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

Liters of pure alcohol

- WHO European Region
- EU
- Eastern WHO European Region
- Central-eastern EU
- South-eastern WHO European Region
- Mediterranean
- Central-western EU

*Shield, Rylett & Rehm (2016)*
Heavy episodic drinking in past 30 days, 2010
Prenatal alcohol use and FAS

Alcohol use (%)

- Worldwide: 8.9%
- Western pacific: 8.6%
- South-east Asia: 1.8%
- Europe: 0.2%
- Eastern Mediterranean: 11.2%
- Americas: 10%
- Africa: 0%

FAS (per 10 000)

- Worldwide: 14.6
- Western pacific: 12.7
- South-east Asia: 2.7
- Europe: 0.2
- Eastern Mediterranean: 0.2
- Americas: 16.6
- Africa: 14.8

Popova et al. (2017)
“Alcohol can cause birth defects”

EU Barometer 331 (2010)
Challenges

- Preparedness of health services
- Social norms
- Knowledge
- Legal implications
- Stigma
- Data
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/non-pregnant (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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References