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DOORWAYS TO CONVERSATION

Brief Intervention on Substance Use with Girls and Women

Centre of Excellence for Women's Health

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ABOUT THIS RESOURCE

Brief interventions are collaborative conversations between an individual and a health care or social service provider about a health issue such as substance use, mental wellness, contraception, or experiences of violence and trauma. Brief interventions may be formal or informal, structured or unstructured, short or long, a one-time event, or a series of conversations over a period of time.

Because substance use has wide-ranging effects on many different aspects of life, service providers across a range of health care and social service settings can have an important role in addressing the potential harms of substance use and improving overall health.

This resource focuses on brief intervention with girls and women in the preconception and perinatal period. Service providers from a range of backgrounds will find it relevant to their practice, including:

- Midwives
- Physicians
- Nurses
- Indigenous health care providers
- Anti-violence workers
- Pregnancy outreach workers
- Sexual health service providers
- Substance use workers

Section 1 includes an introduction to the *Dialogue + Action: Women and Substance Use* project and the context for brief substance use interventions in Canada.

Section 2 discusses opportunities and barriers to brief interventions by profession, the relevance of different practice approaches and models of care, and factors that can contribute to the success of brief interventions.

Section 3 describes approaches for working with girls and women in contexts ranging from primary care to sexual health services to anti-violence services. It includes 50 ideas for starting conversations with girls and women about substance use that can be adapted to the roles of various service providers, available resources and time, and the concerns and interests of girls and women.

Section 4 examines system-level policies and practices that can limit or enhance the effectiveness of brief interventions at the clinical level, including child welfare reporting practices, perinatal data collection, and the use of biological screening.

Section 5 summarizes current and promising approaches to brief interventions with girls and women in the preconception and perinatal period.

The **Appendix** includes four fact sheets on the health effects of alcohol, tobacco, cannabis, and prescription opioids for women.

Ideas for Practice

This resource includes 50 ideas for starting conversations with girls and women about substance use. Sections that include ideas for brief intervention are marked with a red tab.

1. INTRODUCTION

Background

Brief interventions are collaborative conversations between an individual and a health care or social service provider about a health issue. Evidence from hundreds of empirical studies, meta-analyses and systematic reviews have shown that brief intervention and support in a range of settings are an effective strategy for reducing harmful or risky alcohol use, other substance use, and related issues.[1-11] Organizations such as the World Health Organization (WHO), the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Centers for Disease Control and Prevention (CDC) support the inclusion of alcohol brief interventions as a routine element of health care in all primary care settings.[12-15]

Brief alcohol intervention and support, before and during pregnancy, is a key strategy to prevent Fetal Alcohol Spectrum Disorder (FASD).

In Canada, brief alcohol intervention and support is one part of a comprehensive and integrated strategy to prevent Fetal Alcohol Spectrum Disorder (FASD) and to help women stop or reduce use of alcohol when pregnant.[16] Health care and social service providers are encouraged to discuss alcohol use and related concerns such as other substance use, mental wellness, contraception, and safer sex with all girls and women of childbearing age.

While the overall research evidence supporting brief intervention and support is strong, there is a clear need for new approaches for women in the preconception and perinatal period and for specific populations of girls and women. Research has shown that service providers are often reluctant to ask women about their alcohol use due to fears of jeopardizing their relationships with women or being perceived as judging and shaming their behaviour.[8, 17-24] And while the majority of women appreciate the opportunity to discuss their alcohol and other substance use and learn about ways to improve their health, there are numerous barriers to having open discussions about alcohol use during pregnancy. Many women provide "socially acceptable" answers or deny substance use because they do not feel comfortable with their service provider or are concerned about involvement from the child welfare or justice systems.[17, 21, 25-28] There are also a number of system-level policies and practices that greatly limit or enhance the effectiveness of brief interventions at the clinical level, including child welfare reporting practices (which vary enormously across the country), perinatal data collection, and the use of biological screening.

Many service providers are concerned that asking girls and women about their substance use, especially during pregnancy, will be perceived as judging and shaming women.

In countries like Canada, as rates of binge alcohol drinking by women continue to rise, new opportunities for enhancing discussion of alcohol and other substances are emerging due to plans to legalize cannabis use, the crisis in use of prescription pain medication, and the introduction of novel nicotine delivery products. Preventing FASD and improving girls' and women's health overall requires ensuring that all girls and women have the opportunity to engage in empowering conversations about how to reduce the harms of alcohol before and during pregnancy and, for those with serious substance use or addiction concerns, have the opportunity to access support and treatment.

Goals of This Resource

The purpose of this resource is to:

1. Summarize key findings from: the academic and grey literature, the national dialogue sessions, and the consultations with professional organizations.

2. Present and discuss opportunities for improving the capacity of health care and social service providers to discuss alcohol and other substance use with women and their support networks in the preconception and perinatal periods.

Project Overview

The *Dialogue + Action: Women and Substance Use* project had the overall goal of improving the capacity of health care and social service providers to discuss alcohol and other substance use with women and their support networks in the preconception and perinatal periods.

Key activities of the *Dialogue + Action: Women and Substance Use* project included:

1. **An environmental scan of current practices** related to brief intervention and support. In the fall of 2017 and winter of 2018, multi-disciplinary experts from professional health associations, social services, women's services and Indigenous health organizations were invited to participate in a series of 13 regional consultation sessions. The scan highlighted what was known about existing practices within different regions of Canada and across areas of professional practice and informed the development of this report.

2. **A review and summary of existing evidence** on brief interventions with girls and women, including strategies for engaging their partners and support networks. This literature review included academic literature published between 2004 and 2017 identified using EBSCOHost Research Databases and grey literature (e.g. unpublished reports, practice guidelines) identified though targeted web searches.

3. **Promotion of promising practices** with key partners and professional organizations through a webinar series, conference presentations, workshops, and participation in virtual working groups.

4. **Engagement and consultation with key experts** across the country regarding how changes in perinatal data collection and child welfare policy can reduce barriers to engagement.

Screening vs. Brief Intervention

There are many models and terms used to describe the process of brief intervention and support, including screening and brief intervention (SBI); screening, brief intervention, and referral (SBIR); and screening, brief intervention, and referral to treatment (SBIRT). Many of these models use checklists, steps or stages, and flow charts to guide the discussion between women and service providers. Screening is generally viewed as an opportunity to determine whether women are drinking alcohol at a risky level or in a harmful way. If women are "at risk," screening is followed by an intervention which may include sharing information about substance use, setting a goal, co-developing a plan, or agreeing to revisit the topic at another visit. If women have more serious substance use or addiction concerns, service providers are encouraged to share information about available community resources, to make a referral, or assist women in accessing more comprehensive care.

During the national dialogue sessions for this project, some service providers expressed concern with basing the approaches to discussing substance use on screening. Screening is intended to identify individuals who need further assessment or intervention based on their level of risk from reported substance use and other information gathered via a screening tool. In general, clinical guidelines recommend that screening be conducted with all women, and that service providers should continue to provide additional information or conduct brief interventions with only the small percentage of women who "screen positive." This was seen as focusing on women's behaviour in a way that might be perceived as judgmental or stigmatizing (e.g., "Yes, you are at risk because of ___") and limiting opportunities to discuss issues connected to women's substance use (e.g., mental wellness, gender-based violence) with all women. Service providers emphasized that brief interventions were valued as an opportunity to develop ongoing dialogue about the possibility for change related to a number of health concerns and that screening tools tended to use close-ended questions (e.g., "yes" or "no") and limit discussion.

As well, while screening tools were valued as "doorways to conversation," many service providers felt uncomfortable using screening tools in their particular context either because the tools did not fit with their practice approach or because they were not validated or appropriate for use with pregnant women or the sub-population of girls and women with whom they work. During the consultations, we used the term "brief intervention and support" to describe the range of activities that service providers use to engage with and discuss alcohol and other substance use with girls and women. We have continued to use this term for the purposes of this report.

2. SETTING THE STAGE FOR BRIEF INTERVENTIONS

Opportunities and Barriers to Brief Interventions

Common barriers to implementing brief interventions include time constraints, lack of training, concerns about negatively affecting relationships with clients/ patients, and misperceptions about the effectiveness of brief interventions.

While brief interventions can occur in settings ranging from schools to women's shelters, most research on brief interventions related to substance use in the preconception and perinatal period focuses on the health care system. Many health care providers have the opportunity to provide brief interventions to girls and women across the lifespan, including family doctors, midwives, public health nurses, dieticians, pharmacists, prenatal educators, and lactation consultants. The majority of research on brief interventions during pregnancy in particular focuses on tobacco and alcohol. In recent years, there has been increasing research on brief interventions for other substance use, including cannabis; on topics related to alcohol and tobacco use such as gender-based violence, safer sex, and contraception; and the use of electronic methods (e.g., web-based or text messaging) for brief interventions.

Despite current practice guidelines and recommendations for discussing substance use with women, successful implementation into routine care remains inconsistent. Many barriers are shared across professional groups. The most commonly described barriers include: time constraints,[29-35] lack of capacity/competence to intervene,[30, 31, 34, 36] lack of knowledge of best practices/clinical guidelines,[29] lack of referral/treatment options,[37, 38] ineffective communication styles and concerns regarding developing rapport,[18, 39, 40] and a perceived lack of effectiveness (i.e. that intervening will not reduce substance use).[33, 40-42]

As well, research has noted additional challenges with conducting brief interventions during the perinatal period. For example, a US study examining how prenatal care providers (ob/gyn, physicians, nurse practitioners and midwives) address alcohol, tobacco, substance use and domestic violence with pregnant women revealed differences in how they address each of these risks.[38] The authors noted uncertainty and differences between providers regarding abstinence messages for alcohol. Some providers commented on the wide social use of alcohol and unknown effects of small amounts during pregnancy, while others felt that encouraging abstinence is warranted. Specifically, they described challenges in promoting abstinence with patients who regularly consumed small amounts of alcohol during prior pregnancies and with women who consumed alcohol before becoming aware they were pregnant. In contrast, providers felt that the risks of smoking were clearer, and were more confident in assessing tobacco use and advising to reduce/quit smoking. Providers were unclear about the risks regarding cannabis use and recognized some benefits of use during pregnancy; methods for approaching cannabis use varied, from topic avoidance to encouraging abstinence. Providers also expressed disparities in their perception of toxicology screening for substance use. Some perceived it as a helpful tool to assess substance use, while others perceived it as punitive and stigmatizing. The majority of providers were also uncomfortable in addressing domestic violence. They noted a lack of available referrals and resources as a barrier to providing support. In addition, the authors used the 5As (Assess, Advise, Agree, Assist, and Arrange) framework to evaluate how risk behaviours were assessed. They found that tobacco had the highest rating (the 5As were most consistently followed) and domestic violence had the lowest score.

Limited research evidence can lead to uncertainty and differences between service providers regarding abstinence-based messages for cannabis and low levels of alcohol during pregnancy.

Many of the common barriers to the implementation of brief interventions can be overcome with education and training.

Varied skills related to and perceptions on the usefulness of discussing substance use and related issues with pregnant and pre-conception women may be a barrier for consistent screening, but research has demonstrated these issues may be overcome with education and training.[43] Training physicians in motivational interviewing and brief intervention approaches (either in web-based on in-person training) has been associated with improved knowledge and increased use of screening and brief intervention on alcohol use.[44-47] A systematic review of alcohol brief interventions in primary care settings revealed that implementation rates improve with increased training and support.[48] In the context of addressing alcohol use in pregnancy, training is associated with improvements in the knowledge, attitudes and practices of nurses. A US study examined the impact of providing one hour of training on alcohol screening, brief intervention, diagnoses and treatment of FASD.[49] The authors reported an increase in knowledge of FASD following the training, increased confidence in providing health education on prenatal alcohol use, improved ability to identify FASD, and greater knowledge of referral resources. In tobacco brief interventions, a US study found that high intensity training in motivational interviewing (a half day workshop plus six booster sessions, including simulated conversation training) was associated with improved knowledge, skills and confidence among primary care providers.[50]

In addition to communication skills training, there is a need for ongoing education and training to disseminate information on best practices and the benefits/ effectiveness of brief intervention.[36] For example, a study with midwives in Australia found that a belief in the effectiveness of asking was strongly associated with the intention to ask pregnant women about alcohol use.[51] Several studies have identified the need for improved and expanded training and professional development. An assessment of the training provided to midwives in the American College of Nurse-Midwives (ACNM) programs found that 29% offered fewer than three hours on smoking cessation; and a minority of programs (38%) included teaching counselling techniques with patients in a clinical setting.[52] This includes education and guidance to facilitate ongoing support. For example, in a study of midwifery schools in the UK, the majority (83%) provided training in brief intervention to address smoking cessation, yet few included training in relapse prevention (24%).[53]

Online methods may help increase the uptake and reach of screening and brief intervention for substance use. The use of virtual screening and/or brief intervention tools has been suggested in a number of studies as a possible way to overcome barriers such as limited service provider time,[54-57] or people not seeking preconception or early prenatal care with their health care provider.[58-60] Online or phone text message interventions may also help target hard to reach populations such as women in rural and remote locations.[58] Electronic screening may provide other benefits, such as being anonymous, and could potentially reduce perceive stigma or judgment,[57] which may help identify a higher proportion of those at risk who would benefit from further health intervention.

Online or electronic screening may help to overcome barriers such as time constraints and provide benefits such as anonymity.

The internet is a common source of health information for the general public and may be an effective tool to deliver preconception and prenatal interventions on substance use. Tailored web-based interventions have demonstrated an impact on alcohol use[56, 61, 62] and increased knowledge about preconception or perinatal health behaviours to prevent adverse pregnancy outcomes.[61, 63, 64] Similarly, mobile health or mHealth interventions have demonstrated an impact on tobacco,[65] and alcohol use.[59] Web-based or text message interventions may be an effective tool to disseminate consistent, evidence based prenatal health messages[59, 60, 63] and can increase the consistency of delivered message.[56]

RESOURCES

Which Woman Drinks Alcohol at a Risky Level?
This 2-page brochure for medical staff provides practical Motivational Interviewing strategies for talking with women about their alcohol use.
Available from http://skprevention.ca

Tablet-based Screening App
This app, developed by David Brown, PhD, asks patients and clients about substance use and mental wellness and can be used by in the waiting room before routine healthcare visits.
Available from www.healthylivingworkbook.com

Table 1: Opportunities and Barriers to Brief Interventions by Profession in Canada

During national dialogue consultations in 2017/2018, members of different professional groups shared their perspectives on what is being done, what could be done, and what's working well in their efforts to speak to women about substance use. This table summarizes key themes by profession.

Profession	Themes
MIDWIFERY	The midwifery model of care is very well suited for open conversations about substance use and brief interventions. Midwifery practice is based on a holistic approach to care, rooted in trust and relationship building in non-judgmental ways and grounded in caring for women "where they are at." This creates space for a social determinants of health perspective and client centred responses to substance use. Preconception care and opportunities for preconception involvement is generally limited, as midwives usually meet with women once pregnant, between weeks 8–12.
PHYSICIANS	There is tremendous variation in physician's comfort and confidence talking to women about substance use based on training, experience, and professional background (e.g., trained in mental health vs. acute care). Waiting room self-screening was noted as an evidence-based strategy to initiate screening and brief intervention in primary care. However, physicians did not have a uniform response as to who should conduct brief interventions and they acknowledged limited time during appointments. Similar to other providers, they noted a potential power dynamic where women may not speak openly about their substance use out of fear of legal ramifications, such as child removal.
PUBLIC HEALTH NURSES	Public health nurses are often a primary point of contact for girls and women of childbearing age, making them well positioned to have open conversations about substance use with women. Public health nurses work in a range of settings from acute and emergency care to social service clinics and different settings provide different opportunities to conduct brief interventions. Public health nurses expressed interest in improving practice and noted how building in trauma-informed, harm reduction, and women centred language to professional standards is one way to help build accountability and consistency in approach into practice.
SEXUAL HEALTH SERVICE PROVIDERS	Sexual health service providers are well positioned to engage with girls and women to start conversations about substance use and sexual health early, and to do so from a positive, open, non-judgmental perspective. They are comfortable engaging in open discussions about health and can target the multiple outcomes of discussing substance use together with contraception use and prevention of sexually transmitted and blood-borne infections (STBBIs).

INDIGENOUS HEALTH CARE	Given the stigma and disproportionate scrutiny directed toward Indigenous women who use substances, participants in the regional sessions saw cultural humility as a critically important in guiding discussions about substance use for service providers working with Indigenous women and within Indigenous communities. Resources to enable more culturally grounded and culturally safe care in urban, rural, and remote communities across the country were seen as needed. Service providers noted the importance of connecting brief interventions to the use of cultural approaches currently being used in substance use prevention and treatment. They also noted that bringing birth and mothering back to Indigenous communities is critical for connection to community and land and is integral to addressing the underlying trauma and life factors that contribute to substance use.
ANTI-VIOLENCE WORKERS	Anti-violence workers were varied their ability to discuss substance use with women. In settings that practice harm reduction, workers were comfortable engaging in open discussions with women about substance use and providing brief support and often do so from a trauma-informed, harm reduction, and social determinants perspective. However, when services had an abstinence model of substance use, workers expressed interest yet limited capacity to offer support on substance use. Participants noted they do their best to help women navigate complex health systems that act as a barrier for women who use substances. Participants were interested in engaging in substance use reduction or cessation conversations.
PREGNANCY OUTREACH WORKERS	Nationally, pregnancy outreach workers were identified as being in an ideal position to be health navigators for/with women. Pregnancy outreach workers stressed the opportunity for prevention and engagement by connecting with whole families, not just girls and women of child bearing years. Engagement can be done in outreach contexts, in welcoming and non-judgmental ways, to meet women's needs in pregnancy and as new mothers. More tailored resources and specific programming to engage with girls, boys, young women and men are needed.
SUBSTANCE USE WORKERS	There is variation within substance use services across Canada as to their approaches to working with pregnant and parenting women who use substances and require treatment and support. Although substance use services continue to adopt a continuum of treatment and harm reduction options, programming tailored for pregnant women and mothers is scarce. In many provinces and territories, workers indicated the need to bridge services and build relationships between providers to enhance focus on stigma reduction, awareness raising, and health navigation in an effort to best help women with their substance use.

Brief Interventions as "Doorways to Conversation"

The *quality* of conversations during brief intervention and support is important. This includes flexibility in delivery and attention to issues of confidentiality, comfort, and privacy.

Many approaches to brief intervention use tools such as checklists, questionnaires, and flow charts designed to determine risk levels associated with various health behaviours. There is a growing interest in using these tools as "doorways to conversation" and to examining the "how" of brief interventions. Service providers are increasingly paying attention to how issues of consent and confidentiality, privacy and comfort during interventions, and flexibility in delivery amongst other factors can influence the success of brief interventions.[8, 66-69]

Many service providers are concerned that asking girls and women about their substance use, especially during pregnancy, will be perceived as judging and shaming women. Research demonstrates that the *quality* of the conversations during brief intervention and support is important. Approaches that are non-confrontational, that recognize the social pressures and constraints that women may be experiencing, and that offer appropriate and practical support can actively reduce stigma and shame.[70-72] However, this is not always reflected in practice. A UK study examining midwives' interactions with pregnant women who smoke found that these interactions lack a dialogue, and tend to be directive and monotonous.[73] Similarly, a study with South African midwives who intervene with pregnant women who smoke identified three styles of communication: authoritarian, paternalistic, and patient-centred. The authors noted that patient-centred approaches are preferable, viewed more positively by women, and encourage the development of a trusting relationship to support smoking cessation.[74] Overall, an accepting, non-judgmental approach is an important contributor to how individuals respond to an intervention and removes concerns about labels and stigma.[68, 75]

Brief intervention and support can help develop a strong relationship between women and their service providers and lead to an ongoing dialogue that invites the possibility for change.

Brief intervention and support provides the opportunity for trust and relationship-building between women and their providers[74, 76, 77] and developing an ongoing dialogue that invites the possibility for change and plan for how that change may occur within the context of women's own lives, skills, and pre-existing relationships.[78] With brief intervention and support it is recognized that women and girls have unique and personal social pressures and constraints that may influence their substance use.[79, 80] Centering knowledge around what girls and women

know about their substance use and the role that their substance use has in their life can improve their self-efficacy and confidence and can normalize discussions about substance use.[36, 81]

Motivational Interviewing and other client/patient-centred approaches have been shown to be effective in reducing harms associated with substance use with a range of populations.

Many brief interventions are based on the use of Motivational Interviewing skills and these skills can be learned and applied by a wide range of helping professionals. Research has shown that elements of successful "motivational style" interventions include:

- Requesting permission to discuss the topic
- Summarizing women's substance use in an accepting, non-judgmental way
- Asking them what they like or dislike about using substances
- Discussing their life goals
- Discussing how they might make changes by using their own style, working context, skills, and existing relationships and supports[82-86]

Motivational Interviewing and other client/patient-centred approaches have been shown to be effective in reducing harms associated with substance use with a range of populations.[5, 12, 13, 87, 88]

Consent, Confidentiality and Privacy

Many service providers report they are reluctant to engage in brief intervention and support because they are worried that questions about substance use will negatively affect their relationship with girls and women, and as a result, girls and women will be reluctant to engage in further care and treatment. Below are some considerations related to confidentiality, consent, and privacy that can help to reduce these concerns.

- Be clear about why you are asking the questions. Ask permission before proceeding as this shows respect and gives girls and women an opportunity to say "no" if they'd prefer not to discuss their substance use at this particular time. E.g.,
  - "I ask all new patients questions about substance use because it's an important part of our overall health."
  - "I ask questions about alcohol use during pregnancy – how much women drink and how often – because it's data that's collected on everyone in the province. Please let me know if you have questions about this."
  - "Can I talk to you about substance use and health issues?"
  - "I regularly ask my clients about alcohol and other substance use. Would it be alright for me to do this now?"

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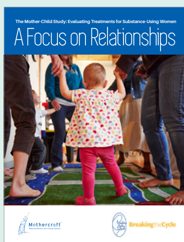
- Only record information about substance use that is required for reporting purposes or necessary for making decisions about treatment and care. Health records can be kept for a long time, read by many people, or be used for legal purposes. As substance use remains a highly stigmatized topic in society, minimize the chances that health records could negatively impact girls and women in the future.
  - Let women know when you are or are not recording their answers. This can increase comfort and trust.

- Be clear about limits to confidentiality. This provides girls and women with opportunity to decide what to share with which service providers. For example:
  - Girls might be concerned that information they share with service providers will be shared with their parents without their knowledge or consent. If you think it would be helpful to involve parents, ask for permission first and respect girls' wishes if they refuse (i.e., don't push or ask again unless they bring it up).
  - Health care clinics, schools, the justice system, and other organizations may have different policies regarding reporting under-age or illegal substance use. Girls who are under the legal age for consuming alcohol, tobacco and cannabis may be concerned that their parents, schools or legal authorities will be notified. Women over the legal age may be concerned about using illegal drugs. Make sure girls and women know under which circumstances information is required to be shared with others.
  - Women who are pregnant and who are struggling with substance use may be concerned about involvement from child protection services. You can discuss the circumstances in which you would be required to make a report and that you would do your best to make a report with their full knowledge and involvement.
  - Discuss which service providers have access to girls' and women's records. Let girls and women know about the consent process for sharing information when making a referral. If possible, give girls and women options about what is included and who can see their records.

Practice Approaches and Models of Care

Health care and social service providers from across Canada reported similar themes as to what works well for discussing substance use with women, as well as what is limiting the likelihood or success of these conversations. Service providers reported a familiarity with a range of approaches to support women's and children's health, such as women-centred care, social determinants of health, harm reduction, trauma-informed practice, and equity-informed practice, and indicated that brief interventions must be compatible with these ways of working.

RESOURCES

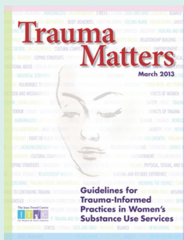


The Mother-Child Study: Evaluating Treatments for Substance-Using Women: A Focus on Relationships
Mothercraft's Breaking the Cycle program in Toronto, Canada focuses on the mother-child relationship to provide care for pregnant women and mothers who are substance-involved.
Available from www.mothercraft.ca

CanFASD Northwest

10 Fundamental components of FASD prevention from a women's health determinants perspective

10 Fundamental Components of FASD Prevention
A two-page summary of approaches to the prevention of Fetal Alcohol Spectrum Disorder from a women's health determinants perspective
Available from www.canfasd.ca



Trauma Matters: Guidelines for Trauma-Informed Practice in Women's Substance Use Services
An introduction to the intersections between trauma and substance use and how this influences ways of working with women.
Available from http://jeantweed.com

Table 2: Practice Approaches and Their Relevance to Brief Intervention and Support

During a series of consultations across Canada, service providers shared principles and practices that they saw as important for supporting girls and women with substance use concerns. The table below includes key phrases and principles from these approaches to illustrate some of the commonalities and differences and examples of how these approaches are relevant for brief intervention and support.

APPROACH	KEY THEME	RELEVANCE TO BRIEF INTERVENTION
CLIENT CENTRED*	Start "where client is at" Collaborate with client Client identifies what's important Strengths based	Girls and women have the capacity to find their own goals and solutions, with support from service providers.
WOMEN CENTRED (OR PERSON CENTRED)	Holistic Women as experts on their own lives Addresses gender inequities Strengths based	Women are at the center of all decision-making related to their health. Service providers recognize the unique needs, roles and responsibilities that women may have and collaborate with them in developing holistic approaches to change.
PATIENT CENTRED	Care is collaborative, coordinated, and accessible Patients and families are active participants in decision-making Patient participation and feedback in service delivery	Service providers focus on the needs of girls and women rather than the diagnosis. Collaboration and shared decision-making help to identify health goals that are realistic and achievable.
STRENGTHS BASED	Focus on individual strengths as opposed to deficits Resilience and ability to cope with adversity Optimism and hope for healing	Service providers identify "what works" by asking girls and women questions about their skills, interests, and what they are already doing to take care of themselves. Focus on "how to do more of what works" rather than on identifying and eliminating problematic substance use. Avoid diagnoses and pathologizing language that emphasize deficits and what's wrong.
HARM REDUCTION	Prioritize immediate goals and maximize options User involvement Cross system collaboration Human rights/self-determination Improve determinants of health Strengths based	Service providers help girls and women develop a plan to improve their overall health and to address problematic substance use when they are ready. Consider offering support in areas that intersect with substance use such as contraception, safer sex, anxiety, and self-esteem.

APPROACH	KEY THEME	RELEVANCE TO BRIEF INTERVENTION
MOTIVATIONAL INTERVIEWING	Client centred Behaviour change as a process Empathy and non-judgment Works with where the client "is at" Readiness for change	Ask permission before discussing the topic. Service providers summarize girl's and women's substance use in an accepting and non-judgmental way. Ask open-ended questions about what they like or dislike about substance use, how they might make changes in the context of their own lives and in their own way.
TRAUMA INFORMED	Physical, emotional and cultural safety Choice and collaboration with client and service systems to prevent re-traumatization Trustworthiness Strengths based	Substance misuse may be an attempt to cope with past or current experiences of violence and trauma. Service providers offer support in developing alternative ways of coping and referral to trauma treatment, if appropriate.
CULTURAL SAFETY	Critical reflection Challenge power imbalances between client and practitioner Trust, respect and safety Equity/access to health care for all	Recognize how relationships between girls and women and service providers have been shaped by colonization, residential schools and other practices and policies of cultural and social assimilation. Challenge discrimination and racism and support Indigenous ways of knowing.
INDIGENOUS WELLNESS**	Strengths based Land, lineage, language Purpose, meaning, hope, belonging Human rights/self-determination	Adopt holistic approaches that support Indigenous girls, women, and their communities. Focus should be on the whole person, rather solely physical health, by creating balance of spirit, emotion, mind, and body. Wellness models support Indigenous girls' and women's self-determination.
SOCIAL DETERMINANTS OF HEALTH	Social and economic factors affect individual health outcomes, including substance use Living and working conditions Population health Health inequities and health gradient	Girls and women may need help in meeting basic needs such as shelter, food, and income before they are able to address their substance use. Service providers recognize that the risks for and consequences of substance use are affected by community and population level factors.

* There are many "person-centred" approaches and models of care which have evolved from specific contexts. We use "client centred" here to refer to therapeutic approaches based on the work of Carl Rogers and other humanistic therapies which inform the work of many service providers, including in the mental health and substance use field.
** While there is enormous diversity globally in Indigenous worldviews, traditions, and cultural practices, most Indigenous peoples view wellness from a holistic point of view that promotes balance between the mental, physical, emotional and spiritual aspects of life. This definition draws upon the Indigenous Wellness Framework developed by the Thunderbird Partnership Foundation which can be downloaded from http://thunderbirdpf.org.

3. WORKING WITH GIRLS AND WOMEN

Scope and Topics for Brief Intervention and Support

Overall, a brief intervention and support approach focuses on preventing and reducing harmful or risky patterns of substance use. When working with girls and women, the scope of brief intervention and support can be broadened from a typical focus on amount and frequency of substance use to include a range of topics such as specific health risks (e.g., breast cancer), mental wellness, fertility, relationship dynamics, and parenting.

The optimal aim of brief intervention and support on substance use with girls and women is to:

1. Improve the overall health and well-being of girls and women
2. Prevent harmful substance use and/or reduce the impact of risky use
3. Support healthy pregnancies by recognizing how substance use patterns are shaped before pregnancy and are connected to sexual health, mental wellness, and other determinants of health
4. Address underlying concerns that may be directly or indirectly affecting substance use (e.g., depression, gender-based violence, lack of resources).

Service providers across a range of health care and social service settings can take up an important role in addressing the potential harms of substance use and improving overall health.

Service providers across a range of health care and social service settings can take up an important role in addressing the potential harms of substance use and improving overall health. Substance use has wide-ranging effects on many different aspects of life. Brief intervention and support looks different in different practice settings and for different service providers. Interventions may be formal or informal, structured or unstructured, short or long, a one-time event, or a series of conversations over a period of time.

Brief intervention and support will also vary depending on **the role of the service provider** and the nature of their relationship with girls and women. In one context, an intervention may focus on information-sharing, while in another it may be about skill-building. Interventions might involve providing support through a particular domain, such as mothering, or by addressing a specific health concern that may be affected by substance use, such as heart disease. Brief intervention and support can also be included as a routine part of intake and assessment, as part of care for a specific issue (e.g., contraception and pregnancy planning), or integrated into health promotion and wellness activities (e.g., nutrition and coping with stress).

Research has also demonstrated that, for most groups of girls and women, brief intervention and support does not need to be lengthy or intensive to be effective. Many girls and women will reduce or make changes simply because they were asked about their substance use.

Brief intervention and support can also address **multiple substances or multiple health outcomes**.[89, 90] As polysubstance use is common, discussing multiple substances at the same time can lead to more effective and engaging interventions than addressing only one substance at a time. For example, adding a discussion about tobacco to conversations about alcohol and contraception has been demonstrated to effectively improve outcomes for all three.[91] Another study of preconception counselling found that addressing more than one substance at a time was particularly effective in reducing substance exposed pregnancies.[92] Research has shown that risks for multiple health outcomes overlap and a combination approach recognizes how substance use can be connected with other health issues (e.g., sexual health) or other areas of women's lives (e.g., relationships with peers and partners).[89, 93] As well, some risks, such as depression or experiences of violence, may act as a barrier to changing substance use and require interventions that consider multiple concerns simultaneously.[80]

Research has also demonstrated that, for most groups of girls and women, brief intervention and support does not need to be lengthy or intensive to be effective.[11, 94-96] Many girls and women will reduce or make changes, simply because they were asked about their substance use.[62, 97, 98] Having a short conversation or sharing information about substance use can be effective in contexts where longer, structured, multiple-session interventions may not be feasible or appropriate.[99, 100]

Table 3: Topics for Brief Intervention and Support – Alcohol, Tobacco, Cannabis, and Prescription Opioids

There is a wide range of topics that service providers can include in brief intervention and support related to substance use. The lists below can be used by service providers to determine which topics are relevant to their practice area and to consider the contexts in which they might incorporate brief intervention and support (e.g., intake, treatment for specific health issues, parenting support).

ALCOHOL	TOBACCO
✓ ***Check topics relevant to your practice***	✓ ***Check topics relevant to your practice***
❑ Alcohol use and overall health and well-being	❑ Specific health concerns (general), e.g., cancer, lung disease, heart disease and stroke, bladder health
❑ Specific health concerns (general), e.g., stroke, heart disease, liver disease, cancer	❑ Specific health concerns (for women), e.g., irregular periods, reduced fertility
❑ Specific health concerns (for women), e.g., breast cancer, women feel effects of alcohol at lower levels	❑ Harm reduction – reducing or cutting back, reducing exposure to second-hand smoke, available resources (including medications) when ready to quit
❑ Harm reduction, e.g., low-risk drinking guidelines, finding personal limits, learning to "listen" to your body	❑ Mental wellness, e.g., coping with stress and difficult circumstances, gender-based violence
❑ Effects of mixing with other medications and drugs (especially other depressants such as sedatives or opioids)	❑ Exercise and nutrition, including concerns about weight gain as a reason to avoid quitting
❑ Mental wellness, e.g., effects on anxiety and depression, coping with stress and difficult circumstances	❑ Contraception – increased risk for heart attacks, stroke, and blood clots while using certain forms of hormonal birth control
❑ Nutrition, diet, and disordered eating	❑ Pregnancy – health effects on fetus, strategies for quitting or cutting back, nicotine replacement therapy, exposure to second-hand smoke
❑ Contraception and FASD prevention	❑ Parenting – second-hand smoke, role modelling and discussing tobacco use with children
❑ Pregnancy – "Zero is best" – risks of miscarriage, stillbirth, low birth weight, premature baby, FASD	❑ Breastfeeding – harm reduction strategies
❑ Parenting – balancing alcohol use with caregiving responsibilities, role modeling and discussing alcohol use with children	❑ Relationship dynamics – partner smoking and effects on personal use
❑ Breastfeeding – timing, planning	❑ Indigenous wellness - traditional or sacred tobacco vs. commercial tobacco – tobacco as medicine in many First Nations cultures
❑ Gender-based violence, e.g., relationship dynamics and drinking, personal safety, sexual assault	❑ Other:
❑ Other:	

CANNABIS

✓ ***Check topics relevant to your practice***

❑ Cannabis use and overall health and well-being

❑ Medical vs. recreational cannabis use, different ways of consuming

❑ Evaluating health claims, cannabis as "natural", THC (tetrahydrocannabinol) vs. CBD (cannabidiol)

❑ Specific health effects, e.g., short-term memory, attention, motor skills, reaction time

❑ Harm reduction, e.g., lower-risk guidelines, second-hand smoke, avoiding synthetic cannabis, cannabis and driving

❑ Contraception – preventing potential harm to fetus

❑ Pregnancy – effects on fetus, decisions about medical cannabis during pregnancy, health risks associated with using for nausea or morning sickness, exposure to second-hand smoke

❑ Parenting – balancing use with caregiving responsibilities, role modelling and discussing cannabis use with children, second-hand smoke, safe storage

❑ Other:

PRESCRIPTION OPIOIDS

✓ ***Check topics relevant to your practice***

❑ Prescription opioids as one component of pain management

❑ Short- and long-term effects, e.g., feeling drowsy, nausea, constipation, tolerance, withdrawal, addiction and overdose potential

❑ Specific health effects (for women), e.g., hormonal changes (which can affect your period or interest in sex), infertility, "medication overuse headaches"

❑ Effects of mixing with other medications and drugs (especially other depressants such as alcohol or sedatives like benzodiazepines)

❑ Mental wellness – long-term effects on depression, anxiety, cognition

❑ Misuse and coping with stress, difficult life circumstances, gender-based violence

❑ Pregnancy – effects on fetus, opioid agonist treatment, Neonatal Opiate Withdrawal

❑ Breastfeeding – safety, monitoring, co-sleeping

❑ Parenting – role modelling and discussing opioid use and misuse with children, safe storage

❑ Other:

SELF-ASSESSMENT QUESTIONS FOR SERVICE PROVIDERS

1. Which substance use topics can I routinely address in my day-to-day practice?
2. How does addressing substance use fit within my model of care or program philosophy?
3. How does my particular role/relationship with girls and women influence the topics I am best situated to discuss?
4. Is it possible for me to address more than one substance or health concern in my conversations with girls and women?
5. Are there topics I could better address if I had additional organizational support? E.g., additional time, staffing, up-to-date community resource list.

Brief Interventions in Primary Care

Regular and ongoing conversations in primary care about substance use reduces stigma and normalizes substance use as part of life.

Brief intervention and support by a range of health care providers in primary care settings have been shown to be effective at reducing the harms of alcohol, tobacco, and other substance use.[3, 4, 11] Because substance use can be an integral part of overall health and well-being, brief interventions in primary care can address a range of potential harms from substance use and promote health overall. Brief intervention and support in primary care can include:

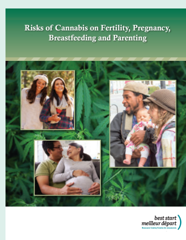
1. Information about the effects of substance use on health
2. Information about substance use in relation to prevention, care, and treatment of specific health concerns (e.g., heart disease, breast cancer)
3. Information about self-help and community support (including text-based and online support) related to substance use, including how to access nicotine replacement therapy, reliable online assessment/reflection tools, and referral information for related concerns such as mental wellness and trauma treatment.

Regular and ongoing conversations in primary care about substance use reduces stigma and normalizes substance use as part of life. Service providers are encouraged to have discussions with all women, not just those who they believe are more likely to use and misuse substances.[101, 102] As well, flexibility in approaches can be helpful in tailoring information to specific groups of women and issues and responding to trends in substance use (e.g., vaping, prescription opioid misuse).

RESOURCES

Making Choices About Drinking Workbook and Making Choices About Cannabis Workbook
Developed by David Brown, PhD, these strength-based resources help individuals explore their substance use and improve their health.
Available from www.healthylivingworkbook.com

Liberation! Helping Women Quit Smoking: A Brief Tobacco-Intervention Guide
Based on Motivational Interviewing, this guide offers a women-centred approach to starting a conversation with women about their smoking and the possibility of quitting.
Available from www.bccewh.bc.ca



Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting
A summary of current knowledge about the effects of cannabis on health, learning, relationships, fertility, pregnancy and children.
Available from www.beststart.org

Alcohol Use and Pregnancy Consensus Clinical Guidelines
National standards of care on alcohol brief interventions and counselling for pregnant women and women of childbearing age.
Available from http://sogc.org

Brief Intervention Ideas for Primary Care Providers

1

ALCOHOL, TOBACCO, AND BREAST CANCER. Many women are interested in learning about how to reduce their risk of breast cancer. Both active smoking and exposure to second-hand smoke can increase the risk of breast cancer. Alcohol is a known carcinogen (cancer-causing substance) and drinking alcohol has consistently been shown to increase the risk of breast cancer. Women can reduce their risk by quitting smoking, reducing the number of cigarettes they smoke, or eliminating their exposure to second-hand smoke. All women can drink less alcohol to reduce their risk of breast cancer; for women at higher risk of breast cancer, they can choose to avoid alcohol entirely or drink occasionally.

2

ALCOHOL, DEPRESSION, AND ANTIDEPRESSANTS. As alcohol is a depressant, it can worsen symptoms of depression for some girls and women. Share information about the relationship between alcohol and mood, e.g., alcohol seems to improve our mood in the short-term but overall it can increase symptoms of depression and anxiety. Combining antidepressants and alcohol can worsen symptoms of depression or side effects from antidepressants. You might suggest that girls and women avoid drinking alcohol until they know how their antidepressant affects them. Help girls and women assess their particular situation and share information about reducing the effects of alcohol (e.g., drink slowly, eat some food while drinking) if they choose to drink occasionally.

3

ALCOHOL AND SLEEP. Many people use alcohol to help them fall asleep. As alcohol has sedative effects, it does help people fall asleep faster, but it leads to poorer sleep quality later in the night, e.g., less REM sleep, aggravated breathing problems such as snoring and sleep apnea, extra trips to the bathroom, more frequent waking. Help girls and women find alternate strategies for addressing troubles falling asleep.

4

ALCOHOL AND HEART HEALTH. Heart disease is a leading cause of death for women. Binge drinking and drinking heavily (i.e., outside of Canada's Low Risk Drinking Guidelines) can increase blood pressure and contribute to the development of heart disease and stroke. Some women may have questions about whether a glass of wine a day will prevent cardiovascular problems. Discuss how drinking to reduce risk of heart disease is not recommended as the risks outweigh the benefits. Discuss alternative strategies for improving heart health.

5

TOBACCO AND ANXIETY. Many girls and women use cigarettes to "self-medicate" or to help ease feelings of stress and anxiety. Research into smoking and stress has shown that instead of helping people to relax, smoking actually increases anxiety and tension. Nicotine creates an immediate sense of relaxation, but this feeling is temporary and soon gives way to withdrawal symptoms and increased

cravings. Help girls and women find other ways to reduce anxiety or deal with the underlying causes of their anxiety (e.g., family problems, grief and loss).

6

TOBACCO AND BONE HEALTH. Studies have shown a direct relationship between tobacco use and decreased bone density. Women who have gone through menopause and who smoke have lower bone density. This means they have a higher chance of breaking a hip than women who do not smoke. If women are not ready to quit smoking, but are interested in improving their bone health, you can share information about diet and physical activity that can help reduce risk.

7

MEDICAL CANNABIS AND WOMEN'S HEALTH. Many girls and women are interested in emerging evidence on the medicinal uses of cannabis. Evidence to-date suggests that cannabis can be helpful with issues such as chronic pain, nausea and vomiting (but not during pregnancy), and muscle spasms related to conditions like multiple sclerosis or spinal cord injury. Help girls and women to evaluate health claims and stay up-to-date with the latest research findings, including the use of cannabis for women's health issues like menstrual cramps and endometriosis and conditions that disproportionately affect women like migraines and fibromyalgia.

8

ALCOHOL, PRESCRIPTION OPIOIDS, AND PRESCRIPTION SEDATIVES. Women are frequently prescribed sedatives, including benzodiazepines such as Valium and Ativan, for issues such as anxiety and insomnia. Opioids such as oxycodone, morphine, and codeine are typically prescribed to treat acute and chronic pain. Taking benzodiazepines and opioids together or with alcohol can increase the risk of a drug overdose. Share information with women about how these medications and alcohol are depressants which can slow breathing; when a woman takes more than her body can handle, this can lead to unconsciousness and death.

9

SUBSTANCE USE AND ASTHMA. When working with girls and women who have asthma, it can be helpful to discuss substance use, including alcohol, tobacco, cannabis, and opioids. Some people find that their asthma symptoms are triggered by any kind of alcohol while others find specific drinks to be harmful (e.g., champagne, red wine, beer) – often it's a specific substance in alcohol such as histamines or sulphites that can cause problems. As well, smoking tobacco or cannabis can trigger symptoms and affect long-term lung health. Help girls and women identify their triggers and remind them to take their inhaler when going out drinking or using other substances.

10

SUBSTANCE USE AND NUTRITION. Many girls and women are interested in learning more about nutrition and how to "listen to their body." They may be experimenting with being vegan or vegetarian, reducing their caffeine or sugar intake or have questions about food and diet trends. As part of this, they may be interested in cutting back or taking a break from alcohol, tobacco, and cannabis as a way of learning about their own needs and preferences. Encourage small changes, curiosity, and self-care.

Table 4: Alcohol and Pregnancy – Discussing Research Evidence with Women

Alcohol use during pregnancy remains a topic of controversy in the media, in academic discourse, and amongst women. While the public health advice is "It is safest not to drink during pregnancy. There is no known safe amount of alcohol to drink during pregnancy," the ambiguity around low doses of alcohol (1/2-1 drink) in the research evidence continues to spark resistance and debate.

Many service providers are unsure of how to respond to these uncertainties. While it might be tempting to use fear-based approaches or remain firm on the state of the evidence ("Research clearly says that any alcohol use is bad for the baby"), it can be more helpful to provide a balanced response to the debate, encourage caution in the absence of clear evidence, and allow women to make their own decisions. Telling women what to do shuts down exploration of possible change. "What do you already know about alcohol and pregnancy?" can be an excellent question for starting a discussion on this topic.

RESEARCH	WHAT TO DISCUSS WITH WOMEN
No Safe Time. Exposure to alcohol at any time in a pregnancy can affect fetal brain development. Even from the very start of pregnancy, alcohol can have serious and permanent consequences.	There is no safe time to drink alcohol during pregnancy. Your baby's brain is developing throughout pregnancy. In fact, it is best to stop drinking before you get pregnant. If a woman has questions about substance use prior to becoming aware of her pregnancy, talk to her frankly about possible effects as well as some of the protective factors (e.g., nutrition). Reassure her it is never too late to reduce or stop drinking or using to help her baby.
No Safe Kind. Any type of alcohol can harm the fetus (beer, coolers, wine or spirits). Some of these drinks have higher alcohol content per volume than others. What matters is the amount and frequency of alcohol consumed, not the type of drink. Binge drinking and heavy drinking are very harmful to a fetus.	All types of alcohol can harm your baby (beer, coolers, wine, or spirits). Binge drinking (more than three drinks on a single occasion) and heavy drinking are very harmful.
No Safe Amount. While some studies have shown minimal risk of harm at lower levels of consumption (e.g., 1-2 drinks a week), the potential for misunderstanding standard drink sizes and the impossibility of calculating in other individual risks (e.g., genetics, the effects of nutrition and stress and other substance use) means that the safest course of action is to avoid alcohol completely. In animal studies, a clear dose-response relationship alcohol use and harmful effects has been found.	It is best not to drink any alcohol during your pregnancy. There is no **known** safe level of alcohol use during pregnancy.

Brief Intervention Ideas for Prental Care Providers

Asking questions about the type, frequency, and amount of substance use is often a routine part of prenatal care for physicians, midwives, nurses, pregnancy outreach workers and other prenatal care providers, especially during the first appointment. Clinical guidelines often encourage service providers to ask questions about substance use at follow-up visits and on an ongoing basis as women's use and circumstances often change. Follow-up conversations with women can also be guided by their concerns and interests and can improve their self-efficacy. Here are some other ideas for ongoing brief intervention and support throughout pregnancy and into the postpartum period.

1

TOBACCO AND HARM REDUCTION DURING PREGNANCY. Share a resource such as "Getting Ready to Quit" (www.expectingtoquit.ca) with pregnant women who smoke and who might not be ready to quit. It includes tips on how to reduce the harms of smoking tobacco and what to say to people who tell them they shouldn't smoke because they are pregnant. Emphasize that there are many paths to quitting smoking and to let you know when they are ready. Role model how to have conversations about smoking, reducing, or quitting smoking with family and friends.

2

CANNABIS AND "MORNING SICKNESS." As cannabis has a history of being used for nausea during pregnancy and is often prescribed to treat nausea and vomiting for cancer and other health issues, some women may ask about using cannabis to manage nausea during pregnancy. You can share information about the potential short- and long-term effects of cannabis use during pregnancy and that the evidence to-date suggests that there is no known safe amount of cannabis use during pregnancy. Women may be interested in knowing more about THC, the main psychoactive component of cannabis, and how it crosses into the placenta (regardless of how cannabis is consumed). Discuss alternate ways of managing nausea during pregnancy.

3

POLYSUBSTANCE USE AND HARM REDUCTION DURING PREGNANCY. Many pregnant women are able to reduce or quit substance use for all or part of their pregnancy. For women who are making changes to their substance use, it may be helpful for them to know about the relative harms of various substances and the potential impact on the fetus. Share how alcohol and tobacco are the two substances that can be most harmful for fetal health and in the long-term for infants who are exposed in utero. This may help women prioritize the changes that they are making in their lives. If women are using illicit substances, some potential harms can be addressed through safer substance use (e.g., clean needles and other supplies), safer sex, and supports such as testing for sexually-transmitted and blood-borne infections (STBBIs).

continued on next page

4

QUITTING TOBACCO AND POSTPARTUM RELAPSE PREVENTION. Many women quit smoking during pregnancy, but rates of relapse postpartum are very high. Remind women of their successes in reducing or cutting back during pregnancy and ask them if they are interested in continued support following pregnancy. Topics might include women's health and the continued benefits of smoking cessation, stressors in her life after the birth and alternative coping strategies, the effects of second-hand smoke on the family, finding new motivations to staying quit after birth, or resources that might be helpful (including text-messaging and online support).

5

ALCOHOL AND BREASTFEEDING. When sharing information about breastfeeding, women may be interested in learning more about whether it is safe to drink alcohol while breastfeeding. While alcohol passes into a woman's bloodstream and into her breast milk at similar levels, the amount of alcohol in breast milk peaks 30-60 minutes after drinking and does not stay in breast milk over time. Help women decide whether to avoid alcohol completely, how to "pump and dump" depending on their feeding schedule, or how to make alternative arrangements, if needed.

6

PRESCRIPTION OPIOIDS AND BREASTFEEDING. It is safe to breastfeed while taking most prescription opioids, including methadone and buprenorphine. Deciding whether to breastfeed while taking prescription opioids will depend on which medications women are using, the dose or amount they are taking, and whether they were taking them during pregnancy.

7

CANNABIS AND SECOND-HAND SMOKE. Help women prepare for after the baby is born. Second hand smoke from cannabis has many of the same chemicals as tobacco smoke. Encourage women to think about ways of reducing how much smoke their babies are exposed to, e.g., smoking away from their children or outside the house, or consuming in ways other than smoking (e.g., tinctures, sprays, vaping).

8

CANNABIS AND SAFE STORAGE. Encourage women who use cannabis to ensure that they are storing their products in a safe place where children cannot reach them. (Cannabis in food products, such as cookies and brownies, can be especially tempting to curious children). Let women know that they should get immediate medical help if their child eats or drinks cannabis. Symptoms can include problems walking or sitting up, difficulty breathing, and becoming sleepy.

Brief Intervention Ideas for Preconception Care Providers

1

SUBSTANCE USE AND FERTILITY. Ask women what they already know about substance use and fertility. “You’ve mentioned to me that you smoke. What do you know about how smoking affects your reproductive health?” “Are you aware of the latest research/guidelines about alcohol and pregnancy? Are you interested in learning more?” Many women are unaware of the impacts of substance use on fertility, including that tobacco can affect fertility for men and women and that heavy alcohol use can affect ovulation and disrupt menstrual cycles in women. Research on women’s health and cannabis is rapidly emerging and this is an area that many women may be interested in learning more about.

2

ALCOHOL AND PREGNANCY PLANNING. If a woman is considering or planning a pregnancy, discuss options related to drinking: (1) She can stop drinking before she gets pregnant (safest), (2) Not drink while trying to conceive or not using effective contraception (safest), (3) Not drink between ovulating and getting her period each menstrual cycle, (4) Stop drinking if she thinks she could be pregnant.

3

QUIT SMOKING WITH A PARTNER. Tobacco use can reduce fertility for both women and men. Ideally, women should try to stop smoking before pregnancy. If women are ready to quit smoking, ask if they think it would be helpful for their partner(s) to be involved in supporting them or whether their partner(s) might be interested in quitting, too.

4

HEALTHY EATING. Many women who are planning to become pregnant will make changes to their diet. Consider sharing information about alcohol use and pregnancy when discussing caffeine, herbal supplements, vitamins, and foods to avoid when planning a pregnancy or are already pregnant.

Brief Interventions in Sexual Health

For service providers in sexual health contexts, there are many opportunities to provide brief intervention and support on substance use.

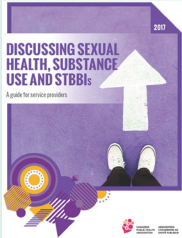
Brief intervention and support can include:

1. Sharing information about the relationships between substance use and fertility and women's reproductive health
2. Supporting reflection, healthy decision-making and skill-building related to substance use, contraception, and sexual practices (e.g., finding personal drinking limits, negotiating condom use, accessing harm reduction supplies like condoms and clean needles to prevent transmission of sexually-transmitted and blood-borne infections (STBBIs))
3. Providing information about online and self-help resources on substance use and referrals to community substance use services for those who might be interested in additional support.

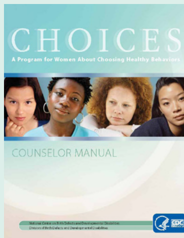
Improving contraception and reducing unplanned pregnancies is an effective evidence-based strategy for reducing alcohol- and substance-exposed pregnancies. Evidence suggests that brief interventions offering women a choice between decreasing alcohol use and/or increasing use of contraception are particularly effective for reducing the risk of alcohol-exposed pregnancies. Studies of "dual focused" interventions that address both reducing alcohol use and increasing effective contraceptive use show significant reductions in alcohol use and/or risk of alcohol-exposed pregnancies compared to a control, comparison group, or pre-intervention measures. In many studies, a higher proportion of women reduce the risk of an alcohol-exposed pregnancy by using contraception, rather than by reducing their alcohol use.[62, 100, 105-114]

For people living with HIV, substance use can have an important role in overall health. In recent years, there has been more attention to providing support with quitting tobacco for people living with HIV. Research has shown that tobacco smoking is much more common among people living with HIV than in the general population[115, 116] and that people living with HIV are more vulnerable to the harmful effects of smoking.[117] HIV care providers – including those in primary care settings, HIV clinics, and AIDS service organizations – can ask their clients about tobacco use and offer support to quit. For women living with HIV, smoking tobacco during pregnancy can increase the chances that HIV will be passed to the baby and increase the risk of miscarriage and stillbirth.[118, 119] HIV care providers can have an important role in encouraging quitting smoking prior to pregnancy for women in the preconception period and offer support for a tobacco-free pregnancy for women who are pregnant.

RESOURCES



Discussing Sexual Health, Substance Use, and STBBIs
This resource offers sample dialogue and outlines several strategies to facilitate safer and more respectful discussions about sexual health, substance use and STBBIs with clients.
Available from www.cpha.ca



Project CHOICES Counsellor Manual
Based on Motivational Interviewing, this evidence-based program reduces alcohol-exposed pregnancies by helping women to reduce or stop drinking, use contraception effectively, or both.
Available from www.cdc.gov

Positive Quitting: Smoking and HIV
A website to support smoking cessation for people living with HIV – includes information for service providers.
www.positivequitting.ca

HIV/AIDS, Pregnancy, and Tobacco
This fact sheet explains how tobacco use during pregnancy can increase the risk of passing HIV from mother to child and encourages steps towards a tobacco-free pregnancy.
Available from http://skprevention.ca

Brief Intervention Ideas for Sexual Health Settings

1

ALCOHOL USE, VOMITING AND ORAL CONTRACEPTION. Discuss how contraceptive methods, in particular oral contraception, can be less effective if women have been vomiting. If you are concerned about being perceived as judging women whose drinking results in vomiting, you can give a range of reasons why women may throw up, e.g., "If you throw up – from food poisoning or the stomach flu or because you've been drinking a lot – your birth control pill might not be effective. It's best to use another method of birth control or consider getting emergency contraception or the 'morning after pill.' " This can lead to a conversation about finding personal limits with respect to alcohol use and an offer to share additional health information about alcohol and other substance use.

2

SUBSTANCE USE AND FERTILITY. Share information about how alcohol, tobacco, and opioids are some of the substances that can make it more difficult to conceive. Possible questions to start the conversation might include: "Are you planning to have children in the next little while?" "Are you aware of the latest research/guidelines about alcohol and pregnancy? Are you interested in learning more?" "You've mentioned to me in a previous appointment that you smoke. What do you already know about how smoking affects your reproductive health?"

3

SUBSTANCE USE AND BIRTH CONTROL COUNSELLING. When asking questions about whether women and their partner(s) are interested in becoming pregnant or in preventing a pregnancy, service providers might share information about the effectiveness of various methods. If women are unsure about pregnancy or are interested in using a less effective method of birth control, they might find it helpful to reflect on their substance use in the course of making a decision

4

HIV AND TOBACCO. Women living with HIV who smoke might be interested in learning more about strategies for reducing or quitting tobacco use and the health impacts of tobacco for individuals living with HIV. While women might not be ready to quit, ask whether it might be helpful for you to ask again about their interest in quitting at a future appointment.

5

HORMONAL BIRTH CONTROL AND TOBACCO. Women who use hormonal birth control are at increased risk for health problems such as stroke, blood clots, and heart attack. Support women in making decisions that are right for them such as reducing or quitting tobacco use, using hormonal birth control that contains less or no estrogen, or choosing another method of contraception.

6

MENTAL WELLNESS. Substance use and sex can be fun, relaxing, and pleasurable activities. For some people, they also can become a way of coping with stress and difficult life circumstances; in the long run, this will often create additional stress and problems for people. Offer girls and women support in developing alternate coping strategies and finding additional resources for addressing the problems they might be facing.

7

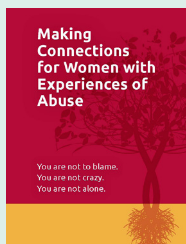
CONSENT, SEXUAL ACTIVITY AND SUBSTANCE USE. Discuss what consent is, who can give it and when it can and cannot be given. Talk about how alcohol and other substances can affect sexual decision-making for both women and their partners. Help women develop skills for talking about and discussing consent while in the moment, e.g., “Are you comfortable?” “Is this okay?” “Do you want to slow down?” “Do you want to go further?” Remind women that consent should be clear and enthusiastic on both sides and that they and their partners should be able to consent every step of the way. If people are under the influence of alcohol or other substances (e.g., passed out, unaware of their environment, unable to talk clearly or are silent), then they are not able to give consent.

Brief Interventions in the Anti-Violence Sector

Substance use and past or current experiences of violence are often interconnected[120] and women who experience violence often use substances to cope with their circumstances.[121] Historically, anti-violence organizations asked women about their substance use to assess their overall mental health, and women who reported current substance use were prevented from accessing services.[122] Today, many anti-violence organizations have shifted from abstinence-based services and have adopted a harm reduction approach, which is guided by principles of safety, inclusion, and self-efficacy.[81]

Discussions about substance use have the potential to support women's safety.[123] In recognizing that different agencies have different policies around substance use, the British Columbia Society of Transition Houses recommends that before asking questions about substance use, staff must make the agency's policy clear, explain the purpose behind the questions, and affirm the steps that service providers have taken to ensure privacy and confidentiality.[81] As women may not feel comfortable or safe in discussing their substance use initially, service providers are encouraged to engage in ongoing brief intervention and relationship-development. These discussions can help women identify alternate coping strategies, create safety plans, and determine which services and supports they might find helpful.

RESOURCES



Making Connections for Women with Experiences of Abuse
A workbook that service providers can use with women to explore and understand the connections between woman abuse, mental health concerns and substance use.
Available from www.bcwomens.ca

WINGS (Women Initiating New Goals of Safety) Manual
A single-session intervention for women who use substances to help reduce gender-based violence and to access support with substance use services.
Available from http://blogs.cuit.columbia.edu/wings/

Brief Intervention Ideas for Anti-Violence Programs and Services

1

TRANSITION AND HEALING. Leaving an abusive partner is a time of transition and many women will start to take steps to improve their health and take care of themselves. Ask women if they would like support or assistance in developing or reaching their own goals. You can discuss a range of options with women, including going for walks, taking vitamins, stretching, and cutting back on using substances.

2

SUPPORT COMPASSION AND SELF-CARE. Some women may feel discouraged about changing their substance use as they might feel "it's too late" or "the damage is done." Listen to their concerns and remind them that it's never too late to make positive changes. Share a resource like "Your Body Will Forgive You" (www.expectingtoquit.ca) which discusses the positive effects of quitting smoking after 30 minutes, 12 hours, 48 hours and so on.

3

SUPPORT DIFFERENT PATHS TO HEALING AND RECOVERY. Many women may find 12-step programs like AA helpful while others may find that they would benefit from women-only or women-centred groups. Some women might be interested in programs like the 16 Steps to Discovery and Empowerment developed by Charlotte Kasl that discusses how women often use substances as a coping and survival strategy. Allowing women to find the program or group that is best for them provides further opportunities for self-efficacy and decision-making.

4

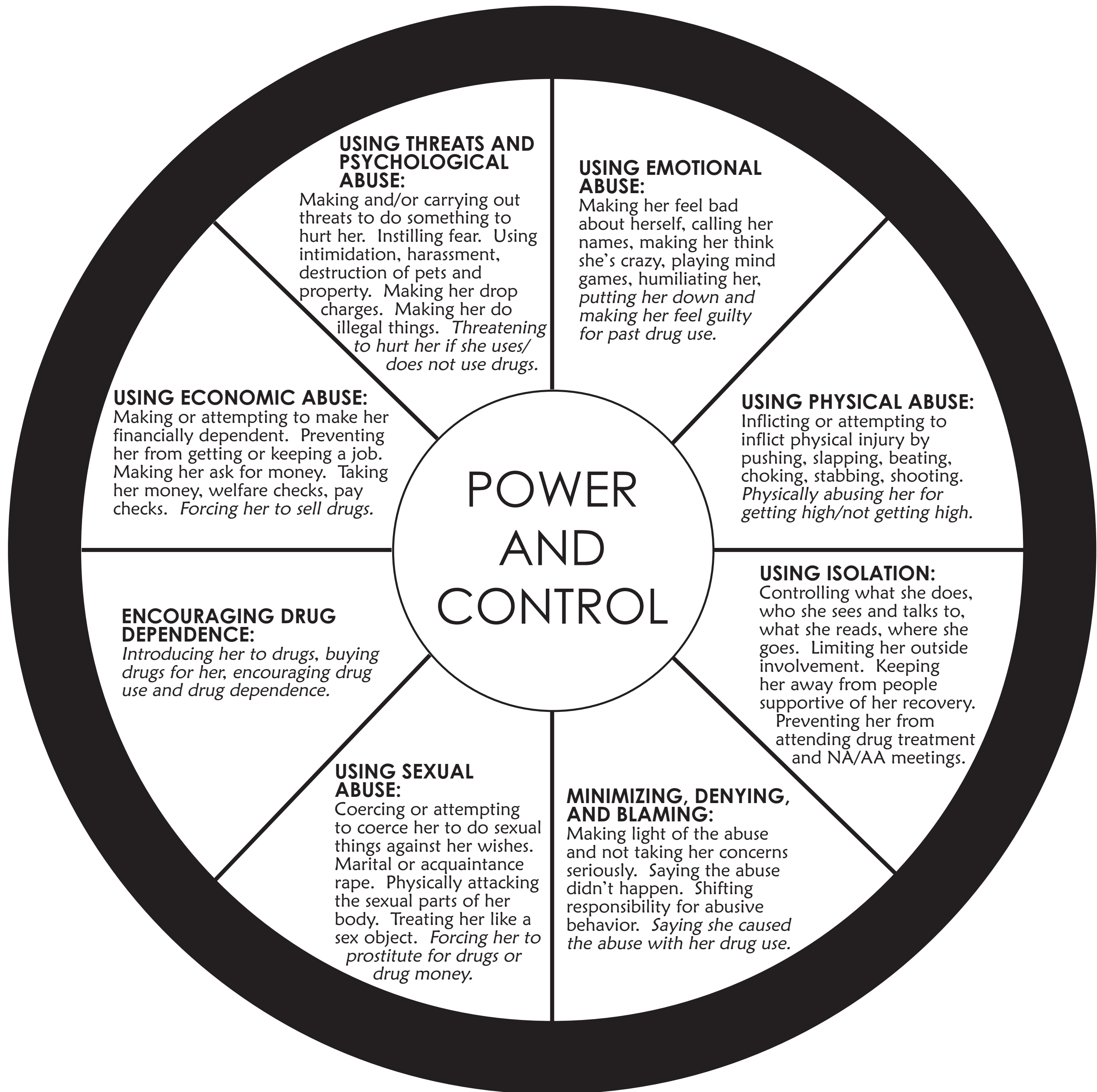
SUBSTANCE USE AND MOTHERING. In longer-term programs, share information about how to reduce the impact of second-hand tobacco or cannabis smoke on children. Help women to reflect on the impact of current or past substance use on parenting and how to use responsibly. Role model and provide guidance on how to have age-appropriate conversations about substance use with children.

5

ADVOCACY AND SYSTEM NAVIGATION. Offer to help women access supports and services related to substance use. Not all women will need or be interested in substance use treatment, but they might be interested in online resources or want to learn how to access nicotine replacement therapy (e.g., patch, gum) or find it helpful to have an advocate when discussing concerns about prescription medications with their health care provider.

6

SUPPORT UNDERSTANDING OF THE LINKS BETWEEN SUBSTANCE USE AND EXPERIENCES OF VIOLENCE. For some women, substance use is a part of abuse dynamics, e.g., their partner threatened to hurt them if she did/did not use drugs or prevented her from accessing treatment for substance use issues. You can use a resource like the Power and Control Wheel for Woman's Substance Abuse (www.ncdsv.org) to help her understand and make sense of these dynamics.



POWER AND CONTROL MODEL FOR WOMEN'S SUBSTANCE ABUSE. Adapted from the Power and Control Wheel developed by Domestic Abuse Intervention Programs, Duluth, MN. Copyright © 1996 Marie T. O'Neil. Available from www.ncdsv.org.

Brief Interventions with Girls and Young Women

Young women have the highest rates of heavy and binge drinking of all age groups of women.

The average age at which girls first drink alcohol in Canada is 13 years old. Over 70% of youth ages 15-24 (50% of youth under the legal drinking age) have consumed alcohol in the past year and alcohol is the leading substance used by Canadian youth, followed by cannabis (25%).[124,125] Young women have the highest rates of heavy and binge drinking of all age groups.

These rates prompt us to find opportunities for alcohol interventions with girls and young women. 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.[126] While these guidelines can be helpful as a foundation for intervention, in reality, many girls do consume alcohol, drink on a regular basis, and do not drink in moderation – rather they alternate between periods of abstinence and binge drinking (as defined by more than 3 drinks on an occasion).

Service providers working with girls and young women can provide support focused on harm reduction, skill-building, and individual strengths.

Instead of focusing on zero alcohol use, service providers can provide support focused on harm reduction, skill-building, and individual strengths. Brief intervention and support can include addressing safety concerns (e.g., getting home safely), understanding short-and long-term risks of heavy drinking, helping girls talk to their parents about their drinking, increasing awareness of warning signs associated with alcohol poisoning, or possible alcohol dependence, and supporting moderate or safer drinking practices (e.g., not drinking on an empty stomach).

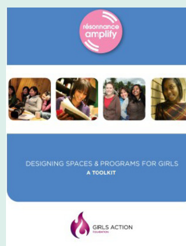
Brief intervention and support can include addressing safety concerns (e.g., getting home safely) understanding the short- and long-term risks of heavy drinking.

Drinking while driving or getting into a car with a driver who is drunk or high continues to disproportionately be an issue for teens. As in the general population, most girls and young women are aware of the dangers of drinking and driving. However, many people do not consider driving under the influence of cannabis to be risky and a significant number of people believe that cannabis makes them better drivers despite clear evidence showing that it impairs driving ability.[127]

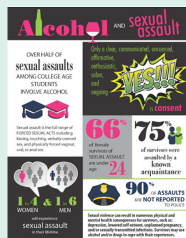
Brief intervention and support with girls and young women on substance use can play a role not only in reducing the harms of current substance use but also in helping to prevent later-in-life harms from substance use, including from prescription opioids and illegal drugs like heroin.[128] Substance use is connected to many other issues facing girls and young women such as sexuality, mental wellness, eating disorders and weight concerns, and sexual assault.[24,129-134] As well, girls have high rates of unplanned pregnancies[135] and the highest rates of alcohol and tobacco use during pregnancy.[136] Service providers can provide girls and young women with the opportunity for safe discussion about these interconnected issues and provide them with the knowledge, resources, and support to make healthy choices around substance use and their health.

Substance use is connected to many other issues facing girls and young women such as sexuality, mental wellness, eating disorders and weight concerns, and sexual assault.

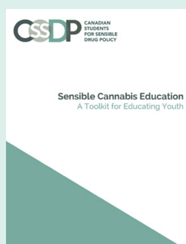
RESOURCES



Amplify Toolkit
A "how-to" manual and a workshop guide on how to organize and facilitate girls' programs, including health promotion programming for girls and young women.
Available from http://girlsactionfoundation.ca



Alcohol and Sexual Assault infographic
Developed by Youth Action for Prevention in partnership with the Sexual and Reproductive Health Program and the University of Saskatchewan student groups (USSU Women's Centre, What's Your Cap?, USSU Students' Union), this infographic raises awareness about the connection between alcohol and sexual assault, and the importance of getting consent to all sexual acts.
Available from http://skprevention.ca



Sensible Cannabis Education: A Toolkit for Educating Youth
Developed by Canadian Students for Sensible Drug Policy, this resource aims to support adults in having informed and non-judgmental conversations with young people about cannabis.
Available from https://cssdp.org

Ideas for Brief Intervention with Girls and Young Women

1

LOW RISK DRINKING GUIDELINES. Help girls moderate their drinking by discussing Canada's Low Risk Drinking Guidelines (www.ccsa.ca). 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). Many girls will be surprised to know that 'binge drinking' is considered to be three drinks or more.

2

DRIVING AND SAFETY. Many girls have found themselves in situations where they are in a car with or offered a ride by a driver who is drunk or high. While most people are familiar with the dangers associated with alcohol and driving, they may be unsure about cannabis. While some people believe that cannabis has no effect on driving (or that they are better drivers while high), cannabis does affect cognition and reaction times. Help girls make alternate plans to get home safety, when needed.

3

HEALTH EFFECTS FOR YOUNG WOMEN. Share information about how alcohol and other substance use can have consequences of particular concern for women, e.g., alcohol and breast cancer risk, alcohol use during pregnancy can result in Fetal Alcohol Spectrum Disorder.

4

SUBSTANCE USE AND SEXUAL ASSAULT. Drinking heavily in some situations (e.g., bars, parties, on dates) can make some girls more vulnerable to having an unwanted sexual encounter. Ensure girls know that the behaviour of a perpetrator is NEVER their fault. Discuss ways that girls can keep themselves and their friends safer, e.g, make a decision in advance with friends about how much they want to drink and then support each other in those decisions. You can also encourage girls to help other girls who might be in an unsafe situation by offering help or calling a friend to support them.

5

TALKING TO FAMILY. Role model how to have conversations about substance use with parents, siblings, and other family members.

6

PERSONAL VALUES ABOUT SUBSTANCE USE. Help girls develop their own values about substance use. Some possible reflection questions: (1) What is my relationship with alcohol and other substances? (2) What do I think about other people who use substances? (3) When do I use alcohol and other substances? When I'm stressed? Tired? Sad? (4) How do I know my limit? (5) Do I feel comfortable telling friends that I might not feel like drinking or using?

7

SUBSTANCE USE, DISORDERED EATING, AND WEIGHT CONCERNS. Research has shown considerable overlap between substance use, mental wellness, and eating disorders. For example, girls might avoid quitting smoking or restrict food/exercise excessively when going out drinking due to concerns about weight gain. Help support girls in developing a healthy self-concept and body image as well as coping and problem-solving skills. Encourage critical thinking about media and societal messages and what they convey about physical appearance and substance use.

8

MIXING ALCOHOL AND CAFFEINE. Youth are more likely to drink caffeinated alcohol beverages or to mix alcohol and energy drinks. Let girls know about the possible harms from mixing alcohol with caffeine so that they can make informed decisions. Caffeine can mask the depressant effects of alcohol which can make girls feel more alert or less intoxicated than they actually are. As well, as caffeine keeps people awake and drinking for longer than they typically might.

9

RECOGNIZING THE SIGNS OF ALCOHOL POISONING. Help girls learn the signs of alcohol poisoning, including slow or irregular breathing, being unresponsive, seizures, repeated vomiting, low body temperature, and pale, clammy or bluish skin. If they are with friends and someone passes out, encourage them to: call a responsible adult, consider calling 911, stay with the person, lie the person on their side (recovery position) and keep them warm.

Brief Interventions with Indigenous Girls and Women

The context for providing brief intervention and support to Indigenous girls and women is shaped by historical, social, political, and economic factors.

The Truth and Reconciliation Commission of Canada recognized the intergenerational impact of residential schools on alcohol and other substance misuse for many Indigenous peoples. Two of the Commission's Calls to Action focus on Fetal Alcohol Spectrum Disorder and include highlighting the need for collaborative and culturally relevant FASD prevention programs.[137] The Commission also made recommendations about how the health care system can better respond to Indigenous health and well-being. Because substance use in Indigenous communities is shaped by historical, social, political, and economic factors, this influences the context for providing brief intervention and support to Indigenous girls and women.

Indigenous approaches to substance use prevention and treatment include combining cultural interventions with Western medical approaches.

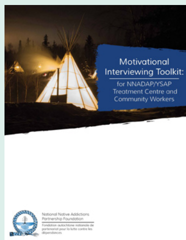
Many Indigenous communities recognize the relationship between substance use during pregnancy and repairing and rebuilding healthy family relationships affected by residential schools, the Sixties Scoop and other colonial practices and policies. The role of partners and family members is widely recognized as influencing many women's ability to cut back or stop drinking during pregnancy. Community approaches are viewed as shifting responsibility for concerns such as FASD away from individual women to create circles of support that include the wide range of factors that influence women's health and well-being. In the substance use field, cultural interventions have been combined with other Western medical approaches to address substance use concerns. Many Indigenous people have different levels of connection with their Indigenous identity and, while not the only approach to substance use prevention and treatment, it remains an important one.

The use of screening tools may not be appropriate or relevant for many Indigenous girls and women.

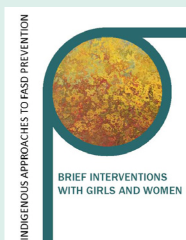
The use of screening tools and an emphasis on risky behaviours (as determined by a Western medical model) may not be appropriate or relevant for many Indigenous girls and women and may contribute to ongoing power imbalances with non-Indigenous service providers and poor relationships between Indigenous and non-Indigenous peoples overall. Historically, Indigenous women have been unfairly targeted by screening programs and initiatives even though women of all backgrounds use substances. Rather than providing care and treatment for substance use concerns, these initiatives have more typically resulted in negative outcomes such as unnecessary child protection reports and mistrust of service providers and have contributed to stereotypes about Indigenous people.

At a clinical level, brief intervention and support can be made more culturally relevant by including resources developed by local community members and/or in the local language, by using traditional exercises such as a blanket exercise or land-based programming, and by offering referrals to Indigenous-specific programs, where there is interest.[138-140] As well, there are many similarities between motivational interviewing and Indigenous worldviews and it is an approach that can be adapted to local contexts and concerns.[141-143] In general, it can be less stigmatizing and more respectful to discuss substance use from a strengths-based perspective and within a context of wellness that includes topics such as contraception, safer sex, pregnancy planning, and mental wellness.

RESOURCES



Motivational Interviewing Toolkit
An introduction to Motivational Interviewing for community service providers and addiction treatment workers working in Indigenous contexts.
Available from http://thunderbirdpf.org



Indigenous Approaches to FASD Prevention: Brief Interventions with Girls and Women
One of a series of five booklets on culturally relevant approaches to alcohol use during pregnancy.
Available from www.canfasd.ca | thunderbirdpf.org| www.bccewh.bc.ca

Brief Interventions with Women and Their Partners

During pregnancy, women report that it is more difficult to reduce or stop their alcohol and other substance use when their partner disagrees with the situation.

In general, women's partners and social networks (e.g., friends, colleagues, family) are strong influences on women's substance use. During pregnancy, women report that it is more difficult to reduce or stop their alcohol and other substance use when their partner disagrees with the situation.[144-150] Other research shows that partners feel ignored during prenatal and postpartum discussions about substance use and left out of existing health information and resources.[71, 144, 151-158]

While research on partner involvement in brief interventions with women is still emerging, it is clear that partners can have a significant impact on women's ability to change their substance use and that many partners would like to support women in making changes to their substance use and/or are interested in making changes themselves. Strategies for involving partners in brief intervention and support will vary. Sometimes it might be best to work with partners separately as they will have their own needs and concerns. In other situations, women may only be interested in talking about substance use when accessing services with their partner. For the most part, decisions about whether or how to engage partners will depend on women themselves and whether they find their partners' involvement supportive or would prefer that their partners access services or make changes on their own.

It is important to remember that partners can be men, women, or gender-diverse.

It is important to remember that partners can be men, women, or gender-diverse. Some women might have multiple partners and some women might be single. Service providers should consider the diversity of families they may be working with and how to have discussions with various members of women's "circles of care" about substance use. When working with men/fathers, discussions about substance use can be an opportunity to challenge gender norms and to engage men in their roles as fathers and caregivers.[159] Overall, brief intervention and support can be an opportunity to promote more equitable and healthy relationships and to promote improved health beyond women themselves.

Ideas for Brief Intervention with Women and Their Partners

1

SHARE HEALTH INFORMATION. If you are sharing health information (e.g., a pamphlet, website, app) about substance use with women, encourage them to share and discuss the information with their partners following the appointment. Let them know that you are willing to answer any questions that their partners might have, e.g., about how much you should drink at a time or about the best way to quit smoking or about alcohol use during pregnancy. Be willing to involve partners for a part of an appointment in order to support women's health concerns; or, if the partner has significant concerns of their own, provide information about community resources and support that their partner might be interested in.

2

FINDING COMMON HEALTH GOALS. When providing brief intervention and support to women who are interested in changing or reducing their substance use, help women develop goals and a plan for reaching those goals. Ask women if they would like to involve their partners or whether their partners might be interested in changing their substance use, too. If appropriate, involve women's partners in the discussion.

3

HELP PLAN FOR FUN. Because alcohol and other substance use is integrated into so many aspects of life – from after-work beer to smoke breaks to girls' night out to a quiet night with friends and a glass of wine – many people can struggle with the social aspects of making changes to their substance use. Help women and their partners come up with socially appropriate ways of refusing a drink or a joint, find alternate ways of spending time with friends (e.g., going for coffee), or make a plan to bring their own non-alcoholic drinks to a party. Making changes together can take some of the social pressure off and encourage positive and long-lasting changes.

4

PRECONCEPTION SELF-ASSESSMENT (FOR MEN). Encourage men to assess their own substance use, including prescription medications, alcohol, tobacco, cannabis, steroids, herbal supplements, and other drugs. Not only does substance use have an impact on fertility, it can also affect overall health and well-being and ability to parent. Men might be interested in making other changes to their lifestyle to prepare for parenthood.

continued on next page

5

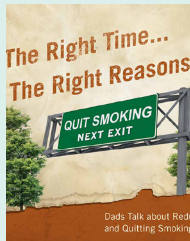
PREGNANT PAUSE. Some individuals might want to consider taking a "pause" from alcohol and other substance use as a way of showing support for their pregnant partner. Whether it's for a month, three months, or the entire pregnancy, having their partners be substance-free can be helpful and supportive for many women.

6

GETTING READY FOR PARENTHOOD. Encourage pregnant women and their partners to spend some time thinking about the role of substance use in their lives after the baby is born. Some individuals might not be interested in changing their substance use and can plan to use responsibly. Other individuals might see parenthood as a time of transition and will consider making long-term changes to their substance use.

RESOURCES

Alcohol, Pregnancy, and FASD Prevention: What Men Can Do to Help
Ideas for men who want to support their pregnant partners.
Available from www.bccewh.bc.ca



The right time. The right reasons: Dads talk about reducing and quitting smoking
A booklet based on fathers' experiences of reducing and quitting smoking.
Available from http://facet.ubc.ca

4. IMPROVING SYSTEMS OF CARE

The success of brief interventions at a clinical level is greatly influenced by organizational and system-level factors.[160, 161] Factors that can influence the implementation and effectiveness of brief interventions in general include fee for service codes for physicians who conduct brief interventions, the inclusion of brief intervention in provincial strategies or action plans, and position papers or practice guidelines by professional associations.[1] The following section focuses on system-level factors that specifically pertain to the implementation of brief interventions for girls and women in the preconception and perinatal period.

Low-Risk Substance Use Guidelines

Canada's Low-Risk Alcohol Drinking Guidelines are a key component of the National Alcohol Strategy and have received the support of many organizations, including: Canadian Association of Chiefs of Police, Canadian Centre on Substance Use and Addiction, Canadian Medical Association, Canadian Paediatric Society, Canadian Public Health Association, Canadian Institute for Substance Use Research, Centre for Addiction and Mental Health, College of Family Physicians of Canada, Educ'alcool, MADD Canada, and Society of Obstetricians and Gynaecologists of Canada. Since their release in 2011, many provincial and territorial governments and health organizations have developed awareness campaigns and training for health professionals to support their implementation.

Sex-specific low-risk substance use guidelines can help the implementation of brief intervention and support.

Low risk guidelines are intended to help individuals minimize the risk of drinking and acknowledge individuals as decision-makers in their own health.[162] While some argue that these types of guidelines present challenges for health literacy (e.g., what's a standard drink, how can I apply this information to my own life?), low risk guidelines can be helpful with the implementation of brief intervention and support. Canada's Low-Risk Drinking Guidelines were among the first sex-specific low-risk drinking guidelines in the world (i.e., providing different limits and recommendations for men and women) and include information about pregnancy and breastfeeding. Not only do the guidelines

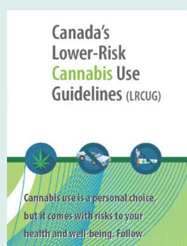
highlight research showing that women are generally more vulnerable to the effects of alcohol, they provide specific information for pregnant women and other special risk groups. As such, they provide a solid foundation for developing brief intervention and support approaches that address women's alcohol use in the preconception and perinatal period as well as for consistent messaging across professions and fields of practice. The guidelines also normalize substance use (abstinence is not the goal although certainly acceptable) and focus on reducing the harms of substance use which helps with reducing stigma associated with drinking.

Canada's Lower Risk Cannabis Use Guidelines were released in 2017 and endorsed by a number of professional medical associations.[163] The guidelines recommend avoiding cannabis use altogether if individuals are pregnant. Organizations such as the Best Start Resource Centre and the Centre of Excellence for Women's Health have also released resources for women and their support networks on cannabis.[164, 165] With the legalization of cannabis, women are likely to become more open about their cannabis use and to engage with service providers about the risks of cannabis and making decisions about their own health. In the case of cannabis, the challenge will not only be development and dissemination of consistent messaging as in the alcohol and tobacco field, but also staying up-to-date with the rapidly emerging research evidence and translating these findings in a way that is helpful for girls, women and service providers.

With the legalization of cannabis, women are likely to become more open about their cannabis use when enaging with service providers.

RESOURCES

Canada's Low Risk Drinking Guidelines
Guidelines to help individuals moderate their alcohol consumption and reduce the immediate and long-term harms of alcohol use. Includes information on pregnancy and breastfeeding.
Available from www.ccsa.ca



Canada's Lower-Risk Cannabis Use Guidelines
Guidelines for reducing cannabis use-related harms. Includes information on pregnancy.
Available from www.camh.ca

Child Welfare

During cross-country consultations, service providers indicated that their lack of clarity about the duty to report to child welfare authorities and women's fear of losing custody of their children are important barriers to successful implementation of substance use brief interventions. Child welfare practices and policies in all provinces and territories are continuing to evolve to better respond to families affected by parental substance use and that are receiving child welfare services. Overall, there is a shift to incorporating an understanding that it is not parental substance use itself that is potentially problematic, but rather it is the impact of substance use on the ability to parent that requires consideration. As well, there is an increased appreciation for how issues such as social isolation, poverty, unstable housing, and gender-based violence might contribute to both the need for child welfare involvement and to parental substance use itself.

Child welfare workers are often encouraged to use screening tools (e.g., AUDIT, DAST) to assess women's substance use. While these tools may help in determining whether women are using substances, they are not sufficiently nuanced to help with assessment and development of care plans and have limited value in emergency situations. As an alternative to screening tools, developing competencies related to parental substance use – including its signs, the effects on parenting and child safety, and what to expect during a parent's treatment and recovery – can be more effective in engaging with women and supporting recovery over time.

In addition to greater consistency in how child welfare workers respond to concerns about parental substance use, there are a number of promising and innovative prevention and treatment approaches that can better support women and their families who are involved with child welfare services and are affected by parental substance use.

- **Early identification and planning during pregnancy** to encourage women with substance use concerns to engage with voluntary child welfare services so that they are able to care for their babies when they are born or at least be involved in planning care for their children.
- **Gender-sensitive treatment and support services** that respond to the specific needs, characteristics, and co-occurring issues of women who have substance use issues.
- **Family-centered treatment services**, including residential treatment for mothers in facilities where they can have their children with them and programs that provide services to each family member.
- **Shared family care** in which a family experiencing parental substance use and child protection concerns is placed with a host family for support and mentoring.
- **Mentoring and family support program**s such as the Parent-Child Assistance Program which provide flexible, holistic, harm reduction-based care and treatment though home visiting and case management.

In addition, other initiatives related to system change and collaboration that have been found to be helpful include:

- **Cross-training** of child welfare and substance abuse treatment professionals to build an understanding of each other's systems, legal requirements, goals, approaches, and shared interests.
- **Co-location** of substance use and child welfare workers to encourage ongoing consultation and better engagement with women and their families.

Biological Screening

Research has shown that women are reluctant to participate in biological testing such as urine screening, meconium testing, and hair analysis for screening purposes and that health care providers have concerns about the ethics of using these tests as a part of brief intervention and support.[25, 38, 166-168] Testing women for alcohol and drug use during pregnancy has been demonstrated to fail to support women and their babies.[166, 169] Women with substance misuse concerns are less likely to seek help from health care providers and avoid prenatal care. And while women in all socio-economic brackets use substances, certain groups of women are more likely to be unfairly targeted and subject to more invasion of their privacy, and therefore are likely to experience adverse outcomes from testing (e.g., child protection reports, custody hearings). As well, routine testing raises ethical issues around consent when a mother says she doesn't want to be tested.

Recently, the Report of the Motherisk Commission in Ontario highlighted many of these concerns.[170] Between 2005 and 2015, the Motherisk Laboratory at the Hospital for Sick Children in Toronto tested more than 24,000 hair samples for drugs and alcohol, from over 16,000 different individuals, for child protection purposes. Hair testing was used to determine parents' credibility with respect to substance use and to monitor them for abstinence from alcohol and other substance use. The testing program, which has now been discredited, influenced at least eight criminal cases and thousands of child protection cases across the country. The report states: "The testing was imposed on people who were among the poorest and most vulnerable members of our society, with scant regard for due process or their rights to privacy and bodily integrity. Many people experienced the testing, particularly when it was done repeatedly, as intrusive and stigmatizing." (p. v)

Perinatal Data Collection

Organizations in each province and territory collect data on maternal and child health, including alcohol and tobacco use by pregnant women. It is intended that this data be collected and documented by clinicians in their routine activities with patients/clients and the aggregated data used to guide health care providers, researchers, and policymakers in their work to improve maternal, fetal, and neonatal health.

Across the country there is enormous variation in if and how this data is collected (e.g., database entry, pen-and-paper) and the specific questions that are asked about substance use. In general, quality data is not documented due to challenges related to asking on the part of providers and responding on the part of women to the questions included in the antenatal forms.

Integrating perinatal data collection with clinical professional guidelines and evidence on brief intervention has the potential to improve identification of perinatal substance use.

In addition to ongoing reviews and updates in each province/territory, the legalization of cannabis is creating a new opportunity to review data collection practices related to substance use in the perinatal period. Integrating data collection with clinical professional guidelines and evidence on effective brief intervention and support has the potential to improve the uptake of identification and documentation of alcohol, tobacco, and cannabis use in women in the perinatal period. When integrated with data on prescription medications, including opioids, medical cannabis, and SSRIs, there is potential to compile a more accurate picture of perinatal substance use regionally and nationally.

5. SUMMARY: APPROACHES TO BRIEF INTERVENTIONS WITH GIRLS AND WOMEN

Despite the strong evidence regarding brief intervention and support, research has shown that service providers are often reluctant to ask women about their alcohol use due to fears of jeopardizing their relationships with women or being perceived as judging their behaviour. The summary of key ideas and approaches to brief substance use interventions with girls and women in the preconception and perinatal period presented below aim to reduce stigma, support further engagement in treatment and care, and improve women's overall health and well-being.

⇨ Regular and ongoing conversations about substance use reduces stigma

Regular and ongoing conversations about substance use by service providers in a range of practice settings reduces stigma and normalizes substance use as part of life. Service providers should have discussions about substance use with all women, not just those who they believe are more likely to have substance use problems. Prenatal care providers are encouraged to discuss substance use during the first visit or appointment as well as at follow-up sessions, as women's use and circumstances can change often. Follow-up conversations with girls and women can be guided by their concerns and interests as well as clinical concerns.

⇨ Brief intervention and support can address multiple substances or multiple health issues

When working with girls and women, the scope of brief intervention and support can be broadened from a typical focus on amount, frequency, and type of substance use to include a range of topics such as specific health risks (e.g., breast cancer), mental wellness, fertility, relationship dynamics, and parenting. Research has shown that risks related to multiple health outcomes overlap and this combined approach recognizes that substance use is frequently connected with other health issues (e.g., sexual health) or other areas of women's lives (e.g., relationships with peers and partners). As well, some risks, such as depression or experiences of violence and trauma, may act

as a barrier to changing substance use and require interventions that simultaneously consider multiple concerns. In the field of FASD prevention, there is strong evidence for interventions that address both alcohol use and contraception as an effective strategy for reducing alcohol-exposed pregnancies.

⇨ The *quality* of the conversations during brief intervention and support can influence success

Research demonstrates that the quality of the conversations during brief intervention and support is important. Approaches that are non-confrontational, that recognize the social pressures and constraints that women may be experiencing, and that offer appropriate and practical support can actively reduce stigma and shame related to reporting substance use. Centering knowledge around what girls and women know about their substance use and the role that their substance use has in their life can improve their self-efficacy and confidence and can normalize discussions about substance use. Attention to issues of consent, confidentiality, privacy and comfort during interventions as well as flexibility in delivery are other key factors that can influence the success of brief interventions.

⇨ Brief intervention and support can include women's partners and social networks, in synchronous ways

Women's partners and social networks (e.g., friends, colleagues, family) are strong influences on women's substance use. In particular, women's partners can have a significant impact on women's ability to change their substance use and research demonstrates that many partners would like to support women in making changes to their substance use and/or are interested in making changes themselves. Decisions about whether or how to engage partners should be guided by women and whether they find their partners' involvement supportive or would prefer that their partners access services or make changes on their own. Service providers should remember that partners can be men, women, or gender-diverse and that some women might have multiple partners while others might be single. Service providers should consider the diversity of families they work with and how to have discussions with various members of women's "circles of care" about substance use.

⇨ Brief intervention and support with Indigenous girls and women and in Indigenous contexts should be culturally grounded

Because substance use in Indigenous communities is shaped by historical, social, political, and economic factors, this influences the context for providing brief intervention and support to Indigenous girls and women. The use of screening tools and an emphasis on risky behaviours (as determined by a Western medical model) may not be appropriate or relevant for many Indigenous girls and women and may contribute to ongoing power imbalances with non-Indigenous service providers and poor relationships between Indigenous and non-Indigenous peoples overall. Brief intervention and support can be made more culturally relevant by focusing on wellness, resilience and strengths, by including resources developed by local community members or in local languages, by using traditional exercises or land-based programming, and by offering referrals to Indigenous-specific programs, where there is interest and garnered by the community

⇨ There are multiple practice approaches that can be used for brief intervention and support

There are many ways to conduct brief interventions. Research has shown that many effective brief interventions include feedback about girls' and women's substance use, information and advice about changing their substance use, and assistance in developing strategies and setting goals for changing their substance use. In addition to providing information about substance use, service providers can provide support that focuses on harm reduction and skill-building and that draws on individual strengths and interests. Service providers can adapt brief intervention and support approaches to their particular context and models of care (e.g., client-centred, trauma-informed).

⇨ Successful brief interventions are collaborative, non-judgmental, and recognize girls and women as experts on their own lives

Collaborative and non-judgmental approaches that centre girls' and women's knowledge greatly affect how individuals respond to interventions and reduces concerns about labelling and stigma. Communication strategies that are client/patient-centred or that draw upon Motivational Interviewing skills have been shown to be effective in reducing harms associated with substance use. These skills include requesting permission to discuss the topic, using open-ended questions, asking what they like or dislike about using substances, and guiding conversation to how they might make changes in the context of their own lives and in their own way.

⇨ Child welfare practices and policies can reduce barriers to successful brief intervention and support

Research shows that concerns about their duty to report and women's fears of losing custody of their children is a barrier to successful brief intervention and support. There are a number of promising and innovative prevention and treatment approaches that can better support women and their families who are involved with child welfare services and who are affected by parental substance use. These include family-centred substance use treatment, harm reduction-oriented assessment and planning tools, mentoring and family support programs, and cross-training of child welfare and substance use professionals.

⇨ Brief intervention and support does not require extensive time and resources

Research has also demonstrated that, for most groups of girls and women, brief intervention and support does not need to be lengthy or intensive to be effective. Many girls and women will reduce or make changes to their substance use simply because they were asked about it. This focus on conversations with girls and women about their substance use reflects a shift away from screening for problems to supporting empowering conversations about substance use that encourage girls and women to think critically about their health and well-being.

Women and Alcohol

Alcohol

- Alcohol is the mostly widely used drug in Canada.It is created when grains, fruits, or vegetables are fermented.
- The use of alcohol has been traced as far back as 8000 BC.
- Although alcohol comes in different forms (e.g., beer, wine, rum, coolers), it has the same effect. Pure (ethyl) alcohol is a clear, colourless liquid.
- Alcohol is a “depressant” drug that slows down the parts of your brain that affect your thinking and behaviour as well as your breathing and heart rate.
- For many people, drinking alcohol releases tension and reduces inhibition, making them feel more at ease and outgoing.
- Drinking can also make you feel ‘drunk’ or intoxicated. Signs of being drunk include flushed skin, impaired judgment, reduced inhibition, reduced muscle control, slowed reflexes, problems walking, slurred speech, and double or blurred vision.
- Signs of being heavily intoxicated include difficulty standing, throwing up, blacking out, and having no memory of what you said or did while drinking. Heavy drinking can lead to coma and death.
- Drinking can sometimes result in a ‘hangover’ about eight to ten hours after your last drink. Symptoms can include headache, nausea, diarrhea, dehydration, shakiness, and vomiting.
- It is possible to develop a physical dependence (addiction) on alcohol.

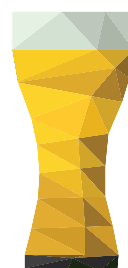
Canada’s Low Risk Drinking Guidelines for Women

Deciding to drink is a personal choice. These Low Risk Drinking Guidelines help women moderate their drinking and reduce their immediate and long-term alcohol-related harm. The guidelines suggest that:

- You should have no more than 2 drinks a day and no more than 10 drinks per week.
- You should plan to have some non-drinking days per week.
- On a special occasion, you should have no more than 3 standard drinks.
- It is safest not to drink during pregnancy.

Alcohol and Your Health

- Because alcohol affects people differently, it is important that you ‘listen’ to your body and adjust your drinking in response. The way alcohol affects you depends on many factors, including:
  - Your age and body weight
  - Your sensitivity to alcohol
  - The type and amount of food in your stomach
  - How much and how often you drink
  - How long you’ve been drinking
  - Who you are with, where you are, and what you are doing
  - How you expect the alcohol to make you feel
  - Whether you’ve taken any other drugs (illegal, prescription, over-the-counter or herbal)
  - Your family history
- Women are more physically affected by alcohol than men. This means that even after drinking smaller amounts, women generally feel greater effects for a longer period of time.
- Women also tend to be more vulnerable than men to health problems caused by drinking.
- Many serious illnesses and chronic health conditions are linked to drinking, even at low levels.
  - Drinking alcohol can increase your risk of stroke and heart disease
  - Long-term alcohol use can increase your risk of at least eight types of cancer (mouth, pharynx, larynx, esophagus, liver, breast, colon, rectum). Alcohol use increases your risk of breast cancer
  - Drinking is related to numerous other serious conditions (e.g. diabetes, hypertension, epilepsy, stroke, pancreatitis and dysrythmias) and liver cirrhosis
- Because alcohol can have long-term health effects on a fetus or baby, make sure you use effective contraception if you are having sex and not planning to get pregnant.



Beer
341ml (12 oz.)
5% alcohol content

Wine
142ml (5 oz.)
12% alcohol content

Spirits
(rum, gin, etc.)
43ml (1.5 oz.)
40% alcohol content

Alcohol and Pregnancy

- There is no known safe level of alcohol use during pregnancy:
  - As the fetal brain is developing throughout pregnancy, there is no safe time to drink alcohol during pregnancy
  - All types of alcohol can harm your fetus (e.g., beer, coolers, wine, or spirits)
  - Binge drinking and heavy drinking are the most harmful to a fetus
- Drinking alcohol during pregnancy may lead to:
  - Having a baby with Fetal Alcohol Spectrum Disorder (FASD)
  - Having a miscarriage or stillbirth
  - Having a low birth weight or premature baby
- Fetal Alcohol Spectrum Disorder (FASD) refers to the possible effects of alcohol use during pregnancy on a fetus and infant. Possible harm include brain damage, vision and hearing problems, slow growth, and birth defects such as bones that are not properly formed, or heart problems. The brain damage may cause lifelong learning disabilities and problems with memory, reasoning and judgment.
- Often women drink before they are aware they are pregnant. Stopping drinking alcohol as soon as possible and looking after your health prior to conception are the best ways to lower the risks.
- It is best to check the labels of "non-alcohol" beer or "alcohol-free" beverages to determine which ones are no alcohol and which are low alcohol and avoid the low alcohol drinks.
- If you have problems stopping or reducing your alcohol use while pregnant, talk to your health care provider about support and services in your community that can help you.

If you are pregnant or planning to become pregnant, or about to breastfeed, the safest choice is to drink no alcohol at all.

Alcohol, Parenting and Children

- Avoid drinking when using other drugs (including some medications) or when you are responsible from the safety of others.
- Keep alcohol in a safe place where your children cannot reach it.
- If your child accidentally drinks alcohol, seek medical attention. Symptoms of alcohol poisoning in children include: difficulty breathing, choking or vomiting, confusion or seizures, giddiness, slurred speech, or the inability to walk normally or think clearly.
- If you are planning to drink a lot, make sure you ask someone to take care of your children.

Alcohol and Breastfeeding

- When you drink alcohol, it goes into your bloodstream and into your breast milk.
- While babies are exposed to a very small amount of the alcohol that you drink, there is still little known about the effects of alcohol on breastfeeding. Some research shows that alcohol use while breastfeeding may have negative impacts on child health and development.
- However, having an occasional alcoholic drink has not been shown to be harmful to babies. Ideally, it is best to avoid breastfeeding for 2 hours after drinking one alcoholic beverage (the amount of alcohol in your breast milk peaks 30-60 minutes after you drink. Alcohol does not stay in your milk over time).
- You can also pump and store breast milk in advance if you are planning to drink at levels that would result in alcohol in your milk the next time you feed your child.

Drinking Alcohol and Staying Safe

Drinking heavily in some social situations, such as at bars, parties, or on dates, can make you more vulnerable to violence or unwanted sexual experiences. This is NEVER your fault. There are some things you can do to keep yourself and your friends safer. For example, if you are going out drinking, you can make decisions in advance with your friends about how much you want to drink and then support each other in those decisions. You can also help out other women who may be in an unsafe situation by offering help or calling a friend to support them.

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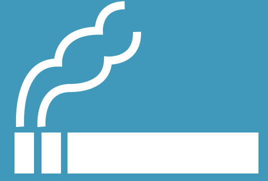
Women and Tobacco



Tobacco

- There are many types of tobacco. Nicotiana tobacum, or common tobacco, is used to make cigarettes, cigars, and bidis. There are also alternatives to smoking such as: electronic cigarettes, waterpipes or hookahs, and smokeless forms of tobacco such as snuff, chewing tobacco, and snus. In some cultures, tobacco has been used traditionally in ceremonies, rituals, and prayer.
- Tobacco is a stimulant that produces a feeling of well-being. It also increases your heart rate and blood pressure and constricts your blood vessels, irritates your lungs, and affects your ability to taste and smell.
- Nicotine is the addictive chemical found in tobacco. There are over 4000 other chemicals in cigarettes and cigarette smoke.
- Second-hand smoke is the smoke from the end of a cigarette and the smoke that smokers breathe out. It contains toxic chemicals including tar, nicotine, carbon monoxide, arsenic, and cyanide. Nonsmokers who breathe it in also absorb these substances and are at risk for serious health consequences like smokers.

Tobacco and Your Health

- Tobacco use has a wide range of effects on health and some risks specific to women's health.
- Some of the serious effects on general health include:
  - **Cancer:** Cancers linked to smoking include mouth, throat, lungs, pancreas, bladder, and kidney cancer. Women who smoke are also at risk of having breast cancer at an earlier age and much higher risk for developing cervical and vulvar cancer.
  - **Lung disease:** Smoking can lead to chronic obstructive pulmonary diseases (COPD) such as emphysema, bronchitis and asthmatic bronchitis.
  - **Heart disease and stroke:** Women who smoke are at increased risk for both stroke and cardiovascular disease, including high blood pressure and heart attack. Using oral contraceptives (birth control pills) can increase the negative cardiovascular effects of smoking by increasing risk of having a heart attack, a stroke, or blood clots.
- Tobacco use can affect your bladder health. Urinary urgency (the need to pee suddenly) and frequency (the need to pee more often than usual) is more common in women who smoke.

Tobacco and Your Reproductive Health

- Tobacco use can affect your period. It can make your periods irregular, contribute to spotting or bleeding between periods, or lead to cramping during or before your period. It can also make your menstrual cycle shorter.
- Tobacco use can affect your ability to conceive. Women who smoke or use other forms of tobacco also have a higher risk of having a miscarriage or an ectopic pregnancy (where the fetus grows outside the uterus).
- Tobacco use can affect your fertility. It can lead to earlier menopause and less success with in vitro fertilization.

Tobacco and Pregnancy

- There is no known safe level of tobacco use for anyone including pregnant women.
- When a woman smokes or uses tobacco during pregnancy, the nicotine, carbon monoxide, and other chemicals that enter her blood stream pass into the fetus. This keeps the baby from getting the food and oxygen it needs to grow.
- Tobacco use during pregnancy can have life-long effects on your baby, including learning difficulties, behavior issues, lung diseases, and increased chance of certain birth defects such as cleft lip or cleft palate.
- Smoking during pregnancy also increases the risks of premature birth, stillbirth and having a low-birth- weight baby. Pre term and low birth weight babies are more likely to have health problems or disabilities as they grow. Children of women who smoke during pregnancy are more likely to develop nicotine dependency later in life.
- Quitting smoking early in pregnancy can improve your health and reduce many of these risks. If you have problems stopping or reducing your tobacco use while pregnant, talk to your health care provider about support and services.
- Nicotine replacement therapy (e.g., nicotine patch or gum) can be helpful for some pregnant women who are having difficulty quitting. Some research shows that electronic cigarettes are not a safe method to quit smoking during pregnancy because the vapour contains chemicals linked to cancer and birth defects. There is not enough research on the benefit or safety of the smoking cessation medications (bupropion and varenicline) during pregnancy. Talk to your health care provider if you have questions about quit smoking aids.

Quitting Smoking and Other Tobacco Use

- Quitting smoking can be hard but it has benefits that begin right away and last forever. Within hours your blood pressure goes down, your blood circulation improves, you reduce your chance of a heart attack, your breathing improves, and you have increased energy.
- There are many ways to quit smoking. Some people quit all at once, while other others quit gradually. Some people need a lot of help, but most need none.
  - You can get support from a counselor, a quit smoking group or online/text messaging programs.
  - Talk to your health care provider if you are interested in nicotine replacement therapy (e.g., the nicotine patch or gum) or medications to help with quitting smoking (e.g., bupropion, varenicline).
  - Don't be discouraged if you've tried quitting before. You learn something new each time you try to quit smoking and what didn't work in the past might work now.
- When you stop smoking, it can prevent or reduce many of the negative effects of tobacco use and can add years to your life. It's never too late to cut back or stop smoking.
- **Withdrawal:** Symptoms of nicotine withdrawal include irritability, restlessness, anxiety, insomnia, and fatigue. While these symptoms will go away within a couple of weeks, some people may be unable to concentrate, and have strong cravings to smoke, for weeks or months after quitting smoking or using other forms of tobacco. You may have to change your routines while you withdraw in order to stay on track.

Tobacco and Breastfeeding

- It is best not to use tobacco while breastfeeding as nicotine passes to the baby through breast milk.
- The potential long-term effects on babies exposed to nicotine through breast milk are not known.
- If you are using tobacco and breastfeeding:
  - Avoid smoking or using tobacco just before or during breastfeeding
  - Change your clothes before breastfeeding if you have smoked
  - Wash your hands before breastfeeding
  - Cut back on how much you smoke or use tobacco
  - Avoid smoking around the baby.
- Nicotine replacement therapy (e.g., the nicotine patch or gum) can be used while breastfeeding to help you quit. Talk to your health care provider about these options.

Tobacco, Parenting and Children

- If you smoke, try to smoke away from your children, outside of your home and car. Smoking in cars with children present is illegal in most provinces.
- Second-hand smoke can affect both your health and the health of your children.
- Being close to secondhand smoke, even for a short time can irritate your eyes, nose and throat. It can also cause headaches, dizziness, nausea, coughing and wheezing. Secondhand smoke can also make allergy or asthma symptoms worse.
- For babies and children, second-hand smoke increases the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the death of a child under the age of 1 for which no reason can be found.
- Second-hand smoke also increases the chances that children will have ear infections, asthma, allergies, and respiratory illnesses (e.g., bronchitis, pneumonia).

Quitting smoking and avoiding secondhand smoke are key ways women can protect their health and their children's health

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Women and Cannabis

Cannabis

- Cannabis (e.g., weed, cannabis, hashish, hash, pot) is produced from the Cannabis sativa plant and can be smoked, inhaled as a vapor, or ingested in foods or drinks.
- Tetrahydrocannabinol (THC) is the chemical in cannabis that makes you feel 'high,' but cannabis also contains more than 400 other chemicals.
- Depending on how much THC is in the cannabis, how you use it and how your body responds, the short-term effects of cannabis can last around 1-4 hours. There are different types of cannabis and the effects depend on the amount of THC it contains.
- Using cannabis can produce feelings of euphoria ("being high") and relaxation, changes in perception and sense of time, and increased appetite. Some people also experience anxiety, panic, and mild paranoia.
- Cannabis affects your short-term memory, attention, and motor skills, and slows your reaction time.

Cannabis and Your Health

- Medical cannabis is prescribed to treat health issues such as nausea and vomiting, chronic pain, and symptoms associated with HIV/AIDS and multiple sclerosis.
- Symptoms of withdrawal from cannabis, if they occur, are usually mild and may include sleep disturbance, irritability and loss of appetite.
- Regular cannabis smoking is associated with chronic cough and phlegm. Quitting smoking, or using non-smoked forms of cannabis, is likely to relieve these symptoms.
- Some research suggests that cannabis use can affect ovulation and the length of your menstrual cycle.

Cannabis and Pregnancy

- Using cannabis while pregnant may affect the fetus. Until more is known about the short- and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant, while breastfeeding, and around children.
- If you are using cannabis for medical reasons, talk to your health care provider about whether the benefits of using cannabis for medical purposes outweigh the potential risks to you and your fetus.
- If you have problems stopping or reducing your recreational cannabis use while pregnant, talk to your health care provider about services in your community that can support you.
- When you are pregnant, whenever possible, avoid being in a room with people who are smoking cannabis.
- Some women are interested in using cannabis during pregnancy to treat nausea or 'morning sickness'. There is some research showing that women who use cannabis report relief from these symptoms; however, more research is needed to understand the potential health risks. Talk to your health care provider if you have questions about this.
- Scientists are still learning about the effects of cannabis use during pregnancy on babies, children, and youth. Some research shows that babies born to mothers who use cannabis during pregnancy are more likely to be born smaller than other babies and have low birth weight. Some research shows that cannabis use during pregnancy can affect children's' behaviour (with attention problems and hyperactivity), brain development (problems with memory or learning at school), and the likelihood that they will use cannabis and other drugs as a teenager.

Until more is known about the short and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant.

Cannabis and Breastfeeding

- Scientists are still learning about whether cannabis in breast milk can affect babies in the long-term. It is best not to use cannabis while breastfeeding as it is passed on to babies through breast milk and can be found in their feces (poop).
- Babies who have been exposed to cannabis through breast milk may become drowsy and have a hard time latching properly.

Cannabis and Parenting

- Cannabis use may affect your ability to safely take care of your baby.
- Some types of cannabis can make people feel very sleepy and can make them sleep more deeply.
- Second-hand cannabis smoke can cause some of the same health problems for your children as second-hand tobacco smoke. Smoke away from your children and outside of the house.
- Keep cannabis in a safe place where your children cannot reach it. Cannabis in food products, such as cookies and brownies, can be especially tempting to curious children.
- If your child eats or drinks cannabis by accident, seek medical attention right away. Your child might have problems walking or sitting up and may get very sleepy or act confused. Serious effects of cannabis on children are less common, but can include problems with breathing, seizures and comas.

Canada's Low Risk Cannabis Usage Guidelines

Canada's Lower-Risk Use Guidelines state: "Cannabis use is a personal choice, but it comes with risks to your health and well-being." Some of the recommendations to lower your risk include:

- **Identify and choose lower-risk cannabis product**
- **Don't use synthetic cannabinoids**
- **If you smoke cannabis, avoid harmful smoking practices**
- **Limit and reduce how often you use cannabis**
- **Don't use and drive, or operate other machinery**
- **Avoid cannabis use altogether if you are at risk for mental health problems or are pregnancy**

Download the guidelines from www.camh.ca

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This resource was developed by the Centre of Excellence for Women's Health (www.bccewh.bc.ca) through the support of the Education and Training Council, Alberta FASD Cross Ministry Committee (http://fasd.alberta.ca) and reviewed by experts from the Canadian Centre on Substance Abuse (www.ccsa.ca) and the Canada FASD Research Network (www.canfasd.ca).

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Women and Prescription Opioids

Prescription Opioids

- Opioids are a type of medication often prescribed to treat acute and chronic pain.
- Opioids are drugs that are made from the opium poppy plant or made in a lab from chemicals.
- Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycontin®, Percodan® or Percocet®), hydrocodone (e.g., Hycodan®, Tussionex®), hydromorphone (e.g., Dilaudid ®), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria (“high”).
- Opioid medications can be dangerous at high doses as they can cause drowsiness, slow your breathing, and lead to a coma and death.

Prescription Opioids and Your Health

- Side effects of prescription opioids can include sedation (feeling drowsy or sleepy), nausea, vomiting, and constipation. You can also build a tolerance to these drugs and may require higher amounts to manage your pain.
- If you suddenly stop or decrease the amount of medication you are taking, you may experience physical symptoms of withdrawal. These symptoms usually last a few days to a week.
- Opioids are depressant drugs which means that they slow down the part of the brain that controls breathing. All opioid drugs are dangerous when taken in large quantities or when taken with other drugs that are depressants, such as alcohol and benzodiazepines, such as clonazepam (Rivotril®) and lorazepam (Ativan®).
- Prescription opioid medications can be dangerous when misused. Misusing can occur when you:
  - Use opioids with alcohol or other medications with sedative effects
  - Take more medication than prescribed for you
  - Change how your medication is taken (e.g., snorting or injecting)
  - Take medication that was not prescribed for you
  - Long-term use of prescription opioid medications in women can cause hormonal changes, infertility, anxiety and depression. Changes in your hormones may affect your period and interest in sex.
  - Long-term, frequent use of opioids to treat headaches can result in “medication overuse headache”, a rebound headache caused by excessive use of headache relief medications.

Serious harms from prescription opioid medications can include physical dependence (addiction), overdose, and death. When caught early, an overdose may be treated with drugs such as naloxone. Naloxone reverses opioid overdoses temporarily allowing for additional time to get help.

Prescription Opioids and Pregnancy

- Using prescription opioid medications during pregnancy can have risks. If you could become pregnant, are thinking about getting pregnant, or as soon as you are aware that you are pregnant, it is important to talk to your health care provider.
- Taking opioids during pregnancy can increase the chance that your baby will be born too early, be born at a low birth weight or experience symptoms of withdrawal from the medications you are taking.
- If your baby experiences symptoms of withdrawal, he or she will need medical observation and possibly treatment. Not all babies will experience withdrawal and not all require medical treatment for it. Most babies who experience symptoms of withdrawal will have no long-term effects on their health and development.
- Scientists are still learning about the overall safety of using long-term opioids during pregnancy. Some opioids in certain doses may cause birth defects such as: clubfoot, or problems with the baby’s heart, brain and spine (neural tube defects), or lungs.
- Depending on your situation, you may want to discuss alternate forms of pain management with your health care provider.
- You should not decide to stop taking opioids on your own or go “cold turkey” as stopping their use can cause harms during pregnancy such as early labour or making it difficult for the fetus to get enough oxygen.
- If you have an addiction to opioids, it is recommended that you take methadone or buprenorphine under the care of your healthcare provider during pregnancy as these medications are less risky for you and your fetus.
- If you think you might be dependent or addicted to prescription opioid medications, talk to your health care provider about support and services in your community that can help you.

Prescription Opioids and Breastfeeding

- It is safe to breastfeed while taking most prescription opioid medications, but it is important to talk to your health care provider about your particular situation.
- The length of time you've been taking the medications, whether you were taking them during pregnancy, and the dose or amount of the medication can help you and your health care provider make a decision.
- In general, if you are prescribed medications for short-term pain relief, this should not affect your ability to breastfeed.
- If you are taking methadone or buprenorphine as prescribed, you can breastfeed regardless of the amount you are taking. While small amounts of methadone and buprenorphine pass into breast milk, this has little effect on your baby. If your medication dose is stable, you should be able to breastfeed unless you have other health concerns.
- If you are taking medications such as codeine or hydrocodone, talk to your health care provider. Scientists are still learning about the safety of breastfeeding when women take prescription opioid medications for long periods of time and at higher amounts. Even small amounts of codeine can be concerning for some women depending on how their bodies metabolize it.
- Some opioid medications can make you sleepy. If you notice that your baby appears sleepy, talk to your health care provider about the amount and how often you are taking your medication and whether any changes need to be made.

Prescription Opioids and Parenting

- Some types of opioid medications can make people feel very drowsy and can make them sleep more deeply than usual.
- Just like other prescription drugs, keep opioid medications in a safe place where your children (and pets) cannot reach them. Avoid leaving them on the counter or in a purse. Fentanyl patches, which are worn for 72 hours, can be especially dangerous. Avoid throwing used patches in the garbage where your child could find them later.
- If your child accidentally ingests your medication, seek medical attention right away.
- Older children and teenagers may be interested in taking prescription opioid medications for recreational reasons. Talk to them openly about the risks of these medications. You can be a good role model by taking your medication as prescribed, keeping them safe, and not sharing them with others.
- You can return any unused opioid pain medications to the pharmacy for safe disposal. This also helps the environment.

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