Social Policy and the Prevention of Alcohol use in Pregnancy

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Prevalence of drinking

- Many childbearing aged women drink alcohol.
- There are different levels of use in different subgroups. In the US, employed educated Caucasian women drink most heavily; poor African-American women in the Southeastern the least.
- 4% drink “heavily” (3 drinks/day)
- 35% of those who abuse alcohol have children with FAS; others may have pFAS.

Reducing drinking in pregnancy

- Most women reduce drinking during pregnancy (80%)
- 61% abstain during pregnancy
- Most for physiological reasons
- Many for health reasons due to medical advice and public health messages

Assumptions

- Social Policy based on several assumptions:
  - Alcohol use during pregnancy is undesirable
  - Actions, direct or indirect, may be taken that will produce abstinence during pregnancy
  - Government has the information required to decide on appropriate actions as well as the authority to implement these actions

Model for Prevention Activities

- Universal Prevention
  - promoting the health and well-being of all individuals in the community, thru media and social policy
- Selected Prevention
  - Focusing on “high risk” group, e.g., young women who drink alcohol
- Indicated Prevention
  - Targeting groups demonstrating detectable signs, e.g., alcohol abuse in pregnancy

Universal Prevention Strategies

- “Point of Sale” Signage- Warning Signs where alcohol is sold. (Law requires in 17 US States.)
- Labeling laws-
- Advertisements (public service messages)
- Government Advisory- The US Surgeon General recommends that …..,

Selected Prevention Strategies

- Training physicians to identify alcohol abuse
- Providing information about birth control to women who drink
- Designing information campaigns for specific communities

Indicated Prevention Strategies

- Identifying pregnant women who are using alcohol/drugs and providing treatment during pregnancy (e.g., Georgia)

- Mandatory reporting of alcohol/drug abusing women to protective services or legal authorities, (e.g., South Carolina)

Universal: Labeling of Containers

- US Public Law 100-690 (1988) required as of 1989 that all containers of alcoholic beverages be labeled with “clear” “nonconfusing” language describing alcohol-related hazards.

Which reads,

- GOVERNMENT WARNING: (1) According the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

Are Warning Labels Effective?

- Do warning labels reduce drinking?
- What is the “baseline” level of drinking among high risk groups?
- Are container labels effective with high risk groups?
- What is the role of labels versus other prevention methods?

Research on Warning Labels

- Hankin, JR, Firestone, IJ, Sloan, JJ, Ager, JW., Goodman, AC, Sokol, RJ & Martier, SS. (1993) *The impact of alcohol warning labels on drinking during pregnancy*, J Publ Pol Market, 12, 10-18.

- Kaskutas, L, Greenfield, TK , Lee, ME, & Cote, J (1998) Reach and effect of health messages on drinking during pregnancy. J Health Ed, 29, 11-17

Research on Warning Labels: Findings

- Mixed results
- Heavier Drinkers more familiar
- Self-report indicated compliance among nonrisk drinkers but not high risk in pregnancy
- First time mothers but not multiparious reduce drinking in pregnancy
- Not effective with most *at risk* women. Does not affect drinking in pregnancy.

Research on Adolescents

- MacKinnon, Nohre, L, Pentz, MA, & Stacy, AW (2000) *The alcohol warning and adolescents: 5-year effects*. Am J Pub H, 90, 1580-1594.

"There is no beneficial change attributable to warning in beliefs, alcohol consumption, or driving after drinking."

Kaskutas, et al, 1998

- Reviewed research on Universal prevention activities.
- Found that “changes in drinking during pregnancy” were not “associated with exposure to any of the assessed messages (labels, posters, advertisements, and conversations)”.

Legal Intervention with Pregnant Women

- Mandated access to treatment
- Mandated treatment
- Criminal prosecution (240 women in 35 states prosecuted for prenatal conduct, usually drug use). In Wisconsin, criminal homicide when infant born with BAC of .199.

Examples

- 1998, Wisconsin legislature gave judges authority to mandate inpatient treatment. Initially, health professionals were required to report pregnant women to authorities but this was amended.

Questions about Legal Interventions

- Is there anyway to measure the effect of these methods on alcohol use by women?
- On pregnancy outcomes?
- Are these methods effective in reducing negative outcomes of alcohol-affected pregnancies?

Legal Actions and pregnant women: References

- Berkowitz, G., Brindis, C., Clayson, Z., & Peterson, S. (1996) *Options for recovery: Promoting success among women mandated to treatment.* J Psychoactive Drugs 28, 31-38.
- Chavkin, W., & Breitbart, V. (1997) *Substance abuse and maternity: the United States as a case study*. Addiction, 92, 1201-1205.

Moral and Ethical Concerns

- Rights of pregnant Women vs. well being of Fetus
  - Most legal approaches based on view that the fetus is endangered by maternal behavior and that action is required.
- Lack of treatment options for Pregnant women.
  - Treatment often not available due to insurance, concerns about liability, etc .

Access to Treatment

- Treatment required to reduce drinking by high risk drinkers.
- Access to treatment related to funding for services, as well as other factors.
  - Dual diagnosis and liability
  - Medicaid eligibility (in US)
  - Reducing other barriers to treatment

Medicaid and Welfare Reform

- 1996-Contract with America Act (PL 104-121) -prohibits payment of public benefits to substance abusers and to promote treatment
  - Prohibited disability benefits (SSI and SSDI) for addicts
  - Eliminated Medicaid and Medicare eligibility for those whose SA is primary cause of disability.

Medicaid and Welfare Reform

- 1996-Personal Responsibility and Work Opportunity Reconciliation Act (PL 104-193) -3 US Federal programs (AFDC;JOBS) replaced with a block grant called
  - Temporary Assistance to Need Families (TANF)

Effects of Changes in Policy

- States and local governments more autonomy and flexibility
- 17 of 50 states sought exemption from restrictions on treatment of addicts
- TANF programs monitor drug use and mandate treatment. Time limits in place.
- Reduced access to substance abuse services in many areas

Access to Treatment: References

- Chavkin, W., Wise, PH, & Elman, D. (1998) *Policies toward pregnancy and addiction: Sticks without carrots*. Ann NY Acad Sci, 846, 335-342.
- CSAT (1998) *Substance abuse treatment and welfare reform.* The Communiqué, Fall, 1-19.
- Schmidt, LA., & McCarty, D. (2000) *Welfare reform and the changing landscape of substance abuse services for low-income women*. ACER, 24, 1298-1311

Complications

- Many social policies directed at reducing drinking during pregnancy have been implemented without foreseeing complications.
  - Labeling effective with low-risk drinkers.
  - Criminalization reduces prenatal care.
  - Access to treatment reduced when Medicaid/disability coverage withheld from addicts and local control led to cutting funds

Conclusions

- Social policy must support a consistent message to be effective.
- Prevention activities must be "multilevel" to provide a social context for abstinence and to support abstinence among individual women.
- Outcomes of social policy interventions should be evaluated to avoid unintentional side effects.