Preventing Alcohol Exposure During Pregnancy in the European Region – Evidence, Case Stories and Challenges

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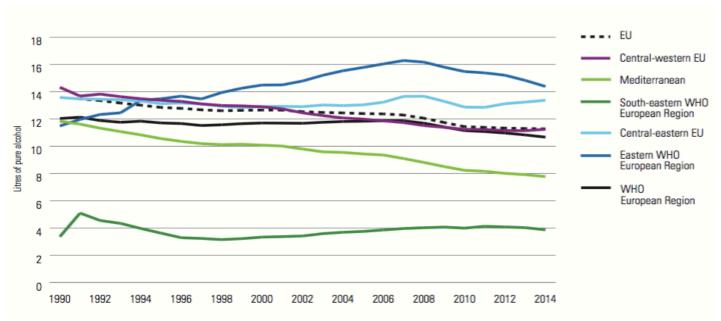








Trends in adult per capita alcohol consumption in the WHO European Region and subregions 1990-2014



Shield, Rylett & Rehm (2016)

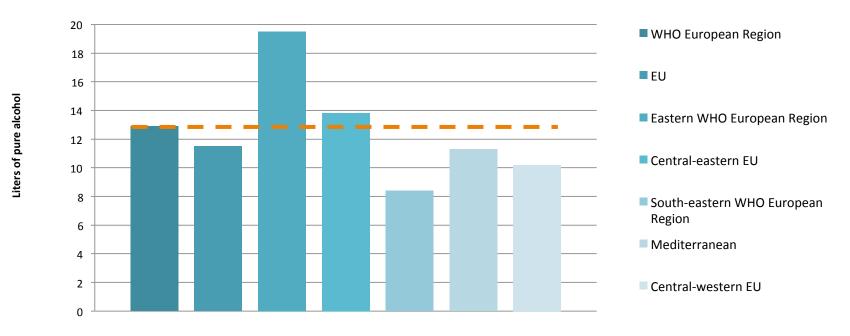








Female drinkers



Shield, Rylett & Rehm (2016)

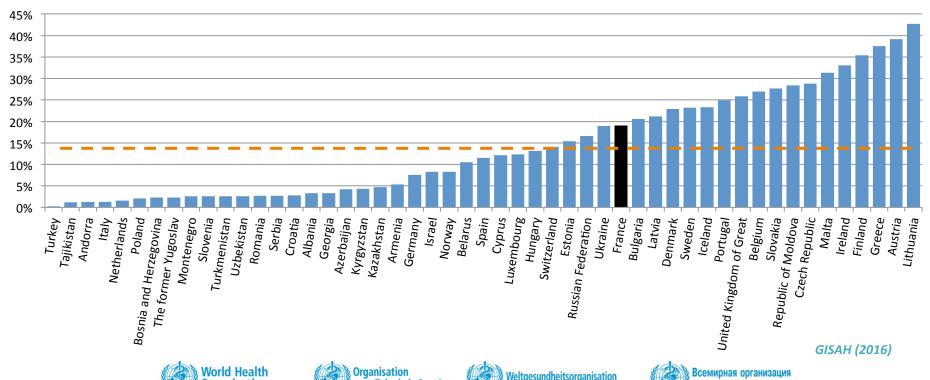








Heavy episodic drinking in past 30 days, 2010



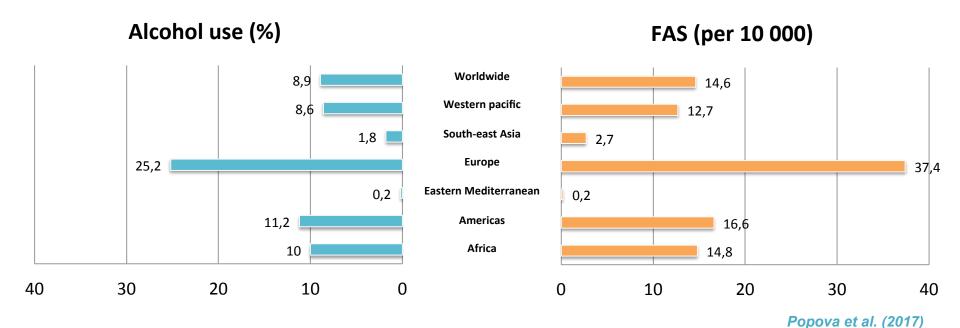








Prenatal alcohol use and FAS





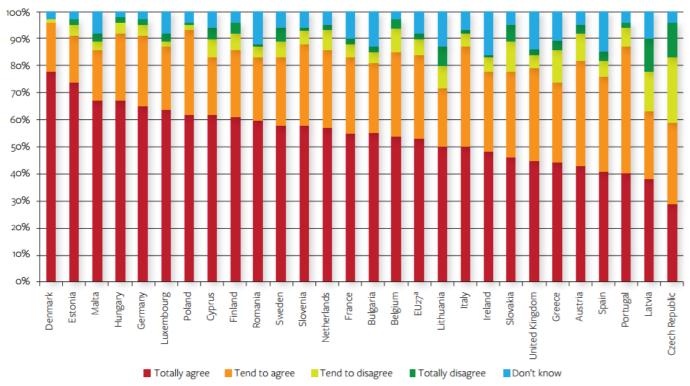




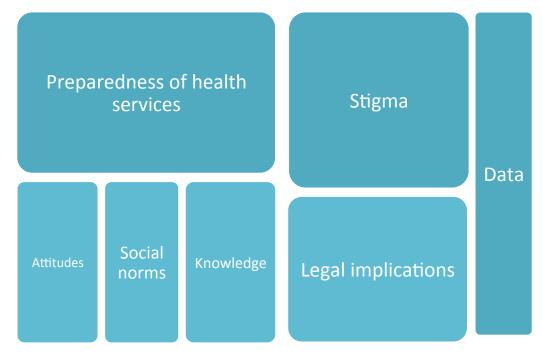


Европейское региональное бюро

"Alcohol can cause birth defects"



Challenges











Policy













Recent work



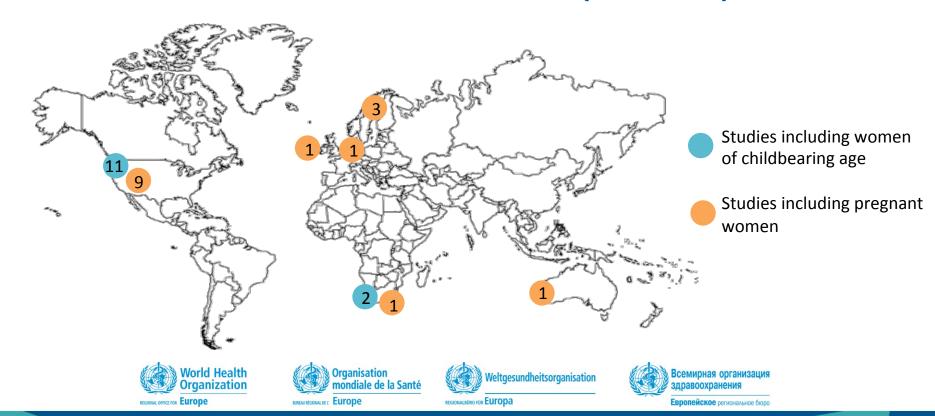








Included studies (N=29)



Rapid review

Preconception

- Significant reductions in five studies ranging from 51% (12m) to 79.8% (4m) no longer at risk of having an AEP, and one study found no differences between groups but overall reductions from baseline
- Four studies had no control group, however significant reductions from baseline to follow-up were found ranging from 31.2% (6m) to 58% (4m) no longer at risk of having an AEP

Pregnancy

- Nine studies found no significant difference between groups control group tended to still get assessment and/or usual care
- Four studies found higher abstention rates, lower AUDIT scores, or reduced alcohol use per day in the intervention group









Public health interventions/campaigns

- Four studies looked at the effect of educational campaigns to pregnant/nonpregnant (or both) women all very different approaches
 - One study showed significant decreases in FAS/pFAS cases and reductions in units per week following campaign
 - One study showed increases in perceived level of knowledge about FAS and risks with drinking, 71.8% reported they had reduced their drinking
 - One study found that message framing focusing on a threat appeal, alone or in combination with self-efficacy appeal, associated with higher proportion of women intending to abstain or reporting confidence to abstain
 - One study showed that women exposed to campaign were more likely to have spoken to a friend about alcohol and increased knowledge about risks with drinking









Case studies

- Countries that indicated some work around FASD in the 2012 Alcohol and health survey asked to update on work in the past five years (WHO, 2013)
- Aim to share good practice and show the range of activities carried out in the Region
- Eight countries provided sufficient information to describe the work in case studies









What are Member States doing?

- Screening and brief interventions
 - Four countries are working with, or plan to introduce, screening and brief intervention in antenatal care
 - Overall, increasing knowledge, skills and capacity of health care professionals have been important priorities
- Work around estimating FASD prevalence, improving diagnosis and treatment and support to individuals with FASD prominent in Sweden, Germany and Poland



Source: Klinikum Der Universität München









What are Member States doing?

- National, regional and local campaigns have been organized in most case study countries
- Norway developed a large-scale national campaign using a variety of media
 - Results indicating shifts in attitudes towards drinking in pregnancy
 - Also used in Slovenia, who also took part in the international "Too young to drink" campaign













Conclusions

- Focusing on pre-pregnancy drinking is an important area for prevention – consumption before getting pregnant and before knowing about the pregnancy is prevalent (McCormack et al., 2017)
- WHO Guidelines for the identification and management of substance use and substance use disorders in pregnancy set out a clear task for health care services to screen for alcohol use and provide interventions to those who drink
- Awareness raising, working with health services response are vital for prevention but in wider perspective also important with comprehensive alcohol policy and "best buys"









Thank you for listening!





http://www.euro.who.int/alcohol









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