CANADIAN ALCOHOL POLICY EVALUATION (CAPE) COMMUNITY OF PRACTICE

FASD prevention and public health policy

Event #24: May 8, 2024
INTERPRÉTATION SIMULTANÉE EN FRANÇAIS

Interprétation simultanée en français est disponible sauf pour la section Q&R.

Simultaneous French interpretation is available except for the Q&A portion. 
(see Chat box for instructions)
We acknowledge and respect the Lək̓ʷəŋən (Songhees and Esquimalt) Peoples on whose territory the university stands, and the Lək̓ʷəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.
HOUSEKEEPING

- Today’s webinar includes a presentation and Q&A = 90mins
- The presentation segment will be recorded (not Q&A). Links to the recording and webinar slides will be emailed.
- We invite your feedback about today’s session. A survey link will be shared in the Chat box and via email.
- For persons with lived/living experience stipends, email capecopcoord@uvic.ca

The views and opinions expressed as part of this event are those of the presenters alone and do not necessarily represent those of our funders or other organizations acknowledged.
Q&A FORMAT

• Use chat box or Q&A tool to submit a question at any time.

• Use ‘raise hand’ during Q&A segment. The moderator will ask you to unmute to pose your question. Name the presenter to whom you are directing the question.

• The moderator may read aloud questions typed in the chat or Q&A tool.

• Technical difficulties? please message us in the chat.
FASD Prevention and Public Policy

Nancy Poole, Prevention Lead, CanFASD Research Network and Director of the Centre of Excellence for Women’s Health
Audrey McFarlane, Executive Director, CanFASD Research Network

May 2024
Presenters

Audrey McFarlane, MBA
Executive Director, CanFASD Research Network

Nancy Poole, PhD, LLD. Hon.)
Director, Centre of Excellence for Women’s Health
Prevention Lead, CanFASD Research Network
1. An update on FASD
2. FASD prevention as a public health issue
3. Canada’s multi-level prevention model
4. Alcohol policy and FASD prevention
1. Update on FASD
In 2013, CanFASD became

- National Not For Profit Organization & Registered Charity
- Contractual relationship with the partnership as jurisdictional members
Purpose of CanFASD

Stimulate

Develop

Disseminate evidence in FASD to inform policy
Research Areas

- Prevention
- Intervention
- Justice
- Diagnosis
- Child Welfare
- Database
FASD impacts 4% of Canadians
Prevalence

4% of people in Canada = 1.5 Million people in Canada = 174k people in Alberta = 1 in 25 people in Canada
More Common than ASD

- **2.5X more common than Autism Spectrum Disorder (ASD)** (1.52%)
- **19X more common than Cerebral Palsy** (0.21%)
- **28X more common than Down Syndrome** (0.14%)
- **40X more common than Tourette’s Syndrome** (0.10%)

This means that FASD is more common than Autism, Cerebral Palsy, Down Syndrome and Tourette’s Syndrome all combined.
FASD is Uniquely Complex
Challenges

The challenges associated with FASD are often grouped into:

- Primary Disabilities
- Adverse Outcomes
Primary Disabilities

- Motor Skills
- Executive Functioning
- Affect Regulation
- Memory
- Language
- Cognitive
- Attention
- Academic Achievement
- Brain Structure and Functioning
- Adaptive Behaviour, Social Skills
Characterizing adverse childhood experiences among children and adolescents with prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder

Katherine Flanigan, Anmena Kapasi, Jacqueline Pei, Isabel Murdoch, Gail Andrew, and Carmen Rasmussen

Abstract

Background: Individuals with Fetal Alcohol Spectrum Disorder (FASD) and prenatal alcohol exposure (PAE) face elevated rates of postnatal environmental adversity across the lifespan. Objective: We explored early adversity among children and adolescents with PAE. Participants and setting: Our sample included 323 children and adolescents with PAE assessed at a Canadian FASD diagnostic clinic, 66% of whom were diagnosed with FASD. Methods: Data were collected retrospectively via record review, and adversity was measured using the Adverse Childhood Experiences Questionnaire (ACE-Q). Results: Participants experienced high levels of adversity (mean ACE score of 3.4), which increased with age, mental health comorbidities, and number of living placements. Common ACEs included: not being raised by both biological parents (97.3%), caregiver disruption (80.5%), and exposure to household substance use (69.7%). Females had significantly higher rates of sexual abuse than males (p < .001, p = .10). There was no difference in total ACE scores between females and males who were raised by both biological parents.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ACE score</td>
<td></td>
</tr>
<tr>
<td>Low (0–1)</td>
<td>18.3  (61)</td>
</tr>
<tr>
<td>Medium (2–3)</td>
<td>35.7  (119)</td>
</tr>
<tr>
<td>High (4–5)</td>
<td>32.7  (109)</td>
</tr>
<tr>
<td>Extreme (6–9)</td>
<td>13.2  (44)</td>
</tr>
<tr>
<td>Abuse</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>8.4   (28)</td>
</tr>
<tr>
<td>Physical</td>
<td>18.9  (63)</td>
</tr>
<tr>
<td>Sexual</td>
<td>7.8   (26)</td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>44.7  (149)</td>
</tr>
<tr>
<td>Emotional</td>
<td>12.3  (41)</td>
</tr>
<tr>
<td>Household Dysfunction</td>
<td></td>
</tr>
<tr>
<td>Substance use</td>
<td>69.7  (232)</td>
</tr>
<tr>
<td>Violence</td>
<td>33.3  (111)</td>
</tr>
<tr>
<td>Incarceration</td>
<td>3.3   (11)</td>
</tr>
<tr>
<td>Mental health</td>
<td>45.9  (153)</td>
</tr>
<tr>
<td>Not raised by both biological parents</td>
<td>97.3  (324)</td>
</tr>
<tr>
<td>Caregiver disruption (n = 331)</td>
<td>88.5  (293)</td>
</tr>
</tbody>
</table>

a Not included in total ACE scores.
FASD is a Whole Body Disorder

100X

more likely to have health problems than the general population
Unrecognized & Unsupported

**Inconsistency across the country**
- 73 FASD Dx clinics in Canada
- 98% of people have not been diagnosed in Canada

**Unsupported**
- Lack of recognition
- Lack of service supports
- Lack of research to determine effective supports
- Leads to increases in unhealthy situations
90% experience mental health challenges

Rates of suicide are 5.5 times greater

35% experience substance use challenges
As well as

- 30% experience homelessness
- Approx 30% involved in the criminal justice system
- Many have children they struggle to raise
- Significant involvement in the Child welfare systems
Final thought...

In address Substance Use
  • Developed evidence based resources for SU tmt programs to have better outcomes with this population
  • Developed mental health toolkits

In dealing with the ongoing opioid crisis perhaps we need to consider the number of intersections individuals with FASD have with this situation, to build solutions with this in mind.
Reminder to help reduce stigma
How much longer do we have to wait?

it’s time for a National FASD Strategy
Alcohol policy

**Senate Bill S253** will address a national framework for FASD

- Will include a robust alcohol policy to address prevention of FASD
- Diagnosis/assessment capacity
- Access to interventions
- Research
- Considerations from a number of stakeholders
2. FASD Prevention as a public health issue
Understanding factors and influences associated with alcohol use in pregnancy

- We prepare an annotated bibliography of articles published in English globally each year
- Nearly 1 in 3 articles on FASD prevention focus on the prevalence of alcohol use in pregnancy and factors and influences associated with alcohol use in pregnancy. Some factors associated with alcohol use in pregnancy include:

<table>
<thead>
<tr>
<th>Pregnancy recognition</th>
<th>ACEs</th>
<th>Maternal age (as both risk and protective factor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of FASD/impacts of alcohol during pregnancy</td>
<td>Colonization</td>
<td>Partner’s alcohol use</td>
</tr>
<tr>
<td>Tobacco and polysubstance use</td>
<td>Mental health status</td>
<td>Poor social support</td>
</tr>
<tr>
<td>Preconception substance use</td>
<td>External stressors</td>
<td>Experiences of violence</td>
</tr>
<tr>
<td></td>
<td>Education (as both risk and protective factor)</td>
<td>Employment</td>
</tr>
</tbody>
</table>
Challenges to knowing about the level of alcohol use in pregnancy

- Stigma, fear of judgement from health care providers and fear of child apprehension by child welfare authorities deters women from discussing their alcohol use with health and social care providers.

- Stigma, lack of time, lack of comfort with discussing alcohol, need for training in non-judgemental, compassionate, empowering brief intervention and screening approaches means that care providers often do not discuss alcohol with women in the preconception, pregnancy or postpartum period, or do not do so in effective ways.
Addressing stigma directed to women with alcohol problems and women who use alcohol in pregnancy

Examining barriers to harm reduction and child welfare services for pregnant women and mothers who use substances using a stigma action framework

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2 Department of External Affairs and Health, Ministry of Social Services, Ontario, Canada
3 Public Health Agency of Canada, Ottawa, Ontario, Canada

Abstract

Pregnant women and mothers who use substances often face significant barriers to accessing and engaging in substance use services. A scoping review was conducted in 2019 to understand these stigma barriers across services and to examine discrepancies between harm reduction and child welfare services for pregnant women and mothers who use substances. Thirty-six articles in 12 databases were selected using the inclusion framework for this scoping review. The review found that women and mothers who use substances often face significant barriers, including lack of access to services, stigma related to their substance use, and lack of support from family and community. Women who use substances in pregnancy face additional challenges related to stigma and discrimination.

Review Article

Addressing Stigma: Toward a More Inclusive Health System

The Chief Public Health Officer’s Report on the State of Public Health in Canada 2019

Harm Stigma Perspectives

- Level of Stigma: Person who experiences stigma
  - Person with substance use
  - Person living with someone who has a substance use disorder
  - Person who has a substance use disorder
- Level of Stigma: Family, friends, social and work networks, health care and service providers
  - Person with substance use
  - Person who has a substance use disorder
- Level of Stigma: System: health care system, media, and health fades culturals, community, and social organizations, religious and spiritual organizations
  - System: health care system
  - System: media and health fades

Population

- Stigma experiences: Person, families, and communities
  - Person with substance use
  - Person who has a substance use disorder
  - Person living with someone who has a substance use disorder
- Interventions to address stigma
  - Education and training
  - Community engagement
  - Policy development
- Potential outcomes
  - Reduced stigma and discrimination
  - Improved access to care
  - Enhanced community support
- International perspectives on stigma
  - Stigma in different cultural and social contexts
  - Experiences and challenges in addressing stigma

Acknowledgments

This work was supported by the Canadian Institutes of Health Research (CIHR) grant 164888. The authors would like to thank the members of the Centre for Women’s Health Research for their contributions to this project.
Using principles from A Public Health Approach to Substance Use

- social justice
- attention to human rights and equity
- evidence-informed policy, and practice
- addressing the underlying social determinants of health (SDOH)

https://substanceuse.ca/ p6
3. Canada’s multi-level prevention model
Building upon the 4 Level Model of FASD Prevention

LEVEL 1
Broad awareness building and health promotion efforts

LEVEL 2
Discussion of alcohol use and related risks with all women of childbearing years and their support networks

LEVEL 3
Specialized, holistic support of pregnant women with alcohol and other health/social problems

LEVEL 4
Postpartum support for new mothers and support for child assessment and development

SUPPORTIVE ALCOHOL POLICY and CHILD WELFARE POLICY

Public health work at each level of FASD prevention

Level 1:
• Development of health education materials (pamphlets, posters) continues in many jurisdictions
• Community-wide health promotion strategies

Level 2:
• We continue to create resources to support health and social service providers in their role to discuss alcohol and other substance use.

Levels 3 and 4 involves:
• Includes outreach to treatment
• Practical support
• Integrated support
• Mother and children
• Trauma-informed
• Harm reducing
• Culturally grounded
• Relational
• Supporting women's self determination
• Respectful and kind

We conducted evaluative research to evidence level 3 and 4 prevention
Offering services
• that address the underlying (SDOH)
• are social justice oriented

Working in collaboration with Indigenous organizations towards FASD prevention that is community and culture led.

We work in collaboration with Indigenous organizations to achieve the TRC’s Call to Action 33 about preventative programs that are community and culture led.
People working on FASD prevention over the past decade agree on these 10 fundamental components as important for all programming and policy with the goal of preventing FASD.

4. Policy action needed
Substance Use and Pregnancy - Review

Supportive alcohol policy as a key element of fetal alcohol spectrum disorder prevention

Lindsay Wolfson1,2 and Nancy Poole1,2

Abstract
In Canada, a Four Part Model of Fetal Alcohol Spectrum Disorder (FASD) Prevention has been developed that describes a continuum of multi-sectoral efforts, including breast awareness campaigns, safe and responsible consumption among pregnant and alcohol use, and holistic and wraparound support services for pregnant and postpartum women with alcohol, and other health and social concerns. Supportive alcohol policy is at the centre of the four mutually reinforcing levels of prevention. This purpose of this narrative review is to describe alcohol policies related to specific levels of FASD prevention, and to consider the implications of alcohol policies on FASD prevention and women’s and fetal health. The majority of the evidence focused on alcohol in pregnancy guidelines, alcohol warning labels, and knowledge and uptake of maternal or regional alcohol and pregnancy guidelines. Several studies described shifts in alcohol and pregnancy policy over the past quarter, including moves to punitive approaches that criminalize women’s substance use or prompt child apprehension. This review indicates that more attention could be paid to the role of alcohol policy in FASD prevention and its promoting women’s and fetal health, and that policy actions and advocacy could be important catalysts for both FASD prevention and women’s health promotion. Moving forward, it is essential that alcohol policies are rooted in evidence, afford to and promote women’s health including health during pregnancy, and are collaborative in order to prevent a higher standard of care, and more holistically respond to the factors that contribute to women’s alcohol use during pregnancy.

Keywords:
alcohol policy, fetal alcohol spectrum disorder, maternal health, pregnancy, women’s health

Introduction
Fetal alcohol spectrum disorder (FASD) describes a range of lifelong cognitive, behavioral, physical, and emotional disabilities that can result from alcohol use in pregnancy. FASD is preventable, and efforts to prevent FASD are multi-sectoral and increasingly linked to alcohol regulatory policy, health, child welfare, maternal health, substance use, housing, and social justice fields.

Interventionally, attention to developing alcohol policy has increased. In 2015, the World Health Organization released “Best Buy® And Other Recommended Interventions For The Prevention And Control Of Noncommunicable Diseases,” which identified the need for multi-sectoral actions to address the harmful use of alcohol. Further to its release, international alcohol policy best practices for improving public health and safety outcomes have been evaluated in 31 policy domains including Pricing and Taxation, Physical Availability, Improved Alcohol Countermeasures, Marketing and Advertising Controls, Minimum Legal Drinking Age, Screening, Brief Intervention and Referral (SIBER), Lower Limit Enforcement, Alcohol

LEVEL 1
Broad awareness building and health promotion efforts

LEVEL 2
Discussion of alcohol use and related risks with all women of childbearing years and their support networks

LEVEL 3
Specialized, holistic support of pregnant women with alcohol and other health/social problems

LEVEL 4
Postpartum support for new mothers and support for child assessment and development

Guidance and training

SUPPORTIVE ALCOHOL AND RELATED POLICIES FOR FASD PREVENTION

Need to be synchronized and mutually reinforcing

Warning labels
Warning signage

All alcohol policy is relevant – pricing, outlet distribution ...

Harm reduction service policy, including MAPS
Treatment policy
Child welfare policy

Mother–child treatment policy
Child welfare policy
Level 1 Prevention - Warning labels and signage

- Mixed evidence on the efficacy of warning labels as FASD prevention strategy
- One Canadian study found that alcohol sales decreased following a re-introduction of pregnancy warning labels (Zhao et al., 2020)
- A US study found that mandatory warning signs were associated with lower odds of binge drinking (Roberts et al., 2019)
- Research from Canada, Australia, and France have emphasized that warning labels are most effective as part of a multi-component FASD strategy (Bell et al., 2015; Dumas et al., 2018; Smith et al., 2020)

Level 2 Prevention – Guidance and guidelines

- Many countries have low-risk or dietary and lifestyle guidelines that offer recommendations about alcohol use in pregnancy.

- However, not all health and social service providers know about the guidelines or use the most updated guidelines (Smith et al., 2021).

- In some places, screening for substance use is legislated for health care providers, data from the US shows that screening rates are higher where this is the case (Patel et al., 2021).

- Enablers to guidance include: specialized roles to help increase education and uptake; knowledge of the risks of alcohol use in pregnancy; and beliefs that women are motivated reduce alcohol use during pregnancy (Reid & McStay, 2018; Sword et al., 2020).
Levels 3 & 4 Prevention – Priority treatment for pregnant women and mother-centered treatment

• Research in these areas is limited and only published in the US context

• Substance use treatment can help with safety and connection (Myra et al., 2016)

• One study found that criminalizing substance use during pregnancy resulted in a decline to substance use treatment whereas where multi-pronged approaches were adopted, there were increases in treatment admissions (Kozhimannil et al., 2019)

Moms and Kids Too (Mk2)

• Less intensive time commitment
  7 weeks, 3 days per week, shorter days (10-3)

• Breakfast
• Play group – Mother Goose
• Healthy Parenting Program
• Women’s Health
• Relapse Prevention
• Group Therapy
When supporting pregnant women who need substance use treatment – it is important that child welfare experts work closely with treatment providers to find areas for collaboration.

The US National Center on Substance Abuse and Child Welfare promotes the Plans of Safe Care (POSCs) model of collaboration


Alcohol and Pregnancy Legislation

**Punitive Policies**

- Control and report women’s behaviours
- Prompt child removal

**Outcomes:**

- Low birth weight, premature birth *(Subbaraman, 2018)*
- Lower odds of binge and heavy drinking *(Roberts, 2019)*
- Decreased & late entry to prenatal care *(Subbaraman, 2018; Roberts, 2019)*

**Supportive Policies**

- Improve women’s health
- Support healthy pregnancies through education, early intervention, and treatment

**Outcomes:**

- Increased odds of alcohol use *(Roberts, 2019)*
- Prenatal care utilization *(Roberts, 2019)*
Mother-Child Centred Alcohol Policy

Stigma reduction
Gender-informed
Health promotion oriented
Evidence-based
Attend to women’s and fetal health

Promotes
- Treatment/appropriate referral pathways
- Multi-sectoral approaches
- Training of service providers
- Support for pregnant women and mothers
- Cultural diversity
- Collaboration
- Addresses the SDOH

Thank You

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CAPE COMMUNITY OF PRACTICE

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Thank you for attending this CAPE Community of Practice Event!

Complete our **3min** feedback survey!

English: [https://www.surveymonkey.ca/r/CV657SK](https://www.surveymonkey.ca/r/CV657SK)