

## CADPAAC Prevention Committee

# Alcohol and Drug Prevention and Pregnant Women

March 22, 2007

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## Background

- The American College of Obstetricians and Gynecologists states that there is no safe amount of alcohol during pregnancy.
- An estimated 100,000 infants born in California per year with some alcohol exposure. Between 20-60,000 with illicit drug exposure.
- Each day in the United States 10,657 babies are born:
  - 1 will be born HIV positive
  - 3 with Muscular Dystrophy
  - 10 with Downs Syndrome
  - 20 with Fetal Alcohol Syndrome
  - 100 with Alcohol Related Neurodevelopmental Disorder.

## Costs of Substance Use in Pregnancy

- Christopher Kalotra (2002) reviewed 35 studies and cost estimates for caring for alcohol- or drug- exposed children. The estimated cost ranged from \$750,000 to \$1.4 million in a lifetime for each child born alcohol or drug exposed.
- High costs to woman: health risks, guilt and shame, high need child.
- Other costs unknown, undiagnosed exposure contributes to sub-optimal outcomes, school problems, behavior problems, developmental lags.

## Become a High Risk Population

Behavior	Outcome
Poor Judgment	Easily Victimized
Attention Deficits	Unfocused and Distractible
Memory Problems	Does Not Learn From Experience
Abstraction Problems	Cannot Understand Consequences
Disoriented	Social Misfits
Poor Frustration Tolerance	Quick to Anger and Give Up
Problems with Arithmetic	Cannot Handle Money

*New Jersey FASD Task Force*

*Mood, attachment and other problems are also common.*

## Public Health Approach

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- **Individual level strategies**
- **Family level strategies**
- **Agent-related strategies**
- **Community level strategies**

**Integrated together**

## Broad Range Strategies

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- **Stop substance use in women of child bearing ages through prevention, screening, education, intervention and treatment.**
- **Stop pregnancy in substance using women through education and birth control.**
- **Change community institutions to discourage substance use during pregnancy and provide for supportive interventions.**

## Other Challenges

- Many women drink and binge drink before they know they are pregnant. Binge drinking in the first trimester is particularly problematic.
- Developing educational programs that offer prevention messages without shaming or blaming substance dependent women.
- Women are relational, family and peers often encourage use. “You are not fun anymore”
- Contradictory Messages: it helps morning sickness, breast feeding etc. (from peers and community institutions)
- Punitive measures make women afraid to admit use.
- Limited data available.

## Current Efforts in California

- In approximately 30 counties there have been efforts to education prenatal care providers and substance abuse screening (and intervention) at prenatal clinics
- Methamphetamine media campaign
- Ninezero Project
- FASD Taskforce monitors legislation
- California Dept of Education Health Education Standards under review
- Effort to address Alcopops
- Any others?

# Questions for Consideration

- How can we better integrate prevention of alcohol and drug use during pregnancy into community prevention efforts?
- How can we educate and support change in the male partners and peers who encourage pregnant women to use?
- How can we increase communication between prevention and perinatal staff? In MCAH prevention efforts? In efforts to address substance exposure?
- Are there prevention programs for youth that integrate substance abuse and teen pregnancy prevention?
- How can we better intervene so that alcohol consumption during the first trimester?

## Next Up

Interventions and Supports for  
Children of Substance Users