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HEALTH UNIT

**Comprehensive Health Promotion Approach Towards
Reducing Alcohol Related Harms for Women:
Integration of Reproductive Health Promotion, Healthy
Communities and Injury Prevention and
Sexual Health Team within Middlesex London Health Unit**


Melissa Rennison & Bernadette Garrity
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Overview

- Introduction
- Women – specific harms, including FASD
- SOGC Guidelines
- Policy and process for MLHU Clinics
- Challenges
- Next Steps



Background

- Culture of Drinking in Canada – normal, expected and celebratory
- WHO - alcohol is the 2nd largest risk factor for disease, disability & death (high income)
- Alcohol responsible - 2.5 million deaths/year
- Total direct and indirect costs related to alcohol in Canada is \$14.6 billion (2002)
- Economic impact of FASD \$5.3 billion annually in Canada (2009)



Background cont.

- **The Monitor (ON) - Centre for Addiction and Mental Health (CAMH) - 2009**
 - Adult Past Year Consumption Rate - 79%
 - Hazardous/Harmful Drinking - 17%
 - Exceeding Low Risk Drinking Guidelines (LRDG) - 27%
- **Ontario Student Drug Use and Health Survey - (CAMH) 2011**
 - Youth (grade 12) consumption rate - 78%
 - Binge Drinking – 40%
 - Hazardous/Harmful Drinking – 30%

***Women's rates of consumption and harm are climbing and beginning to reach their male counterparts – especially in the youth population**



Alcohol – Links to Chronic Disease/Cancer

- Alcohol is linked to over 60 medical conditions along with a range of social harms such as injury and crime (WHO)
- First conclusive links between alcohol and cancers of the mouth, neck and liver made in 1987 (IARC); subsequent links were identified, related to breast and colorectal cancers



Alcohol – Links to Chronic Disease/Cancer (cont.)

- Despite extensive research around alcohol and chronic disease – public and some clinicians unaware of link
- Landmark studies linked even small amounts of alcohol with increased risk of chronic disease (Million Women Study - 2009)
- 1 in 10 (10%) cancers in men & 1 in 33 (3%) cancers in women caused by former and current alcohol consumption (2011 - BMJ)



Women’s Bodies

- Generally Smaller
- Contain Less Water
- Less Alcohol Metabolizing Enzyme
- Changing Hormone Levels
- Stays in Women’s Bodies Longer and at Higher Concentrations – Leads to problems in a shorter period of time



Women’s Bodies

“Routinely, women are less likely than men to be identified as having substance abuse problems yet, they are more likely to exhibit significant health problems after consuming fewer substances in a shorter period of time”

Substance Abuse and Mental Health Services Administration (SAMHSA – 2009)



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Fetal Alcohol Spectrum Disorder

- Leading cause of intellectual disability in Canada
- Affects 1:100 live births
- Cost per year estimated at \$5.3 billion in Canada
- Preventable



Screening for all women of reproductive age

- Society of Obstetricians & Gynecologists of Canada Clinical Practice Guidelines released in August 2010



SOGC Guidelines (cont'd)

- Screening as a routine part of care
- Screening as a opportunity to increase awareness
- Screening as an effective tool for identification of women with problematic alcohol use and referral for follow up



Why A Sexual Health Clinic?

- Alcohol found to be associated with:
 - Earlier onset of sexual activity
 - Regretted sexual activity
 - More sexual partners
 - Less consistent condom use
 - Sexually Transmitted Infections

(Royal College of Physicians, 2011)
(Drug and Alcohol Dependence, 2011)



Partnering with the Birth Control Clinic

- Ability to target female clients 50 years old and younger
- Screening aligns with protocols already implemented
- Management and staff willing to partner
- One PHN acted as liaison to introduce and evaluate process



Screening Pilot

- Screening and resource was piloted by clinic PHN on the working group
- Feedback received by 40 clients
- Policy and staff resources developed based on feedback and PHN experiences

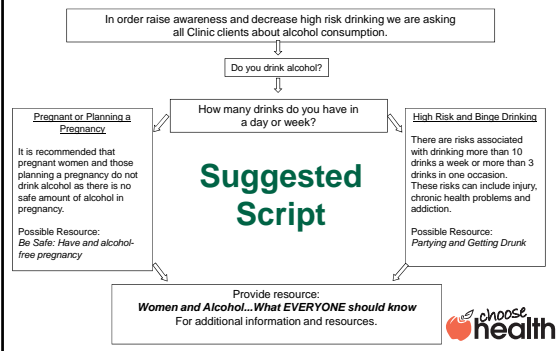
"I think the card was helpful and I would not change it. It tells people about the problem well."



Staff Resources and Support

- Clinic Nurses received a package to help implement alcohol screening which included:
 - Background information
 - Newly developed policy
 - Suggested script with recommended resources for specific client situations
 - Tracking form





Timeline

- August 2010 – SOGC Guidelines
- September 2010 – Initial meeting with Mangers of 3 teams (proposed resource)
- March 2011 – initial discussion within the Clinic regarding alcohol – requested presentation
- April 2011 – presentation to Clinic staff
- June 2011 – Clinic discussed further and decided to proceed
- October 2011 – Physician presentation re: women and alcohol
- December 2011 – Draft resource created
- January 2012 – Pilot Feedback Form developed
- February 2012 – Pilot Completed – Resources/Process tweaked
- March 2012 – Draft Policy Created
- March 2012 – present – alcohol question being asked, resources provided - obtaining feedback from staff
- May 2012 – presentation at our all-nurses meeting
- May 2012 – CHNC presentation ©



Challenging Issues

- Historic disconnection between teams (for example reproductive health and chronic disease prevention)
- Limitations of the commonly used smoking analogy
- Fetal Alcohol Spectrum Disorder prevention as an logical entry point for collaboration
- Low-Risk Drinking Guidelines and women: low risk vs no risk ?



Questions?

For more information

Bernadette Garrity PHN

519-663-5317 ext 2272

Melissa Rennison PHN

519-663-5317 ext 2252