

## Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we meet today.

We honour all past and present Elders as the care takers of the memories, culture and dreams of Aboriginal and Torres Strait Islander people.



*We're working for Western Australia.*

Overview

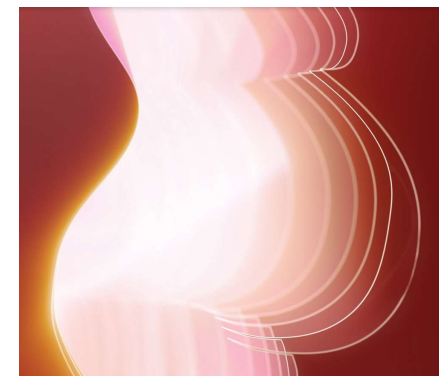
## Valuable conversations

for reducing the impact of alcohol use during child-bearing years

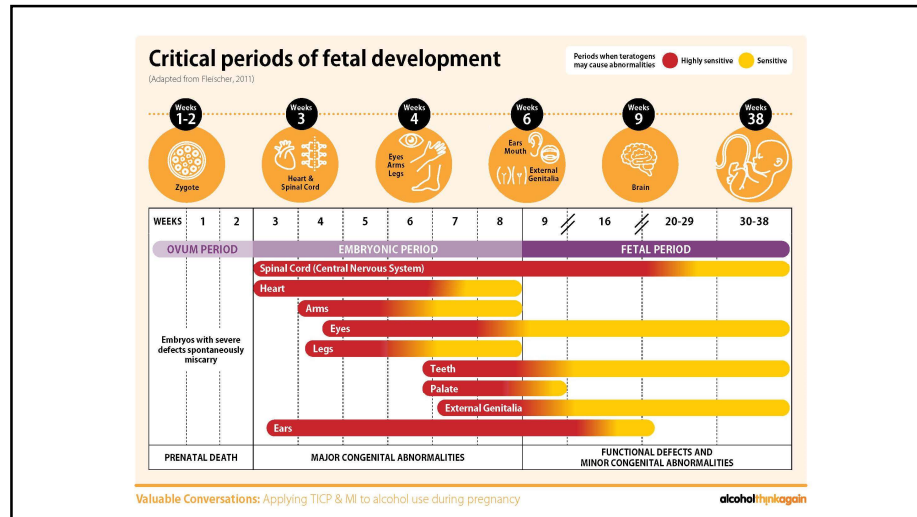
## Fetal Alcohol Spectrum Disorder (FASD)

- FASD is caused by Prenatal Alcohol Exposure (PAE).
- The placenta does not provide a barrier against PAE.
- The developing embryo/fetus is sensitive to the teratogenic (toxic) effect of alcohol from two weeks.
- The impact of PAE is difficult to predict and can be lifelong:
  - Time
  - Dose
  - Pattern
- A national FASD diagnostic criteria was published in 2016 and requires a multidisciplinary team; it is a time intensive process.
- Shaming women about their alcohol use stops engagement for behaviour change and/or accessing support.

## Placenta Animatic



<https://alcoholthinkagain.com.au/alcohol-your-health/alcohol-during-pregnancy/>



## Reducing health risks from drinking alcohol in Australia 2001 - 2020

Over the past 20 years the National Health and Medical Research Council (NHMRC) has made the following recommendations for women who are pregnant or planning a pregnancy ('might soon become', 2001):

### • 2001

- **Consider** not drinking; **never become intoxicated**; **less than seven standard drinks (SD)** in a week; and **no more than two SD** on one day (spread over at least two hours)

### • 2009

- Not drinking is the **safest option**

### • 2020

- **Should not** use alcohol

## What is trauma?

- Wide range of experiences
- Single or repeated events
- Interfere with a person's ability to cope or to integrate
- Actual or perceived threat to life, bodily integrity and/or sense of self
- Impacts can be cumulative across the lifespan

(MHCC, 2013)

## Creating a trauma-informed organisation

According to Poole (2013), becoming a trauma-informed service starts with acknowledging:

- The high prevalence of trauma.
- That trauma can impact on a person's psychological and neurobiological development.
- People do the best they know how in order to survive; these adaptations are functional.
- Trauma, substance use, mental health and physical health problems are interrelated.

## Stigma: women and alcohol use

[In Australian and New Zealand] *“women’s drinking happens ... in the context of a society that values alcohol ...*

*Within our cultural framework, it sets women up to be the problem and that makes it really hard for them to actually talk about it, for professionals to ask those questions, for women to actually answer honestly.*

*It positions women as harming their children ...”* (Male Counsellor)

(Bagley & Badry, 2019, pg.1942)

## Benefit of Motivational Interviewing (MI)

- Client focussed approach to working with their ambivalence.
- Builds participant understanding of their own Righting Reflex.
- Incorporates the Spirit of MI:
  - **Compassion**
  - **Acceptance**
  - **Partnership**
  - **Evocation**
- Considers micro-counselling skills of **OARS** and **Ask-Offer-Ask**

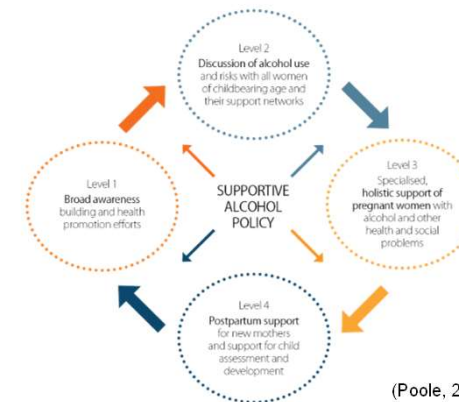
## FASD prevention

**FASD prevention can be complex** because it is more than telling women, *‘Just stop drinking alcohol if you’re pregnant’.*

**“Service providers don’t need know a lot about FASD to effectively address alcohol use during pregnancy.”**

(Dr Wendy Lawrance – GP and Addictions Medicine Specialist, Next Step)

## Holistic prevention framework



(Poole, 2008)

## Campaign



<https://alcoholthinkagain.com.au/campaigns/alcohol-and-pregnancy-one-drink/>

## Brief Interventions (Level 2-4 FASD prevention); using the AUDIT-C

The AUDIT-C is a screening tool initially developed by the World Health Organization (1989). An overall risk to health from alcohol use is assessed using the amount and frequency of consumption.

An understanding of standard drink measure is important for correctly administering the AUDIT-C.

When combined with education and support, the AUDIT-C is a useful aide in providing client's with information to stop/reduce their alcohol use during pregnancy.

## continued



### AUDIT-C FOR HEALTHY WOMEN

Low risk of harm (total score: 0-3)

Discuss AUDIT-C score for low-risk drinking and consider the following:

- Provide **feedback** to encourage further low-risk drinking.
- Discuss **low-risk drinking**.
- **ASSIST** by providing alcohol harm prevention and reduction resources.
- Offer client a follow-up session.
- Offer to **ARRANGE** referral and a follow-up session.

**ASK** your client the following questions about their alcohol use to **ASSESS** their risk level of harm

Instructions: add the scores for each question to get a total score. Match the total score to the level of risk. **Score**

1. How often do you have a drink containing alcohol?					
0	1	2	3	4	
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
2. How many standard drinks containing alcohol do you have in a day when you are drinking?					
0	1	2	3	4	
1 or 2	3 or 4	5 or 6	7-9	10+	
3. How often do you have five or more standard drinks in one sitting?					
0	1	2	3	4	
Never	Monthly or less	Monthly	Weekly	Daily or almost daily	

**WARNING:** Women who score in the high-risk range (8+) should not be told to stop drinking alcohol or cut down without seeing a doctor as this can be dangerous to their health.

Medium risk of harm (total score: 4-7)

Discuss AUDIT-C score for medium-risk drinking and consider the following feedback:

- Discuss cutting down.
- Discuss **tips, strategies and plan** (see S5SM – Making changes if needed) for cutting down.
- **ASSIST** by providing alcohol harm prevention and reduction resources.
- Offer to **ARRANGE** referral and a follow-up session.

High risk of harm (total score: 8+)

Discuss AUDIT-C score for high-risk drinking and consider the following feedback:

- Discuss taking action.
- Provide **contact information** for alcohol and other drug services, ADSL<sup>†</sup> or doctor.
- **ASSIST** by providing alcohol harm prevention and reduction resources.
- Offer to **ARRANGE** a referral and a follow-up session.

<sup>†</sup> The Alcohol and Drug Support Line (ADSL) is a free 24-hour, confidential, telephone counselling, information and referral service available state-wide on (country) 1800 198 024 or (metro) 08 9442 5000. Charges apply from mobile phones; callers can leave their number for a return call to avoid charges.

## Australian Standard Drinks Guide

In Australia, a standard drink (SD) of alcohol is measured by **10 grams of pure alcohol**, not the amount of liquid, as outlined below:



## Brief Interventions (Level 2-4 FASD prevention); using the Five As for pregnant clients

A Brief Intervention (BI) refers to a range of strategies that can be used with individuals whose patterns of AOD use are harmful, but who may not yet be aware of the harms they face, or who don't connect their symptoms with their AOD use.

The **Five As** is a useful model for guiding service providers on conducting a BI for reducing alcohol related harm:

1. Ask
2. Assess
3. Advise
4. Assist
5. Arrange



continued

## THE 'FIVE AS' GUIDE FOR DISCUSSING ALCOHOL USE WITH PREGNANT CLIENTS



ASK



ASSESS



ADVISE



ASSIST



ARRANGE

### ASK your client the AUDIT-C questions about their alcohol use



The risk of harm to the fetus increases the more the mother drinks and the more frequently she drinks.

### ASSESS appropriate support and follow up



A baby's brain keeps developing after it is born. A growing infant brain is more sensitive to damage from alcohol than an adult brain.

### ADVISE clients of the Australian guidelines (NHMRC, 2020):



- To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- For women who are breastfeeding, not drinking alcohol is safest for their baby.
- The risk of harm to the fetus is highest when there is high, frequent alcohol exposure.
- The risk of harm to the fetus is likely to be low if there is low, infrequent alcohol exposure.
- The level of risk to the fetus is also influenced by maternal\* and fetal characteristics and is therefore hard to predict.
- No safe level of alcohol consumption during pregnancy has been identified.

### ASSIST clients to prevent/reduce harm from using alcohol during pregnancy using the following:



- Discuss stopping or cutting down.
- Discuss **tips and strategies** to stop or cut down.
- Develop a **plan** to stop or cut down.
- Provide **contact information** for alcohol and other drug services, ADSL† or doctor.
- Provide alcohol harm prevention and reduction resources.

### Offer to ARRANGE a follow-up session or referral.



**WARNING:** Women who score in the high-risk range (8-11) on the AUDIT-C should not be told to stop drinking alcohol or cut down without seeing a doctor as this can be dangerous to their health.

\***Maternal characteristics** contributing to alcohol-related harm including FASD affected children include the following factors:

- genetics
- nutrition
- maternal age
- history and pattern of alcohol use
- socioeconomic and environmental factors

†**Fetal characteristics** contributing to FASD include:

- the stage of fetal development at the time of alcohol exposure
- amount and frequency of alcohol at the time of exposure
- genetics

‡**The Alcohol and Drug Support Line (ADSL)** is a free, 24-hour, confidential, telephone counselling, information and referral service available state-wide on: (country) 1800 198 024 or (metro) 08 9442 5000. Charges apply from mobile phones; callers can leave their number for a return call to avoid charges.

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## Client resource: On Track



On Track



Thank you

<https://www.mhc.wa.gov.au/training-and-events/training-for-professionals/alcohol-and-other-drug-training/>

