

As a health professional, you are uniquely positioned to influence positive behavior change.



A history of sexual or physical abuse increases risk for alcohol or drug use disorders.

SERVICES FOR WOMEN

- Database of Colorado treatment, prevention and recovery support programs: LinkingCare.org
- Care for mothers experiencing addiction: MothersConnection.com
- Colorado Crisis and Support Line: 1-844-493-TALK (8255)

MARIJUANA RESOURCES

- GoodToKnowColorado.com
- Colorado.gov/marijuana
- ImprovingHealthColorado.org/resources

A Standard Drink

12 fl oz beer



~5% alcohol

=

5 fl oz table wine



~12% alcohol

=

1.5 fl oz liquor (vodka, tequila, etc.)



~40% alcohol

Lower Risk Drink Limits**

NIAAA (www.RethinkingDrinking.NIAAA.NIH.gov)

PER DAY PER WEEK
no more than no more than

	PER DAY	PER WEEK
WOMEN	3	7
MEN	4	14

LESS IS BETTER

Women experience alcohol-related problems at lower levels of drinking than men.

Why?

- Less body water to dilute alcohol
- More fatty tissue to retain alcohol
- Lower levels of enzymes that metabolize alcohol

Alcohol remains at higher concentrations for longer periods of time in a woman's body.

Key points for alcohol brief interventions:

- Breast, liver, throat cancers
- Falls
- Liver disease
- Alcohol-induced brain damage
- Experiencing violence
- Unintended or unwanted sexual activity, STIs and unintended pregnancy
- Low bone density

See the Adult SBIRT pocket card for other alcohol-related consequences.



COLORADO
Office of Behavioral Health
Department of Human Services

SBIRT Colorado | 303.369.0039 ext. 245 | www.ImprovingHealthColorado.org

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Preventing Substance-Exposed Pregnancy

FASD Fetal Alcohol Spectrum Disorders:

There is no known safe amount of alcohol use during pregnancy or when trying to get pregnant. There is also no safe time to drink during pregnancy (CDC).

- Key Points:**
- FASD is irreversible and 100% preventable
 - All forms of alcohol pose a similar risk
 - Heavier use increases risk



Alcohol consumption during pregnancy may lead to:

- Miscarriage or stillbirth
- Prematurity
- Low birth weight
- A range of neurocognitive and behavioral problems. Some may not appear until early childhood/school-age
- Developmental disability
- Serious physical malformations including major organ damage

Ask all women of child-bearing age:

“Are you hoping to become pregnant in the next year?”

Listen for: Motivation to change - Fears regarding change

Alcohol Brief Screening:

“How many times in the past year have you had 4 or more drinks in one day?”

Step 1

Ask, are you...

- Able to become pregnant?
- Sexually active with a male or planning pregnancy using another method?
- Using effective form(s) of contraception consistently?

Step 3

Use validated screening questions

AUDIT-C/AUDIT
TWEAK
T-ACE

ImprovingHealthColorado.org/resources

Step 2

Discuss

- Approaches to prevent pregnancy
- Interest in using contraception

Step 4

Explore and negotiate

- Options to avoid pregnancy and/or reduce alcohol or drug use
- Consider that partner substance use may influence motivation

EFFECTIVENESS OF FAMILY PLANNING

~50% of all U.S. pregnancies are unplanned

Most Effective



Least Effective

Implant • Intrauterine Device • Male Sterilization • Female Sterilization
Injectables • Pill • Patch • Ring • Diaphragm
Male Condom • Female Condom • Withdrawal • Sponge
Fertility-Awareness Methods • Spermicide



MARIJUANA USE DURING PREGNANCY AND BREASTFEEDING

The American College of Obstetricians and Gynecologists recommends abstinence from medical and recreational marijuana during pregnancy and breastfeeding.

- THC crosses the placenta and is present in breast milk.
- Use during pregnancy can affect the child later in life and has been associated with lower scores on tests of attention, coordination and behavior.