12152
- Crawford-Williams, F., Fielder, A., Mikocka-Walus, A., Esterman, A., & Steen-Greaves, M. (2015b). Does the poor quality of Australian health education documentation undermine the message? A review of documents informing pregnant women about alcohol. *Evidence Based Midwifery, 13*(2), 40-46 47p.

Prevention practice principles



FROM:
CHANGE THE STORY: IMPLEMENTATION AND EVALUATION GUIDE
TO PRIMARY PREVENTION IN AUSTRALIA
OURWATCH
<https://www.ourwatch.org.au/>

1. Do no harm

Prevent further stigmatization
Avoid negative gender stereotypes
Support dignity

HOW ALCOHOL AFFECTS YOUR APPEARANCE (and how to improve it)

If you regularly drink more than you should, it can look like you're missing your sparkle. Alcohol can have some unwanted side-effects on your appearance, but there's also some good news. By sticking within the daily unit guidelines you can get your freshness back and say goodbye to all of these:

- Tired eyes**
Evening drinking affects your sleep. It cuts your REM sleep cycles from 6 or 7 to just 1 or 2, so you wake up feeling tired.
- Grey skin**
Alcohol's a diuretic and makes your kidneys pass more water. Skin needs moisture to stay healthy and it can become drier over time if you regularly drink more than the unit guidelines.
- Sagging**
Regular drinking can leave your skin missing the essential vitamins and minerals that help keep it elastic and smooth.
- Rosacea**
Regularly going over the unit guidelines is associated with acne rosacea. Symptoms can include persistent redness, visible blood vessels, red bumps and pus-filled spots.
- Red blotches**
Alcohol dilates the small blood vessels in your skin, so it can cause some people to develop red blotches.

BABY OR THE BOTTLE

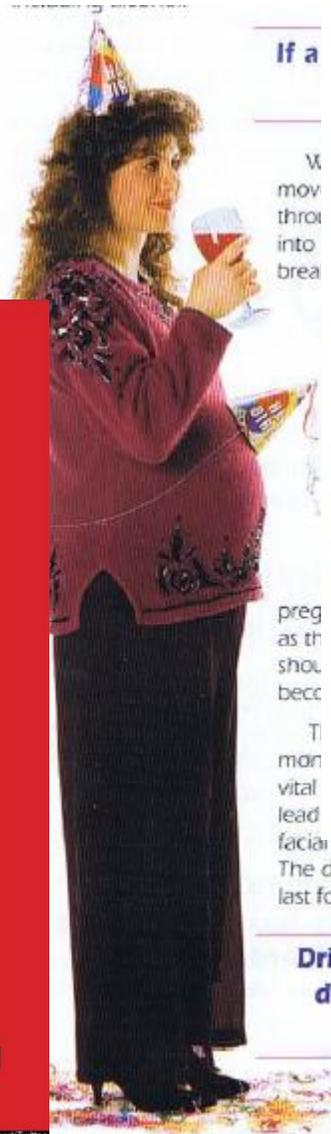
PREGNANT WOMEN SHOULD NEVER DRINK ALCOHOL.



FOR HELP TO STOP DRINKING, OR FOR MORE INFORMATION ABOUT FASD, TALK WITH YOUR HEALTH-CARE PROVIDER.

This resource was created with financial contributions from Health Canada and the Public Health Agency of Canada.

Government of Nunavut / Twitter



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LOVE

LOVE YOUR BODY. LOVE YOUR BABY.
DON'T DRINK WHILE PREGNANT.

FETAL ALCOHOL SPECTRUM DISORDER (FASD)
ARE BIRTH DEFECTS THAT ARE 100% PREVENTABLE

FASDFREE.org



I AM
RESPONSIBLE

FOR THE LOVE OF CHILDREN DON'T DRINK WHILE PREGNANT

FASD:
FETAL ALCOHOL SYNDROME DISORDER

Shaming still in play

- The authors look at the way the Australian media frames the issue and how their messages affect their audience. They identify 1) sympathy and 2) shame as the two dominant, but often contradictory, frames used in discussing FASD.
- Groups described as deserving of sympathy were children and adults with FASD, and in some cases mothers who consumed alcohol in pregnancy.
- Groups described as deserving of blame included biological mothers (1/5 of articles reviewed), health care providers, and government.
- Notably, two groups were not included in calls to account for their role in ameliorating FASD: partners of pregnant women, and the alcohol industry and advertising.
- The authors make recommendations for all groups and suggest further research of other forms of media, and social media, in particular.

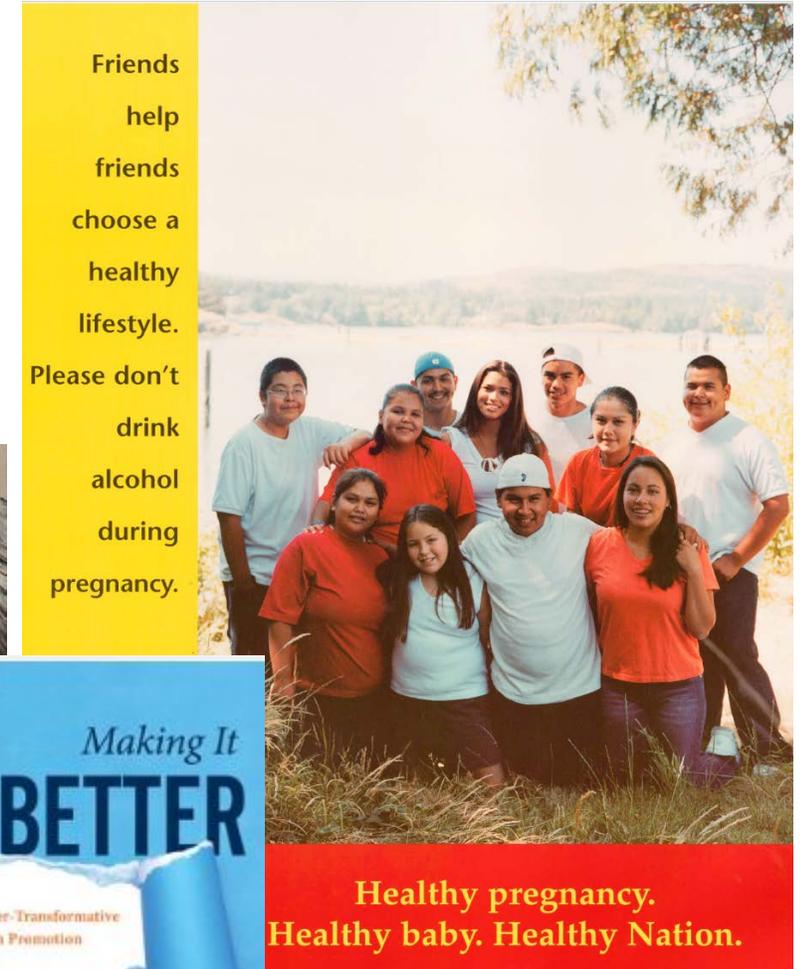
Eguiagaray, I., Scholz, B., & Giorgi, C. (2016). Sympathy, shame, and few solutions: News media portrayals of fetal alcohol spectrum disorders. *Midwifery, 40*, 49-54. doi:10.1016/j.midw.2016.06.002

2. Take a gender transformative approach



GT approaches have dual goals - Improving gender equity at the same time as achieving health. In the case of FASD prevention they may involve:

- Engaging and empowering boys and men
- Engaging and empowering women
- Addressing inequity - Focusing on root solutions and root causes



3. Tailor initiatives to the audience

www.alcohol.org.nz/alcohol-its-effects/alcohol-pregnancy/dont-know-dont-drink

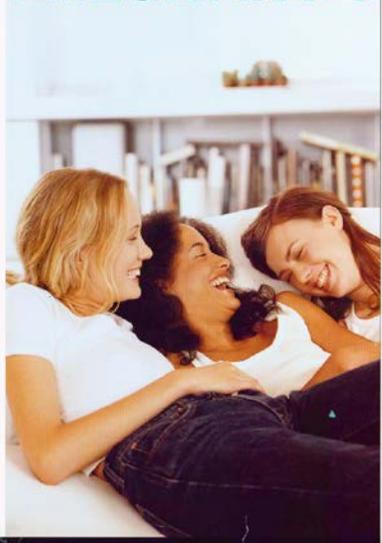
Parackal, M., Parackal, S., Eusebius, S., & Mather, D. (2017). The Use of Facebook Advertising for Communicating Public Health Messages: A Campaign Against Drinking During Pregnancy in New Zealand. *JMIR Public Health and Surveillance*, 3(3), e49. doi:10.2196/publichealth.7032

Your baby needs you to take care of yourself. Please don't drink alcohol during pregnancy.



For information on fetal alcohol syndrome talk to your health care provider or contact
 1-800-468-6868
 www.alcohol.org.nz

SUPPORT YOUR PREGNANT FRIENDS...
FRIENDS CARING FOR PREGNANT FRIENDS



SHARE
 Do you know that alcohol is harmful to an unborn baby?
 Do you know that exposure to alcohol before birth can lead to long-term, life-long disabilities?

CARE
 I admire you for your decision not to drink.
 Let's go to the party and dance all night without having one alcoholic drink - the juice is on me!

F.A.S.D.
 FETAL ALCOHOL SPECTRUM DISORDER

Fetal Alcohol Spectrum Disorders (FASDs) are a group of physical and mental conditions caused by drinking during pregnancy. FASDs is a term that includes Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE), and other recognizable features caused by prenatal alcohol use.

Calgary FASD Alcohol Network www.mycfan.ca/

Healthy pregnancy.
 Healthy baby. Healthy Nation.

Be her
PRE-TESTIE BESTIE

It can be a fight every day not to drink or use.



Every step you take to stop drinking, smoking or using other drugs will help you and your baby.

Small steps matter

AADAC
 An Agency of the Government of Alberta
 We can help 1-866-33AADAC
 www.aadac.com

services for women
 CEWH

Dual focus – pregnancy test + awareness poster

- Messages about FASD prevention were placed in women's restrooms of bars serving alcohol in the Yukon and Alaska.
 - Two sets of matched-population communities had prevention messages either affixed to pregnancy test dispensers or framed as posters. Participants ($n = 2,069$) accessed an electronic survey using a weblink or a QR code with follow-up response at 61%.
 - Using baseline and six-month follow-up data on FASD attitudes, knowledge and risk factors, **the dispenser group scored higher than did the poster-only group.** This suggests that combining FASD education messaging with a pregnancy test dispenser in bars is a more effective strategy for reaching women with FASD prevention messages.
- Ray, R. (2017). Evaluation of an FASD Prevention Campaign Using Pregnancy Test Dispensers in Alaska and the Yukon. *European Journal of Public Health, 27*(Suppl 3). doi:ckx189.094-ckx189.094.
 - Driscoll, D. L., Barnes, V. R., Johnston, J. M., Windsor, R., & Ray, R. (2018). A formative evaluation of two FASD prevention communication strategies. *Alcohol and Alcoholism, 53*(4), 461-469. doi:10.1093/alcalc/agx122



4. Aspire to quality practice

Key element for campaign effectiveness - Balance level of threat with what can be done

Level of Threat	Efficacy Response
Threat is low	<i>No response</i> – individuals do not feel concern
Threat is higher than efficacy	<i>Defensive response</i> – individuals respond with avoidance, denial, anger, rationalizing (it won't happen to me)
Efficacy is higher than threat	<i>Positive response</i> – increases in awareness, etc.

Balancing threat and self efficacy in messaging

The authors used a computer-based questionnaire with pregnant women and women of child bearing age to evaluate three different advertising concepts related to alcohol use and pregnancy: a threat appeal, a positive appeal promoting self-efficacy, and a combination approach. Participants viewed one of the three ads, or a control ad, and were then asked about their intention to abstain from and reduce alcohol during pregnancy, the perceived main message, and the potential of the ad to promote defensive responses. The concepts containing a threat appeal were significantly more effective in increasing intention to abstain from alcohol. The authors recommend that educational campaigns use a combination of threat and self-efficacy messages as this combination approach balances positive and negative emotional responses.

- France, K. E., Donovan, R. J., Bower, C., Elliott, E. J., Payne, J. M., D'Antoine, H., & Bartu, A. E. (2014). Messages that increase women's intentions to abstain from alcohol during pregnancy: results from quantitative testing of advertising concepts. *BMC Public Health*, 14(1), 1-23.

Example of aspiring to quality practice

Emphasizing social support and collective responsibility

Offering links to further info and support

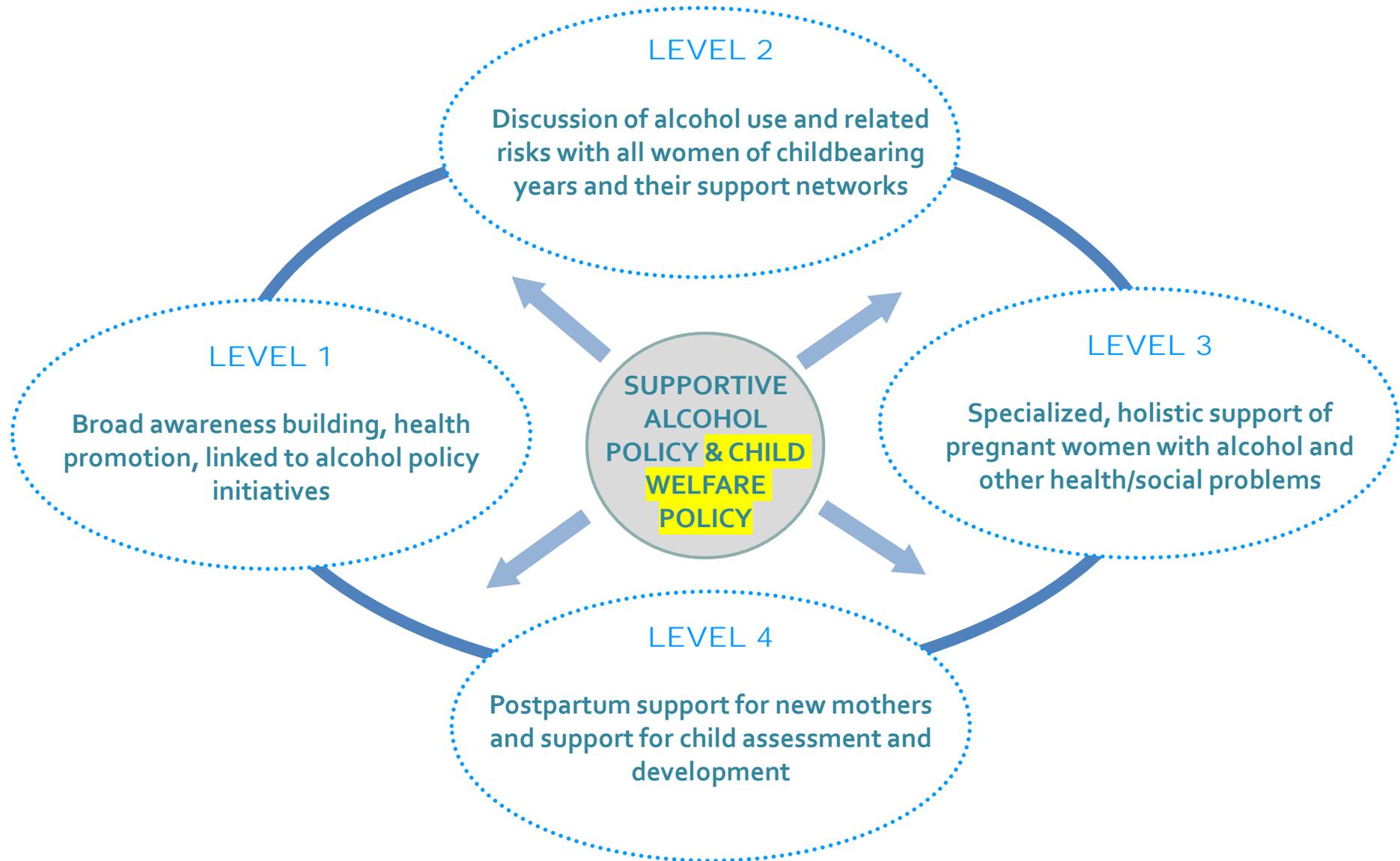


<http://www.hss.gov.yk.ca/supportive.php>

For a view of the many posters that have been developed see:

<https://alcoholcampaign.org/category/fasd/>

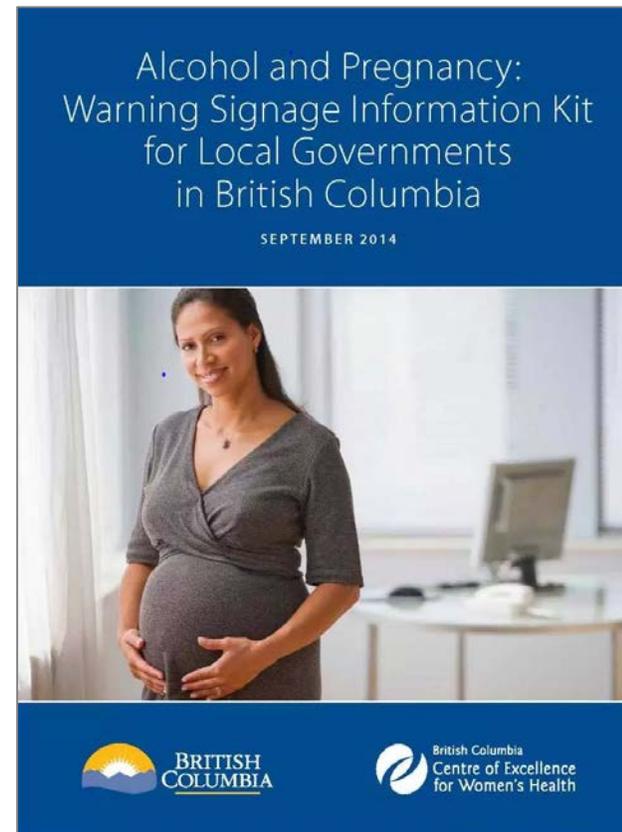
Nordic Alcohol and Drug Policy Network



Tailoring alcohol policy in local communities

Point-of-sale prevention messages can be helpful in:

- Influencing knowledge and levels of awareness, changing attitudes and beliefs, and (with sufficient exposure) reducing risk behaviours;
- Encouraging information seeking;
- Conveying information about how to make positive change;
- Indicating where to receive support and services; and
- Encouraging people who already know the facts.



Cil, G. (2017). Effects of posted point-of-sale warnings on alcohol consumption during pregnancy and on birth outcomes. *Journal of Health Economics*, 53, 131. doi:10.1016

demonstrates a statistically significant reduction in prenatal alcohol use associated with point-of-sale warning signs

What do we know about the effectiveness of warning labels?

The authors report that although alcohol-warning labels are popular with the public, the evidence for their effectiveness for changing behaviour is limited. For maximum effectiveness, labels should clearly address the consequences of alcohol consumption and be coupled with coordinated and integrated social messaging campaigns. The authors also note that warning labels are **most effective with low-risk drinkers** and have not been shown to influence women who drink heavily or binge drink during pregnancy. However, **they may contribute to dialogue** about alcohol consumption and play a role in shifting social norms around risk reduction.

Thomas, G., Gonneau, G., Poole, N., & Cook, J. (2014). The effectiveness of alcohol warning labels for reducing drinking in pregnancy: A brief review. *International Journal of Alcohol and Drug Research (IJADR), Second Special Issue on FASD, 3(1)*, 91-103.



Also

Bell, E., Zizzo, N., & Racine, E. (2015). Caution! Warning labels about alcohol and pregnancy: Unintended consequences and questionable effectiveness. *American Journal of Bioethics, 15(3)*, 18-20. doi: 10.1080/15265161.2014.998376

Alcohol warning labels



Most recent study - Pham, C., Rundle-Thiele, S., Parkinson, J., & Li, S. (2018). Alcohol warning label awareness and attention: A multi-method study. *Alcohol and Alcoholism*, 53(1), 39-45. doi: 10.1093/alcalc/agx087

Effectiveness of the health warnings was determined by six factors which included: recall, noticeability, credibility, comprehension, responsiveness, and the ability to encourage moderate drinking or abstinence during pregnancy. Both health warnings were perceived to lack visibility and noticeability because of their size, location, and outdatedness. Additionally, participants perceived the warnings to lack important information (e.g., were vague) and credibility, and to be ineffective in making participants feel concerned about the outcomes associated with prenatal alcohol exposure.

Dossou, G., Gallopel-Morvan, K., & Diouf, J.-F. (2017). The effectiveness of current French health warnings displayed on alcohol advertisements and alcoholic beverages. *European Journal of Public Health*, 27(4), 699-704. doi:10.1093/eurpub/ckw263

Also: Dumas, A., Toutain, S., Hill, C., & Simmat-Durand, L. (2018). Warning about drinking during pregnancy: lessons from the French experience. *Reproductive Health*, 15, 1-1. doi:10.1186/s12978-018-0467-x

“The bottom line appears to be, however, that to reduce the prevalence of FASD we need to be sending consistent, clear, continuous, and creative warnings.”

Burton, A. (2015). Message on a bottle. *Lancet Neurology*, 14(4), 354-355 352p. doi: 10.1016/S1474-4422(15)70055-4

Alcohol policy vs. alcohol advertising

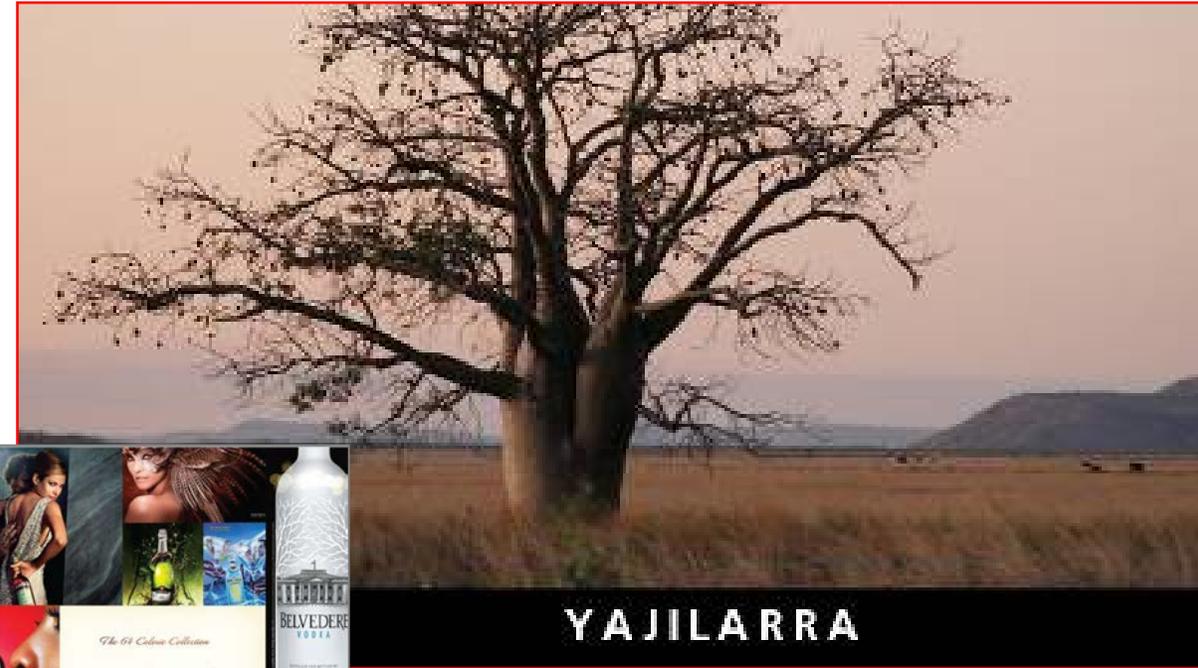
A key aspect of the successful FASD prevention work in the Fitzroy Valley was alcohol policy work to reduce alcohol availability and potency

But in jurisdictions in Canada and the US the alcohol policy is often going in the other direction - towards increased availability coupled with toxic messaging by the alcohol industry to women



CULTURE OF ALCOHOL CONSUMPTION

WITH ANN DOWSETT JOHNSTON



YAJILARRA

Mathews, R., Thorn, M., & Giorgi, C. (2013). Vested Interests in Addiction Research and Policy. Is the alcohol industry delaying government action on alcohol health warning labels in Australia? *Addiction*, 108(11), 1889-1896.

- The authors describe U.S. state policies related to alcohol use and pregnancy, and the trends in policies over time. They report variability in the types of policies: 19 were primarily supportive, 12 primarily punitive, 12 had a mixed approach and 8 states had no policies. They conclude that there is a need to examine the consequences of these policies, especially punitive and mixed approaches.

Drabble, L., Thomas, S., O'Connor, L., & Roberts, S. C. M. (2014). State responses to alcohol use and pregnancy: Findings from the Alcohol Policy Information System. *Journal of Social Work Practice in the Addictions*, 14(2), 191-206.

- The authors describe in depth the effects of governmental policy responses to pregnancy and alcohol on women, on systems of care and enforcement and on the public. They describe how existing laws are not well known, the inconsistency of their application, the effects and effectiveness of the laws from the perspective of lawmakers and those who administer laws and the conflicts in public opinion. The authors note the challenges of developing public health policy on complex issues such as pregnancy and alcohol. However, improvements in the approach can be achieved through analysing the effectiveness and consistency of the various responses, and enacting approaches that improve outcomes for women, fetuses and children.

Thomas, S., Cannon, C., & French, J. (2015). The effects of state alcohol and pregnancy policies on women's health and healthy pregnancies. *Journal of Women, Politics & Policy*, 36(1), 68-94. doi: 10.1080/1554477X.2015.985153

Researchers made three key findings: 1) They found that the number of alcohol and pregnancy policies have increased over time and across states (No states had APP in 1970, one state in 1980, 20 states in 1990, 38 states in 2000, and 43 states in 2010); 2) The policy environment is becoming increasingly punitive, often with states mixing supportive policies with punitive ones, and; 3) Compared to general alcohol policies that aim to reduce alcohol harms for all, punitive policies are associated with policies that restrict women's reproductive autonomy. The authors state that punitive policies have been shown to cause women to delay or avoid prenatal care and/or substance use treatment.

Roberts, S. C. M., Thomas, S., Treffers, R., & Drabble, L. (2017). Forty Years of State Alcohol and Pregnancy Policies in the USA: Best Practices for Public Health or Efforts to Restrict Women's Reproductive Rights? *Alcohol & Alcoholism*, 52(6), 715-721. doi:10.1093/alcalc/agx047

Consider child protection policy as well as alcohol policy

This study assessed the impact of state-level policies targeting alcohol use during pregnancy on to birth outcomes. The study involved secondary analyses of birth certificate data from $n = 148,048,208$ singleton births in the USA between 1972 and 2013.

The researchers looked at eight policies in effect during gestation:

- 1) Mandatory warning signs (MWS);
- 2) Priority treatment for pregnant women;
- 3) Priority treatment for pregnant women/Women with children;
- 4) Reporting requirements for data and treatment purposes;
- 5) Prohibitions against criminal prosecution;
- 6) Civil commitment;
- 7) Reporting requirements for child protective services purposes and
- 8) Considering alcohol use during pregnancy child abuse/child neglect.

- Six birth outcomes: 1) Low birthweight (<2,500 g); 2) Premature birth (<37 weeks); 3) Any prenatal care utilization (PCU); 4) late PCU; 5) inadequate PCU; and 6) Normal (≥ 7) APGAR score).
- Of the eight policies, **six were significantly related to worse outcomes** and two were not significantly related to outcomes. The mandatory warning signs policy was related to the most outcomes. Notably, living in a state that defined alcohol use during pregnancy as child abuse or neglect had increased odds of low birthweight ($OR = 1.09$, 95% CI: 1.02-1.10), having a premature birth ($OR = 1.09$, 95% CI: 1.04-1.14) and a lower odds of obtaining prenatal care ($OR = 0.87$, 95% CI: 0.76-1.00) than women in states without these policies.
- **The authors conclude that most policies targeting alcohol use during pregnancy do not have their intended effects and are related to worse birth outcomes and less prenatal care utilization.**

- Subbaraman, M. S., Thomas, S., Treffers, R., Delucchi, K., Kerr, W. C., Martinez, P., & Roberts, S. C. M. (2018). Associations Between State-Level Policies Regarding Alcohol Use Among Pregnant Women, Adverse Birth Outcomes, and Prenatal Care Utilization: Results from 1972 to 2013 Vital Statistics. *Alcoholism, clinical and experimental research*, 42(8), 1511-1517. doi:10.1111/acer.13804



Integrated approaches – Level 1 + other FASD prevention levels

3M FASD PREVENTION STRATEGY: MARULU, MASS MEDIA AND MIDWIVES

- **Marulu:** An exemplar high-impact FASD prevention strategy in the communities of the Fitzroy Valley, where high FASD prevalence has been documented;
- **Midwives:** A workforce intervention up-skilling midwives in the documentation and brief intervention around alcohol use in pregnancy, to reinforce the community-wide interventions; and
- **Mass Media:** A mass media strategy targeting regional and remote communities throughout the Kimberley and Pilbara, with a further aim of ensuring state-wide impact for the program and its messages.

MAKING FASD HISTORY IN THE PILBARA

- Mass media awareness campaign and general health promotion activities
- Training of local service providers to deliver targeted interventions
- Specialized support of pregnant women/partners at risk of drinking in pregnancy
- Support of women's social and emotional wellbeing to maintain positive behaviour change towards alcohol in future pregnancies

Linked to diagnosis, intervention support, research and policy work

Dr James Fitzpatrick Research Lead

Prevention practice principles



FROM:
CHANGE THE STORY: IMPLEMENTATION AND EVALUATION GUIDE
TO PRIMARY PREVENTION IN AUSTRALIA
OURWATCH
<https://www.ourwatch.org.au/>

A final note about researcher responsibility in prevention messaging

The authors use content and thematic analysis to describe the “risk story” that was associated with the 2012 article “Fetal Alcohol Exposure and IQ at Age 8: Evidence from a Population-Based Birth- Cohort Study” (which examined the role of genes, prenatal alcohol metabolism, and child outcomes in which the authors concluded there was no safe amount of alcohol to consume during pregnancy), as well as the press communications and media coverage that followed.

The authors provide an overview of the debate around the risk of alcohol consumption during pregnancy, and describe “democratization” as referring to the message that risk applies to any drinking and every woman equally. The authors note that the reporting of the key findings from the 2012 study was not completely in line with the article’s findings, due to the way the media release framed the findings, as well as the selective reporting of data and factual inaccuracies introduced by journalists (particularly in how they reported the link between drinking and child IQ) in the subsequent public communications.

The authors note how the media tends to sensationalize individual risk, over the influence of broader determinants of health – and that researchers have an important responsibility to influence how the stories of their findings are told.

Lee, E., Sutton, R. M., & Hartley, B. L. (2016). From scientific article to press release to media coverage: advocating alcohol abstinence and democratising risk in a story about alcohol and pregnancy. *Health, Risk & Society, 18*(5/6), 247-269. doi:10.1080/13698575.2016.1229758



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for Women's Health

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Blog <https://fasdprevention.wordpress.com/>



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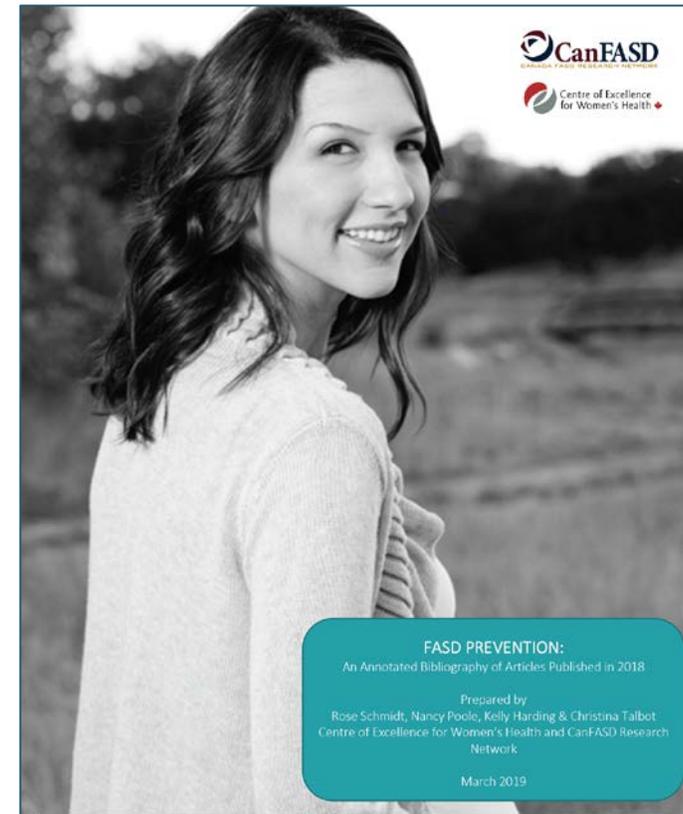
bccewh.bc.ca



facebook.com/CEWHca



<https://canfasd.ca/>



Annual annotated bibliography of
research articles on FASD prevention



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