

# What Health Professionals Know and Do About Alcohol and Other Drug Use During Pregnancy

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**Executive Summary**

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## EXECUTIVE SUMMARY

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There is now a preponderance of evidence that has found consuming alcohol and smoking cigarettes can be harmful to a woman's health. In addition, there is clear and convincing evidence that alcohol and tobacco use during pregnancy can have deleterious effects on the developing fetus and the child born exposed to these substances. Less is known about the effects of other drug use on the developing child, but research has shown that women of childbearing age in New Zealand and world-wide are using other "recreational drugs" such as cannabis (marijuana), opiates (heroin, MSTI, homebake, methadone), and methamphetamine (P, Pure, crystal meths, ice, speed, Ecstasy). In addition, women frequently use these drugs in combination. For instance, women who drink are also likely to smoke cigarettes and use cannabis. (Arria et al., 2006; Australian Institute of Health and Welfare, 2003; Boden, Fergusson, & Horwood, 2006; Counsell, Smale, & Geddis, 1994; Goransson, Magnusson, Bergman, Rydberg, & Heilig, 2003; Mathew, Kitson, & Watson, 2001; Parackal, Ferguson, & Harraway, 2007; Woulde, 2001).

Health professionals who are routinely providing healthcare to women of childbearing age are uniquely positioned to deliver important information about the health risks around the use of alcohol, tobacco and other "recreational or psychoactive drugs". However, research to date suggests that a number of obstacles may prevent healthcare professionals from discussing substance use with their patients (Gilbert et al., 2007; Taylor et al., 2007; Woulde, 2008). Some of these obstacles are lack of knowledge about the effects of these substances on the mother and her developing child, others are related to insufficient training to adequately assess the risk of using alcohol and/or other drugs. Therefore, the present research had three overall objectives.

1. To determine the current practice of healthcare professionals around alcohol and other drug use when treating women of childbearing age.
2. To investigate the knowledge and opinions of health professionals around the use of alcohol, tobacco and other drugs during pregnancy.

3. To identify the perceived needs of health professionals to manage women of childbearing age who report they are using alcohol, tobacco and other drugs.

To address the above objectives, we interviewed 241 health professionals who routinely treated women of childbearing age and/or women who were currently pregnant or planning a pregnancy. Approximately two-thirds of the participants in this study were midwives (68%) who provided antenatal and postnatal care to women in the greater Auckland region that included parts of Northland. The other third was made up of obstetricians, general practitioners and practice nurses. The clinical environments that were served by these health professionals were well distributed between the three main DHBs in Auckland and to a lesser extent Northland and Waikato. The clinical services included: hospital maternity services, independent midwife practices, private consultant practices, and fertility, family planning and sexual health clinics. The clinical population that was served by these clinicians included a wide range of ethnicities and was largely representative of the New Zealand population of women who are currently having babies. The following is a summary of the key findings.

### **Current Practice of Health Professionals**

Healthcare providers should be able to assess the extent, frequency and timing of drug use in women of child bearing age, determine the level of risk associated with this use and know when to offer referrals. To establish the current practice of health professionals engaged in treating young women of childbearing age we asked the following: (1) whether they routinely asked about alcohol and drug use; (2) whether they used standardised questionnaires to obtain information about the risks; (3) what the barriers were to discussing alcohol and drug use, and (4) what they were likely to do if patients reported using alcohol, tobacco and other drugs. The following is a summary of the current practice reported by health professionals who participated in this study.

#### ***Routine Screening for Alcohol, Tobacco and Other Drug Use***

- A large proportion of health professionals reported routinely asking about the use of alcohol (78%) and tobacco (88%), a much smaller proportion routinely asked about the

use of other psychoactive drugs such as cannabis (52%), opiates (34%), or methamphetamine (33%).

- Fewer than 17% of health professionals were aware of any of a number of readily available, standardised questionnaires that have been shown to reliably screen for risk due to the use of psychoactive drugs or alcohol consumption.
- Fewer than 7% were currently using one of these standardised questionnaires.

### ***Barriers to Screening for Alcohol, Tobacco and Other Drug Use***

- Over 60% of the health professionals reported they were “more likely” to discuss alcohol and tobacco with their patient regardless of the context or circumstances. The remainder of respondents perceived the following to be barriers to inquiring about the use of alcohol and to a lesser extent tobacco.
  - It was the first visit and they had not established a relationship or rapport with the patient.
  - The patient was from an ethnic, culture or socio-economic group that the health professional believed put them at “no” or “low” risk for problems.
  - There was no clear procedure in the clinical environment for managing women who reported they were using alcohol or other drugs.
- Nearly 50% of health professionals in this study reported all of the above to be barriers for asking about other psychoactive or illegal drug use. A further barrier for asking about illegal drug use was the presence of a family member during the clinical interview.

### ***Management of women who use alcohol and/or other drugs during pregnancy***

- Over 80% of respondents in the present study reported they would ask more in-depth questions about the pattern and frequency of alcohol and other drug use.
- Only 59% of the participants were more likely to continue to monitor alcohol use, whereas a higher proportion were more likely to continue to monitor other illicit drug use (67%) throughout a woman’s pregnancy.
- A higher proportion of health professionals were more likely to refer women to a specialty team to manage the pregnancy (78% vs 56%) or to offer a referral for illicit drug use (78% vs 62%) than for alcohol use.

## **Current Opinions and Knowledge About Alcohol and Other Drug Use**

To obtain the current opinions and knowledge of health professionals about alcohol consumption and the use of other psychoactive drugs we asked the following: (1) whether women should abstain from drinking during their pregnancy; (2) what they considered heavy drinking; (3) what they knew about of Fetal Alcohol Spectrum Disorders (FASD); and (4) what they knew about the effects of prenatal alcohol and drug use on the developing fetus and child.

### ***Opinions about abstinence or moderate drinking during pregnancy***

- Over 85% of the health professionals in this study reported that they believed women who were pregnant or were planning to become pregnant should completely abstain from alcohol consumption.
- 75% of respondents suggested that 6 or more drinks per week would be considered heavy drinking during pregnancy.

### ***Opinions about Fetal Alcohol Spectrum Disorder (FASD)***

- Only one third of the participants in the current study thought that health professionals were sufficiently aware of FASD.
- Nearly two-thirds were of the opinion that a diagnosis of FASD may lead to a child or family being stigmatised.
- Most respondents agreed that an early diagnosis of FASD may improve treatment plans for the affected child (88%) and that it was possible to prevent FASD (93%).

### ***Knowledge about the effects of alcohol and other drug use during pregnancy***

- Only 25% of the health professionals were able to identify the four main criteria for Fetal Alcohol Syndrome (FAS)
- The majority of participants in the present study identified a wide range of health and developmental problems they considered were associated with alcohol, tobacco and other drug use during pregnancy.
- The opinions they held about the effects of alcohol and tobacco were largely consistent with the current and abundant evidence about the use of alcohol and tobacco during pregnancy.
- Despite a lack of research about the effects of illicit drugs, over one-third of the participants reported they considered all of the adverse outcomes listed in our

questionnaire as potential adverse effects from exposure to cannabis, opiates and methamphetamine.

### **Perceived Needs for Knowledge, Training and Resources**

The lack of agreement between the opinions of the health professionals in this study around the adverse effects of alcohol and other drug use during pregnancy and published evidence was reflected in their reported need of further knowledge, training and resources.

#### ***Perceived need for more knowledge and training***

- Nearly half of the participants reported they needed more knowledge about the effects of alcohol (49%).
- A substantially higher proportion of professionals reported they needed more knowledge about cannabis (74%), methamphetamine (81%), opiates (81%) and methadone (84%).
- Only a small proportion of health professionals reported they did not feel confident advising women about drinking alcohol (14%) or smoking tobacco (8%).
- Two thirds of participants did *not* feel confident in their ability to advise women of childbearing age about the use of illicit substances.
- A substantial proportion reported a need for training to assess the risk of alcohol (57%) and other drug use (81%) during pregnancy.

#### ***Perceived need for resources***

- Approximately 80% of the clinicians reported they would find a short standardised questionnaire useful in screening for alcohol and/or other drug use.
- Over two-thirds reported a need for printed material that accurately reflects the risk of cannabis, methamphetamine, opiates and methadone.

### **Summary of Implications for Health Service Provision**

With the magnitude of impact on public health, mental health and society and the emerging evidence of intergenerational transmission of substance dependence, it would seem imperative that alcohol, tobacco and other drug use in women of childbearing age be a health policy priority. A focus on primary prevention effort alone is likely to be insufficient given the complexity of substance use. Prevention messages and public health interventions will be more effective if they

fall along a continuum of interventions that are able to take into account and respond to multiple factors and that fall into 4 distinct but interrelated areas,

1. Universal or primary preventive – broad health promotion and educational material, and routine brief intervention advice. A national prevention campaign would provide information on the topic to the general public. This could be delivered through a combination of approaches such as health warning messages on alcohol containers and where alcohol is sold, mass media social marketing or community focused education programmes. This approach would also provide a useful role to enabling healthcare professionals to initiate discussion and brief intervention screening with all women of reproductive age who present to a primary healthcare service.
2. Selective Preventive – Screening and intervention programmes for women who report some alcohol or other drug use during pregnancy. A number of short standardised screeners are available to ascertain the level of risk and to provide the opportunity for appropriate intervention. Some training to increase the healthcare professionals’ knowledge and application of the tools and intervention options. This should include undergraduate training as well as professional development programmes for current practitioners.
3. Indicated Preventive – Interventions that serve women with moderate or modifiable substance abuse along with other potential risk indicators. This level of prevention requires more focussed non-judgemental attention to the person’s medical and health needs to reduce the risk of existing substance use during the current and subsequent pregnancies.
4. Tertiary Preventive – Intensive treatment strategies that serve women with established substance abuse disorder and other high risk health indicators. As this usually involves multiple interrelated issues, this level of harm prevention requires a multi-disciplinary approach by trained specialist. It is important that such services are available for referral by primary healthcare professionals.

Education should include messages about drug use and addiction as a mental health or medical problem. Drug or alcohol use should not automatically be associated with inadequate parenting or irresponsible behaviour. These attitudes can only lead to punitive measures toward women who are attempting to manage their addiction problems, and set up barriers to treatment

that ultimately affect the best interests of the child. Education should also target early child care providers, family courts, drug and alcohol treatment services and allied health professionals such as sexual health clinics and family planning. In summary, the results of this survey provide a clear indication that the education for healthcare professionals in relation to alcohol and other drug use before and during pregnancy is currently inadequate and requires a greater level of attention. Healthcare providers should be educated to (1) detect drug use during pregnancy, (2) identify and assess the risks associated with alcohol and other drug use for women of childbearing age, (3) know when to offer referrals and resources and where to find these resources, and (4) develop brief counselling skills that can be used with women who are at the less extreme end of the spectrum of risk. Undergraduate curricula for health professionals should include general education about the hazards of alcohol and drug use to health and development along with current evidence about the burden of disease associated with substance use. For health professionals educational materials should be updated periodically to reflect current evidence on the effects of alcohol and other drug use. These materials should be easily accessible, web based or printed. Vocational training together with the development of guidelines for screening and referral would help to standardise approaches and build competence and confidence for current practitioners.

Educational materials should be targeted to specific audiences so that they are easily understandable and easily accessed. For the general population media may include newspapers, radio, TV. However, other ways of communicating may be through the internet and websites frequented by young adults. Targeted audiences should include young men, as well as women, as alcohol and drug use can be influenced by family members and partners.

Addressing the gaps in the provision of educative strategies would reduce the avoidable harm and cost burden associated with alcohol and other drug use during pregnancy and improve current and future maternal and child health. It is therefore necessary for workforce education on the topic to become a public health priority.

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The full survey report is available to download in PDF format from [www.ahw.org.nz](http://www.ahw.org.nz)

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