

WHO Regional office for Europe
Regional consultation on Alcohol and Health
24 November 2016, Ljubljana, Slovenia

Developing FASD prevention in Russia
– from “NO” to “May be” and “Yes”

Elena Varavikova, MD, PhD, MPH
Leading researcher, CNIIOIZ , Russia
dr.e.varavikova@mail.ru

Overview of the presentation (20')

FASD prevention in Russia –

“NO” – gathering evidence

“May be” – developing respond

“ Staging thr way to “Yes” (success and failures)

Conclusion and questions for the future

Who are we & why alcohol harm and FASD prevention

- Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation
- Mortality – avoidable mortality – health policy
- Alcohol related mortality – alcohol harm and burden - childhood sexual abuse – FASD
- Alcohol exposed pregnancies – FAS/FASD
- Coordination Council for the Alcohol harm and FASD prevention in Russia

Federal Research Institute for Health
Organization and Informatics of
Ministry of Health of the Russian

**Coordination Council for the Alcohol harm
and FASD prevention in Russia**

- Professor Starodubov V.I. Professor
Balachova T.N. (USA)
- Professor Nemtsov A.V. Elena Molchanova (parents)
- Professor Dikke G,B. Svetlana Popova
(Canada)
- Professor Borinskaya S. Diane Black (EA FASD)
- Alexandra Yaltonskay and her group Varavikova
EA

Ethanol production and number of death in the RF [Fed.Stat.Service (<http://www.gks.ru>).]

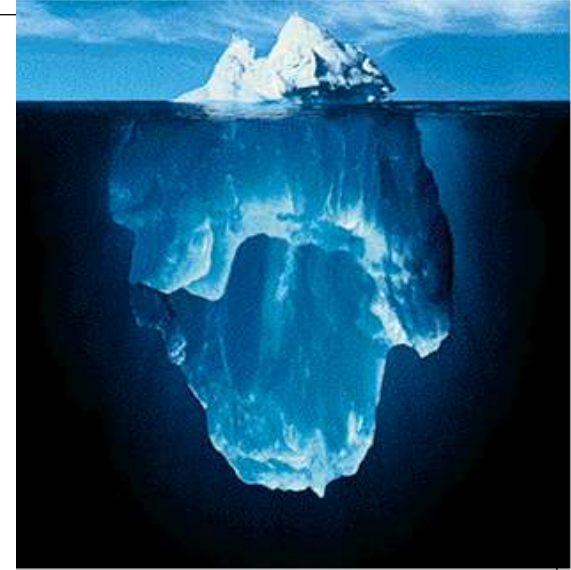


In Europe and Russia there is a gap in the perceived morality of alcohol, with society believing that moderate drinking is acceptable, healthy, and part of normal life. Overconsumption of the Alcohol is also a victimizing factor.

Alcohol overconsumption – stigmatizing factor, specially for women



High Risk for Alcohol Exposed Pregnancies in RF



Dangerous alcohol consumption by women

(more than 90%)

- **Low level of contraception**
- **50% of pregnancies are «unexpected»**
- **Knowing pregnancy status makes women to abstain or decrease consumption,**
- **20% is continue to drink during**

FASD Facts

- **Alcohol is a teratogen**

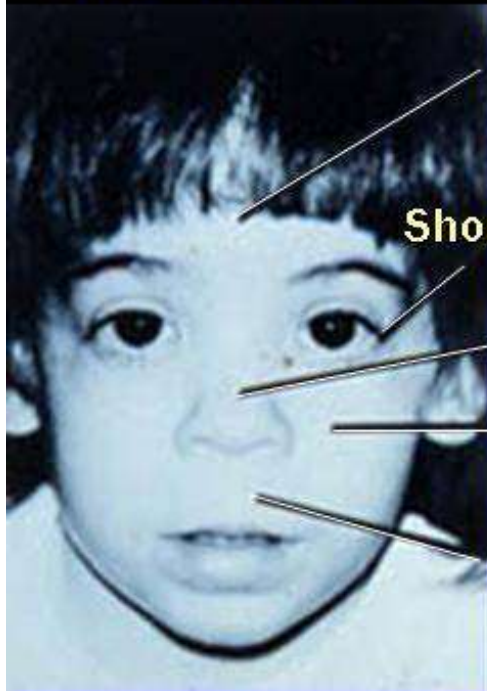
“Of all the substances of abuse including cocaine, heroin, and marijuana, alcohol produces by far the most serious neurobehavioral effects in the fetus.”

—*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)

AEP = Child with FAS and Mouse fetuses

Child with FAS



Small head

Short palpebral fissures

Small nose

Small midface

Long philtrum;
Thin upper lip

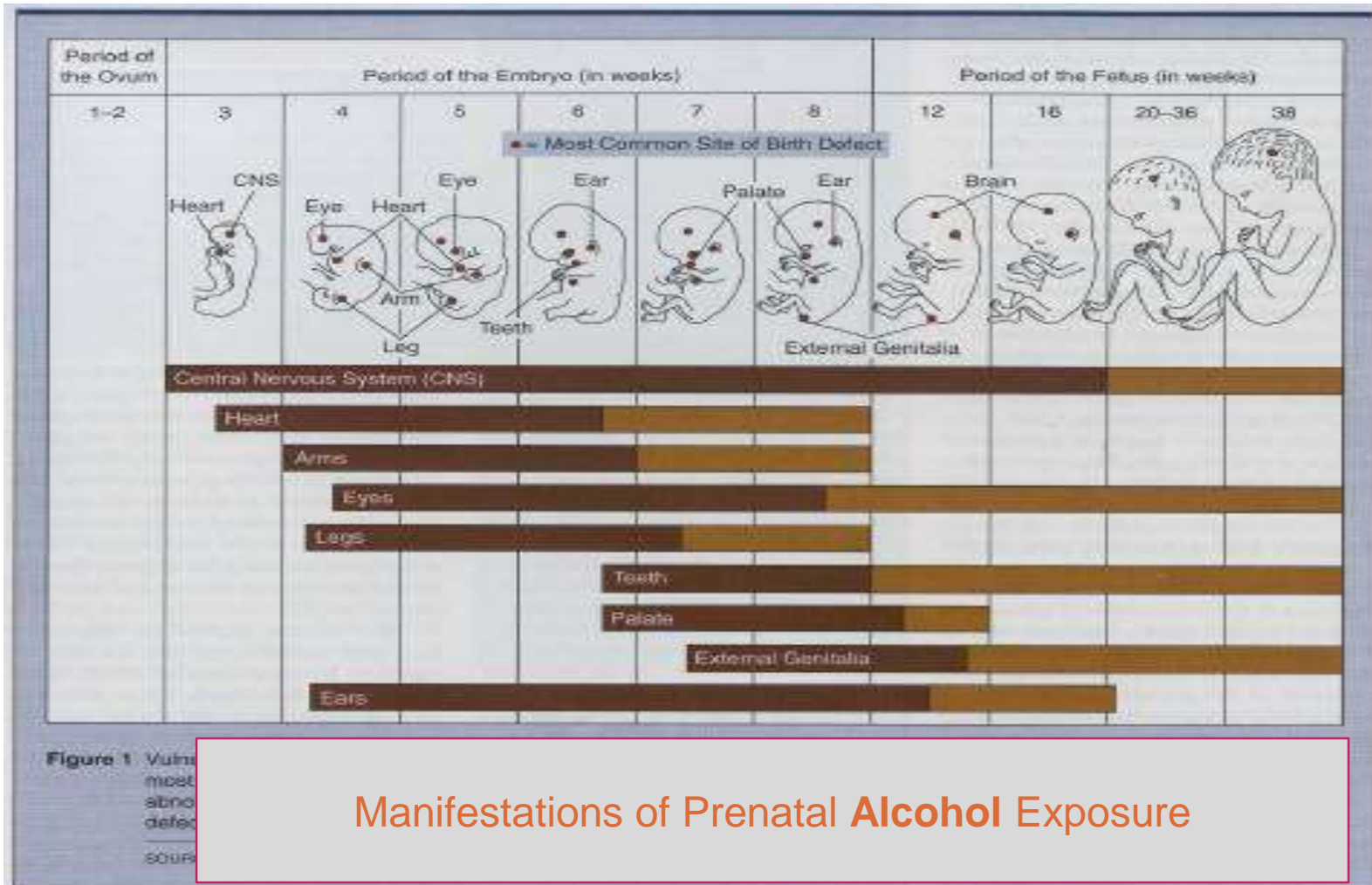
Mouse fetuses



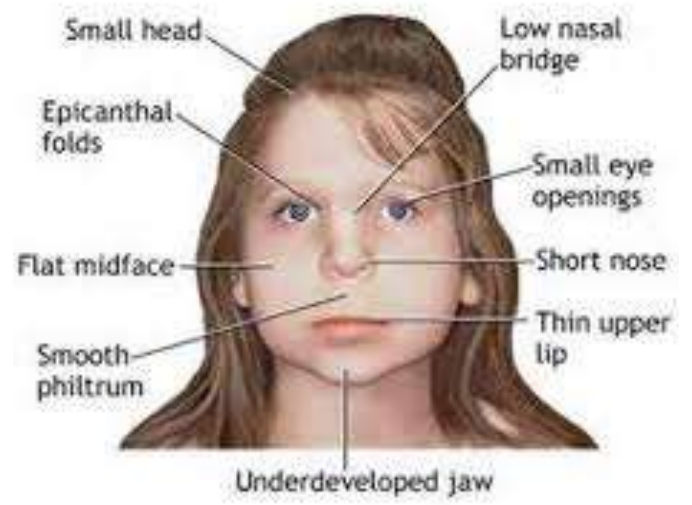
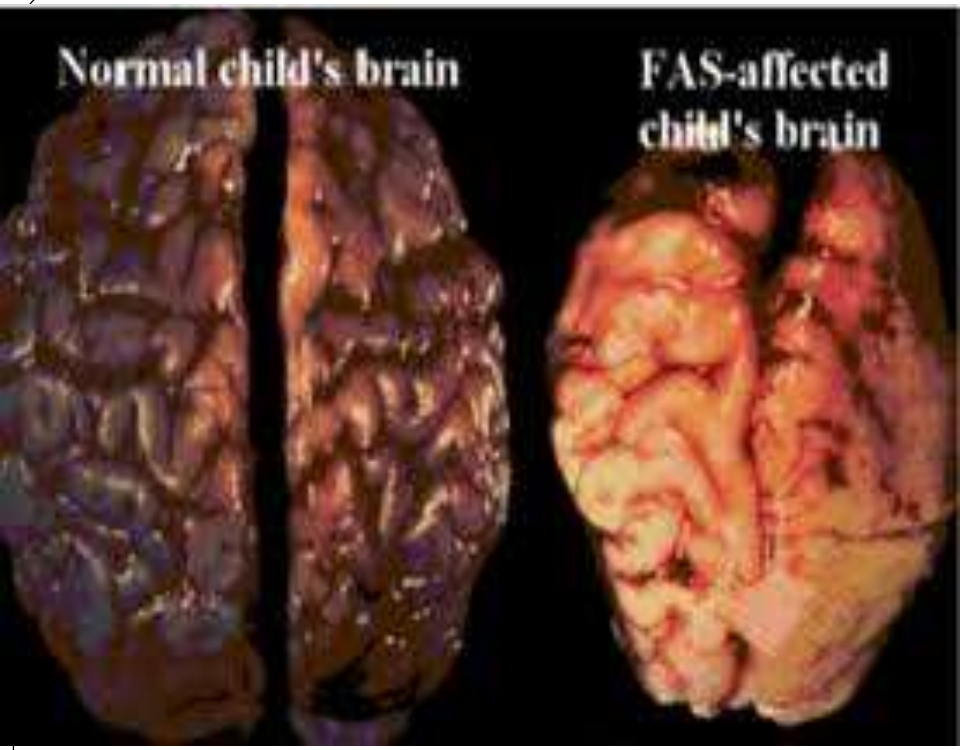
alcohol-exposed

normal

Влияние алкоголя на плод во время беременности



<http://www.drugs-forum.com/forum/showthread.php?t=118481>



Project Team leaded by Tatiana Balachova



St. Petersburg State University, Russia

Larissa Tsvetkova, PhD

Galina Isurina, PhD

Alexander Palchick, MD, PhD, Academy of Pediatrics

Vladimir Shapkaitz, MD, PhD, Academy of Pediatrics

Elena Volkova, PhD, Nizhny Novgorod Pedagogical Academy

Lubov Smykalo, Max Gusev, Maria Pechenezskaya, SPSU

Data Collectors in St. Petersburg and Nizhniy Novgorod



University of Oklahoma Health Sciences Center

Barbara Bonner, PhD

Tatiana Balachova, PhD

Mark Chaffin, PhD

Consultants

Karen Beckman, MD, OUHSC

Edward Riley, PhD, San Diego State University

Linda Sobell, PhD, Nova Southeastern University

Jacquelyn Bertrand, PhD, CDC

Oleg Erishev, MD, PhD, Bekterev Institute, St. Petersburg

Corinne Reinicke, MD, WHO, Moscow

(2007) Michael Fleming, MD, MPH, University of Wisconsin

Mark Mengel, MD, MPH, University of Arkansas

Danny Wedding, PhD, MPH, University of Missouri-Columbia

Advisory Board

Sheldon Levy, MPH, PhD, University of Miami School of Medicine

John Mulvihill, MD, OUHSC

Edward Riley, PhD, San Diego State University

Kevin Rudeen, PhD, OUHSC

Mark Wolraich, MD, OUHSC

Elena Varavikova, MD, PhD, MPH, Federal Agency for Medical Technologies, Russia

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 was conducted currently in St. Petersburg and the Nizhniy Novgorod Region, Russia



Results: alcohol consumption by women (St.Petersburg and N.Novgorod)



- 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

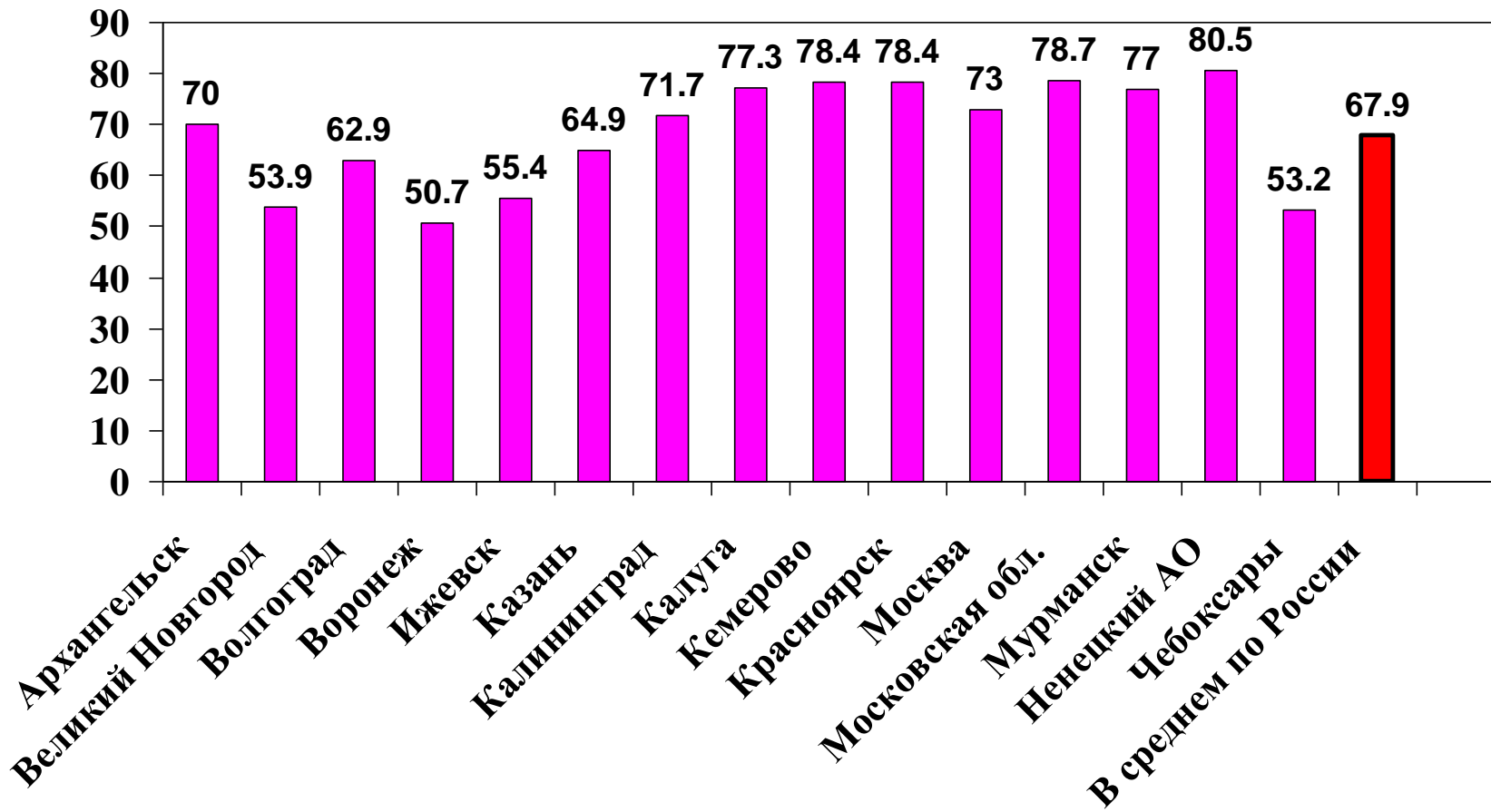
Alcohol and Pregnancy



- ◆ Survey conducted 1999-2000, St. Petersburg.
- ◆ 88% of nonpregnant and 34% of pregnant women had had alcohol within the preceding 30 days.
- ◆ 16% of nonpregnant and 2.5% of pregnant women had “binged” at least once in the preceding 30 days.
- ◆ 60% reported drinking when they knew they were pregnant.
- ◆ 75% of women who drank during pregnancy were aware that alcohol consumption during pregnancy could cause birth defects.
- ◆ Wine and beer were the preferred alcoholic beverages of both groups.

Уровень распространенности алкоголизации среди девочек -
школьниц 9-11 классов в обследованных городах в 2011 г.
(Профессор Е.С. Скворцова) **Prevalence of alcohol cons. In
Teens, by regions of Russia, 2011, Skvortsova E.S.**

на 100 подростков соответствующего пола



Prevalence of FAS/FASD in the RF is unknown

- Special neurological orphanages in Moscow - around 8% FAS (International Consortium on Fetal Alcohol Spectrum Disorders, 2006)
- Murmansk – (Infant orphanages) – 13% FAS, 45% FASD
- In more than 70% medical records does not have notion of an alcohol use by mother
- More than 50% adopted in Sweden children –are with FAS or FASD
- Around 100000 children have some problems with health (out of nearly 2 min. born yearly)



FASD prevention

Key to prevent FASD? FAS is
SCREENING of ALL, not only
pregnant women, to identify risk
group and use brief intervention and
other methods

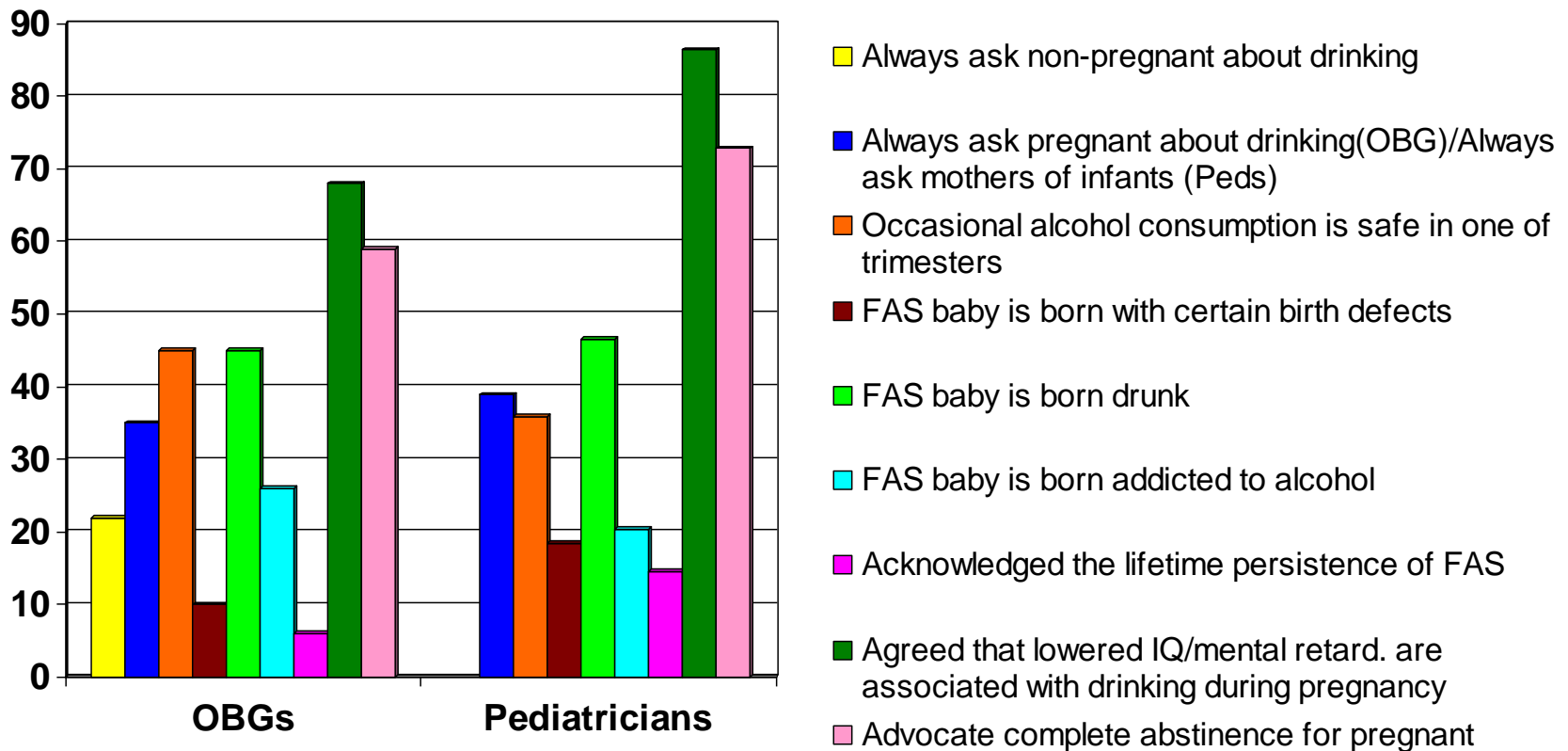


**Группа риска - употребление:
>7 доз в неделю или > 3 доз за один
раз**



Phase I: survey of physicians

(Balachova T. et al.)



OBGs

Pediatricians

- 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

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



Doctors, survey in Irkutsk

- **USA**

97% OBGYNs ask pregnant women on alcohol consumption and give recommendation of abstinence

(Diekman et al., 2000)

- **Russia**

**37% OBGYNs ask and advise (Т.Н Балашова. и др, 2005)
and 42% in 2015 in Moscow**

- **Irkutsk (Marinian)**

52% OBGYNs – ask and advise (2012)



Brief Intervention for OBGYNs

Разработано краткосрочное вмешательство, адаптированное к условиям работы врача-гинеколога в системе здравоохранения.

Основной его целью является предотвращение воздействия алкоголя на плод для профилактики ФАС/ФАСН

Вмешательство фокусируется на двух направлениях: употребление алкоголя
планирование беременности



Универсальная мера алкоголя – одна доза

В здравоохранении введено понятие универсальной меры алкоголя - **одна доза**

Одна доза определена примерно как:

350 мл.
пива (5°)



250 мл.
джин-тоника (7°)



150 мл.
сухого вина (12°)



100 мл.
крепленого
вина (18°)



45 мл.
коньяка или
водки (40°)



В бутылке сухого вина (750 мл) -
5 доз алкоголя



В полулитровой бутылке водки -
11 доз алкоголя



International Collaboration for FASD prevention

- **WHO**
- **NIAAAA**
- **Canada**
- **EU** Developing FASD prevention in Finland from “NO” to “May be” and “Yes”
- **USAID**
- **France:**
 - **INPES, Embassy of France in Moscow**
 - **SAF France, Denis Lambien**
 - **MSD**
- **EA FASD – Diane Black**



Developing FASD prevention in Russia – from “NO” to “May be” and “Yes”

- From “NO”
- No evidence
- No Leader
- No knowledge and skills for AEP and FASD prevention
- Stigma
- TO “May be” and “Yes
- Strong evidence on AEP
- Acute epidemia under investigation
- Great International Team
- Work done in OBGYN’s education on FASD and brief intervention
- On the evidence on what works for women in FASD prevention
- Now – attempt to work with prison system
- Development Policy paper

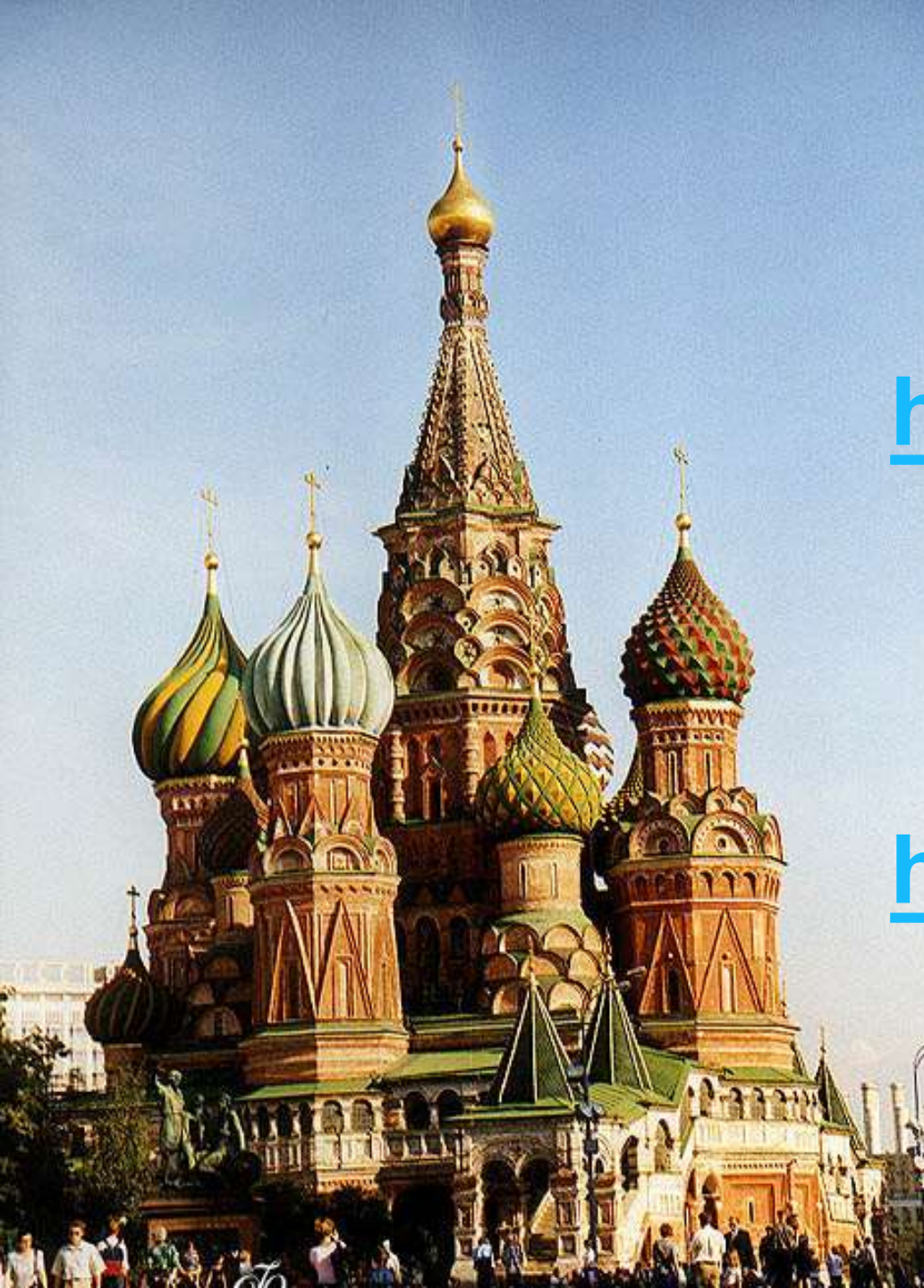
Russia is in Need for:

Conclusions

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

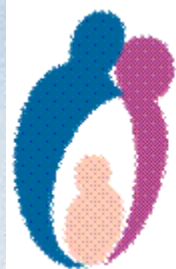
- The old “**iceberg**” conception holds true.”
- ***“Prenatal alcohol exposure may well be the leading cause of mental deficiency in many***

- Diagnostic Guidelines
- Prevalence studies, active evaluation of the school children
- Alcohol Harm prevention Policies
- WHO platform
- Evaluation of prevention
- Models for prevention of AEP and FASD
- Models for FASD patient/family Care, person/family centered
- **Collaborative studies**



Спасибо !

<http://netfas.net/>



Нет ФАС

<http://mednet.ru>

Hvala! !