

Research Brief – Preventing Special Needs caused by Alcohol and Drug Use during Pregnancy



Centre of Excellence for Children and Adolescents with Special Needs UNBC Task Force on Substance Abuse

Comprehensive and effective prevention efforts for substance abuse related special needs address the root issues of substance abuse in society as a whole.

Until recently, pregnant women have taken the much of the responsibility for substance abuse related special needs such as Fetal Alcohol Syndrome. It is now becoming more widely accepted that condemning women with substance abuse issues is not effective at preventing substance misuse and the special needs that may be a result.

Background

Heavy exposure to alcohol during the prenatal period can cause damage to the brain, deficits in motor functioning, and challenging behaviours. This type of exposure and effects can result in a number of different medical diagnosis (two of which include Fetal Alcohol Syndrome and Alcohol Related Neurodevelopmental Disorder or FAS and ARND). The term Fetal Alcohol Spectrum Disorder (FASD) refers to all of the alcohol-exposure related disorders and diagnoses.

Research has not yet determined the consequences of prenatal exposure to other drugs (such as cocaine, marijuana, heroin, or inhalants). There may be signs of withdrawal in the newborn but unlike exposure to alcohol, other drugs do not seem to have the same clear patterns of long term and damaging effects on the unborn fetus. Because we do not know for certain the effects of drug use (other than alcohol) during pregnancy, infants that are exposed to drug use during the prenatal stage are considered 'at risk' for special needs and may benefit from early intervention programs.

How much is too much?

There is no amount of drug or alcohol use that can be considered safe. However, it is known that:

- Stopping or cutting down drinking or drug use at any time during the pregnancy will be beneficial—not all women who drink during pregnancy will give birth to a child with Fetal Alcohol Syndrome or Effects.
- Good nutrition, pre-natal care, and other healthy habits during pregnancy are all beneficial for an unborn child.
- Drinking any amount of alcohol during pregnancy is a risk; however there has not yet been any research that confirms that one or two drinks by a woman during any stage of pregnancy will cause fetal alcohol syndrome.
- Abstinence during pregnancy may be particularly important for women who are less likely to be able to consume 'just one' drink. For example women, who have previously engaged in problem substance use.

In the process of preventing substance abuse related special needs, it is important to not cause unnecessary fears and a loss of hope for pregnant women who may have already consumed substances while pregnant.

Information for this brief was garnered from the publication *Substance Abuse Related Special Needs in Canada: Best Practices for Prevention* by Jillian Stockburger. Please contact the UNBC Task Force or visit our web site for a copy of the full publication.

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Prevention

For prevention efforts to be effective, they need to be directed to the whole community, not just women who are pregnant. Drug and alcohol use and abuse are societal issues, and it is generally agreed that preventing FASD starts with preventing substance use in the entire community.

Public awareness campaigns (such as warning labels) generally don't work for those who are most at-risk.

Community based prevention can include public awareness campaigns directed toward the entire

population, changing our perceptions about the acceptability of substances use, and making drugs and alcohol harder to get through laws or policy.

One of the key (and most difficult) issues for preventing substance abuse is understanding it in the context of its associated factors and root causes.

Some of the factors associated with substance abuse include: low levels of education, poverty, lack of rewarding employment, and history of drug and alcohol use in the family.

Some of the root correlates for substance abuse include: a history of abuse, childhood emotional trauma, racism or cultural displacement, and low self-esteem.

Women's program needs

Due to the stigma associated with women (especially pregnant women) who use substances, these women have a lot of difficulty getting the help they need. Having the proper housing, nutrition, parenting courses, prenatal care, and substance abuse treatment available at this time is critical, however fear of having their children taken away and other repercussions often has these women not accessing the services they need. Because of this, a number of factors can improve services for pregnant and substance using women.

These factors include:

- An open, friendly, and non-judgmental environment.
- Services that address the multiple (health, subsistence, and emotional) needs of women.
- A harm-reduction approach that is supportive of any and all efforts made towards a healthy pregnancy.

Principles for program design

A number of elements for designing effective substance abuse treatment programs for women have been introduced. Important elements include:

- Flexible programs with a focus on women's existing strengths,
- Programs that include basic needs, such as child-care and transportation,
- Women-centred programming that acknowledges the gender specific issues related to substance abuse,
- Programs that are easily accessible (i.e. storefront entrances and self-referral options),
- Programming available in all areas (including rural areas), and
- Having culturally specific programming.

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