



ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ УЧРЕЖДЕНИЕ
ЦЕНТРАЛЬНЫЙ НИИ ОРГАНИЗАЦИИ И
ИНФОРМАТИЗАЦИИ ЗДРАВООХРАНЕНИЯ
МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

“COVID-19 and the Prevention of Fetal Alcohol Spectrum Disorders”

Elena A. Varavikova, MD, PhD, MPH, FRIHOI, MOH, Moscow, Russia and
Sylvia Roozen, PhD, Governor Kremers Centre, Maastricht University, the Netherlands

AGENDA

- **Opening remarks** *Dr. Oleg Salagay, Dr. Elena Varavikova, Dr. Sylvia Roozen*
- **Introduction: What is the problem?** *Dr. Carina Ferreira-Borges*
- **Why should you care?** *Prof. dr. James Fitzpatrick*
- **For whom is FASD a problem?** *Dr. Diane Black & Dr. Mariann Skar*
- **What has been done so far?** *Dr. Leana Olivier & Dr. Sylvia Roozen*
- **Evidence for prevention and how has the COVID-19 pandemic affected the needs, treatment availability, and service delivery**
Dr. Tatiana Balachova
- **Discussion: Where to go next?** *Dr. Oleg Salagay, Dr. Elena Varavikova, Dr. Sylvia Roozen*



OPENING

Dr. Oleg Salagay, Dr. Elena Varavikova, Dr. Sylvia Roozen



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INTRODUCTION

What is the problem?

Dr. Carina Ferreira-Borges



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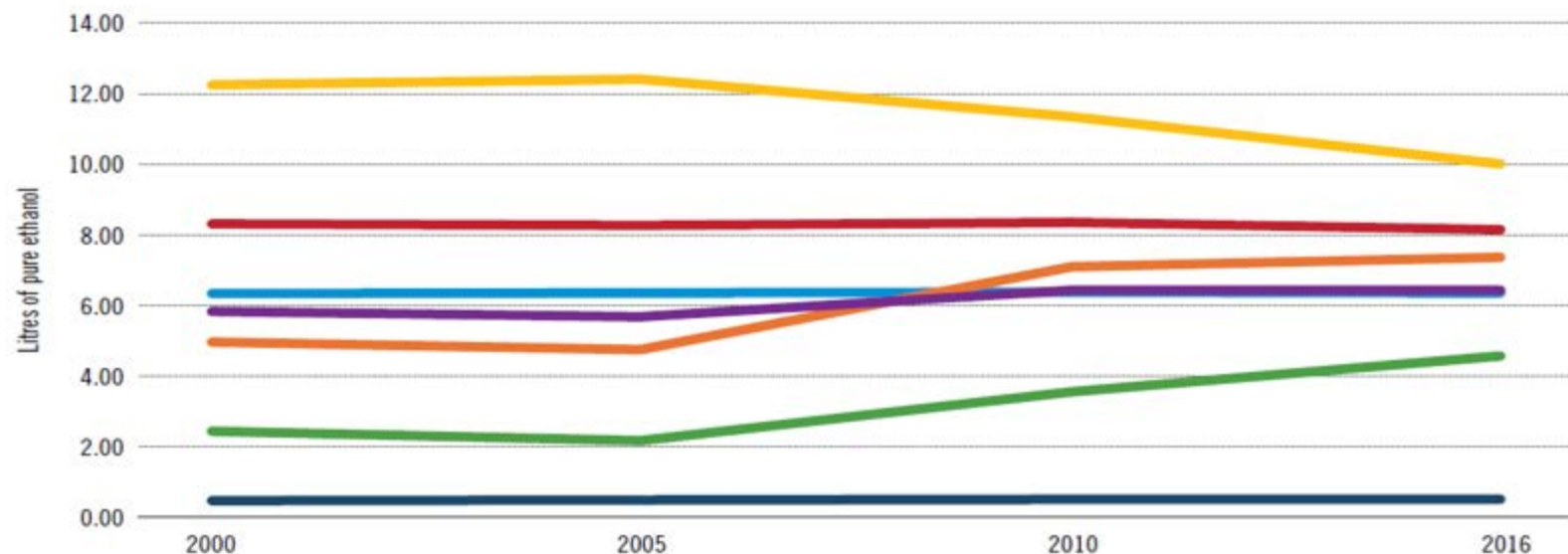
World Health
Organization



INTRODUCTION

What is the problem?

Trends in total alcohol per capita consumption (APC) (15+ years) in litres of pure alcohol in WHO regions, 2000–2016



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Organization

INTRODUCTION

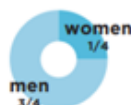
What is the problem?

Alcohol: (ethanol/ethyl alcohol) from the public health perspective

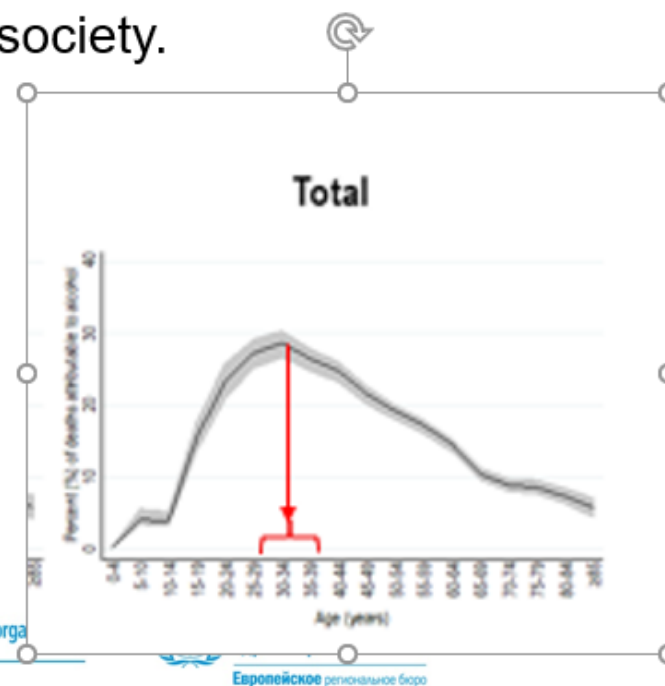
- The benefits connected with the production, sale, and use of this commodity come at an enormous cost to society.

Alcohol and health

3 million deaths every year
6 deaths every minute from harmful use of alcohol



1 million deaths every year

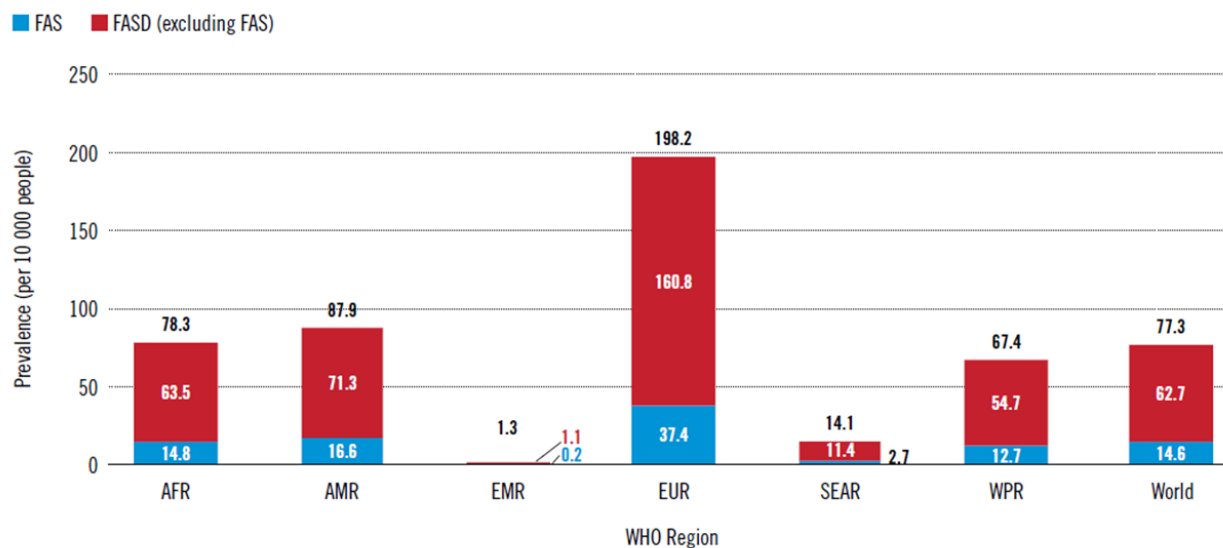


INTRODUCTION

What is the problem?

Global prevalence of alcohol use during pregnancy and FASD in the general population in 2016, by WHO region

Figure 1.1 Prevalence of fetal alcohol syndrome and fetal alcohol spectrum disorders in the general population, by WHO region



Data obtained from Popova et al., 2017.

FAS = fetal alcohol syndrome; FASD = fetal alcohol spectrum disorders.

AFR = African Region; AMR = Region of the Americas; EMR = Eastern Mediterranean Region; EUR = European Region; SEAR = South-East Asia Region; WPR = Western Pacific Region.

Global prevalence of alcohol use during pregnancy in the general population: **9.8%**

Highest estimated prevalence of alcohol use during pregnancy were:

- Ireland 60.4%
- Belarus 46.6%,
- Denmark 45.8%
- UK 41.3%
- Russia 36.5%



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INTRODUCTION

What is the problem?

- No clear message on the importance of complete abstinence for women who want to become pregnant, are pregnant, and women who breastfeed
- Promote policy measures that will support introduction of preventive measures such as SBI and reducing stigma
- Introduce wider population approaches that have an impact on overall consumption, such as restricting alcohol marketing
 - People “drink the marketing”
 - Marketing embeds the product in the lifestyle and aspirations of target audiences
 - Marketing expands potential market:
 - Women
 - Young people



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Why should you care?

Prof. dr. James Fitzpatrick



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THE UNIVERSITY OF
WESTERN
AUSTRALIA





For whom is FASD a problem?

Dr. Diane Black

Dr. Mariann Skar



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FOR WHOM IS FASD A PROBLEM?

Diane Black, Ph.D.
Mariann Skar



Is alcohol a joke in the times of covid-19?

Studies show that if you have a glass of wine in each hand you're 100% less likely to accidentally touch your face.



Person with FASD



Child: Difficulties with learning and behavior. Can't keep friends. Socio-emotional development half chronological age.

Adult: Lower educational level. High risk of joblessness. Problems with management of money (risk of debt). Can't keep relationship. Risk of psychiatric disorders and drugs/alcohol abuse. Require social support. Shorter life expectancy (high risk of suicide and violent death).

FASD affects every level of society



Mother—child difficult to raise.
Guilt. Stigma.

Family—children with FASD are
“marriage breakers”

Organizational—Schools,
doctors, social workers—Don’t
know what to do—blame “bad
parenting”

Community—experiences
vandalism, delinquency, police
are involved

Society—higher costs for
institutional care, prison,
psychiatric hospitals

Who is responsible?



A woman is part of her society

- Does the **woman** have the self-confidence/skills not to drink? Or does she think she has to drink to have fun?
- Do her **family and friends** drink? Do they encourage her to drink? “Have a drink to relax.”
- Does the **doctor** falsely reassure her “one glass can’t hurt”?
- Does the **community** encourage drinking by making access easy? [e.g. a glass of wine at the hairdresser]
- Does **society** allow alcohol producers to target advertising to women and young girls? Are warning labels required on containers?

We are all responsible



- **Women** need reliable information and also self-confidence and skills. “No thanks, I have to get up early tomorrow.”
- Her **family and friends** can stop drinking together to support her.
- The **doctor** and public health services should give clear, evidence-based advice.
- The **community** should restrict and control access to reduce all types of alcohol-related harm.
- **Society** can restrict and control advertising – my colleague Mariann Skar will talk more about what Society and Policymakers can do.



European Alcohol Policy Alliance

For WHOM is FASD a problem *from a policy perspective*



FASD Webinar 14 July 2020



Goals

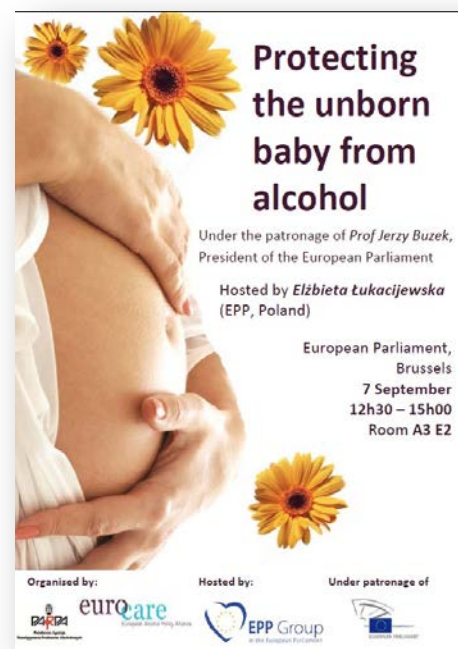
1. **Raise awareness** among decision makers of the harms caused by alcohol (social, health and economic burden) ensuring that these are taken into consideration in all relevant EU policy discussions
2. Promote the development and implementation of **evidence-based policies** aimed at effectively preventing and reducing this burden

Less is better



Eurocare activities in area of FASD

1. Advocating for introduction of health messages on alcoholic beverages
2. Raising awareness of the issue through events and questions in the European Parliament





All alcoholic packages require pictogram or:

"Consumption of alcoholic beverages during pregnancy even in small amounts can seriously damage the child's health"



Thank you for your attention

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Diane Black, PhD
diane.black@eufasd.org





What has been done so far?

Dr. Sylvia Roozen

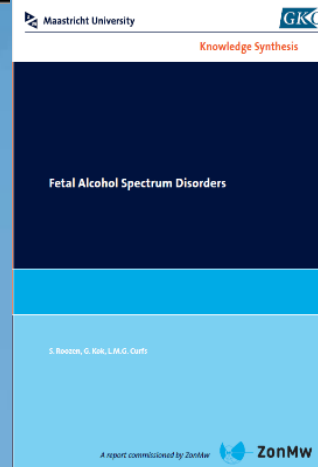
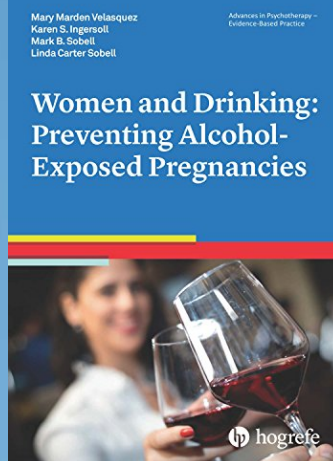
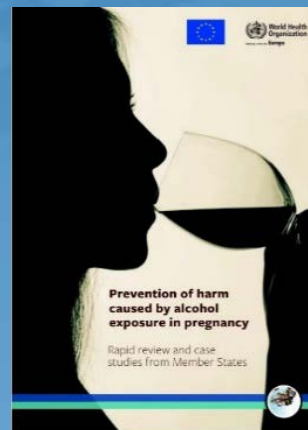
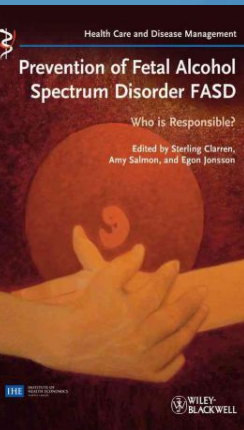
Dr. Leana Olivier



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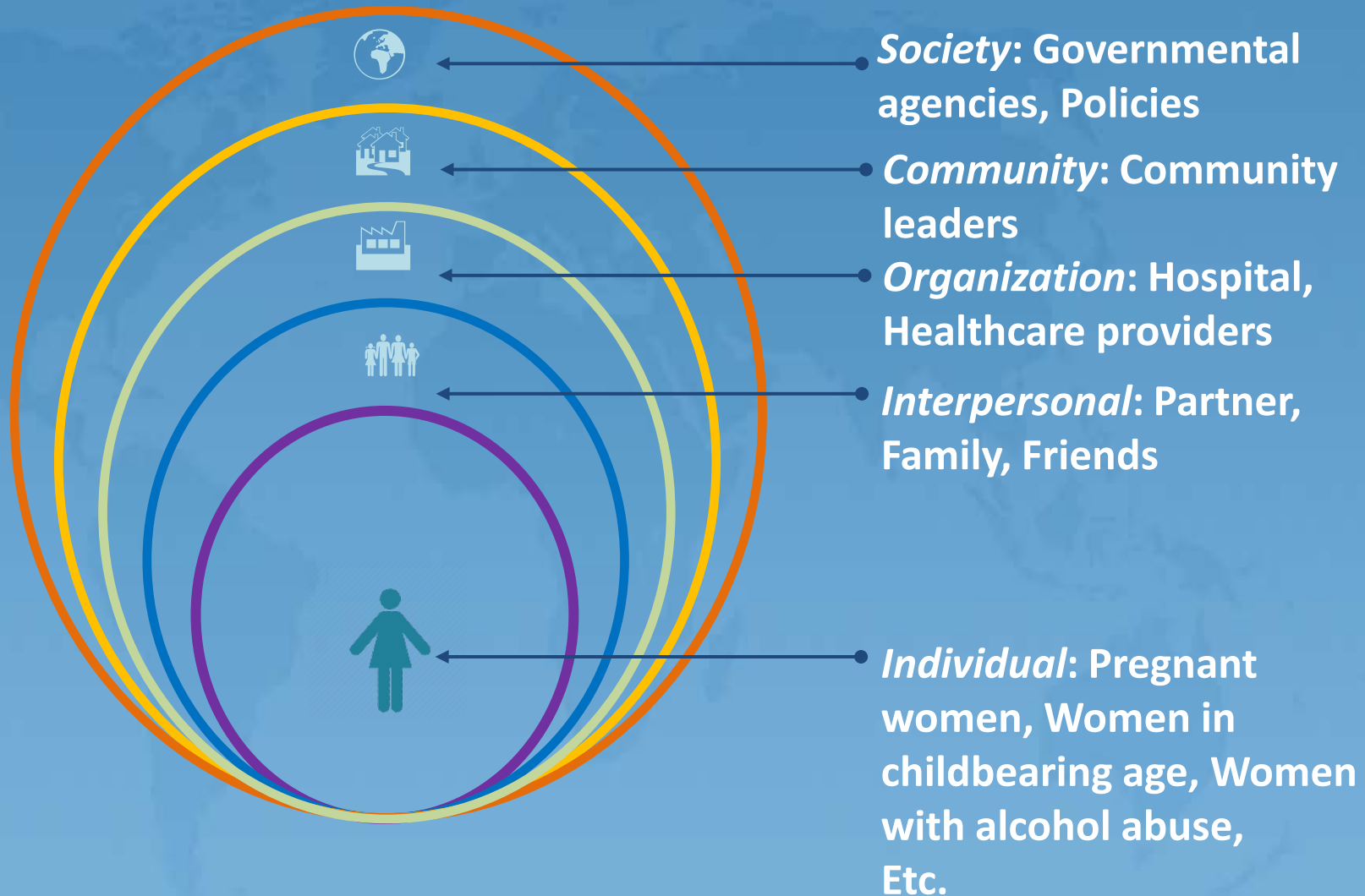


What has been done so far?

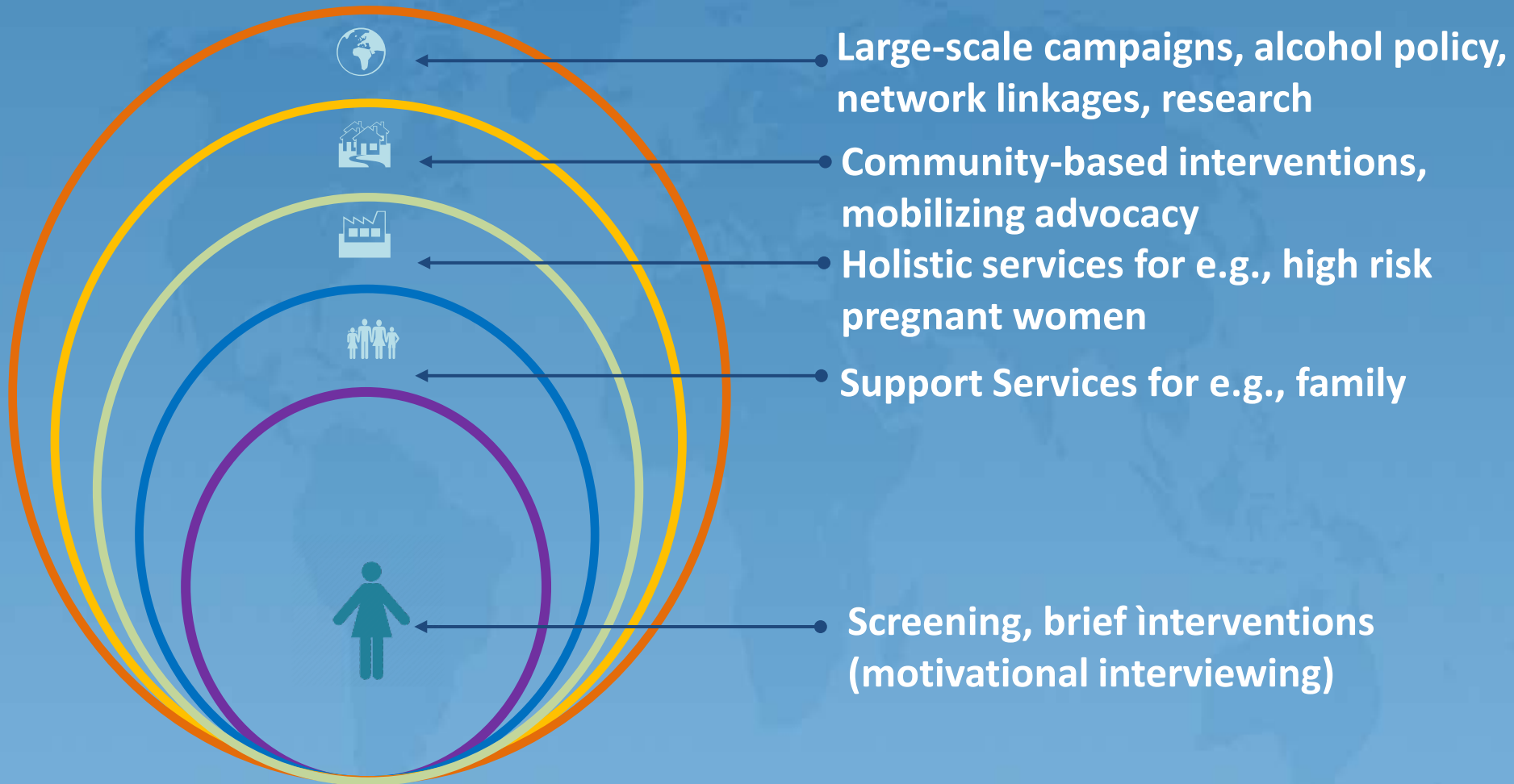


stigma
healthcare
prevention
intervention
brief
needs
screening
motivational
tertiary
posters
evaluation
management
research
policy
app
web
community
pregnancy
implementation
diagnosis
learning
behaviors
stepwise
interventions
public
self
conception
Group
interpersonal
primary
fast
based
change
advocacy
campaign
care
norm
sessions
environment
awareness
support
alcohol
interviewing
session
assessment
planning
knowledge
therapy
multidisciplinary
network
strategy
mapping
alliance
ethics
activities
determinants
education
empowerment
organizational
television
partner

Who to Influence?



Example Approaches



What to Change?

**Undesired
behavior(s)**

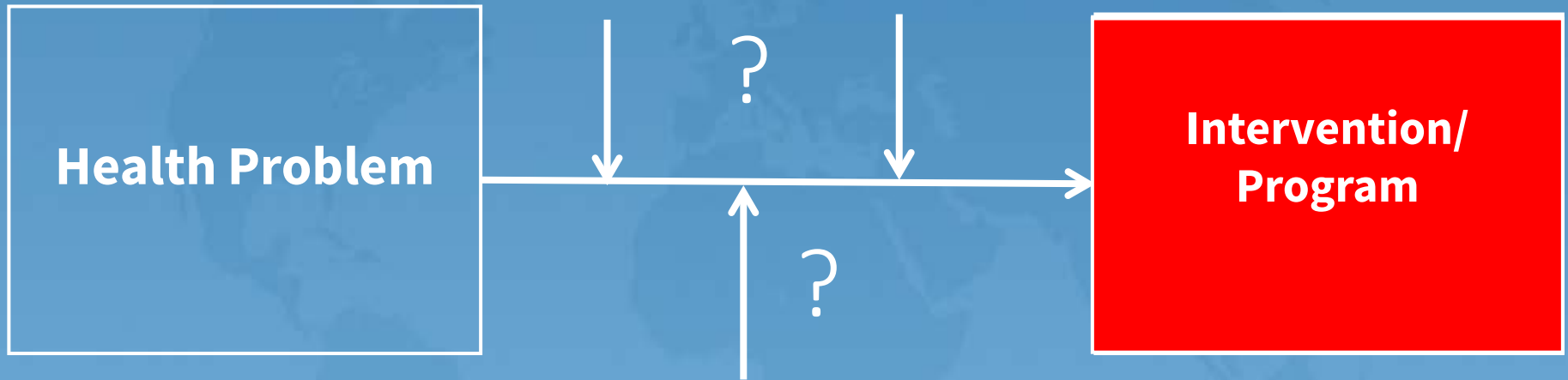


**Desired
behavior(s)**





Effectiveness?



The Need for a Framework



FOKKE & SUKKE

always make a tight project schedule ...

what about FASD
Prevention?

That is on Tuesday
the 14th at 5:30PM



RGvT





Foundation for Alcohol Related Research (FARR): Main focus areas

Founded & operational since 1997

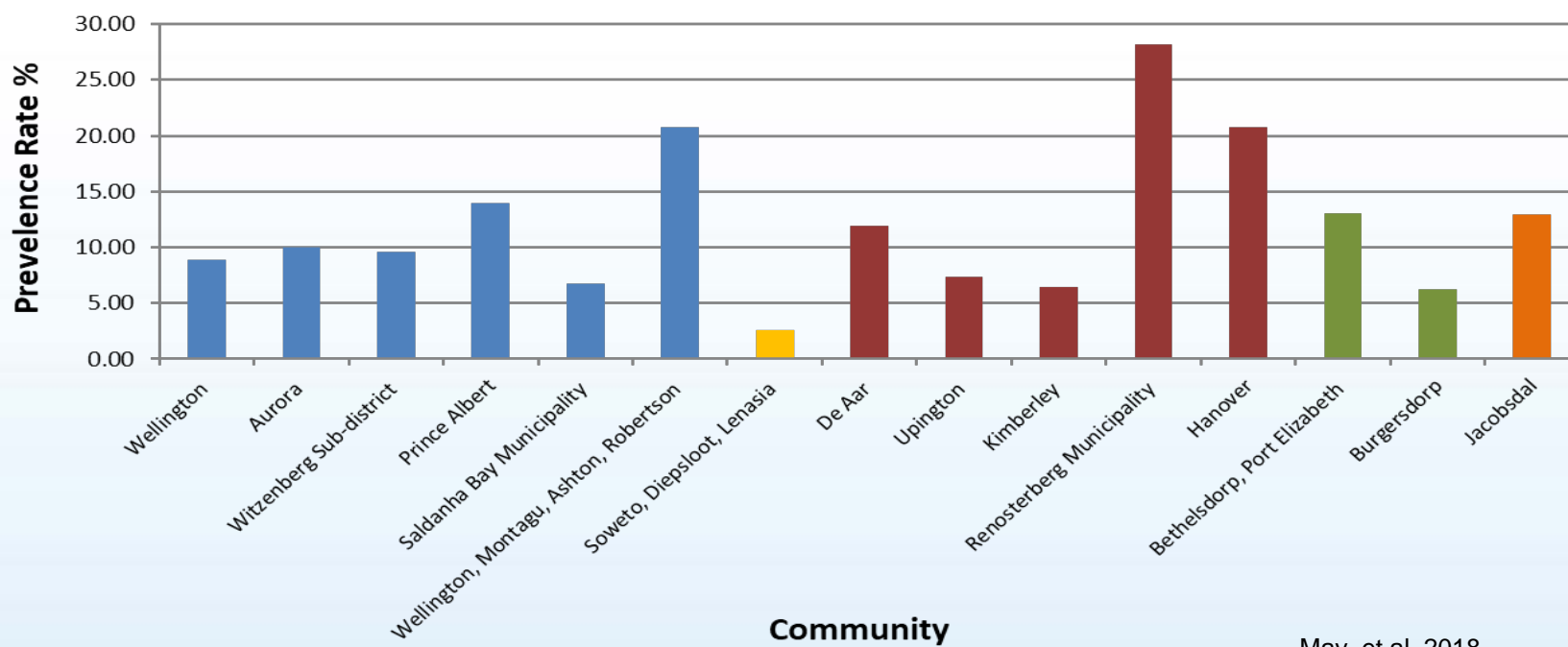




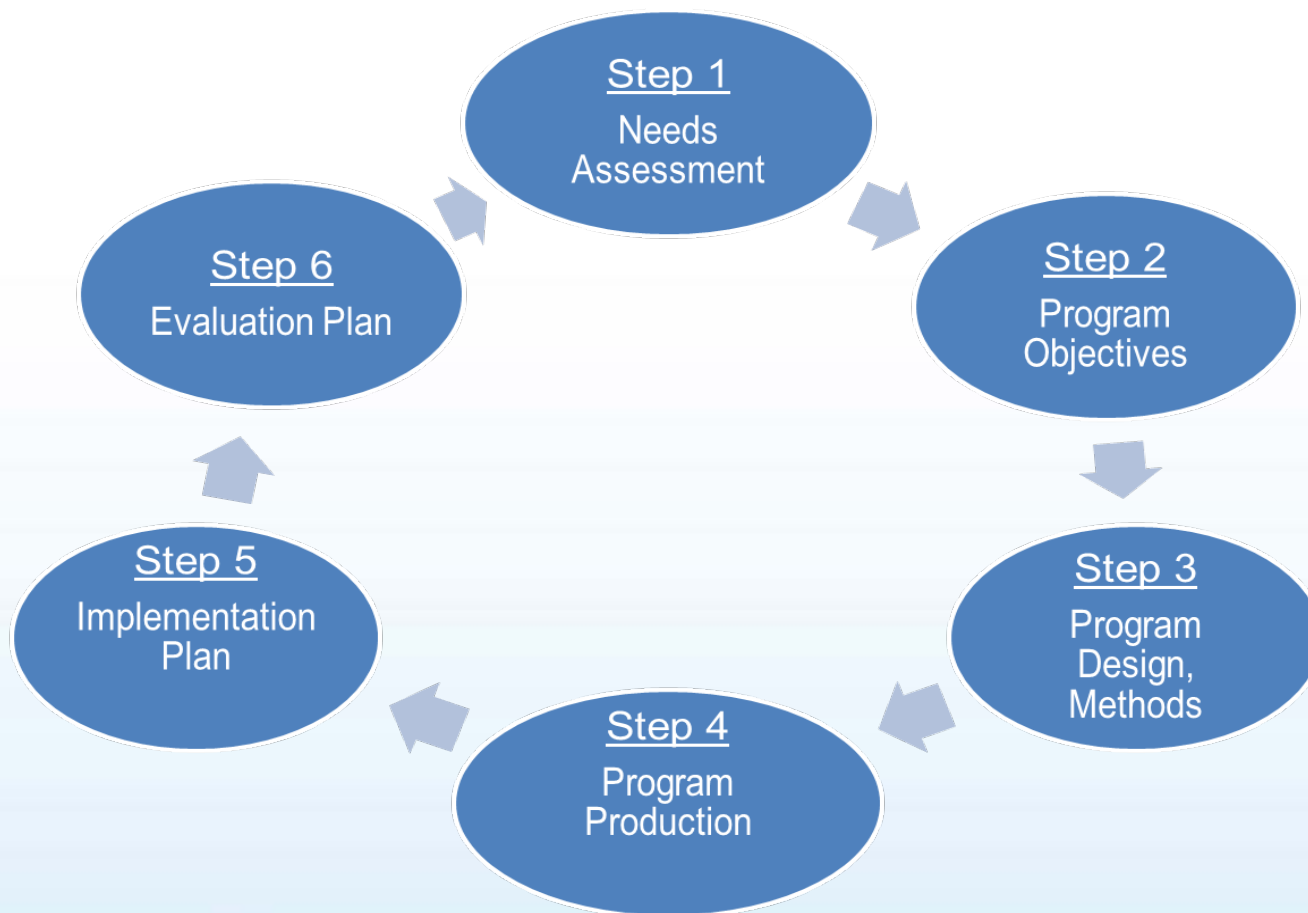
FASD rates in South Africa

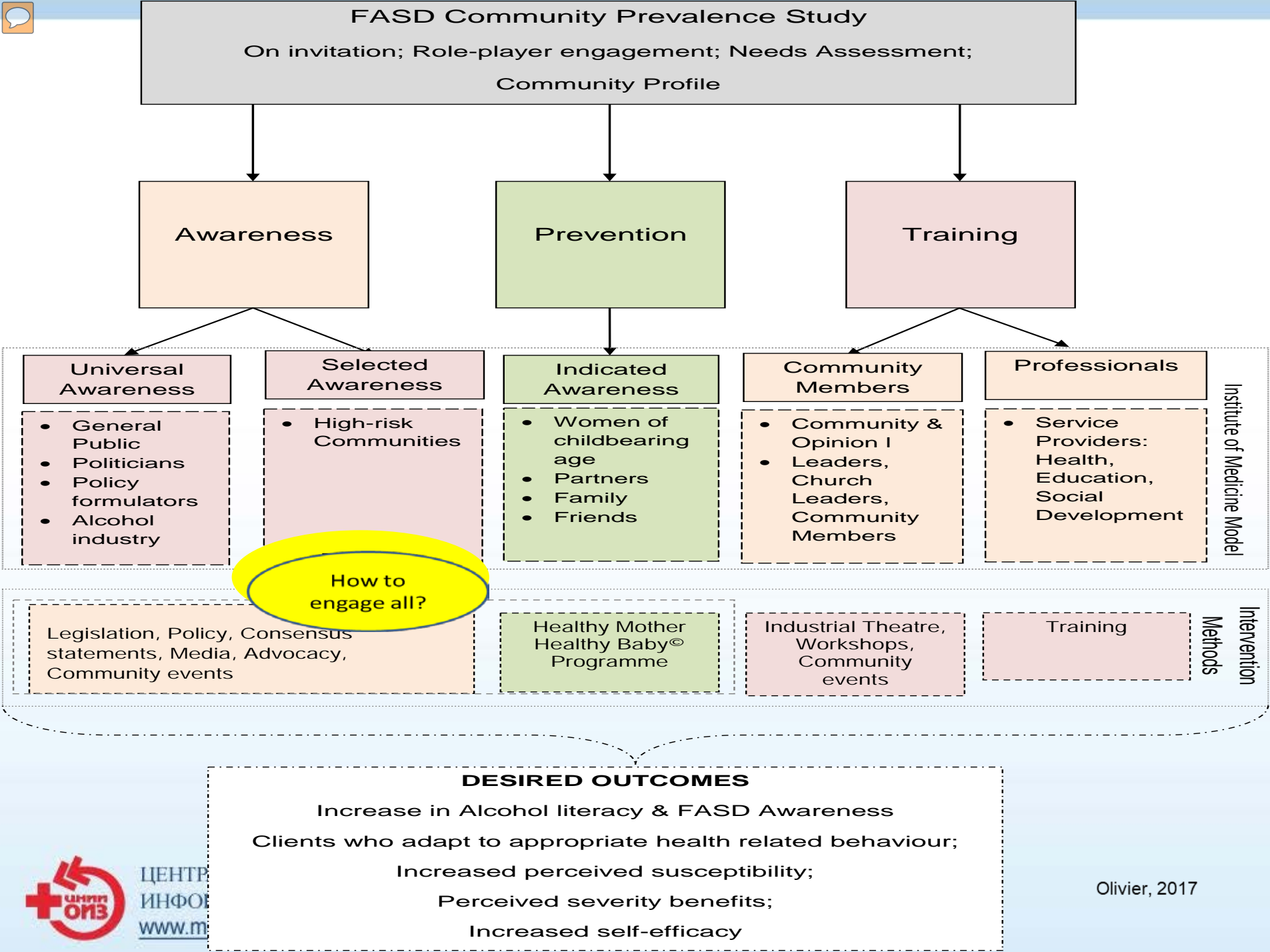
- 15 community prevalence studies in 16 districts, 5 provinces
- Prevalence range from 26/1000 to 282/1000

Prevalence Rate per Community

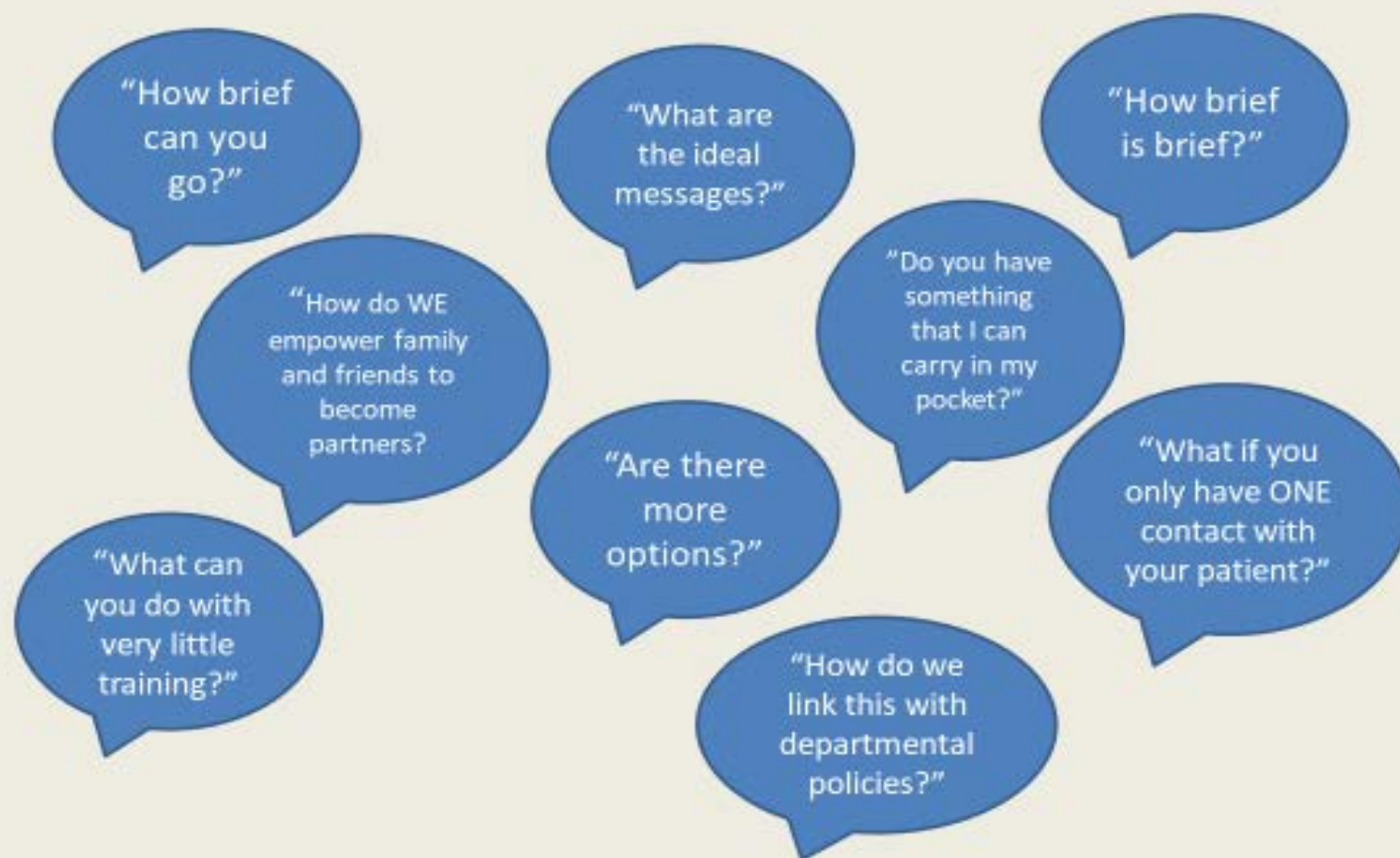


Program Planning Framework (Intervention Mapping Approach)





I told you we are on a journey...



I told you we are on a journey...





FASD Community Prevalence Study
On invitation; Role-player engagement; Needs Assessment;
Community Profile

Awareness

Prevention

Training

Universal Awareness

- General Public
- Politicians
- Policy formulators
- Alcohol industry

Selected Awareness

- High-risk Communities

Indicated Awareness

- Women of childbearing age
- Partners
- Family
- Friends

Community Members

- Community & Opinion I
- Leaders, Church Leaders, Community Members

Professionals

- Service Providers: Health, Education, Social Development

Institute of Medicine Model

Do you have three minutes?



Legislation, Policy, Consensus statements, Media, Advocacy, Community events

Healthy Mother Healthy Baby[®] Programme

Industrial Theatre, Workshops, Community events

Training

Intervention Methods

DESIRED OUTCOMES

Increase in Alcohol literacy & FASD Awareness
Clients who adapt to appropriate health related behaviour;
Increased perceived susceptibility;
Perceived severity benefits;
Increased self-efficacy

“Do you have 3 minutes?” Programme





Compliment existing Departmental Policies

- **Department of Health**
 - Basic Antenatal Care Programme (BANC, 2010)
 - First 1000 days of life (2016)
 - Protein Malnutrition Programme (2003)
- **Department of Social Development**
 - Poverty Alleviation
 - Substance Abuse Programme
- **Department of Education**
 - Special Needs Education



Compliment existing Departmental Policies

- **Department of Health**

- Basic Antenatal Care Programme (BANC, 2010)
- First 1000 days of life (2016)
- Protein Malnutrition Programme (2003)

- **Department of Social Development**

- Poverty Alleviation
- Substance Abuse

- **Department of Education**

- Special Needs Education

**But: Attitudes,
Availability, Accessibility,
Acceptability & Affordability.....**



Compliment existing Departmental Policies

- **Department of Health**

- Basic Antenatal Care Programme (BANC, 2010)
- First 1000 days of life (2016)
- Protein Malnutrition Programme (2003)

- **Department of Social Development**

- Poverty Alleviation
- Substance Abuse Progr

- **Department of Education**

- Special Needs

Training & Partnerships!



Community ownership!

takeAWAY
Industrial Theatre

Liefdeskind / Love Child

farr
Foundation for Alcohol Related Issues

You are hereby cordially invited to a show and workshop LIEFDESKIND/LOVE CHILD. The audience will be involved in the show and will obtain information about substance abuse, important decisions in life and other interesting facts.

DATE:

VENUE:

TIME:

ADMISSION: FREE

(No children younger than 12 years of age will be admitted)



Die Liefdeskind/The Lovechild

(A 35-minute play, in Afrikaans, English, Xhosa, Zulu)
Using music, humour and audience interaction, this show tells the story of a mother who hopes to avoid the same mistakes she made. The play has the support of the Department of Health and the Foundation for Alcohol Related Issues. It has been road-tested in many different communities and Northern Cape Provinces.

'Die Liefdeskind' tells the story of a mother who hopes to avoid the same mistakes she made. The play has the support of the Department of Health and the Foundation for Alcohol Related Issues. It has been road-tested in many different communities and Northern Cape Provinces.

The show has been praised for being true to life, very professional. Respectful of the audience, it appeals to people intellectually, creating a strong and lasting impression.



PATH
PRINCE ALBERT towards health



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Community ownership!

takeAWAY
Industrial Theatre

Liefdeskind / Love Child

farr
Production for
social realist cinema

You are hereby cordially invited to a show and workshop LIEFDESKIND/LOVE CHILD. The audience will be involved in the show and will obtain information about substance abuse, important decisions in life and other interesting facts.

(No children)



The show is sponsored by: _____

Harm reduction due to client support and whole community participation

The show has been praised for being true to life, very professional. Respectful of the audience, it appeals to people intellectually, creating a strong and lasting impression.



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dr. Sylvia Roozen: sylvia.roozen@maastrichtuniversity.nl



THANK YOU!



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Evidence for prevention and how has the COVID-19 pandemic affected the needs, treatment availability, and service delivery

Dr. Tatiana Balachova



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National Institute
on Alcohol Abuse
and Alcoholism

Evidence for prevention and how has the COVID-19 pandemic affected the needs, treatment availability, and service delivery

Tatiana Balachova, PhD

Scientific Coordinator and Executive Secretary

Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders

Program Officer/Health Scientist Administrator

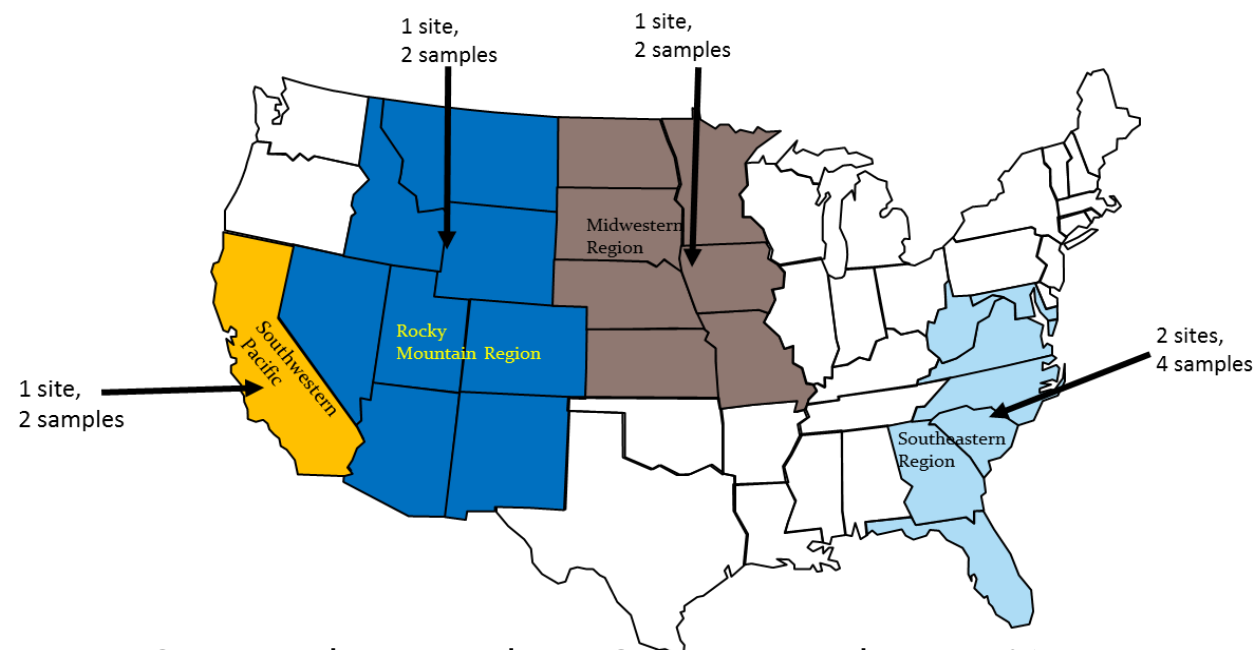
Division of Epidemiology and Prevention Research (DEPR)

National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health

Webinar “COVID-19 and the Prevention of FASD”

Moscow, July 14, 2020

The FASD prevalence is higher than we have thought



FASD prevalence in the U.S.: estimated 1 to 5 % in community samples

May et al., 2018



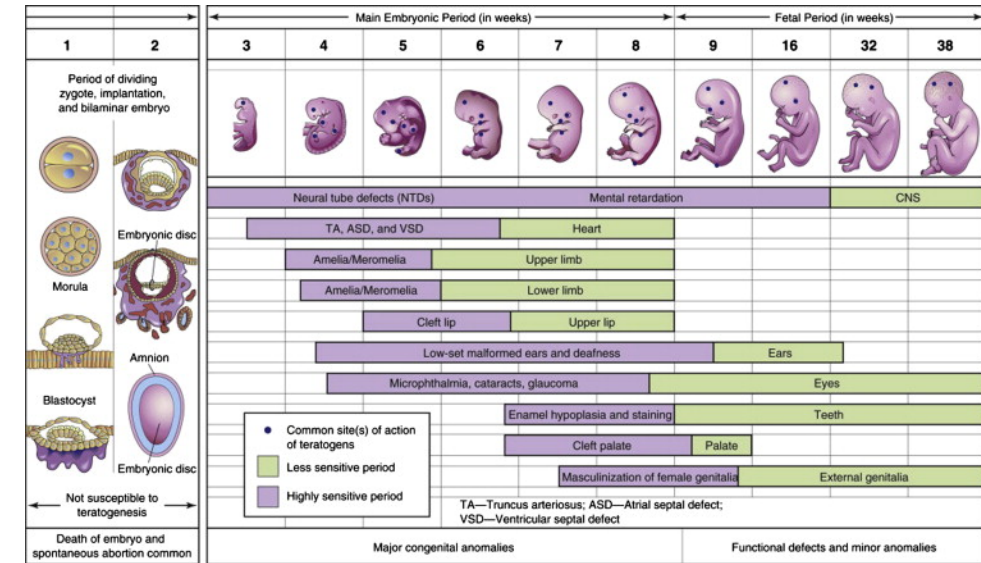
Philip A. May, PhD,
Gillings School of Global Public Health
The University of North Carolina at Chapel Hill

Timing and the amount of exposure determine the type and extent of the impact on development of the embryo.

- ✓ Approximately 50% of pregnancies are unplanned.
- ✓ A woman may not know if she is pregnant until the sixth week of gestation.

Alcohol- induced facial alterations occur when exposure is on 17-20 day of gestation.

(Astley et al., 1999; Muggli et al., 2017)



There is no known safe time or amount of alcohol use during pregnancy.

The prevalence of alcohol use during pregnancy

Prior 30 days drinking was reported by 11.5% and binge drinking by 3.9% in 2015-2017.

(Denny et al., 2019)

In the 1st trimester, drinking in the prior 30 days was reported by 21.0% of women; binge drinking by 12.3%.

(SAMHSA NSDUH, 2018)



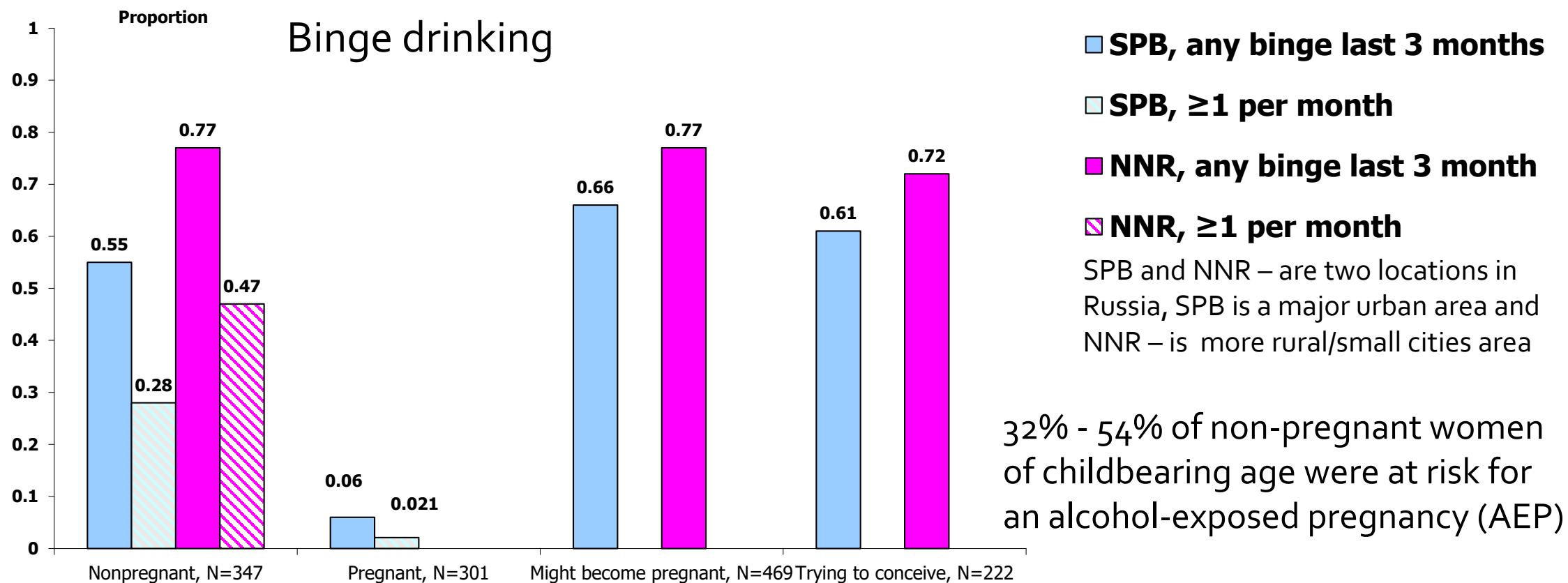
(Denny et al., 2019)

3 in 4
women who want to
get pregnant as soon
as possible report
drinking alcohol

The National Survey of Family Growth
(Green et al., 2016)

Preventing FASD in Russian Children International Collaboration

Phase I: Formative assessment



What about prenatal exposure to other substances?

Tobacco

7.2% women who gave birth in the U.S. in 2016 reported smoking during pregnancy.

(Drake, Driscoll, Mathews . Cigarette smoking during pregnancy: United States, 2016.
NCHS Data Brief, National Center for Health Statistics. 2018)

11.6% of pregnant women reported alcohol use in the past month The National Survey on Drug Use and Health: 2018

Outcomes in exposed children

Recent research

Prenatal Alcohol in SIDS and Stillbirth (PASS) Network
12,000 pregnancies in the U.S. & South Africa

The Sudden Infant Death Syndrome (SIDS) risk is increased:

- **five-fold** in infants whose mothers reported they continued **smoking** beyond the first trimester of pregnancy
- **four-fold** in infants whose mothers reported they continued **drinking** beyond the first trimester
- **12-fold** in infants whose mothers reported they continued **both drinking and smoking** beyond the first trimester

(Elliott et al., 2020)

Concurrent drinking and tobacco smoking have a synergistic effect on SIDS risk in one-year follow-up of newborns.

Gender and emerging health issues

Recent research

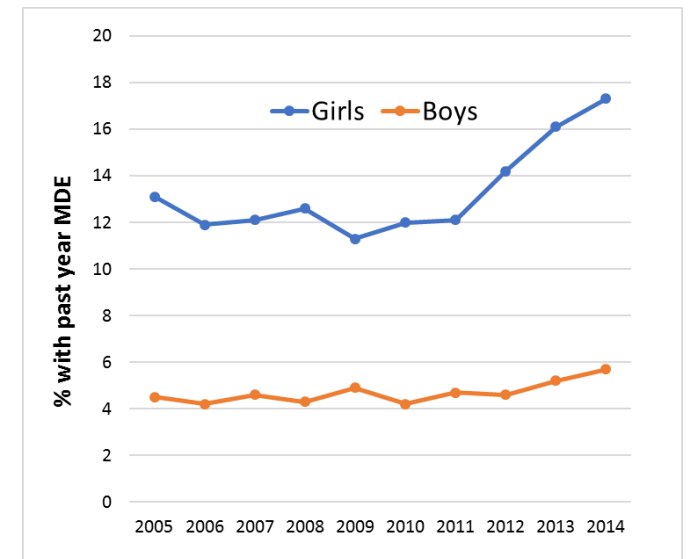
- Gender-specific prevention should take differences in the motivational pathways toward (heavy) drinking into account: positive reinforcement seems to be more important for boys and negative reinforcement for girls

(Kuntsche et al., 2015)

“The reasons women misuse alcohol and other substances, even when pregnant, is often to escape (even for just a few hours) horrible life conditions.”

- ▶ The best predictor of alcohol and other substance use during pregnancy is drinking and other substance use before pregnancy

Symptoms of depression and anxiety are increasing among adolescents.



Mojtabai, Olfson, Han (2016)

Prevention: universal

Pregnancy-specific alcohol and drug policies

It is known that in general alcohol policies are effective in reducing alcohol misuse

Recent research

What about state policies targeting alcohol use during pregnancy?

The number increased from 1 in 1974 to 43 in 2013.

(Roberts et al., 2017)

Outcomes

- Do pregnancy-specific alcohol policies lead to decreases in substance use and increases in health care utilization?
- Do pregnancy-specific alcohol policies improve birth outcomes, particularly low birth weight & preterm birth?



Drabble et al., 2014; Roberts et al., 2019; 2018; 2017; Subbaraman & Roberts, 2019; Subbaraman et al., 2018; Thomas et al., 2018

How can we pass on the right messages without stigmatizing and frightening women, and implement more effective policies?

Prevention: evidence-based



To reduce disparities and stigmatization -

➤ **UNIVERSAL** (not targeting in a negative or punitive way pregnancy or women)

- **Evidence-based community-level policies and interventions** (regulating alcohol outlet destiny, business licensing, regulate advertising, and other alcohol- and drugs-related policies) (The Community Preventive Services Task Force)
- **Health promotion and education**
 - Reframe messages- positive messaging
 - Integrate with other preventive health care, e.g., OBGYN care
- **Education and training** for health professionals
 - Consistent messaging

Educate, reduce stigma, and increase support

➤ **SELECTIVE AND INDICATED**

- Screening and brief intervention (SBI and referral to treatment) in primary care settings for all adults, including pregnant women
- Interventions for at-risk women, e.g., motivational dual-focused CHOICES including in primary care
 - Combined SBI and CHOICES
 - Support, interventions, and wrap-up services for with high-risk substance abusing mothers, e.g., Parent-Child Assistance Program (PCAP)

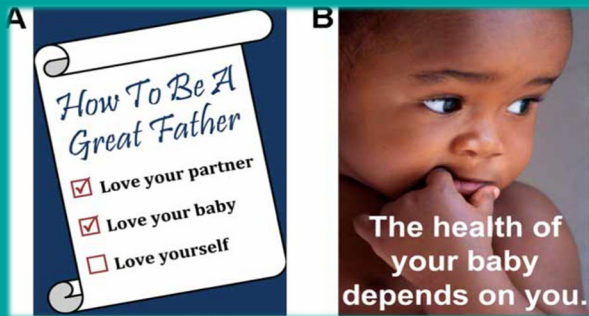
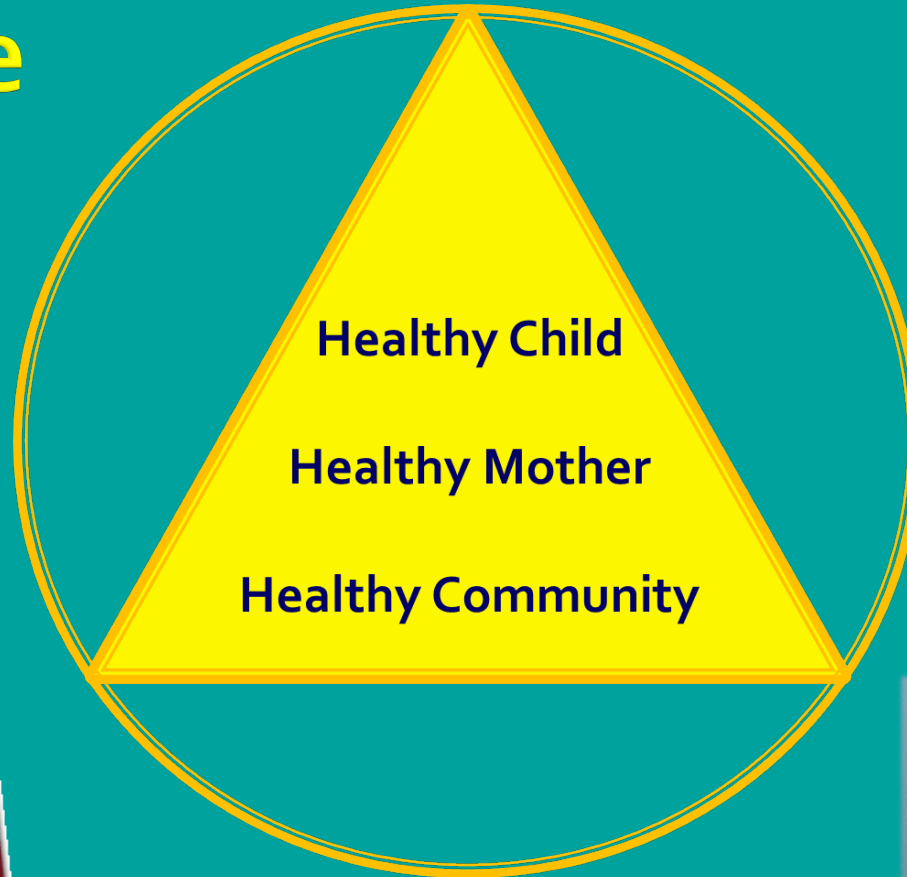


How has the COVID-19 pandemic affected prevention?

- Needs:(anecdotal evidence) reports indicate increased alcohol use and domestic violence
 - family's income loss or reduction, financial stress, etc.- lack of guarantees for salary and income
 - unemployment
 - stress of working from home combined with additional chores are home
 - women take more responsibilities for home
 - child care or caring for parents or other family members
 - educational impact (closed schools and after school programs, need to support child home schooling)
 - social support system may be disrupted
- Treatment availability: can diagnosis and treatment be done remotely?
 - quarantine has closed clinics and therapeutic services for women
 - many services have been suspended (physical therapy, inpatient) smaller, rural communities not able to provide supplemental services
 - "remote" service delivery -telemedicine
- Service delivery: support groups and consultations for pregnant women during COVID
 - Peer mentoring support
 - Recovering Mothers Anonymous (RMA)
 - Mother-to-baby (communicating directly with pregnant women, teratology information phone service)

Women and families are resilient

Prevention takes a village





THANK YOU!

Contact

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<http://www.niaaa.nih.gov>

NIH:

<https://www.nih.gov>

NIH Videocast:

<https://videocast.nih.gov>

