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Prévention de l’alcool pendant la grossesse

Paris, Centre Universitaire des Saints Pères

Partage d'expériences sur la prévention du TCAF en Fédération de Russie

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Outline

• Alcohol – the new state controled initiatives and life expectancy rise in Russia
• Alcohol & women, FAS/FASD concerns
• Coordination Committee at CNIIOIZ
• International Collaboration
• Future developments
New minimum retail prices and state regulation for alcoholic drinks in Russia

- The minim. retail price for vodka was set at 98 RUB per 0.5 l., brandy and cognac had a minim. retail price of RUB193 per 0.5 l. set in 2011.
- It is prohibited to drink alcohol, in public places.
- A complete ban introduced on the retail (off-trade) sales of all types of alcohol, between 23.00hrs and 08.00hrs.
- From January 2013 the retail sale of beer in kiosks and pavilions, as well as at bus stops, open markets, railway stations, petrol stations and airports, is prohibited at any time.
2011, life expectancy in Russia was 64.3 years for males and 76.1 for females. According to the WHO 2011 report, annual per capita alcohol consumption in Russia is about 15.76 liters, 4rth highest volume in Europe (compare to 13.37 in the UK, 13.66 in France, 15.6 in Ukraine, 16.45 in the Czech Republic, etc.).
In 2013 we expect birth of 1,8 millions of children in Russia.


In 2006 were born 1,5 million children, in 2012 году — 1,9 million.

Measures of family support by the state (maternity capital for education and housing improvement)
In Europe and Russia there is a gap in the perceived morality of alcohol, with society believing that moderate drinking is acceptable, healthy, and part of normal life.
Life expectancy and alcohol consumption (A.V. Nemtsov)

Продолжительность жизни женщин и мужчин и потребление алкоголя в России (Госкомстат 2006; Немцов 2003)
Evolution regarding the mode of consumption:

- French consumers drink less but better quality and are researching new tastes/experiences.
- Regular consumers, generally older males, are being replaced by more occasional drinkers who tend to be young and female.
- Russian begin to drink little less (by approximately 1.5 liters, but stronger beverages)
- Young as a group was “successfully “ targeted by the alcohol market strategies
- Majority of the (young) women consume alcohol
- Bunge drinking is a widespread and dangerous pattern of alcohol consumption

Data from Euromonitor, 2012
Survey of the main health risk factors, women, selected cities in Russia, 25-64 age group, 2000-2002 (age standardized)
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Phase I: Preventing FAS/ARND in Russian Children, NIH/Fogarty International Center, 2003-2007

Phase II: Development of Education Materials for Prevention of FAS in Russia, Centers for Disease Control and Prevention (CDC)/Association of University Centers on Disabilities (AUCD), 2005-2008

Phase III: Health of Children in Russia: Providing Education on FASD, AUCD/CDC, 2007-2008
Preventing FAS/ARND in Russian Children, NIH/NIAAA, 2007-2012

Materials developed by the Centers for Diseases Control and Prevention, National Institute on Alcohol and Alcohol Abuse, U.S. Substance Abuse and Mental Health Services Administration, the Regional FASD Resources and Training Centers, other organizations, and the project faculty and consultants have been used for this presentation.
Project

Designed to develop prevention through promoting reproductive health and alcohol consumption behavior change in Russia

- Alcohol consumption, FASD knowledge, attitudes, and receptivity to prevention approaches were assessed
- Evidence-based training for physicians has been developed and evaluated
- Clinical trial to test the prevention model is being conducted currently in St. Petersburg and the Nizhniy Novgorod Region, Russia
Results: alcohol consumption by women

- 95.6% nonpregnant women reported any alcohol use
- 62.2% reported consuming ≥ 4 drinks on at least one occasion (“How often do you have 4 or more drinks on one occasion?”)
  - including 31.5% binge once a month or more
- pregnant women reduced alcohol consumption significantly
  - however 20% reported continuing alcohol use
  - including 3% binge drinking (6% in SPB and 0% in the NNR)

Photo courtesy of Dr. Bertrand
Risk for alcohol-exposed pregnancies (AEP)

- 73% of non-pregnant women reported one or more unprotected sex in the last 6 months (*might get pregnant*)
  - 92.3% of *might get pregnant* reported any alcohol use
  - 64.2% of *might get pregnant* reported consuming ≥ 4 drinks on at least one occasion ("How often do you have 4 or more drinks on one occasion?")
    - Including 32.9% binge once a month or more

- 34.7% of non-pregnant women reported *trying to get pregnant*
  - 88.3% of *trying to get pregnant* reported alcohol use
  - 55.7% of *trying to get pregnant* reported consuming ≥ 4 drinks on at least one occasion ("How often do you have 4 or more drinks on one occasion?")
    - Including 20.9% binge once a month or more
FASD Facts

- Alcohol is a teratogen
  “Of all the substances of abuse including cocaine, heroin, and marijuana, alcohol produces by far the most serious neurobehavioral effects in the fetus.”
  —Institute of Medicine Report to Congress, 1996

- Prenatal alcohol exposure is the leading preventable cause of birth defects, mental retardation, and neurodevelopmental disorders

- The cause is maternal alcohol use during pregnancy
  - No safe time to drink during pregnancy
  - No safe level of alcohol
    - Binge drinking is especially harmful
    - Lower level of prenatal alcohol exposure is adversely related to the child behavior (Sood et al., Pediatrics, 2002)
Fetal Alcohol Syndrome

- Specific pattern of facial features
- Pre- and/or postnatal growth deficiency
- Evidence of central nervous system dysfunction

100 \% AVOIDABLE & PREVENTABLE
Phase I: survey of physicians

- Always ask non-pregnant about drinking
- Always ask pregnant about drinking (OBG) / Always ask mothers of infants (Peds)
- Occasional alcohol consumption is safe in one of trimesters
- FAS baby is born with certain birth defects
- FAS baby is born drunk
- FAS baby is born addicted to alcohol
- Acknowledged the lifetime persistence of FAS
- Agreed that lowered IQ/mental retard. are associated with drinking during pregnancy
- Advocate complete abstinence for pregnant
Medical professionals respond to another survey on the effectiveness of the primary prevention, selected regions of Russia, 2011

- 23% consider the primary prevention to be effective in improving population health
- 71% are not sure that it is effective
- 6% – do not consider it as an effective measure for the population health

We need to change knowledge, behavior and attitude towards primary prevention effectiveness, tools etc.
Project results for the doctors

- Evidence-based FASD training curricula for Russian health professionals has been developed

- Physicians who received training on FAS had
  - significantly improved knowledge about the effects of alcohol use
  - significantly less acceptance of any alcohol use during pregnancy than physicians who did not participate in training

- Pediatricians who received training had
  - significantly higher competency in FAS screening and diagnosis than pediatricians who did not receive training

- OBGs who received training had significantly higher
  - competency in FASD
  - brief intervention skills
Why this project leaded us?

- Showed visible success in the taboo area of alcohol prevention in Russia
- Rigorous designs (randomization, representation, validation at each stage)
- Translation: modification and cultural adaptation
- Education modules for doctors
- Preconception women, pregnant, and professionals targeted
The Coordination Committee (CC) on Alcohol harm and FASD prevention

- Led by Professor V.I, Starodubov, Director of the Federal State Research Institute for Information and Management in Public Health CNIIOIZ, (under the MOH RF).
- United researchers and practitioners in developing National program for the alcohol harm and FASD prevention and related actions.
- International, transparent, voluntary

Our development (1)

- Years of study of preventable and avoidable Years of Potential Life Lost from alcohol in the regions of the RF
- Success of the Russian-French collaboration in developing of the demographic policies (A. Vishnevsky and Jacques Valin)
- Tatiana Balachova’s project results
- NIAAA NIH US – seminar (8 april, 2011)
- «MSD», French Embassy in Moscow, INPES, SAF France
- WHO – Minsk (WHO - NIAAA project)
- Canada
- Elena + EVA – our first mother adopted child with FAS
- 9th special orphanage
- Women after prison
Collaboration with France on FAS/FASD prevention

- Julia Krikorian, Medecins du Monde (France) in Moscow
- Embassy of France in Moscow, Social affaires attaché
  - Sophie Genay - Diliautas,
  - Marie Kerle and Olga Voron
- Dr. Thanh Le Luong, Director General, INPES
  - Dr. Carmen Kreft-Jais
  - Jennifer Davies – International Affairs, INPES
  - François Beck, Responsable du département Enquêtes et Analyses Statistiques INPES
- Dr. Denis Lamblin, President SAF France
Our development (2)

- Research & Publications
  - On consumption (A. Nemtsov)
  - On genetics (Professor S. Borinskaya)
  - On behavioral aspects (A. Yaltonskaya)
  - OBGYN education (G. Dikke)
  - Health Policy (E. Varavikova)
  - Children with FAS (O. Semenova).

Practice: 4 regions of Russia – implementation project

- Plan for publication of the “Golden “brick” of knowledge” on FAS/FASD research and prevention.
- International FAS Awareness Day (9th of September)
What are the challenges?

The size of the problem of FASD burden is unknown

- There is no responsible party for FASD prevention, treatment and support
- The role of MOHSD and leading research institutions is still unidentified
- Professional Associations of OBGYNs, Psychologists, Public Health specialists do not have FASD on the agenda, there are no standards
- However, CC have developed, approved and published recommendations for OBGYNs
- Two Schools for FAS prevention organized with MSD, FA and INPES, France
- There is a FASD group of patients and parents being developed (Eva)
- Cite on mednet.ru is developed
- There are no financial resources for all of the above
FAS prevalence

- FAS birth prevalence in a high risk maternity hospital in St. Petersburg
  - 2.7/1,000 live births in 2003
  - 1.2/1,000 in 2004
  - 3.6/1,000 in 2005
- Baby Homes in St. Petersburg
  - 7.0% to 9.3% (70 to 93/1,000) in 2000 - 2004
  - (Palchik A.B. et al., 2006)
- Murmansk
  - (13% FAS and 45% FASD)
- Adopted children (45-50%)
Harmful use of alcohol: 1 Total (recorded and unrecorded) alcohol per capita (15+ years old)
consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context.
• Harmful use of alcohol: Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context.
• Harmful use of alcohol: Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context.
Embryo and Fetus:
The FY 2012 budget estimate for this program is $20.507 million, an increase of $241.0 thousand or 1.2% over 2010 level. As a result, there is increasing recognition globally of the occurrence and devastating impact of fetal alcohol spectrum disorders.
Canada Financing alcohol research and prevention

- CanFASD est financé en partie par le CNFASDP, ainsi que par des bourses de recherche externes. En 2012,
- les équipes de recherche de CanFASD ont généré plus de 3,8 millions de dollars en financement externe pour des projets de recherche.
Some questions

- Do we know all available information on research and practice done with this financing?
- Do we have expertise to evaluate this results?
- Do we have methodology to implement it?
The development of the International Collaboration for FASD prevention

- WHO
- NIAAA
- Canada
- EU
- UK
- ?

- The need for coordination

- France: INPES, Embassy of France in Moscow SAF France, MSD
Conclusions

P. May: “If we don’t actively seek FASD cases, we won’t find the majority of them, especially:

- The old “iceberg” conception holds true.”

- “Prenatal alcohol exposure may well be the leading cause of mental deficiency in many societies.”

Russia is in Need for:

- the International Diagnostic Guidelines
- Prevalence studies, active evaluation of the school children
- International Policies
- WHO platform
- Study effectiveness of prevention
- Models for prevention and FASD patient/family treatment involving Medical/Social/Educational systems
- Collaborative studies
Спасибо

http://netfas.net/

http://mednet.ru/

Merci