

Supportive alcohol policy as a key element of Fetal Alcohol Spectrum Disorder prevention

Lindsay Wolfson, MPH



centre of excellence
for women's health




Acknowledging People and the Land

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

Lindsay Wolfson^{1,2}  and Nancy Poole^{1,2}

WOMEN'S
HEALTH

Women's Health
Volume 12: 1–10
© The Author(s) 2023
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/17455057231151838
journals.sagepub.com/home/whe


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 broad awareness campaigns, safe and respectful conversations around pregnancy 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. The 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 national or regional alcohol and pregnancy guidelines. Several US studies described shifts in alcohol and pregnancy policy over the 7-year period, 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 in 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; attend to and promote women's health including health during pregnancy; and are collaborative in order to prompt 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

Date received: 25 August 2022; revised: 9 December 2022; accepted: 3 January 2023

Introduction

Fetal alcohol spectrum disorder (FASD) describes a range of lifelong cognitive, behavioural, physical, and emotional disabilities that can result from alcohol use in pregnancy.¹ FASD is preventable, and efforts to prevent FASD are multi-sectoral and inextricably linked to alcohol regulatory policy, health, child welfare, mental health, substance use, housing, and social justice fields.

Internationally, attention to developing alcohol policy has increased. In 2017, the World Health Organization released *'Best Buys' And Other Recommended Interventions For The Prevention And Control Of Noncommunicable Disease*, which identified the need for multi-sectoral actions to address the harmful use of alcohol.² Further to

its release, international alcohol policy best practices for improving public health and safety outcomes have been evaluated in 11 policy domains including Pricing and Taxation; Physical Availability; Impaired Driving Countermeasures; Marketing and Advertising Controls; Minimum Legal Drinking Age; Screening, Brief Intervention and Referral (SBIR); Liquor Law Enforcement; Alcohol

¹Centre of Excellence for Women's Health, Vancouver, BC, Canada

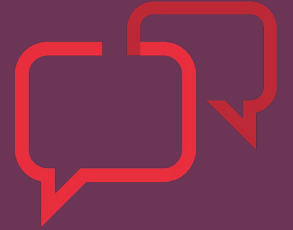
²Canada FASD Research Network, Vancouver, BC, Canada

Corresponding author:

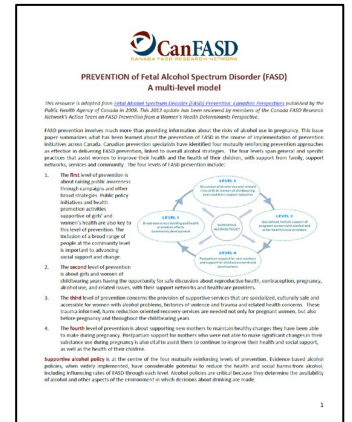
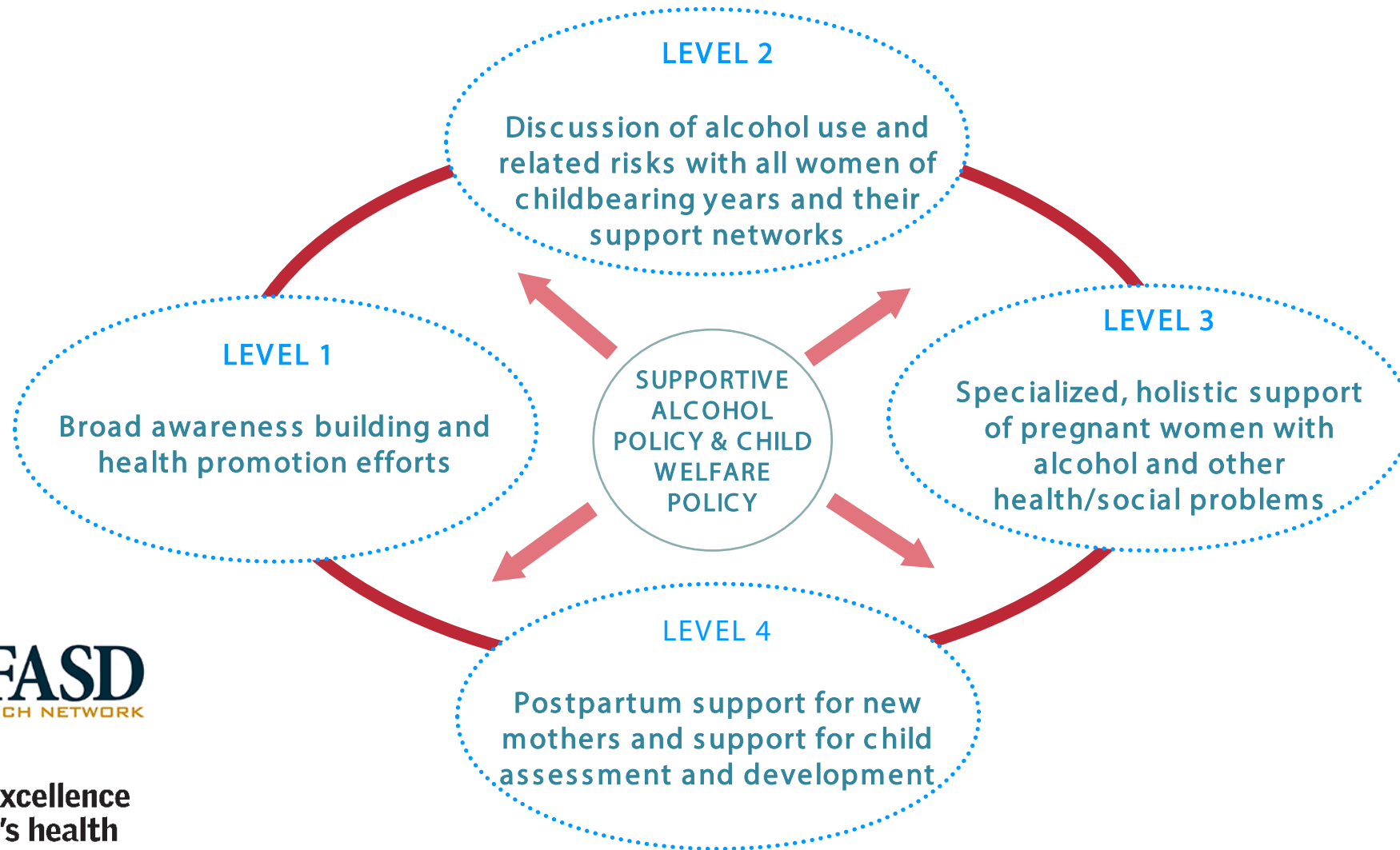
Lindsay Wolfson, Centre of Excellence for Women's Health, E209-4500 Oak Street Box 48, Vancouver, BC V6H 3N1, Canada.
Email: lindsay.wolfson@gmail.com

Objectives:

1. Provide a brief overview of FASD prevention and linkages to alcohol policy
2. Describe how supportive alcohol policy is a central strategy in FASD prevention and to support women and children's health
3. Q&A



FASD Prevention



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

Methods

- Derived from a larger review on the English-language literature on FASD prevention and alcohol use in pregnancy
- Using EBSCO Host, seven academic databases were searched
- The four-part model was used as an organizational framework
- Findings suggest there has been increased attention on alcohol policies and their influence on health

AT A JUNCTURE: EXPLORING PATTERNS AND TRENDS IN FASD PREVENTION RESEARCH FROM 2015 – 2021 USING THE FOUR-PART MODEL OF PREVENTION

Lindsay Wolfson^{1,2*}, Nancy Poole^{1,2}, Kelly D Harding^{2,3}, Julie Stinson¹

¹Centre of Excellence for Women's Health, Vancouver, BC Canada

²Canada FASD Research Network, Vancouver, Canada

³Department of Psychology, School of Liberal Arts, Laurentian University, Sudbury, ON, Canada

*Corresponding Author: Lindsay Wolfson: lindsay.wolfson@gmail.com

Submitted: 1 October 2021. Accepted: 20 May 2022. Published: 22 September 2022.

ABSTRACT

Background and objective

Fetal Alcohol Spectrum Disorder (FASD) prevention efforts have grown in the last 25 years to go beyond the moral panic that guided the early public awareness campaigns and policy responses. In Canada, a four-part model of FASD prevention has been developed and used that describes a continuum of multi-sectoral efforts for women, girls, children, and their support networks, including broad awareness campaigns, safe and respectful conversations around pregnancy and alcohol use, and holistic and wraparound support services for pregnant and postpartum women with alcohol, and other health and social concerns. The purpose of this article is to describe the state of the evidence on FASD prevention from 2015 – 2021, including the prevalence and influences on alcohol use during pregnancy, interventions at each of the four levels of the four-part model, as well as systemic, destigmatizing, and ethical considerations.

Materials and methods

Using EBSCO Host, seven academic databases were annually searched for articles related to FASD prevention from 2015 – 2021. English language articles were screened for relevance to alcohol use in pregnancy and FASD prevention. Using outlined procedures for thematic analysis, the findings were categorized within the following key themes: prevalence and influences on women's drinking; Level 1 prevention; Level 2 prevention; Level 3 prevention; Level 4 prevention; and systemic, destigmatizing, and ethical considerations.

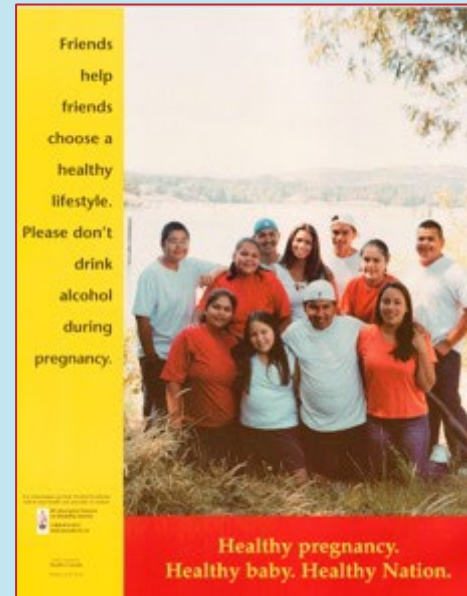
Results

From January 2015 – December 2020, 532 (n = 532) articles were identified that addressed the prevalence and influences on alcohol use during pregnancy, interventions at each of the four levels, and systemic, destigmatizing, and ethical considerations. The most recent research on FASD prevention published in English was generated in the United States (US; n = 216, 40.6%), Canada (n = 91, 17.1%), United Kingdom (UK; n = 60, 11.3%), and Australia (n = 58, 10.9%). However, there was an increase in the studies published from other countries over the last six years. The literature heavily focused on the prevalence and influences on alcohol use during pregnancy (n = 182, 34.2%) - with an increase in prevalence research from countries outside of Canada, the US, Australia, and the UK and on Level 2 prevention efforts (n = 174, 32.7%),

J Fetal Alcohol Spec Risk Prev Vol 4(SP1):e36-e59; 21 September 2022
This article is distributed under the terms of the Creative Commons Attribution-
Non Commercial 4.0 International License. ©2022 Wolfson L et al.

Level 1 Prevention

- 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)



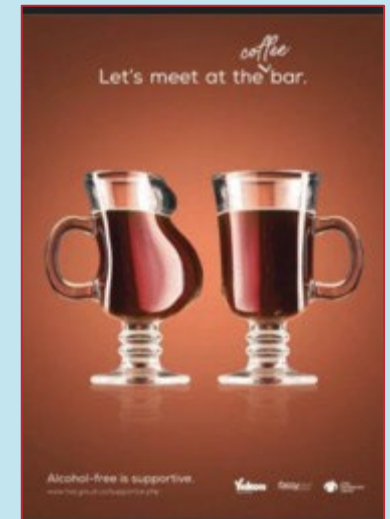
British Columbia Aboriginal Network on Disability Society



<https://skprevention.ca>



BC Liquor



Yukon FASD Interagency Advisory Committee

Level 2 Prevention

- 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)

Drinking less is better

We now know that even a small amount of alcohol can be damaging to health.

Science is evolving, and the recommendations about alcohol use need to change.

Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits.

Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle.

That's why if you drink, it's better to drink less.

Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.



Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

It's time to pick a new target

What will your weekly drinking target be?



Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

Levels 3 & 4 Prevention

- 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)

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

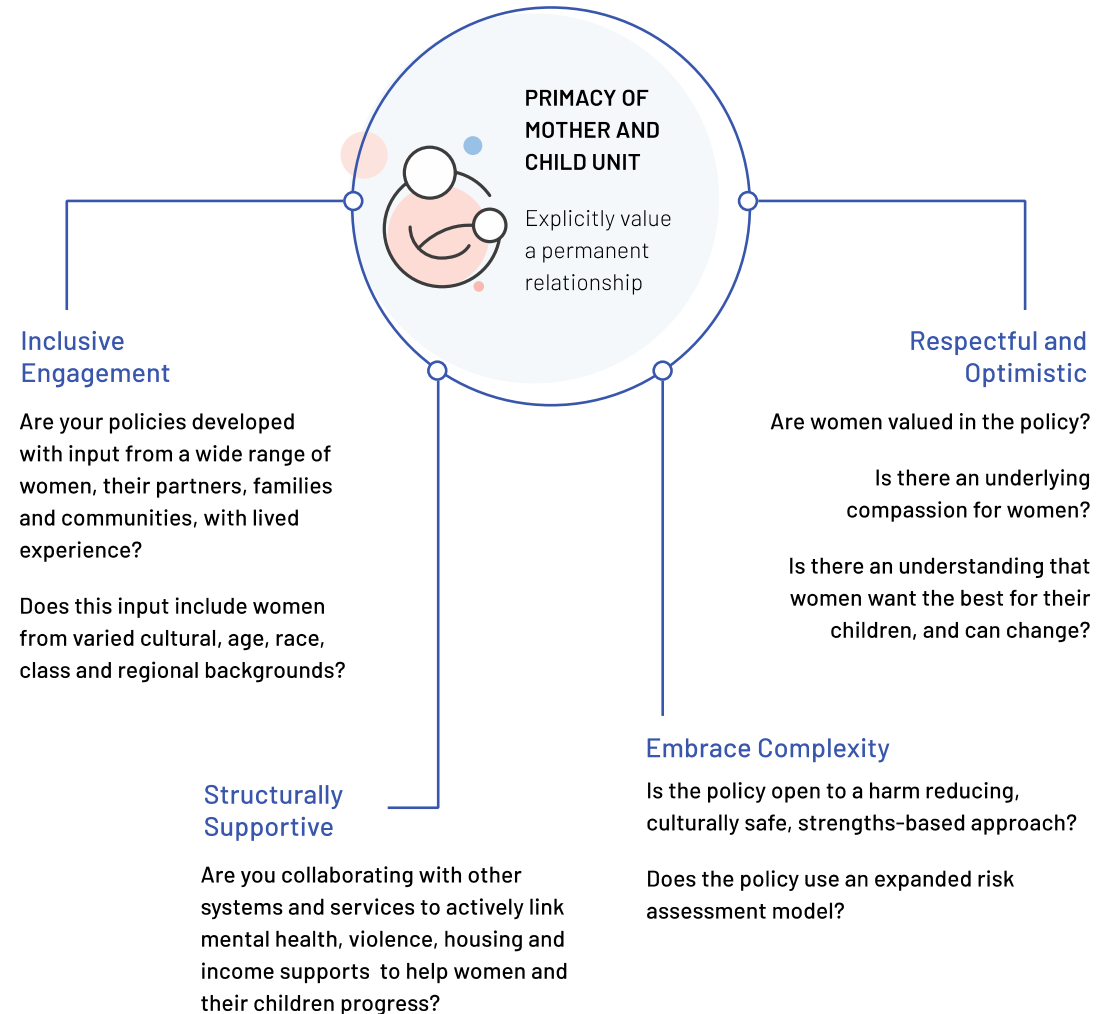
- Improve women's health
- Support healthy pregnancies through education, early intervention, and treatment

Outcomes:

- Increased odds of alcohol use
(Roberts, 2019)
- Prenatal care utilization (Roberts, 2019)

Shifting 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

Get In Touch

➤ www.cewh.ca

Lindsay Wolfson, MPH

Manager, Centre of Excellence for Women's Health

lindsay.wolfson@gmail.com



@cewhca



centre of excellence
for women's health