

The Prevention Conversation

It's time to talk about alcohol and pregnancy





Contents

1. Introduction and Objectives
2. Foundations in FASD
3. Alcohol Use and Women's Health
4. FASD Prevention and Healthy Beginnings
5. Raising Awareness and Stigma Reduction
6. Cultural Safety and Identity
7. Doorways to Conversation
8. Trauma-Informed Approaches to FASD Prevention
9. Contraception
10. Polysubstance Use
11. Prenatal and Postnatal Support
12. The Prevention Conversation with Girls
13. Engaging Partners, and Social Networks



SECTION

1

Introduction and Objectives

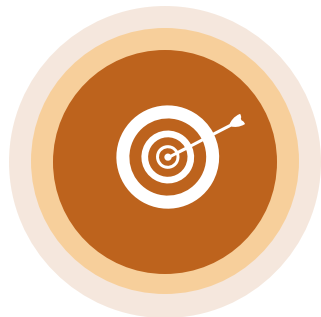
Why We're Here

The *Prevention Conversation* online course will provide an overview of Fetal Alcohol Spectrum Disorder (FASD) prevention and how to engage in meaningful conversations with women and girls who may become pregnant, and their support networks.

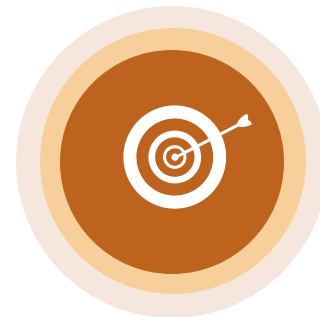


OBJECTIVES

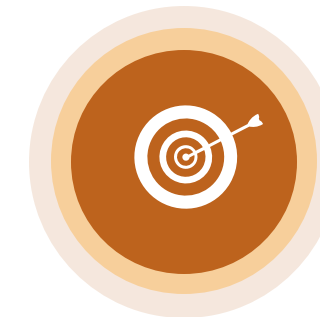
To understand the complex reasons why an individual may drink during pregnancy and have the tools to support conversations with pregnant women, individuals, and their support networks



To feel confident in engaging in meaningful conversations to prevent alcohol-exposed pregnancies



To understand and be comfortable discussing harm reduction strategies



To know how to connect with local resources



Acknowledgement of the Land and Peoples

The **Prevention Conversation** and **Canada Fetal Alcohol Spectrum Disorder Research Network** acknowledge the First Nations, Inuit, and Métis peoples as the first inhabitants and **traditional custodians of the lands in which we live, learn, and work**. Throughout the presentation, we have included art pieces from Indigenous artists **across Turtle Island** that honour Indigenous knowledge systems and capture spiritual, relational, and emotional connections to the modules.

Language Matters

TALKING ABOUT FETAL ALCOHOL SPECTRUM DISORDER (FASD)

FASD is a developmental disability. Like other people with disabilities, people with FASD have many strengths and skills and can lead happy and productive lives. The language we use can challenge stereotypes and people with FASD, promote compassion for women who drank during their pregnancy (for whatever reason), and help others to see people with FASD as more than a disability.



It's time for a different approach

IT'S TIME FOR REAL CONVERSATIONS ABOUT FASD
AND HOW TO PREVENT IT

*We need
to talk!*

- Broad-based awareness campaigns, i.e., social media campaigns or alcohol-related warning messages, are more effective when they are linked to other levels of FASD prevention that encourage and support behaviour change.

**The Prevention Conversation is the catalyst
for meaningful conversations!**



Let's Talk

DELIVERING THE PREVENTION CONVERSATION

The Prevention Conversation is about the risks of drinking during pregnancy or before a woman even knows she's pregnant.

THIS IS BEST DONE BY:



Raising public awareness about the negative effects of drinking alcohol during pregnancy and connecting women and their partners to information and services related to prenatal alcohol use.



Training and supporting health care providers to use tools and techniques designed to engage women in non-judgmental, empathetic conversations about alcohol use during pregnancy.



What We Deeply Believe

- 1 FASD can be prevented**
FASD is a uniquely complex disability but with the right supports, it can be prevented.
- 2 No Alcohol during pregnancy**
There has been no established safe level of alcohol to be consumed during pregnancy. Experts agree that no alcohol during pregnancy is safest.
- 3 FASD affects everyone**
FASD occurs in all segments of society including all cultures, any social standing and economic status.

4 **Creating safety is crucial**

To effectively engage women and their support networks in The Prevention Conversation, we must first create a climate in which they feel safe and free from judgement. Managing the fear, confusion and social stigma that surround the issue of drinking alcohol during pregnancy is crucial to our success. Everyone deserves access to support without judgement or blame.

5 **Relationships are important**

Most of the work of FASD prevention is relationship-based. The Prevention Conversation cannot unfold effectively outside the framework of a relationship that's trust-based, sincerely caring and openly supportive.

6 **FASD Prevention is Complex**

On the surface, the prevention of FASD seems strikingly simple: avoiding alcohol during pregnancy completely eliminates the risk. However, the influences on drinking during pregnancy such as addiction and mental health issues, effects of childhood trauma and abuse, poverty and cultural identity, and so on - make the work of FASD prevention highly complex.



Consistency is Crucial

The effectiveness of a campaign or communications initiative that aims to raise awareness and prompt behaviour change is tied directly to three factors: frequency, impact and consistency.



Frequency

A message can become top of mind only if it repeatedly reaches its target audience with relevant and memorable messages.



Impact

To make a lasting impression, a message must be far more than ‘clever’ or ‘catchy’. It must be clear, compelling, and memorable. It must be authentic. And above all, it must matter.



Consistency

- Rigorous adherence to a consistent message through all communication activities is crucial to making an impression and effecting a change of thinking, attitude, belief, or behavior.
- This is true for any communications initiative, but it’s especially true for one that must stand up against a glut of mixed, often contradictory messages in the public realm.
- The core messages of *The Prevention Conversation* must compete with countless mixed messages perpetuated on social media and websites, by physicians, researchers, authors, in the news, and so on. To stand any chance of being heard above the noise, consistency is absolutely crucial.

Frequency

Impact

Consistency





Statement on Respect

Respect, dignity and inherent human worth should be promoted among individuals with FASD, people who use alcohol during pregnancy, and their families.

Respect and acknowledgement is implied to all cultural and gender diverse groups throughout the presentation regardless of how it may be referred to in the content.



SECTION 2

Foundations in FASD

1. Definition
2. Impact of Prenatal Alcohol on Fetus
3. Strengths and Challenges
4. Assessment and Diagnostics
5. FASD Interventions
6. FASD Prevention

What is FASD?

"Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol.

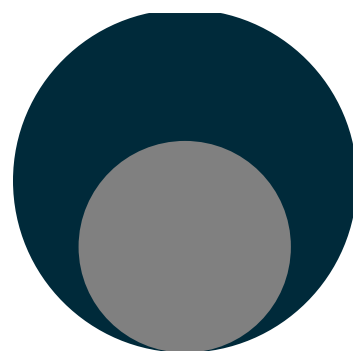
FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential.

Each individual with FASD is unique and has areas of both strengths and challenges."

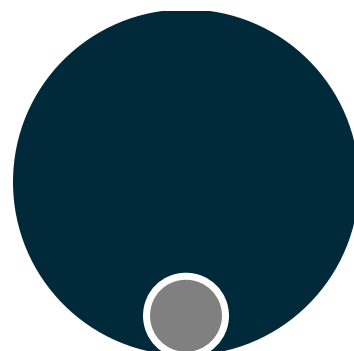


The Leading Disability

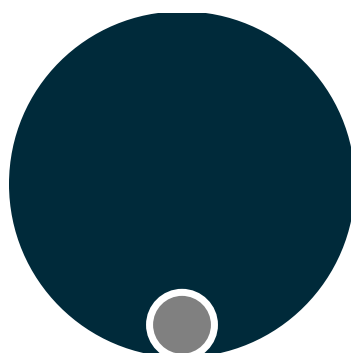
FASD is one of the most common neurodevelopmental disabilities in North America. FASD impacts more people in Canada than Autism Spectrum Disorder, Cerebral Palsy, and Down Syndrome combined.



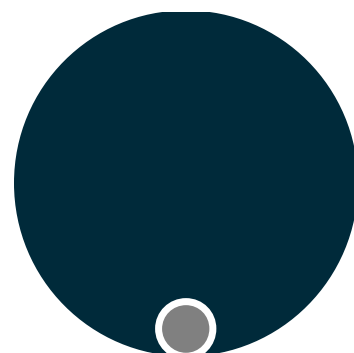
2.5 times more than
Autism



19 times more than
Cerebral Palsy



28 times more than
Down Syndrome



40 times more than
Tourette's Syndrome

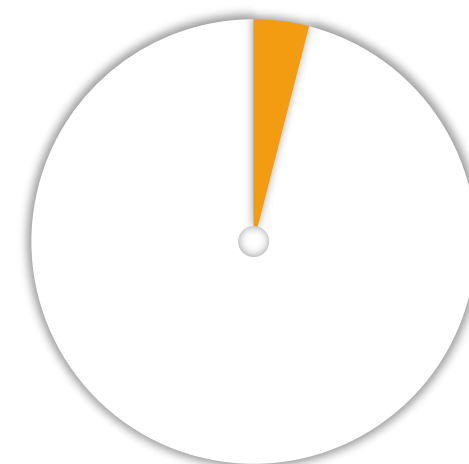


The Canadian Picture of FASD



\$9.7 BILLION

Total estimated annual
investment in Canada = \$9.7B



4%

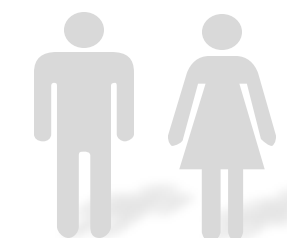
Current studies suggest that
conservatively, 4% of individuals
in Canada have FASD



This translates to more than

1.6 million

people in Canada, or



1 in 25 people

This means it is possible **that one
student in every classroom may have
FASD.**

The true rate of prevalence is difficult to
know and is thought to be even higher
because diagnosis is challenging.

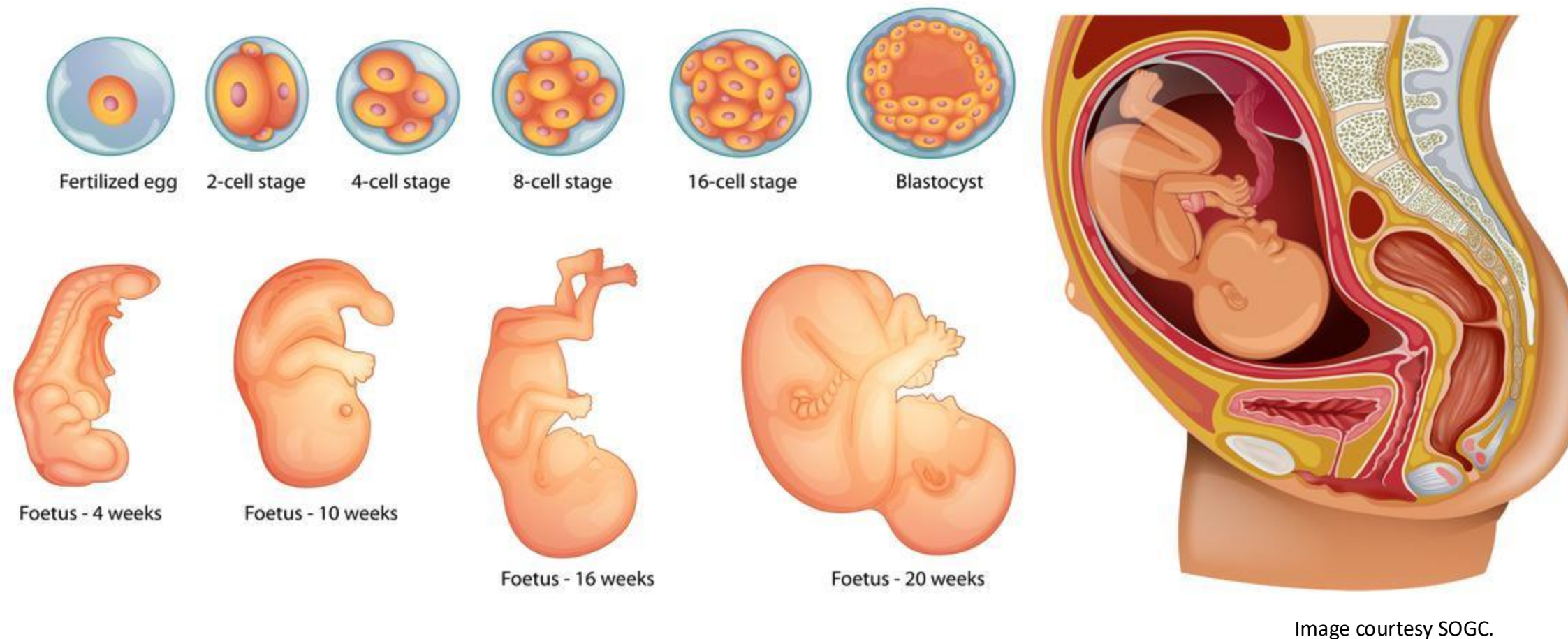


61% of all pregnancies are
unplanned

Many pregnancies are
undetected in the early weeks

Much of embryogenesis occurs prior to the time that pregnancy is typically recognized.

Human Embryonic and Foetal Development



There is no safe time, type, or amount of alcohol to drink during pregnancy.

Impact of Prenatal Alcohol on a Fetus

Alcohol is a **teratogen** (a substance that disturbs the development of an embryo or fetus)

- The development of the brain and central nervous system is constant throughout the entire pregnancy. The consumption of alcohol can affect development at any moment of this critical time.
- No one can predict exactly how alcohol will affect a developing baby, but the timing and amount of alcohol consumed, genetic makeup, and maternal nutrition are factors that influence the impact on the developing fetus.

Can FASD occur only during the first trimester of the pregnancy?

The brain and nervous system develop throughout the entire pregnancy, so injury to neurological functions can occur over the entire nine months. The baby's brain is especially vulnerable to the teratogenic effects of alcohol in early pregnancy.

It is safest not to use alcohol during pregnancy!



Strengths and Challenges

Each individual with FASD is unique and will have their own strengths and challenges. Being in an environment where strengths are celebrated can transform the learning experience.

In this video, Myles Himmelrich, an adult with FASD, describes his unique experiences of FASD:

FASD = Faith, Ability, Strength, Determination

<https://youtu.be/5fm3Ptp9ZMA>



1. FASD with sentinel facial features (a thing that acts as an indicator of the presence of disease)

3. At risk for neurodevelopmental disorder and FASD, associated with prenatal alcohol exposure (PAE)

FETAL ALCOHOL SPECTRUM DISORDER CLINIC PROCESS

Referral/Intake

- Verify referral criterion (age, check for previous assessments and dx);
- Intake criterion varies (i.e., cognitive, other pre testing required, referral source, PAE confirmed or suspected.)*
- *Referral and intake process can vary, depending on individual clinic practice and policies. (e.g. triage, waitlists)

Acceptance of referral

- Client/guardians informed of referral status;
- Intake forms, correct consents received;
- Initiate collection of necessary comprehensive information.*
- *The dx process includes: reviewing social, medical, birth, PAE, developmental, family & education history.

Scheduling assessments & Dx clinic

- Schedule neurobehavioral, SLP, OT and other assessments;*
- Obtain previous assessments, and share with appropriate team clinicians.
- *Recommend adult clients have advocate to assist throughout the assessment/dx clinic process.

Multidisciplinary Dx Clinic

- Diagnostic Formulation and Case Conference;
- Team meets, reviews file, history and other information;*
- Formulate FASD dx, interventions and recommendations;
- Communicate dx, recommendations with family/client.
- *Review of caregiver & other interviews & background information; assessment results.

Reports, Recommendations

- Medical summary report completed in timely manner;*
- Report shared with organizations, individuals listed on consent for disclosure;
- Clients/caregivers connected to post clinic support;
- Files stored according to FOIP, clinic policy.
- *Report format varies; Physician signs off final report.

FASD ASSESSMENT & DIAGNOSTIC TEAM

CLINIC COORDINATOR

- Key to ensuring smooth referral, intake and clinic process
- Organizes all aspects of: case management, scheduling, clinic day, reports, team recruitment, training
- Social Work, Nurse, Mental Health, Addiction or other Human Services background

PHYSICIAN

- Conduct caregiver/client interviews; pertinent physical/neurological exam; identify other disorders
- Assess degree/presence of SFF; review developmental and other history; Training specific to FASD dx
- Disclose dx findings to client/caregivers; responsible for signing final medical reports

REGISTERED PSYCHOLOGIST

- Education, expertise, background and scope of practice relevant to clinical assessment & interpretation
- Provide comprehensive assessment of brain domains, as per dx guideline; interpret results to team
- Masters or Ph.D. level recommended; Provisional Psychologist is not recommended

SPEECH LANGUAGE PATHOLOGIST; OCCUPATIONAL THERAPIST

- Education, skill set to complete SLP and OT assessments, according to dx guideline recommendations
- Language, executive function, motor, adaptive and social language are common for SLP/OT testing
- SLP and OT assessments assist in guiding appropriate post dx interventions and strategies for supports

ADDITIONAL TEAM MEMBERS

- Contribute to relevant information, recommendations and supports
- Can include stakeholders from: Mental Health, Justice, Education, Cultural Knowledge Representation, Employment, Addiction- Counselling, Post Clinic Support, Children and Family Services.*
- *Sectors represented may differ between Pediatric and Adult clinic teams.

ABBREVIATIONS: FASD: Fetal Alcohol Spectrum Disorder;
Dx: Diagnosis; SFF: Sentinel Facial Features; FOIP: Freedom of Information and Protection of Privacy Act; OT: Occupational therapist; PAE: Prenatal Alcohol Exposure; SLP: Speech-language pathologist

CanFASD
CANADIAN FETAL ALCOHOL SPECTRUM DISORDER RESEARCH NETWORK

Rajani FASD Assessment & Diagnostic Clinic Training Services

Labrador Centre for FASD | 709.633.6777 | 2nd floor, 204 - 709.633.6777
1-877-363-5462 • www.fasdnetwork.ca

Signs and Symptoms

FASD often goes undiagnosed or misdiagnosed.

Signs and symptoms are **hard to recognize in babies and young children**, so individuals with FASD often aren't diagnosed until they are school-aged or teenagers.

Decisions

Challenges with executive functioning

Individuals with FASD are at increased risk for:

- mental health issues
- school difficulty, addictions
- trouble with the law
- difficulties maintaining employment

Communication

Challenges with communication – can be highly verbal, but lack comprehension skills both written and verbal

Movement

Challenges with neuromotor defects – impaired balance and coordination



FASD Interventions

There are four overarching principles of practice, which many of the best practices already incorporate, that are important to FASD.

- **Consistency**
- **Collaboration**
- **Responsiveness**
- **Proactivity**



FASD Prevention

Recent data show that risky drinking, or drinking above the recommended limit, among women of childbearing age (10 to 49 years) is rising. According to the Public Health Agency of Canada (2016), **56% of childbearing aged women reported binge drinking at least once vs. 44% in 2004.**

Experts recommend that women go alcohol-free if:

- They're pregnant
- Planning to get pregnant, or
- Having unprotected sex (i.e., when there is potential for an unplanned pregnancy).



It is safest not to drink alcohol during pregnancy. Stopping or reducing your alcohol consumption at any time during pregnancy can improve the health and wellbeing of you and your child.



Research shows that partners' drinking habits influence the drinking pattern of mothers.





Women's Health and Prevention

FASD prevention is not only important for the child but is essential for women's health. Researchers, community members, professionals, and experts have identified 10 fundamental components for

FASD prevention should support women's health and social concerns.

In this video, researcher Nancy Poole discusses how preventing FASD is about gender, trauma, addiction, and harm reduction:

<https://youtu.be/ZVm3XgcLTg0>

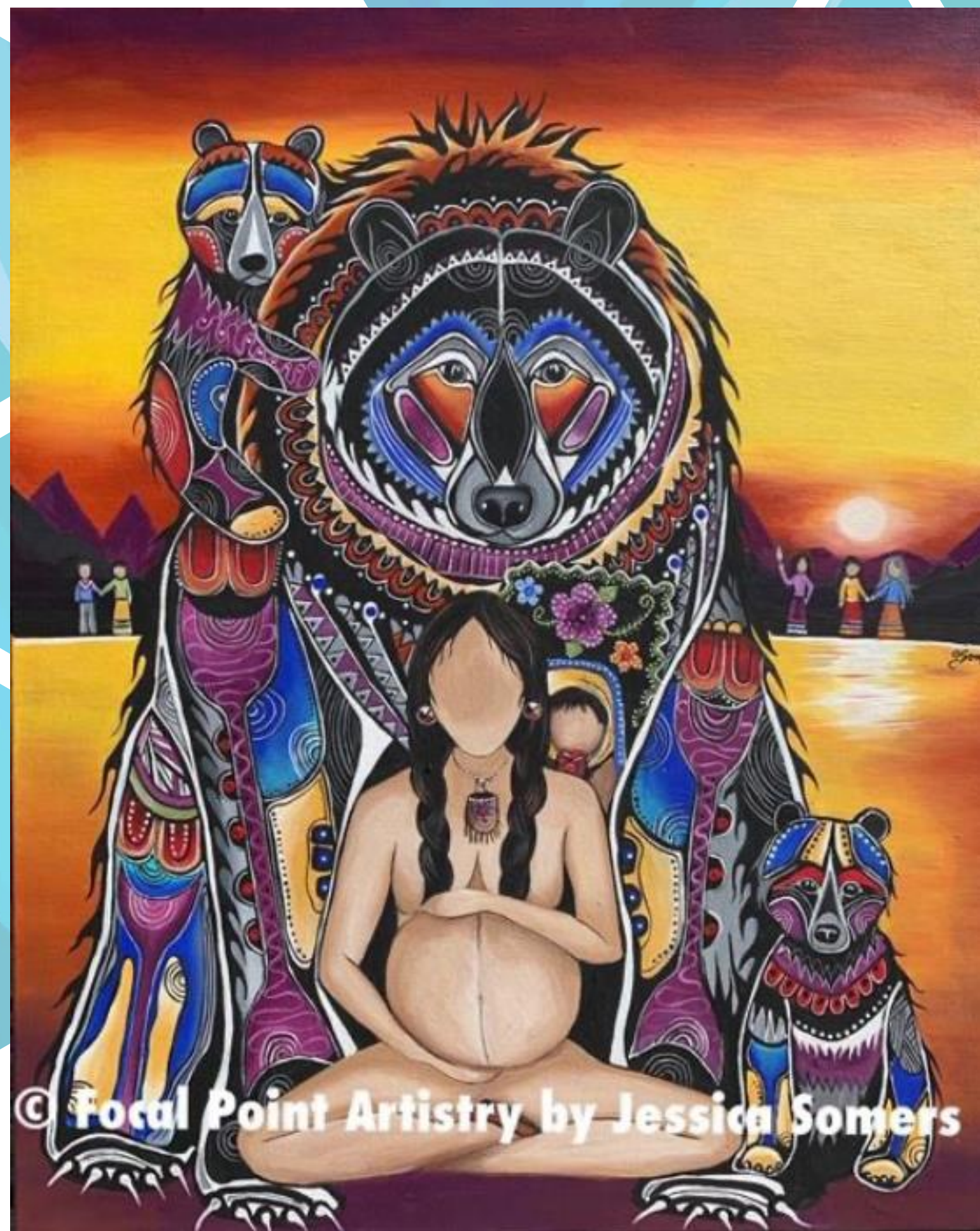


IMPART TedX Nancy

SECTION 3

Alcohol Use and Women's Health

1. Quick facts on alcohol use in Canada
2. Explore sex and gender factors related to alcohol use
3. Problematic alcohol use
4. Canada's Guidance on Alcohol and Health



The Beauty of Life Givers by Jessica Somers

Alcohol Consumption in Canada



PREVALENCE OF ALCOHOL USE



The prevalence of alcohol use remains higher among boys and men but are increasing among women and girls.



Among girls and women, the highest increase in past-year heavy drinking was seen among women 25 years and older (86%).

In 2018, rates of heavy drinking were 24% for Canadian men and 15% for Canadian women among all age groups; however, rates of heavy drinking were much higher for young Canadian women ages 18-34 (24% of young women compared with 34% of young men).

As of January 2021

66%

of Canadians aged 15 years and older reported using alcohol at least once in the past 30 days.

The number of people reporting

5+ drinks

per occasion increased from 11% before the COVID-19 pandemic to 18% during the COVID-19 pandemic.

During the COVID-19 pandemic,

37%

of women reported both moderate-to-severe anxiety and increased alcohol use. Women reported the most mental health concerns, particularly in households with children under 13.





Findings from the Maternity Experiences Survey

2015

➔ The Maternity Experiences Survey was a 2006-2007 survey of Canadian women that sought to understand women's experiences, perceptions, knowledge and practices before, during and following pregnancy.

What Mothers Say: The Canadian Maternity Experiences Survey

4%

of women consumed alcohol in the three months prior to pregnancy.

5%

of women reported alcohol use during pregnancy.

A higher percentage of women above the low-income line reported drinking alcohol during pregnancy compared to women below the low-income line.

The proportion of alcohol use during pregnancy increased with maternal age.

Sex vs Gender

Sex and gender factors impact the patterns of effects of alcohol use among women.

- ➡ **Sex** refers to a set of biological attributes in humans and animals. Female and male bodies have different genetic and physiological characteristics that affect the processes of how substances are metabolized, effects on the brain, tolerance and dependence.
- ➡ **Gender** refers to socially constructed roles, behaviors, expressions, and identities of girls, women, boys, men, and trans and gender diverse individuals. Gender-related factors affect individuals' risks for use, exposure to marketing or exploitation, access to care and services, and the societal response.

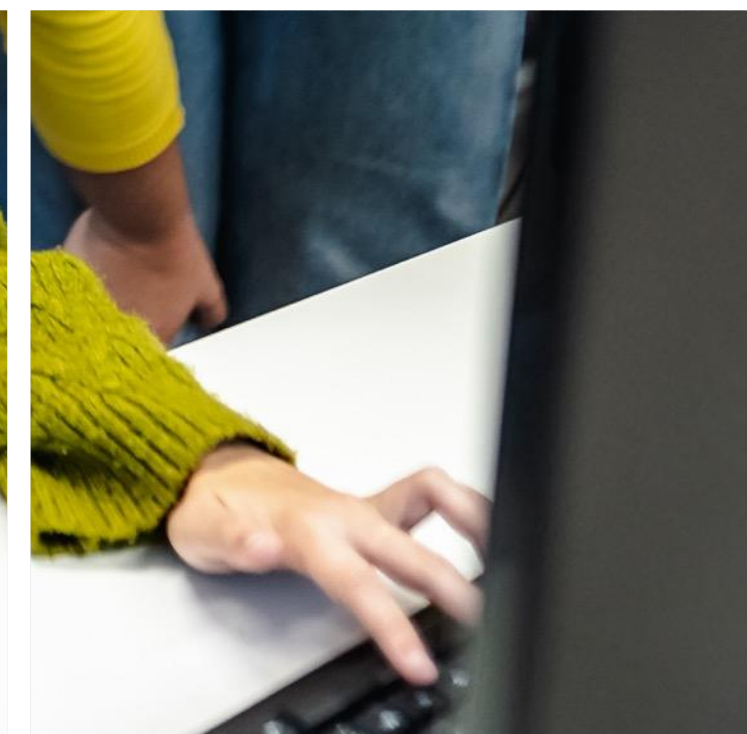
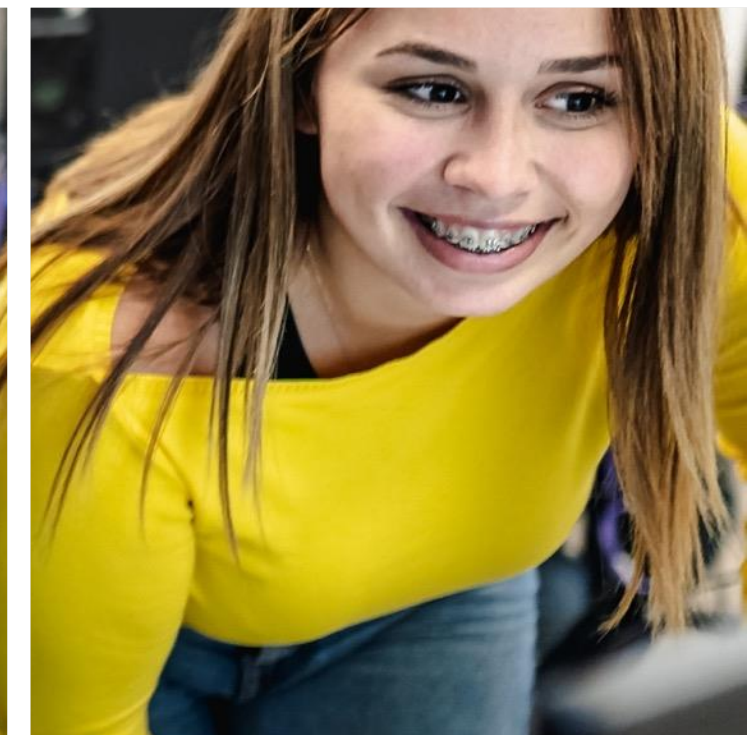
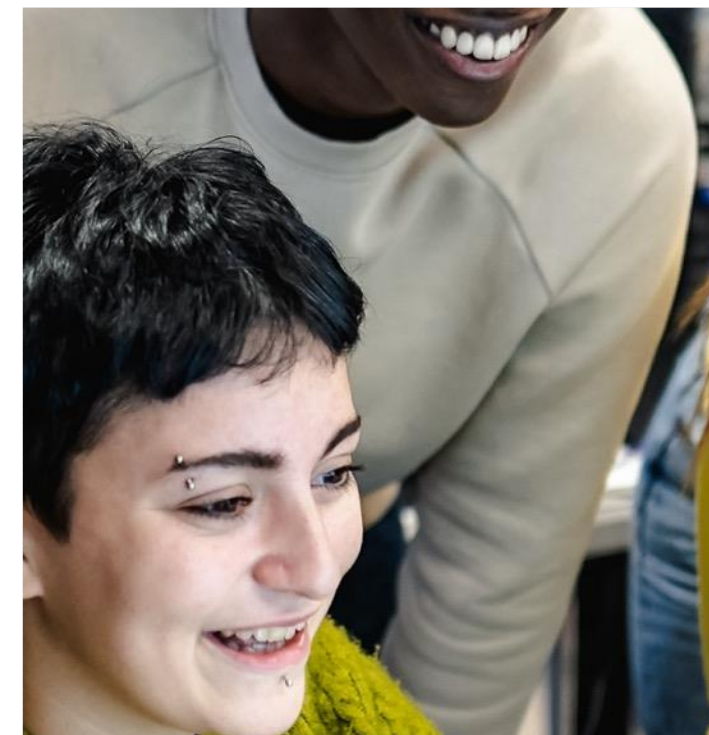
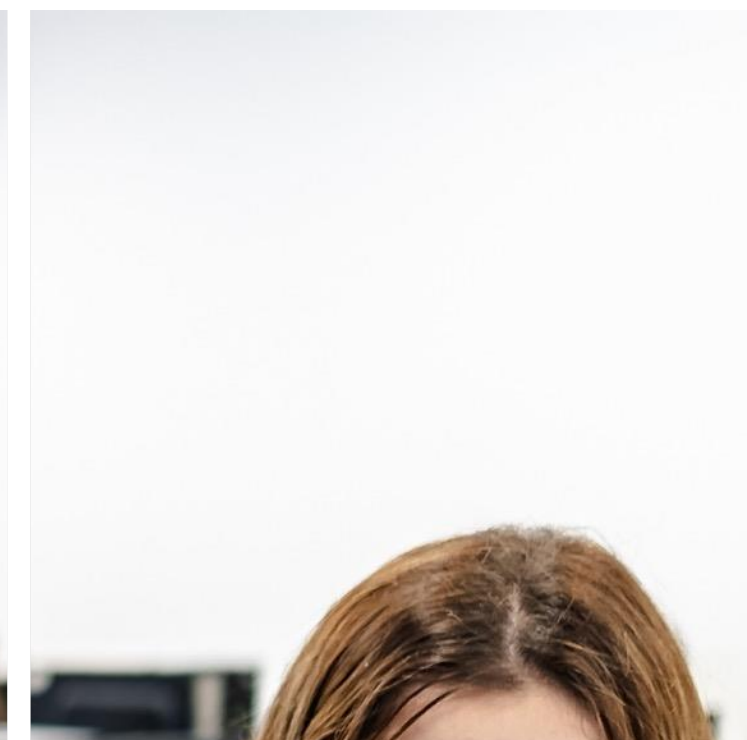
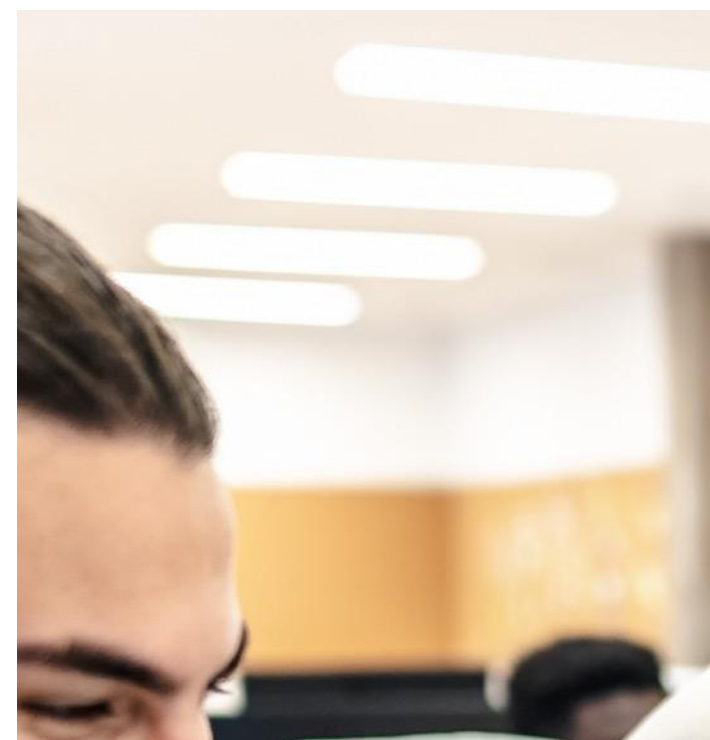


Key Sex-Related Factors

- Females transition from alcohol initiation to regular use faster than males.
- Females develop, and have more progressive liver injuries, even when consuming lower quantities of alcohol.
- Females have less of an enzyme which breaks down alcohol in the stomach and therefore require smaller amounts of alcohol to become intoxicated/reach higher blood alcohol concentration.
- Girls who binge drink demonstrate poorer sustained attention and working memory than boys who binge drink.
- Increased rates of alcohol use during pregnancy can lead to miscarriage, stillbirth, premature birth, or FASD.

Key Gender-Related Factors

- Co-occurring depression and substance use is more common among women and girls, who may be more likely to use alcohol and other substances as a coping mechanism or to respond to peer pressure.
- Transgender individuals may use substances to socially validate or affirm their gender identity. Transgender men's alcohol use may be influenced by the societal belief that excessive drinking is associated with masculinity.
- Intergenerational trauma is closely linked with substance use, including alcohol use, among Indigenous women.



Women's alcohol use in pregnancy may be influenced by:

- poverty
- history of trauma and violence
- physical and mental health concerns
- child welfare involvement
- not knowing they are pregnant
- advice from family and friends about 'safe' alcohol consumption.



Understanding Alcohol Use Disorder

Alcohol Use Disorder (AUD) is a medical condition characterized by an inability to stop or control alcohol use despite harms to an individuals' health, interpersonal relationships, ability to work, etc. Symptoms may include:

- Drinking more alcohol or drinking for longer than intended
- Inability to stop or cut down alcohol use
- Spending a lot of time drinking or recovering from the effects of alcohol
- Difficulty thinking about things other than alcohol
- Failure to fulfill major responsibilities at work, school or home
- Drinking in dangerous situations, such as drinking while driving or operating machinery
- Spending less time on things that bring joy in order to drink
- Continuing to drink despite it leading to feelings of anxiety, depression, or memory loss
- Physical illness when drinking stops

Binge Drinking can increase the risk for an AUD. Binge drinking brings blood alcohol concentration to 0.08% or above (equivalent to an average female consuming more than three drinks on one occasion).

What does
“a drink”
mean?



Beer • Cider
341 ml (12 oz)
5% alcohol



Cooler
341 ml (12 oz)
4-8% alcohol



Distilled Alcohol
43 ml (1.5 oz)
40% alcohol



Wine
142 ml (5 oz)
12% alcohol





Canada's Guidance on Alcohol and Health

We now know that even a small amount of alcohol can be damaging to health.

- Science is evolving, and the recommendations about alcohol use need to change.
- Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits.
- Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle.

That's why if you drink, it's better to drink less.

Drinking less is better

We now know that even a small amount of alcohol can be damaging to health.

Science is evolving, and the recommendations about alcohol use need to change. Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits. Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle. That's why if you drink, it's better to drink less.

Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.



Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, make sure you don't exceed 2 drinks on any day.

Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

It's time to pick a new target

What will your weekly drinking target be?



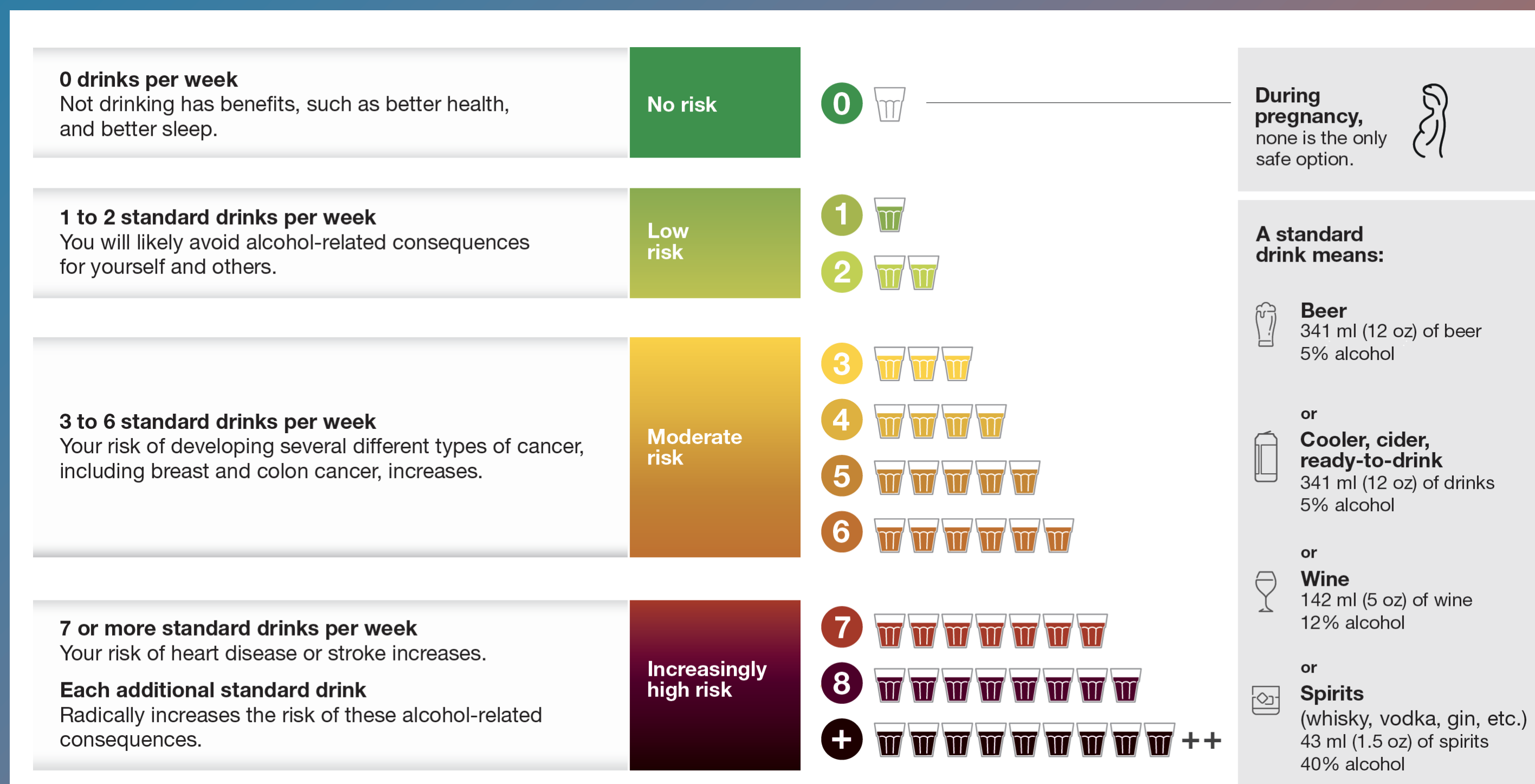
Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

<https://ccsa.ca/sites/default/files/2023-01/CGAH-Drinking-Less-is-Better-en%20%28ID%2050809%29.pdf>

Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.



Consuming more than 2 standard drinks per week or occasion is associated with a significant increase in risk of harms to self and others.

Key Takeaways

from Canada's Guidance on Alcohol and Health

- Sex and gender are important and both influence alcohol use and the risks associated with alcohol use
- The risks associated with alcohol use are greater among youth. Youth should delay alcohol use as long as possible

No alcohol is safest when:

- Pregnant, trying to get pregnant, or breastfeeding
- Operating a motor vehicle, using machinery, or tools
- Taking medicine or other substances that interact with alcohol
- Responsible for the safety of others
- Making important decisions



Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

Safer Drinking Tips

Choose alcohol-free or low-alcohol beverages.

Drink slowly. Have no more than two drinks in any three hours.

For every drink of alcohol, have one non-alcoholic drink.

Eat before and while you are drinking.

Always consider your age, body weight and health problems that might suggest lower limits.

If you are pregnant, planning to become pregnant, or breastfeeding, the only safe choice is no alcohol.

Supporting Women During Pregnancy



If a woman is planning a pregnancy, it is safest for her to stop drinking alcohol before she becomes pregnant and avoid alcohol during her pregnancy.



Many pregnancies are unplanned, and a woman may not know she is pregnant for some time. Ceasing alcohol consumption as soon as she finds out she is pregnant will reduce the potential for harm.



From a harm reduction perspective, the best message is, **“It’s never too late to quit or cut down.”**



A healthy baby isn’t just a mother’s responsibility.
Everyone plays a role.

SECTION 4

FASD Prevention and Healthy Beginnings

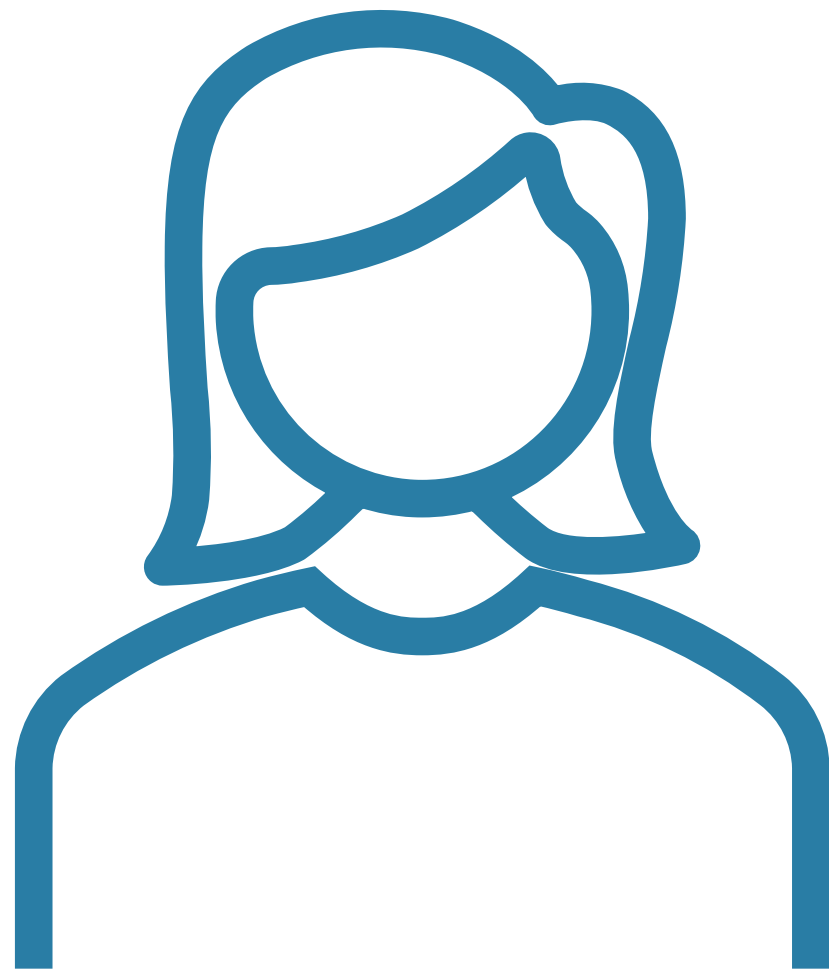
1. Facts about the impacts of drinking during pregnancy and factors that increase risk for alcohol use during pregnancy
2. Various levels of FASD prevention
3. Brief alcohol interventions in your practice



The Woman and the Water by Colleen Gray

“She kept her child safe in the waters of her body. She found comfort in the song of the wolf and in the light of Grandfather Moon. The child was the center of it all, cradled lovingly in the womb of water and earth.”

Understanding alcohol and pregnancy



Experts agree that there is no safe amount of alcohol to drink during pregnancy. It is well established that drinking at any stage of pregnancy can cause FASD, but the exact amount required to cause damage is unknown.

Many factors can influence the impact of prenatal alcohol exposure (PAE) on a developing baby:



dose of alcohol



pattern and timing of exposure



whether the mother also smoked and/or used other drugs



mother's age



general health and nutrition of the mother



mother's level of stress and/or trauma



parents' genetics and epigenetic changes

Despite Canada's Guidance on Alcohol and Health, women of childbearing age (15 to 49 years) are drinking in a risky manner more than ever, which makes preventing alcohol-exposed pregnancies crucial.

... And The False Information!

It's not good to deprive yourself.
1-2 drinks at a time is nothing to
worry about.

A little alcohol can't hurt,
especially later in your
pregnancy.

Advice is always
changing. Everything
in moderation is the
best thing.

I read about a new study
on the internet yesterday
which said...

Back in the 1960s and
1970s, everyone drank.
It wasn't a problem
then...

I drank while I was
pregnant, and my
kids are fine.



Why is FASD Prevention Important?

Preventing alcohol use during pregnancy can positively impact the life of the mother, the child, the family, and the community.

Prevention of alcohol use within a broad range of health and social service providers are well positioned to work with women and girls to reduce their alcohol use and support them with other issues that affect their substance use behaviors using a range of approaches to support women and children's health.

Respectful
Relational

Self-Determining
Women+ Centered

Harm Reduction
Oriented

Trauma and
Violence Informed

Health Promoting

Culturally Safe

Supportive of
Mothering

Uses a FASD-
Informed and
Disability Lens



A Letter from Jane

This video, 'A Letter from Jane' captures the voices of women who have participated in HerWay Home, a FASD prevention program in Victoria, BC, describing their experience.

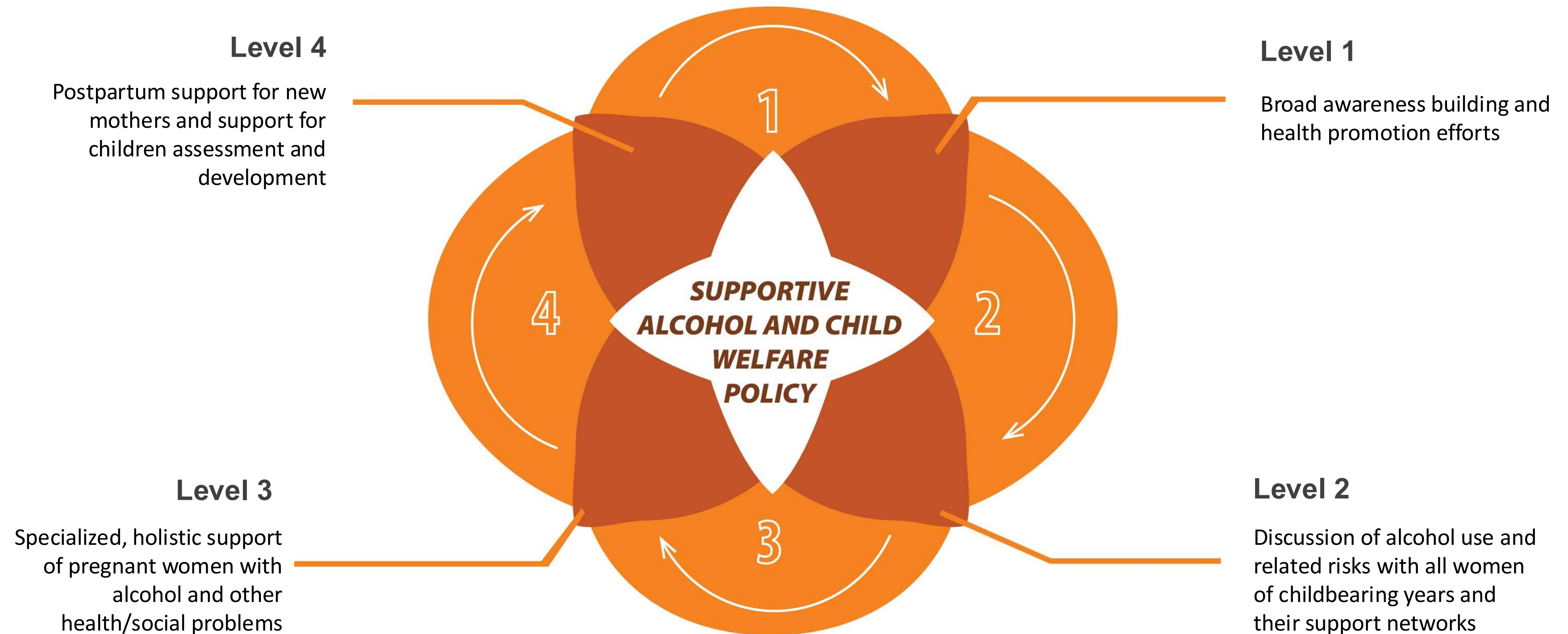


A Letter from Jane

<https://youtu.be/wXC6LmNXrDE>

Levels of FASD Prevention

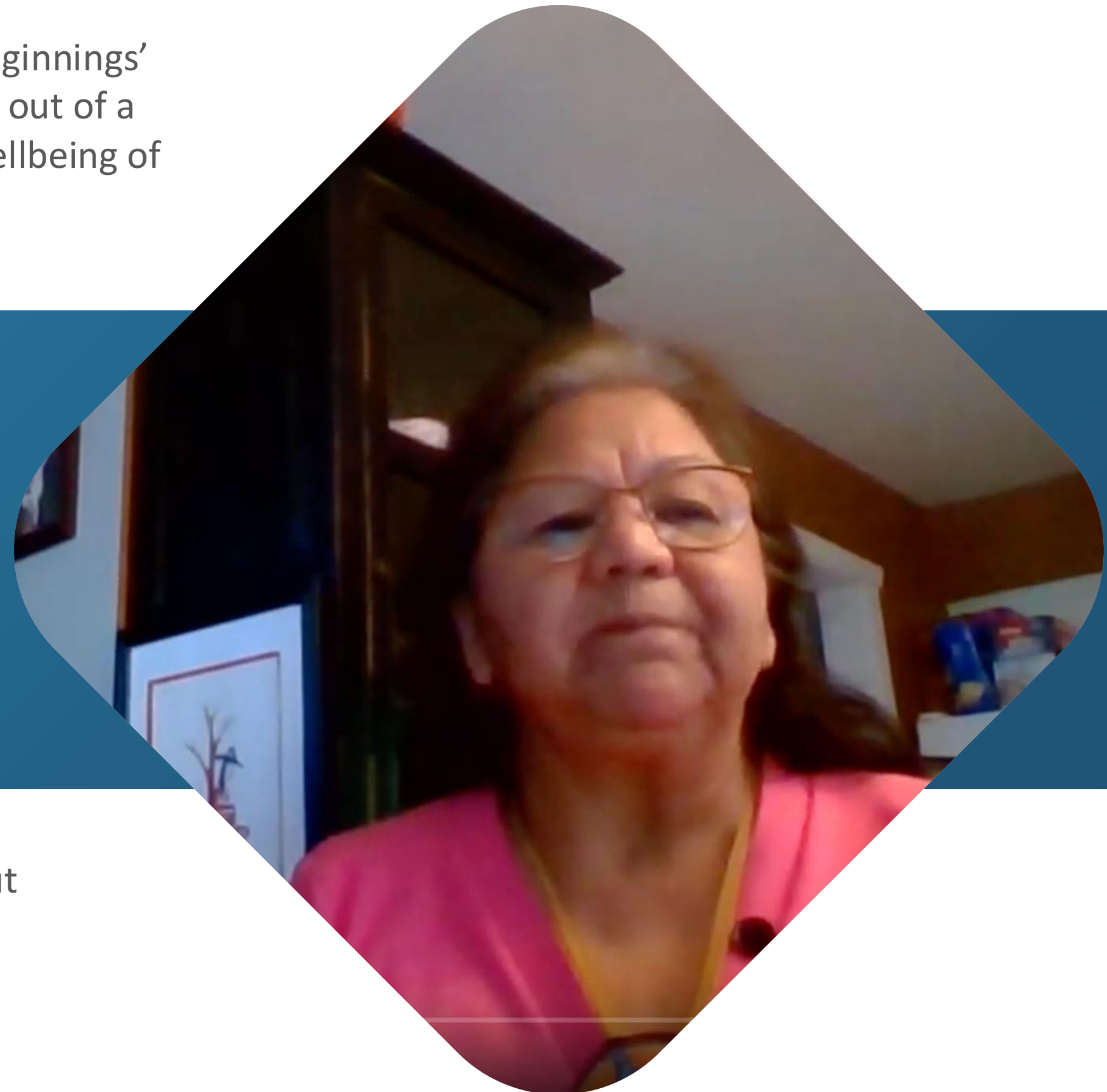
FASD prevention is incredibly complex and should use a holistic approach that addresses the numerous risk factors for drinking that are intertwined with the social determinants of health.



What are healthy beginnings?

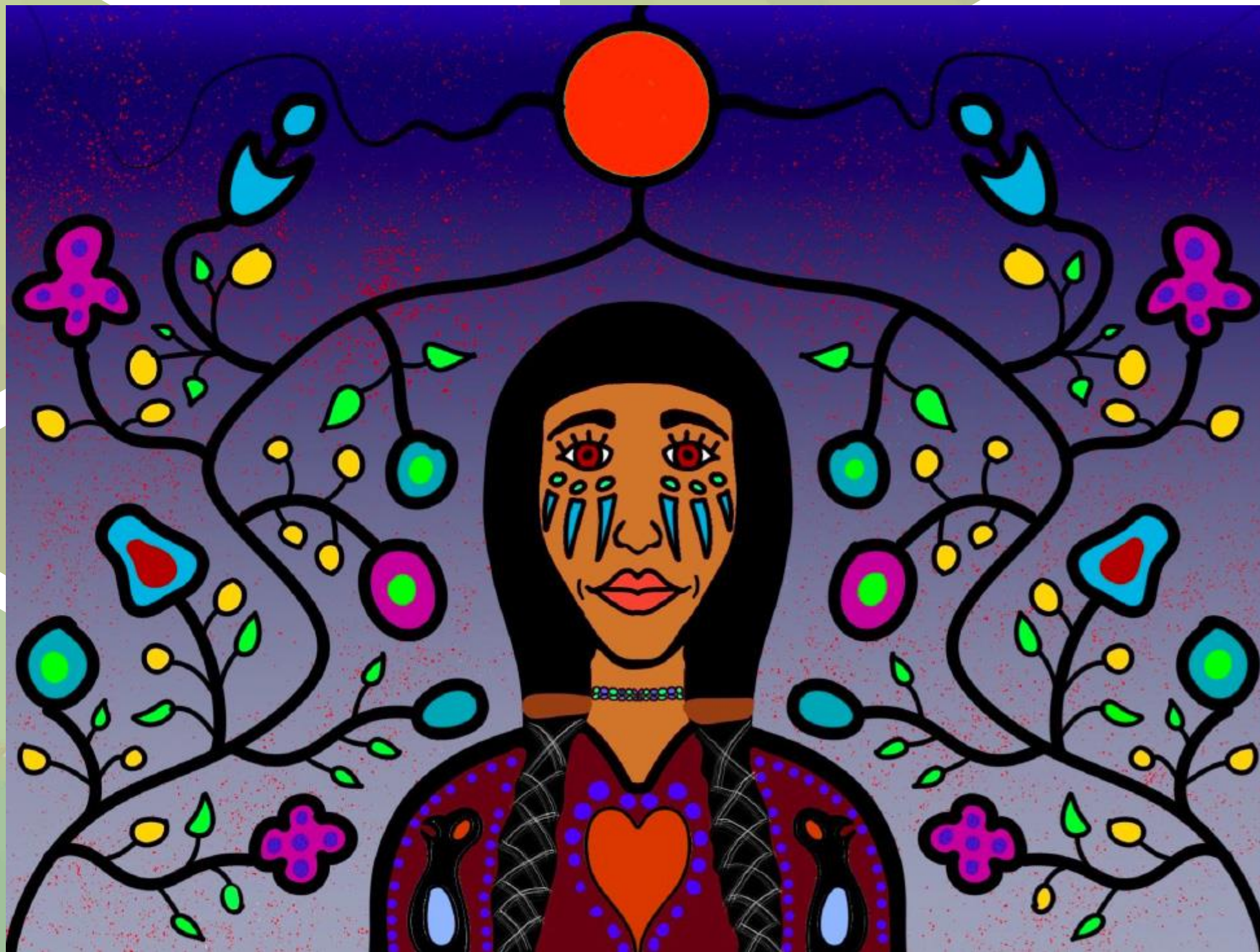
Some people and communities may prefer to use the language of 'healthy beginnings' rather than FASD prevention. This may be due to stigma surrounding FASD or out of a desire to holistically support the emotional, spiritual, physical, and mental wellbeing of the mother, the child, the family, and the community.

1. Use non-stigmatizing language
2. Identify existing programs and their strengths
3. Connect with those who have walked before us



In this video from First Nations Health Authority, Lucy Barney talks about the role of life givers, and how those teachings have facilitated healthy beginnings.

<https://youtu.be/X3wiwYIW7jw>



SECTION 5

Raising Awareness and Stigma Reduction

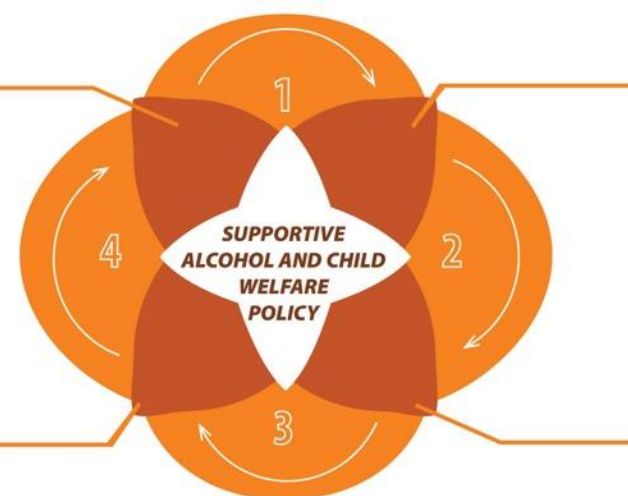
1. Raising awareness and health promotion for FASD prevention
2. What is stigma and strategies to reduce stigma

Surrounded by Love by Cody Houle

"When I think of wellness, I think of self care and self love. For me my culture and my art provides me self care. I am able to express myself and release my thoughts and emotions into my work."

Level 1

Broad awareness building and health promotion efforts



Level 1 FASD Prevention

Awareness/health education

(e.g., pamphlets, posters, and awareness campaigns about girls' and women's health, FASD, and FASD prevention)

Health promotion

(e.g., facilitators materials for girls' and women's empowerment groups and community-wide strategies)

Alcohol policy

(e.g., low-risk drinking guidelines and warning labels on alcohol containers)



Understanding Stigma

- ➔ Women who drink alcohol during pregnancy and those with FASD, their families, and their support networks are often stigmatized.
- ➔ Women who use substances during pregnancy or parenting experience stigma as they are not perceived as a 'good' mother and that they don't care.
- ➔ Improving awareness campaigns will help to reduce stigma and discrimination towards women who use alcohol in pregnancy and individuals with FASD.
- ➔ Misinformation and campaigns that portray women as irresponsible, or villainous do not consider the many reasons why a women may use alcohol during pregnancy.



Stigma

is a set of damaging attitudes, stereotypes, and discriminatory behaviors.

Stigmatization

is the product of these attitudes, stereotypes, and behaviors.

More Ways to Reduce Stigma

- Stigma is considered one of the biggest barriers to women accessing and receiving care. If pregnant women that use substance feel discriminated against or judged, they may not seek the help they need for themselves or their children.
- Women may avoid accessing preconception and prenatal care out of fear of child apprehension or criminalization.
- Women need to feel comfortable seeking support and treatment. The messaging must not be stigmatizing, and instead should be compassionate, strengths-based, trauma-informed, and harm reduction oriented.





SECTION 6

Cultural Safety and Identity

1. Cultural safety and its importance to *The Prevention Conversation*
2. Truth and Reconciliation Commission of Canada

Advancing Collaborative Action on Fetal Alcohol Spectrum Disorder by
Tanya Gatsby



MARGINALIZATION
DISLOCATION

Cultural Safety

The goal of cultural safety is for people of all backgrounds to feel safe and respected when they interact with programs and services.

This video was developed by Northern Health in BC and provides an animated introduction to the importance of cultural safety when working with Indigenous peoples.

<https://youtu.be/MkxcuhdglwY>





Prenatal alcohol exposure is a risk in all populations where alcohol is used.

Principles to Promote Cultural Safety

Cultural Safety 5 Principles



1. **Protocols:** Find out about cultural forms of engagement and respect these.
2. **Personal knowledge:** Become mindful of one's own cultural identity and socio-historical location.
3. **Partnerships:** Promote collaborative practice.
4. **Process:** Engage in mutual learning, frequent checking in.
5. **Positive purpose:** Ensure positive steps to achieve a service recipient's goals. Make it matter.

<https://ecdip.org/cultural-safety/>

Situating Yourself and Building Relationships

People are unique, so it is important to create and deliver services that are respectful of unique culture(s) and influences.

Ask yourself:

- What are the protocols, social structures and social nuances of the communities and people in your area?
- How may your upbringing impact what you believe is 'culturally safe'?
- What services in your community provide care and support to Indigenous or other multi-cultural people or provide culture-specific programming?
- What are the traditional territories of the Indigenous groups in your area? (Resources like native-land.ca may be helpful to you).



https://youtu.be/_yklWpOV9Vc

Diversity and Multi-culturalism

Canada is a beautiful, diverse and multi-cultural country. It is important to recognize the cultural differences, beliefs, and nuances of each culture to achieve trust and respect.



Safe Spaces for Conversations

In this video, Lisa Lawley talks about creating safe spaces for Indigenous women to talk about alcohol and pregnancy. Lisa is Tahltan Tlingit, English, and Japanese and the mother of six children (three who have been diagnosed with FASD).

<https://youtu.be/R00UAIWMfG8>



‘Indigenous peoples’ describe the peoples of North America who were present before colonization. In Canada, this term encompasses three distinct groups of people: First Nations, Métis, and Inuit. These three populations are distinct and diverse groups with unique histories, languages, cultural practices, and spiritual beliefs.



A photograph of a woman with dark hair and a beaded necklace holding a young child with blonde hair. The image is partially obscured by a white diagonal line and a green overlay on the right side of the slide.

Alcohol and Pregnancy in Indigenous Communities

- Preventing and supporting individuals living with FASD is recently become a health priority within Indigenous communities.
- Misconceptions including the idea that FASD is “an Indigenous issue” has led to negative stereotypes about Indigenous peoples and inappropriate practices and policies.
- Colonial policies, including the Residential School System, and the disruption of families and communities; loss of land, culture, language, and identity; and the perpetuation of shame and loss.
- Intergenerational transmission of trauma.
- The need to self-medicate as a means of coping contributing to substance use and addiction, including in pregnancy.



Truth and Reconciliation Commission of Canada

The Truth and Reconciliation Commission of Canada (TRC) began in 2008. It was part of the Indian Residential Schools Settlement Agreement, meaning it grew out of a class action lawsuit against the Canadian government.

1

The first goal of the TRC was to document the experiences of all survivors, families and communities personally affected by the Indian Residential School System, including former students, their families and communities, the churches, former school employees, government officials, and other Canadians.

2

The second goal of the TRC was to teach all Canadians about what happened in residential schools.

In 2015, the Commission released 94 Calls to Action, including two Calls on FASD and FASD Prevention.

Call to Action #33 focuses on Fetal Alcohol Spectrum Disorder prevention and the need for collaborative and culturally relevant FASD prevention programs:

“We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner.” (www.trc.ca)

Call to Action #34 states:

“We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD), including:

- i. Providing increased community resources and powers for courts to ensure that FASD is properly diagnosed, and that appropriate community supports are in place for those with FASD.
- ii. Enacting statutory exemptions from mandatory minimum sentences of imprisonment for offenders affected by FASD.
- iii. Providing community, correctional, and parole resources to maximize the ability of people with FASD to live in the community.
- iv. Adoption of appropriate evaluation mechanisms to measure the effectiveness of such programs and ensure community safety.” (www.trc.ca)



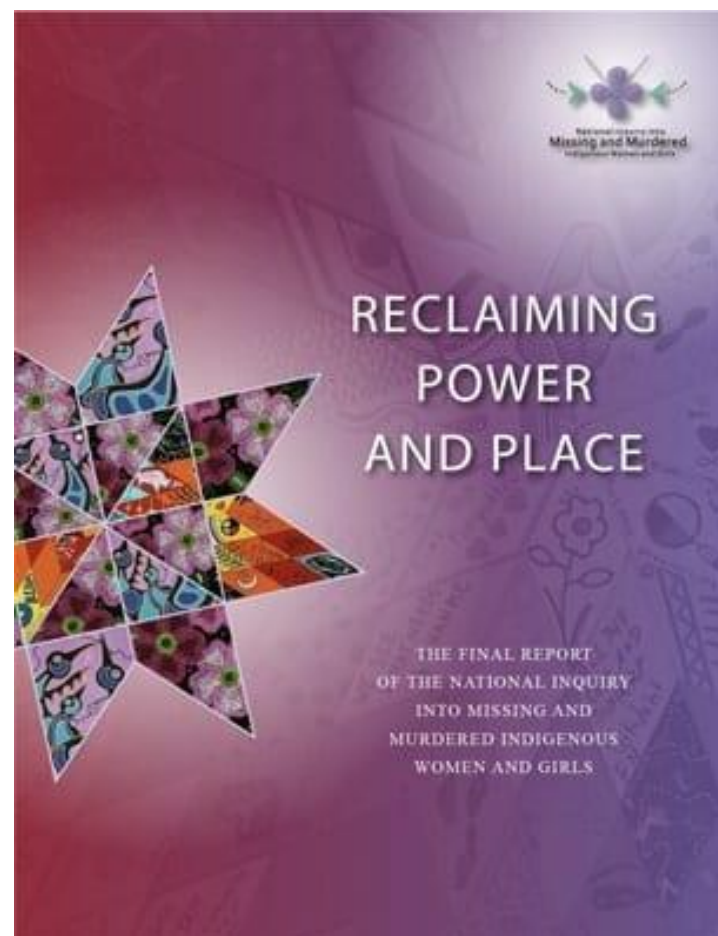


National Inquiry into Missing and Murdered Indigenous Women and Girls

In 2016, the National Inquiry into Missing and Murdered Indigenous Women and Girls began. The National Inquiry examined the social, economic, cultural, institutional, and historical causes that contribute to violence against Indigenous women and girls in Canada.

In 2019 the final report, Reclaiming Power and Place, was released with 231 Calls to Justice.

<https://www.mmiwg-ffada.ca/final-report/>





uab.ca/indigenous-canada

Delve Deeper

Indigenous Canada is a free 12 module course from the University of Alberta that explores, from an Indigenous perspective, key issues facing Indigenous peoples today.

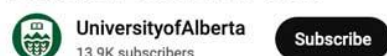
<https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada>

Watch the trailer

https://youtu.be/VAcPNxvw0_A

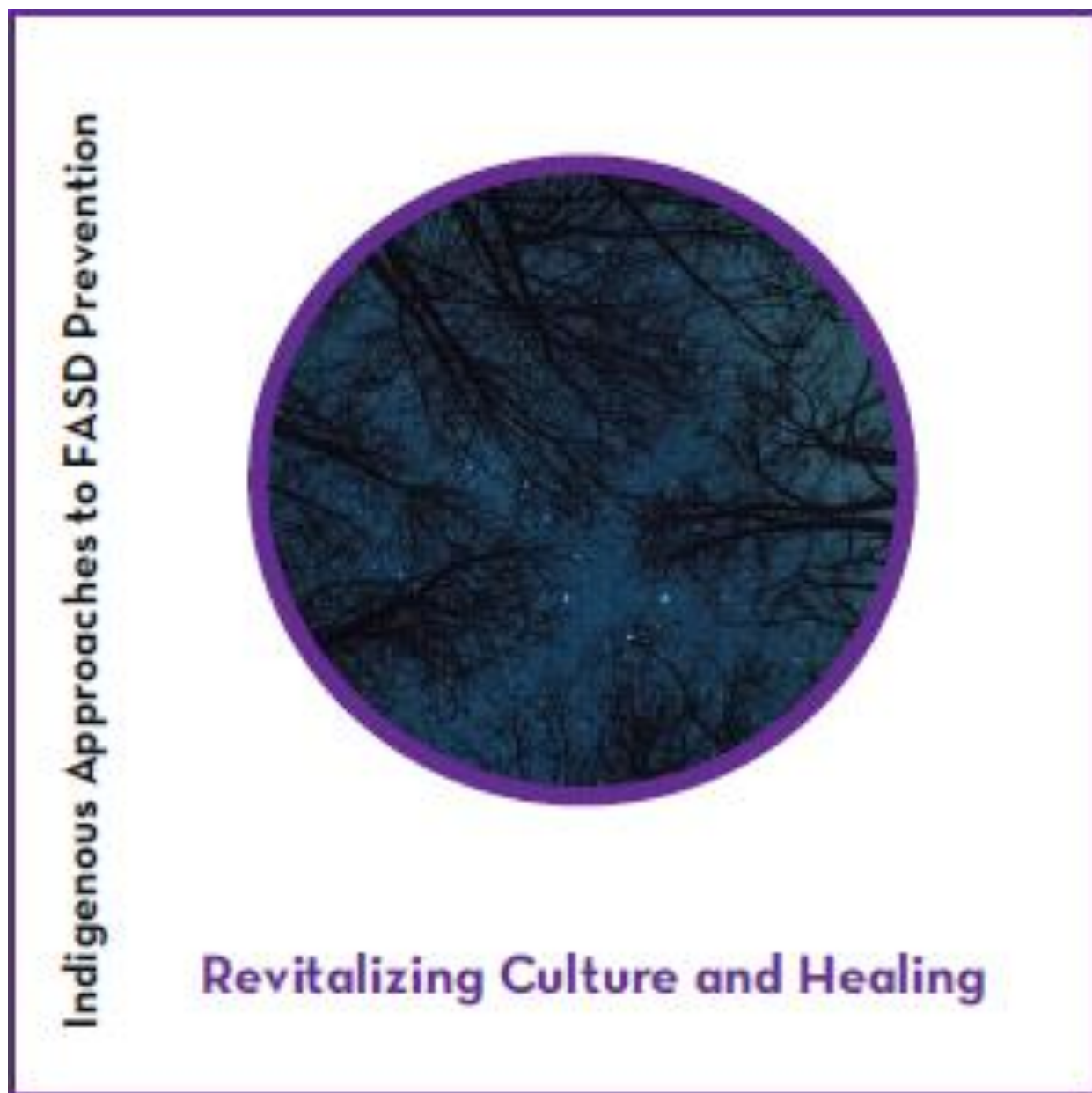


Indigenous Canada Full Trailer



133 | Share | Save

Cultural Knowledge and Practices



Globally, there has been a revitalization of traditional Indigenous language, culture, medicine, healing, and knowledge systems including:

- Indigenous-led initiatives to develop collaborative and culturally relevant approaches to addressing alcohol use during pregnancy
- Programs that focus on strengthening cultural identity and promoting wellness through balancing traditional and mainstream worldviews and roles.
- Revitalizing Culture and Healing demonstrates some of the ways in which community-based, community-driven FASD prevention and healthy beginning programs have been developed.

SECTION 7

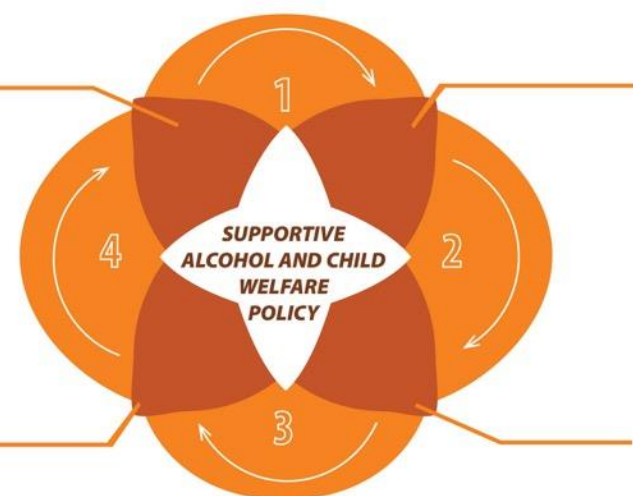
Doorways to Conversation

1. Screening for alcohol use in pregnancy
2. Techniques and benefits of Brief Interventions with girls and women



Radiant by Mekayla Dionne

“Radiant is a brightly coloured painting made from oil paint on a wood panel. It has a yellow to orange gradient as a background, and a series of rolling hills, bouncing lines, and rounded shapes layer on top. Through the composition and colours, I aim to embody the feeling of hopefulness and new beginnings that arise through a journey to wellness and healthfulness. The energetic nature of the bouncing shapes, and the wiggle of lines are intended to display movement around the image, in an upward motion bringing the eye to the horizon. The top third of the painting is more monochromatic, fading into the bright yellow sky, demonstrating the room to grow and shift through stages of life.”



Discussion of alcohol use and related risks with all women of childbearing years and their support networks

Level 2

Level 2 FASD Prevention

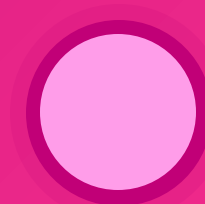
Discussions of alcohol use can be done informally as part of a conversation, or in a brief intervention that might also include the use of a formal screening tool.

Screening

As there is no known safe level of alcohol consumption during pregnancy, screening allows for appropriate interventions to be applied at the earliest possible point.

Screening can:

- give the client permission to talk about drinking;
- help to identify and/or clarify co-occurring issues;
- minimize surprises in the treatment process; and
- lead to more effective treatment or referral to related concerns.



It is important to recognize that screening will not be useful if:

- women do not feel safe to discuss their alcohol use.
- women do not know what a standard drink is (these are available in the Canada's Guidance on Alcohol and Health).

Supportive Dialogue

A non-judgmental, women-centered approach is important to engaging women in the decision to reduce or stop alcohol use in pregnancy. It's especially helpful for women who drink above low-risk levels and who may have other problematic substance use issues.

Research shows that 5–10-minute counselling sessions can reduce alcohol consumption during pregnancy by up to 30%. Screening and brief interventions need to be embraced as standards of care.

Brief Interventions

Brief interventions are collaborative conversations between an individual and a health or social service provider to discuss issues such as substance use, mental wellness, contraception, diabetes, etc.

A video on how to ask questions about substance use to women of childbearing years

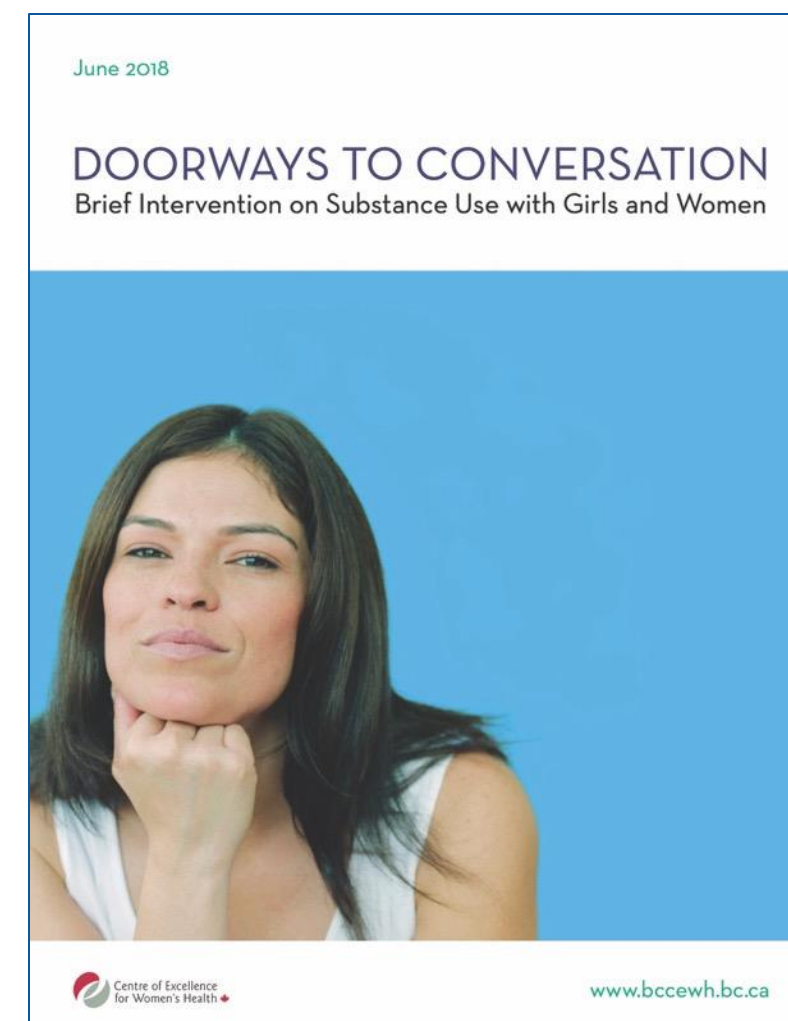


<https://youtu.be/ZDuG8e4bhOA>

A video on how to begin a conversation in a non-threatening way



<https://youtu.be/BQNSE9ZPivg>



Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women provides an extensive resource on discussing alcohol with girls and women, including 50 ideas for engaging in dialogue, skill-building, and development.

http://bccewh.bc.ca/wp-content/uploads/2018/06/Doorways_ENGLISH_July-18-2018_online-version.pdf

Motivational Interviewing (MI)

Motivational interviewing is a counselling approach that prepares people to change their behaviours by helping them explore and resolve their reluctance to change.

MI involves accurately understanding the other person's views, avoiding or de-escalating resistance, and helping them see the discrepancy between their ideal behaviour and their actual behaviour.

Many brief interventions are based on the use of Motivational Interviewing skills and these skills can be learned and applied by a wide range of helping professionals. Elements of successful MI encompasses the following elements:

- **Express Empathy**
- **Avoid Argumentation**
- **Develop Discrepancy**
- **Support Self-efficacy**



Motivational Interviewing

The following four steps (OARS) can be used to build motivation to change

O

Ask open ended questions

These are questions that invite more than a yes/no response

"I would like to understand how you see things. Tell me how you think alcohol is impacting your health."

A

Affirm

This step helps build rapport and supports clients

"Thank you for coming in today. I have enjoyed talking with you and getting to know you a little bit."

R

Reflective listening

These statements show that you understand what the client is saying. It may involve making a guess as to what your client means. It should not be a question, as to not evoke resistance.

"You feel like no one supports you."

S

Summarize

This statement shows that you have been listening. It links to what has been discussed and may involve asking if anything has been missed.

"What I am hearing you say is that things have been hard for you over the last while. Although you know that alcohol is bad for your health, it is the only way to cope with your stress. What I am also hearing is that you are open to receiving more information, which is a big step in caring for yourself."

Common Clinical Questions



<https://youtu.be/UbohrBPvV2A>

How do I assess readiness
to change?

Centre of Excellence for Women's Health
YouTube Channel : www.youtube.com/user/BCCEWH

Case Scenario

Janice

Janice is 26 years old. She found out yesterday that she is 8 weeks pregnant with her first child. A few weeks ago, she was at an anniversary celebration and had three glasses of wine. The day before she discovered she was pregnant, she went to a bar after work and had two drinks. She has consulted several sources on the internet and is worried about the health of the baby.



If you connected with Janice or she walked into your office while pregnant, how would you help her?

What other supports and services may you link Janice to?



Tailoring Practice

Culturally Relevant Considerations

For instance, 'brief' interventions that are between a provider and individual may not be culturally appropriate for new Canadians or First Nations, Métis, or Inuit. Some considerations to make brief interventions more culturally appropriate may include:

- 
- Widening brief interventions so they are conducted in a group and or over a longer period
 - Engaging families, peers, significant others, etc.
 - Using culturally-appropriate/adapted resources
 - Conducting brief interventions using appropriate language(s) or imagery
 - Using culturally-appropriate exercises, such as walks and blanket exercises, to conduct brief interventions

Brief Interventions with Indigenous Peoples

- Local Connections
- Support Cultural Identity
- Motivational Interviewing

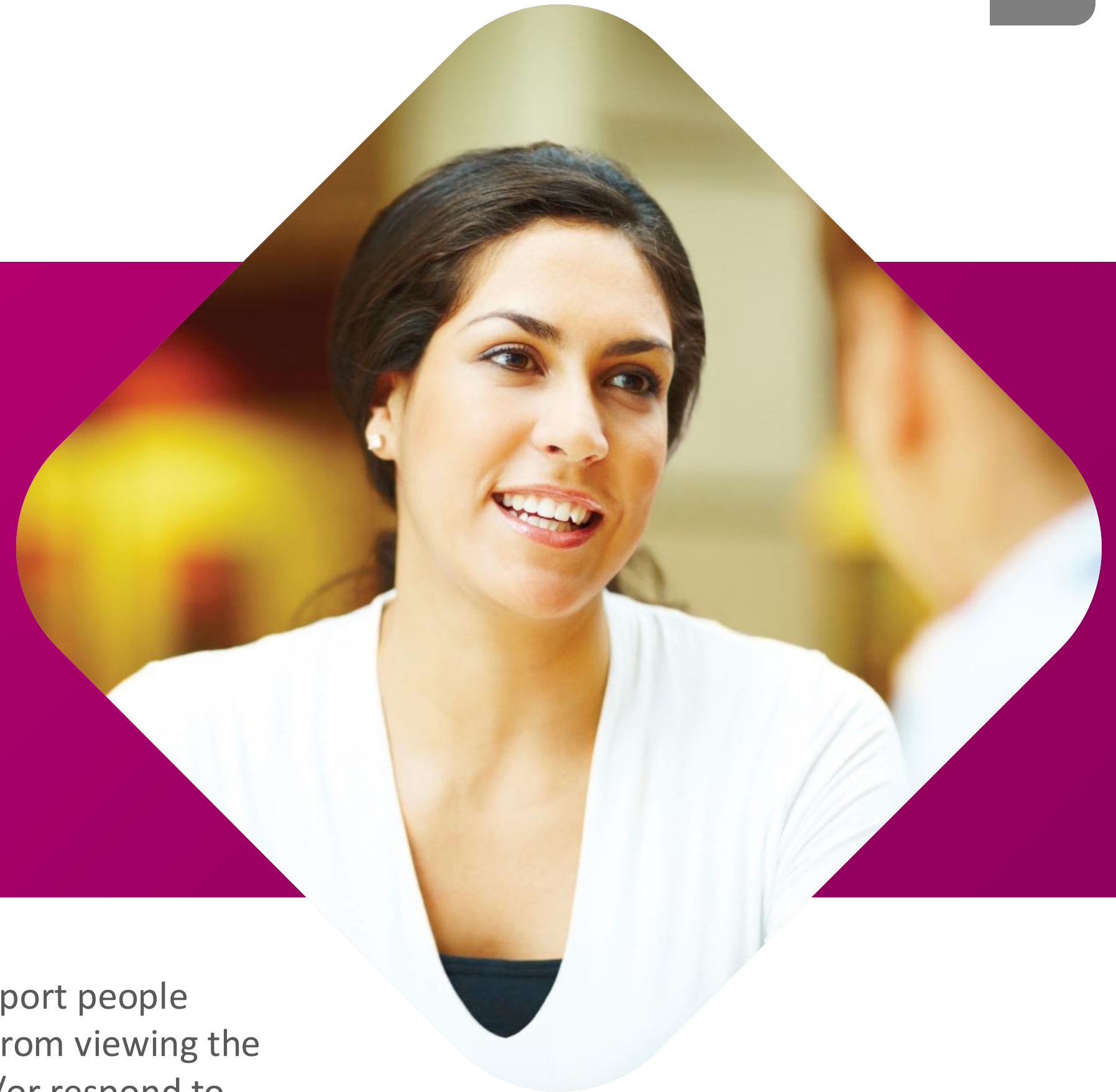
In this short video, Richard San Cartier, an Indigenous nurse-practitioner discusses why motivational interviewing can be adapted to working with Indigenous people. (Note: In this video, Richard San Cartier is discussing quitting smoking, but the overall idea is relevant to FASD prevention).

<https://youtu.be/yN2B6823uXg>



Supporting Individuals with FASD

Individuals with FASD are more likely to experience substance use problems and other life adversity, which can result in FASD becoming an inter-generational phenomenon. You may work with individuals with FASD who are at risk of having a baby with FASD. Therefore, identifying a woman at-risk of harmful prenatal alcohol consumption is critical.



There are many ways we can tailor our discussions of alcohol to support people with cognitive and other learning disabilities. We must move away from viewing the individual as failing if they do not do well in standard programs and/or respond to typical interventions, toward viewing the program as not providing what the individual needs to succeed.

Supporting Trans, Two-Spirit, and Gender Diverse Clients



Individuals who are trans, Two-Spirit, and gender diverse are more likely to experience substance use problems because of stigma, discrimination, violence, and trauma.



However, there are many ways in which we can tailor our discussions about alcohol use :

- Ask your clients their pronouns and preferred name
- Encourage their involvement in the design of new interventions
- Help address co-occurring issues, such as substance use and gender dysphoria, mental health, violence, or HIV prevention.

Self-Reflection Tools

ADDITIONAL STRATEGIES FOR HAVING CONVERSATIONS ABOUT ALCOHOL

Brief Interventions on Substance Use with Girls and Women: 50 Ideas for Dialogue, Skill Building, and Empowerment can be a useful resource for a range of health and social service providers.



https://cewh.ca/wp-content/uploads/2018/06/50-Brief-Intervention-Ideas_June-4-2018.pdf

BRIEF INTERVENTION ON SUBSTANCE USE WITH GIRLS AND WOMEN

50 IDEAS FOR DIALOGUE, SKILL BUILDING, AND EMPOWERMENT

DIALOGUE FOR CHANGE

- Brief interventions are collaborative conversations between an individual and a health care or social service provider about a health issue. This resource focuses on brief intervention on substance use with girls and women in the preconception and perinatal period.
- Brief intervention focuses on preventing and reducing harmful or risky patterns of substance use and can also include addressing underlying concerns that may be affecting substance use (e.g., depression, gender-based violence). Brief interventions may be formal or informal, structured or unstructured, short or long, a one-time event, or a series of conversations over a period of time.
- Because substance use has wide-ranging effects on many different aspects of life, service providers across a range of health care and social service settings can have an important role in addressing the potential harms of substance use and improving girls' and women's overall health.

Primary Care

Regular and ongoing conversations in primary care about substance use reduces stigma and normalizes substance use as part of life. Service providers are encouraged to have discussions with all women, not just those who they believe are more likely to have substance use problems.

1

ALCOHOL, TOBACCO, AND BREAST CANCER.

Many women are interested in learning about how to reduce their risk of breast cancer. Both active smoking and exposure to second-hand smoke can increase the risk of breast cancer. Alcohol is a known carcinogen (cancer-causing substance) and drinking alcohol has consistently been shown to increase the risk of breast cancer. Women can reduce their risk by quitting smoking, reducing the number of cigarettes they smoke, or eliminating their exposure to second-hand smoke. All women can drink less alcohol to reduce their risk of breast cancer; for women at higher risk of breast cancer, they can choose to avoid alcohol entirely or drink occasionally.

2

ALCOHOL, DEPRESSION, AND ANTIDEPRESSANTS.

As alcohol is a depressant, it can worsen symptoms of depression for some girls and women. Share information about the relationship between alcohol and mood, e.g., alcohol seems to improve our mood in the short-term but overall it can increase symptoms of depression and anxiety. Combining antidepressants and alcohol can worsen symptoms of depression or side effects from antidepressants. You might suggest that girls and women avoid drinking alcohol until they know how their antidepressant affects them. Help girls and women assess their particular situation and share information about reducing the effects of alcohol (e.g., drink slowly, eat some food while drinking) if they choose to drink occasionally.



SECTION 8

Doorways to Conversation

1. Violence and trauma can influence alcohol use during pregnancy
2. Introduction to trauma-informed practice
3. Examples of how to support women who have past or current experiences of trauma and/or violence

A True Place of Belonging by Aly McKnight

“My body is the safest place for me to be. Not a poisonous chamber. But a beautiful shelter and a true place of belonging. After years of working through so much heartbreak and pain, I’ve grown better at relying on my body instead of neglecting or abusing it. And with each new day I learn to better understand my body and the ever-changing landscapes hosted within me. I do this work and challenge you to do the same because it’s vital that we learn to be home to ourselves and believe that we always deserve to exist.”



Trauma affects everyone differently, but it's important to remember that people can and do heal from trauma.

What is Trauma?

Trauma can be defined as experiences that overwhelm an individual's capacity to cope.

- This can include trauma early in life, including childhood physical, emotional or sexual abuse, neglect, and witnessing violence
- It can also include traumatic experiences later in life, including intimate partner violence, sexual violence, accidents, natural disasters, war, or sudden unexpected loss
- Trauma can also result from poverty, having a chronic or life-threatening illness, intergenerational events, grief and loss, and other life events that are experienced as overwhelming and out of one's control



Intergenerational Trauma

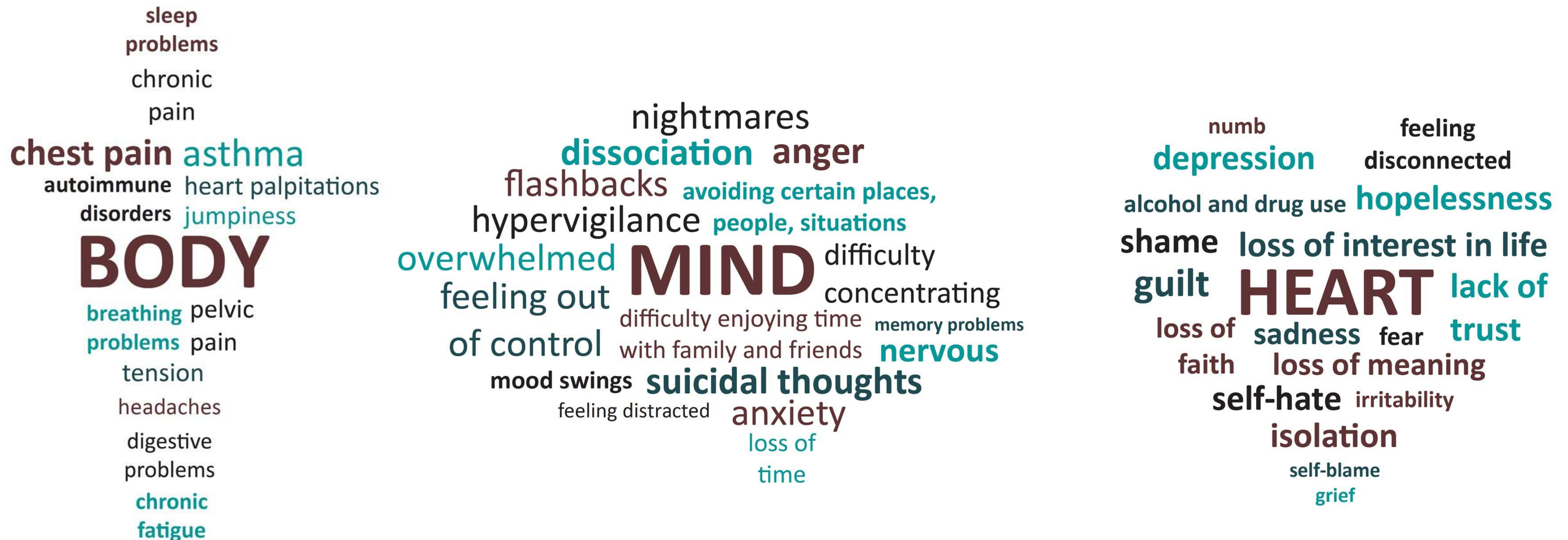
In Canada, colonization and subsequent policies, such as the creation of the Indian Reservation System and Indian Residential School System, were developed to oppress and forcibly assimilate Indigenous peoples. The Indian Residential School System in Canada was designed to forcibly remove Indigenous children from their families, communities, languages, and cultures, and placing them in government and church-run schools. Residential schools impacted all aspects of Indigenous peoples' lives through the disruption of families, communities, culture, language, and identity. The effects have been felt across generations and, for some people and communities, has impacted their relationship to alcohol and alcohol use in pregnancy.

How Do People Respond to Trauma?

80

! Long term effects

There are a wide range of responses that people can have to traumatic events. It is important to be aware of how these effects of trauma may affect engagement in prevention conversations.



In-the-moment Trauma Responses

Our brains and bodies often respond with a 'Fight or Flight' or 'Freeze' response when we feel threatened. This can include feeling stuck or trapped, being harmed (physically, emotionally, psychologically, spiritually), being ignored or not taken seriously, being treated unfairly, or reminded of previous harm.



HOW TO RETURN TO A CALM WINDOW OF TOLERANCE

Fight/Flight

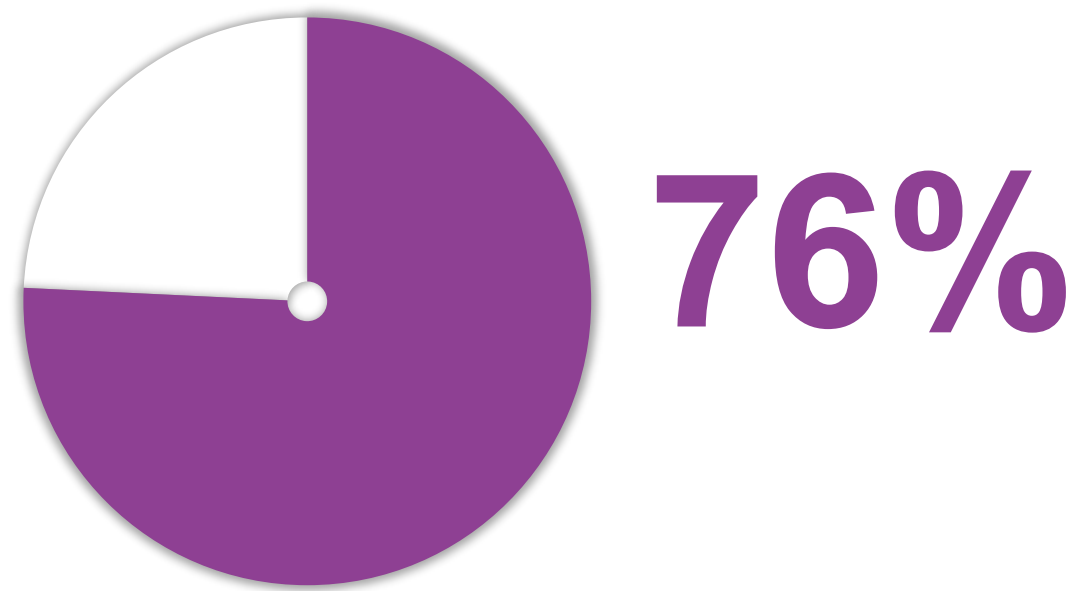
- Move body to let out excess energy
- Take deep breath, focusing one long exhale
- Name fears, concerns and frustrations
- Remove ourselves from the situation

Freeze

- Press hands on to our arm or legs
- Count to up 20 and back down
- Describe things around you: What colours do you see?
- Drink a cool glass of water
- Take deep breaths, focusing on exhale
- Colour/paint a picture

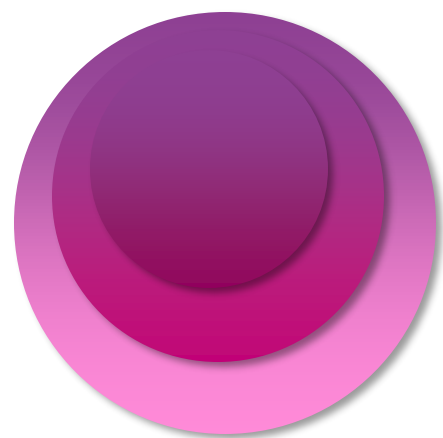
Trauma and Substance Use

Trauma is common for people in Canada overall.



One study estimates that 76% of adults will experience **at least one traumatic event in their lifetime.**

- Alcohol and other substance use is one way that many people cope with the effects of trauma.
- Many women who have a difficult time stopping their alcohol use during pregnancy have past or current experiences of trauma.



For many Indigenous peoples, the intergenerational transmission of trauma related to colonial practices (past and present), residential school experiences, the '60s Scoop, and ongoing racism have had an important role in influencing alcohol use during pregnancy.

Four Principles for Trauma Informed Practice

We need to adapt the way we work to better engage and support people who have experienced trauma.

1

**Trauma
Awareness**

2

**Safety and
Trustworthy**

3

**Choice,
Collaboration
and
Connection**

4

**Strengths-
Based and
Skill Building**

Delve Deeper

FOR SCREENING AND CHANGING THE CONVERSATION

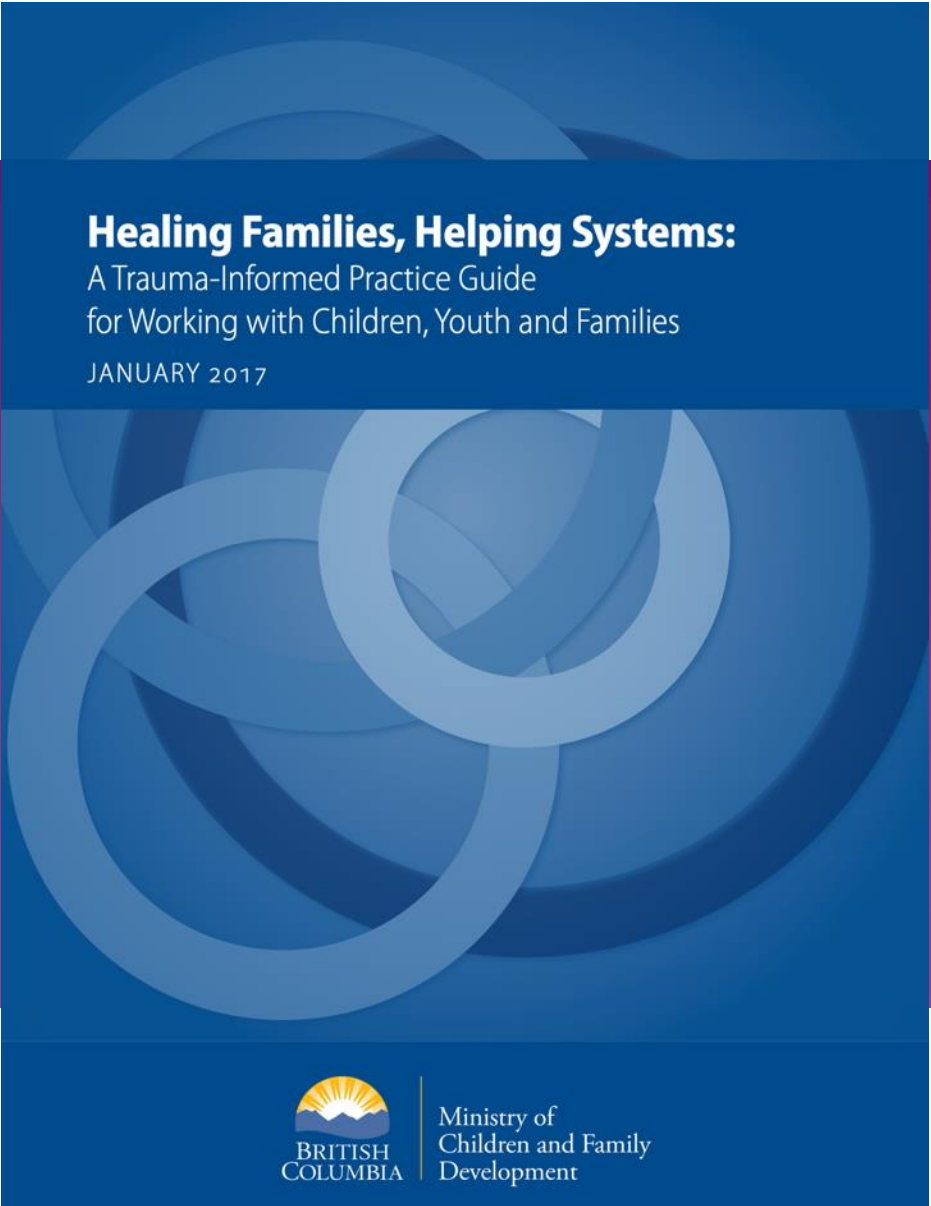
Trauma Informed + Substance Use

This booklet from the Canadian Centre on Substance Use and Addiction outlines the importance of understanding trauma when working with people with substance use problems and the implications for treatment and support



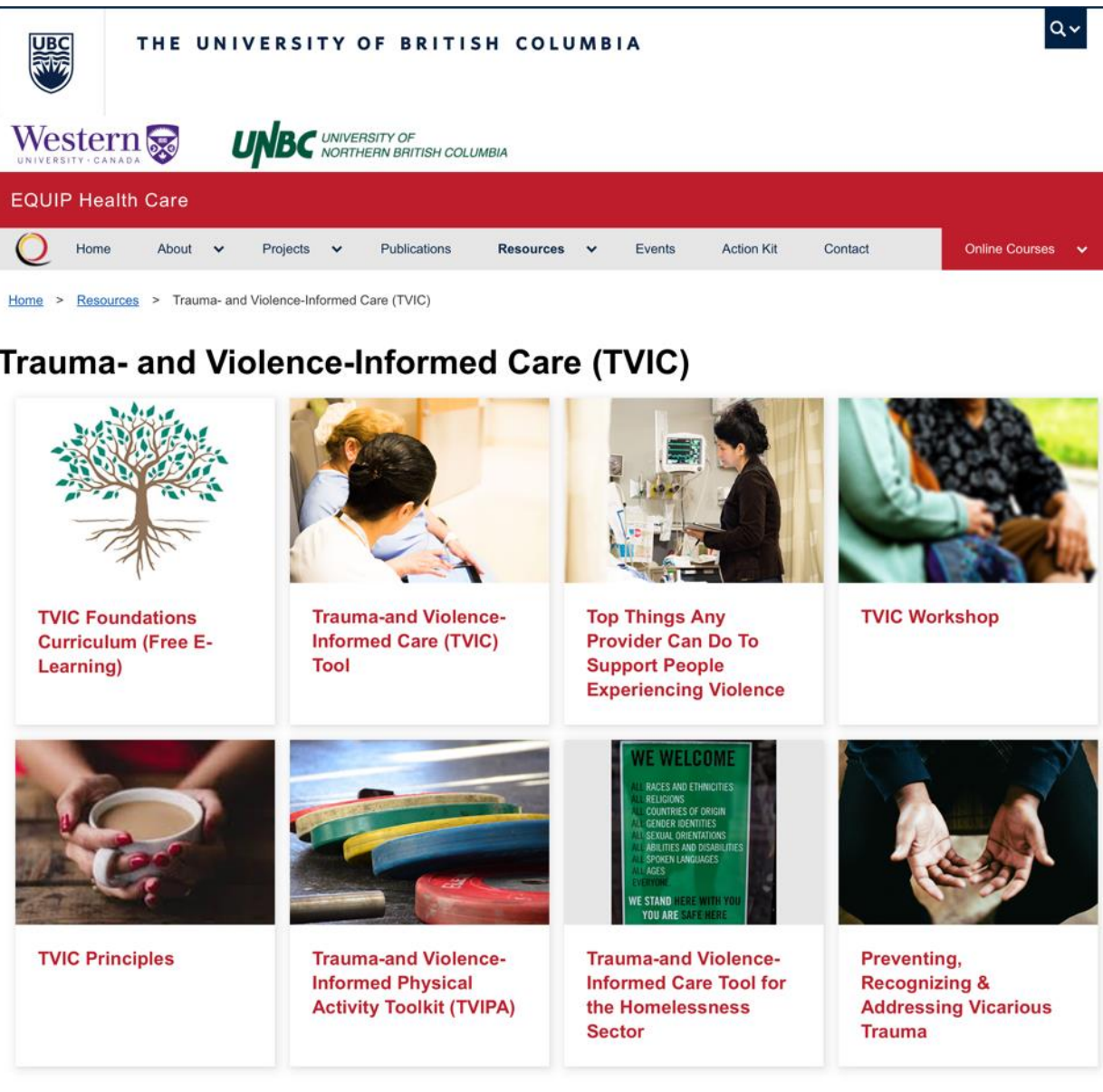
Trauma Informed + Child Welfare

Here is an example of how trauma informed approaches can be brought into child welfare contexts.



Trauma Informed + Primary Care

Here is an example of how trauma informed approaches can be brought into primary care settings and related contexts.



A photograph of a man and a pregnant woman sitting closely together. The man, on the left, has dark hair and a beard, wearing a blue and orange plaid shirt over a white t-shirt. The woman, on the right, has long blonde hair and is wearing a red dress, with her hand resting on her pregnant belly. Both have serious, somewhat somber expressions and are looking off to the side. The image is partially obscured by a large purple diagonal shape that contains text.

Alcohol Use, Pregnancy, and Partner Violence

Women's substance use is influenced by their partners in important ways. Women may use alcohol due to coercion, fear of violence, or to cope with social stressors. Pregnant women experience higher rates of intimate partner violence (IPV) compared to non-pregnant women.

It is safest not to use alcohol during pregnancy!

Safe Relationships

1 in 6 women who experienced IPV (intimate partner violence) stated that abuse worsened over the course of their pregnancy.



In relationships where women experience violence, partners may use alcohol or other substances as a form of control.



As a result, women may have difficulties reducing alcohol use, obtaining birth control, or use contraception.



A study in Washington state interviewed 80 birth mothers who were accessing support services for their children diagnosed with FASD.

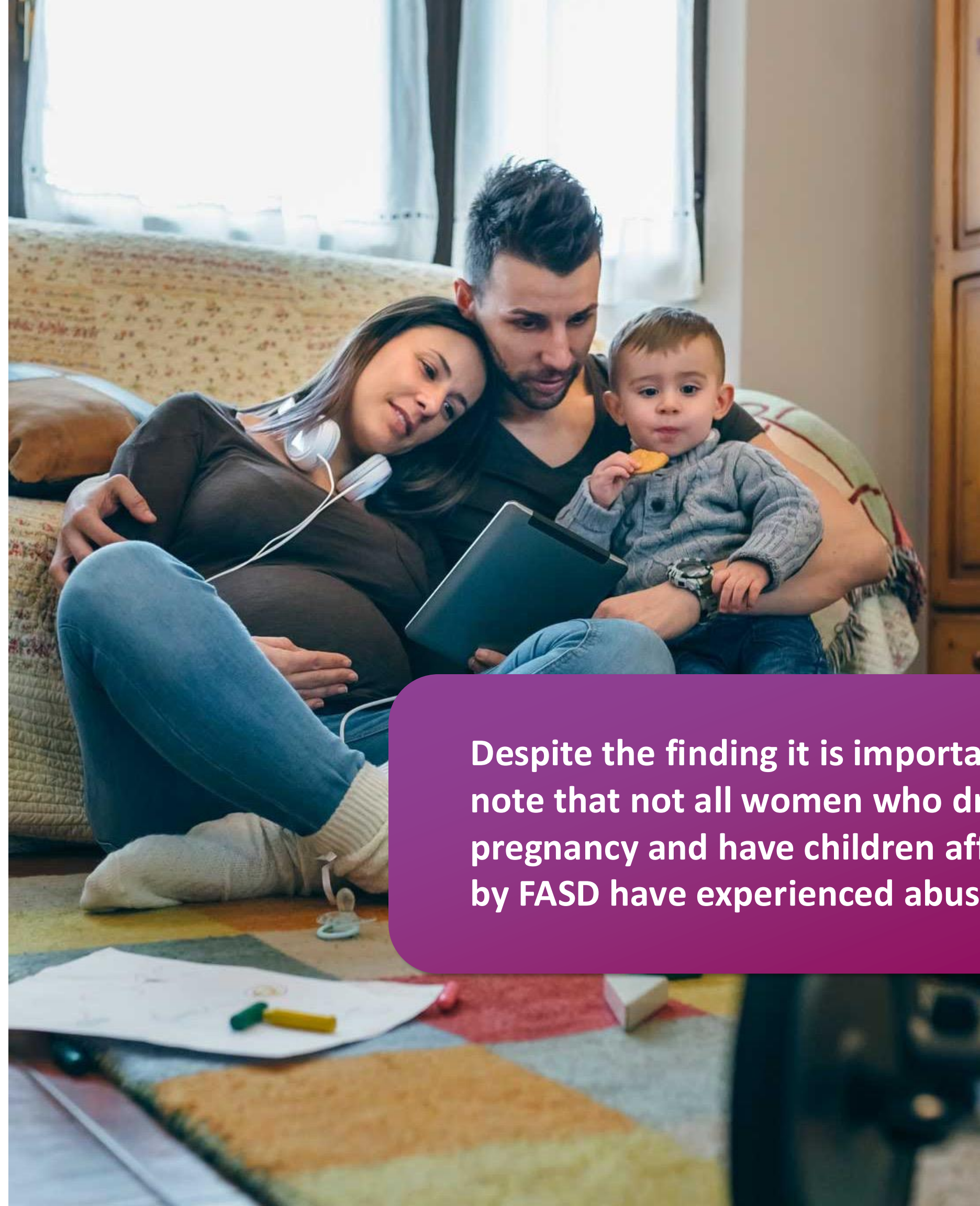
The study found that mothers had very difficult lives and were isolated from social supports:

100% ➡ 100% of the women had a history of being seriously sexually, physically or emotionally abused,

80% ➡ 80% had major unaddressed mental illnesses, and

80% ➡ 80% lived with men who did not want them to quit drinking.

Despite the finding it is important to note that not all women who drink in pregnancy and have children affected by FASD have experienced abuse.





It's important to respect each woman's wishes on what she wants to see happen with her relationship.

Trauma-informed Brief Interventions

If a relationship has been established or a woman discloses current or past experiences of violence or abuse, you have opportunities to provide support and assistance.



Working from a trauma-informed perspective means changing how we think and talk about alcohol use during pregnancy. It requires us to question our assumptions and be compassionate toward women who may have a difficult time stopping their alcohol use.

Promoting Resilience

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, and chronic stress. It means "bouncing back" from difficult experiences.

Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family.

Five Everyday Gestures

The U.S. Department of Justice and Futures Without Violence highlight five everyday “gestures” that caring adults can use to help promote resilience in the face of trauma.

https://youtu.be/WZIf_4Eg7_Y





SECTION 9

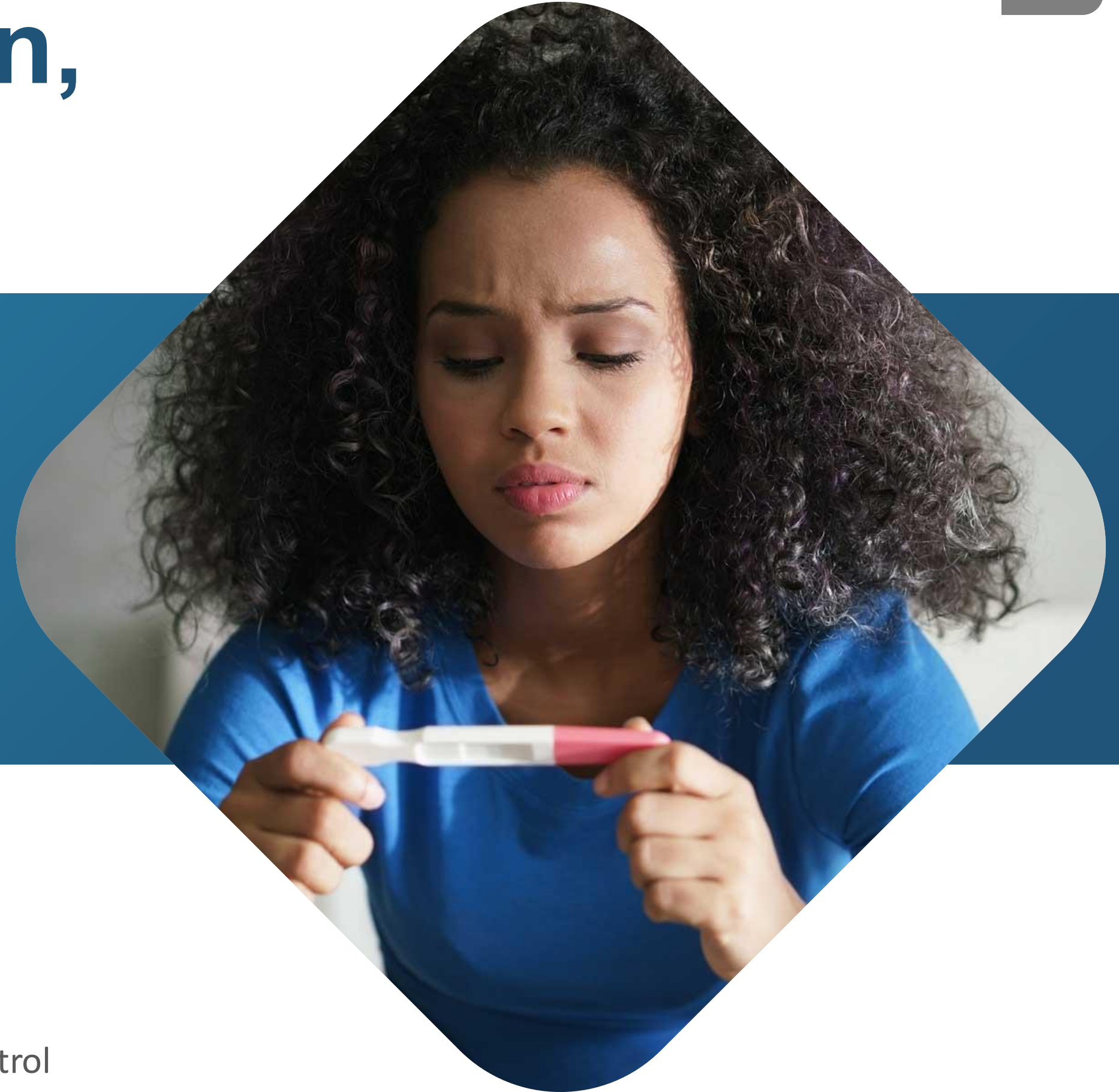
Contraception

1. Role of contraception in preventing alcohol-exposed pregnancies
2. How to include contraception into the Prevention Conversation

Culture and Safer Sexes Memes, Native Youth Sexual Health Network

Alcohol, Contraception, and Preconception

Many women do not realize they are pregnant until well into the first trimester, and many drink alcohol during this time.



There are several ways to reduce the risk of an alcohol exposed pregnancy including:

1. reducing alcohol use
2. using effective contraception, otherwise known as birth control
3. reducing alcohol use and using effective contraception.

Contraception Methods



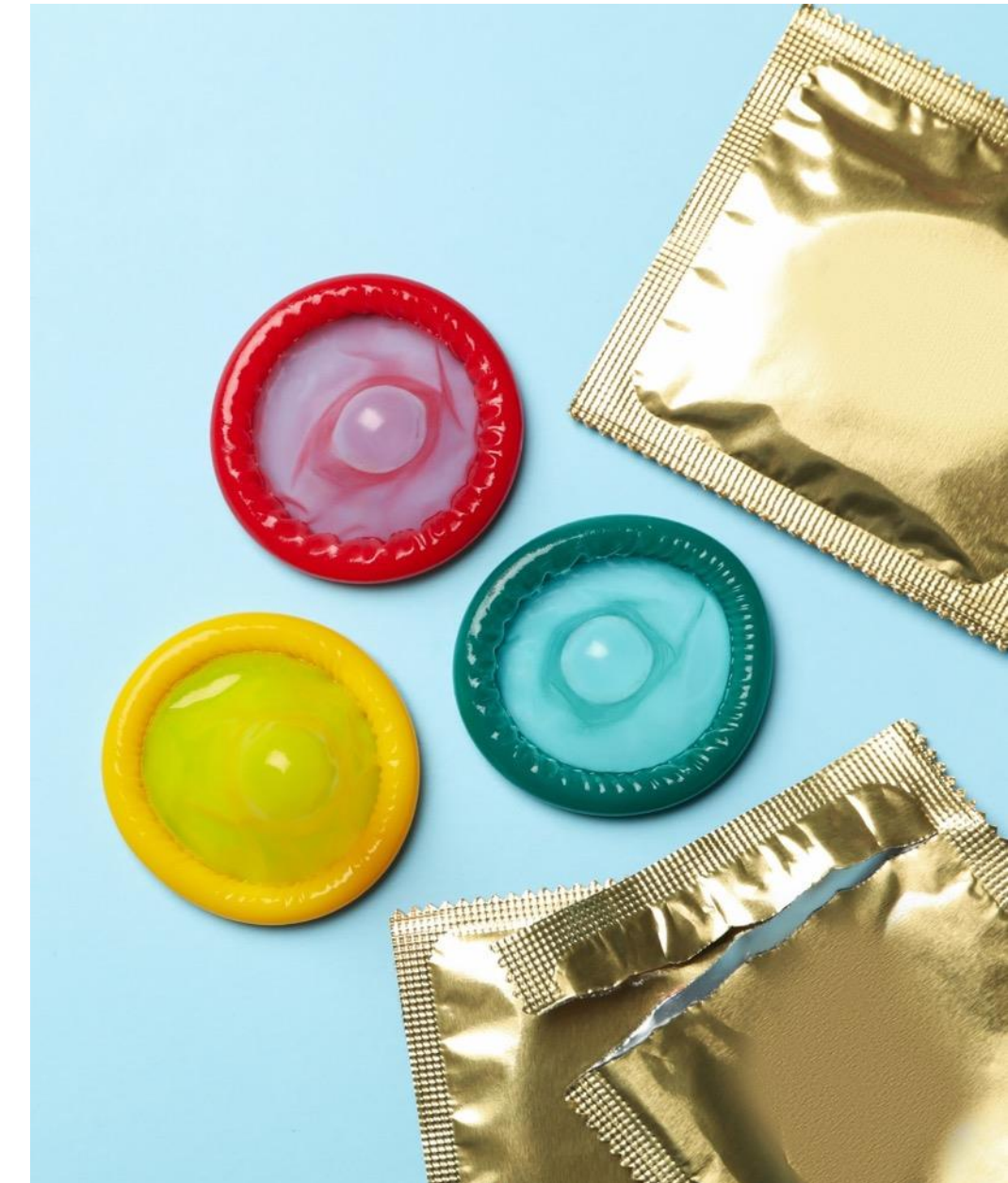
HORMONAL vs NON-HORMONAL

This means that the type of birth control releases estrogen and/or progesterone into the body.

EXAMPLES INCLUDE: birth control pills, hormonal IUDs, Nuva Ring, the Patch, the Depo-Provera shot

There are no hormones being released into the body.

EXAMPLES INCLUDE: condoms (female and male), copper IUD

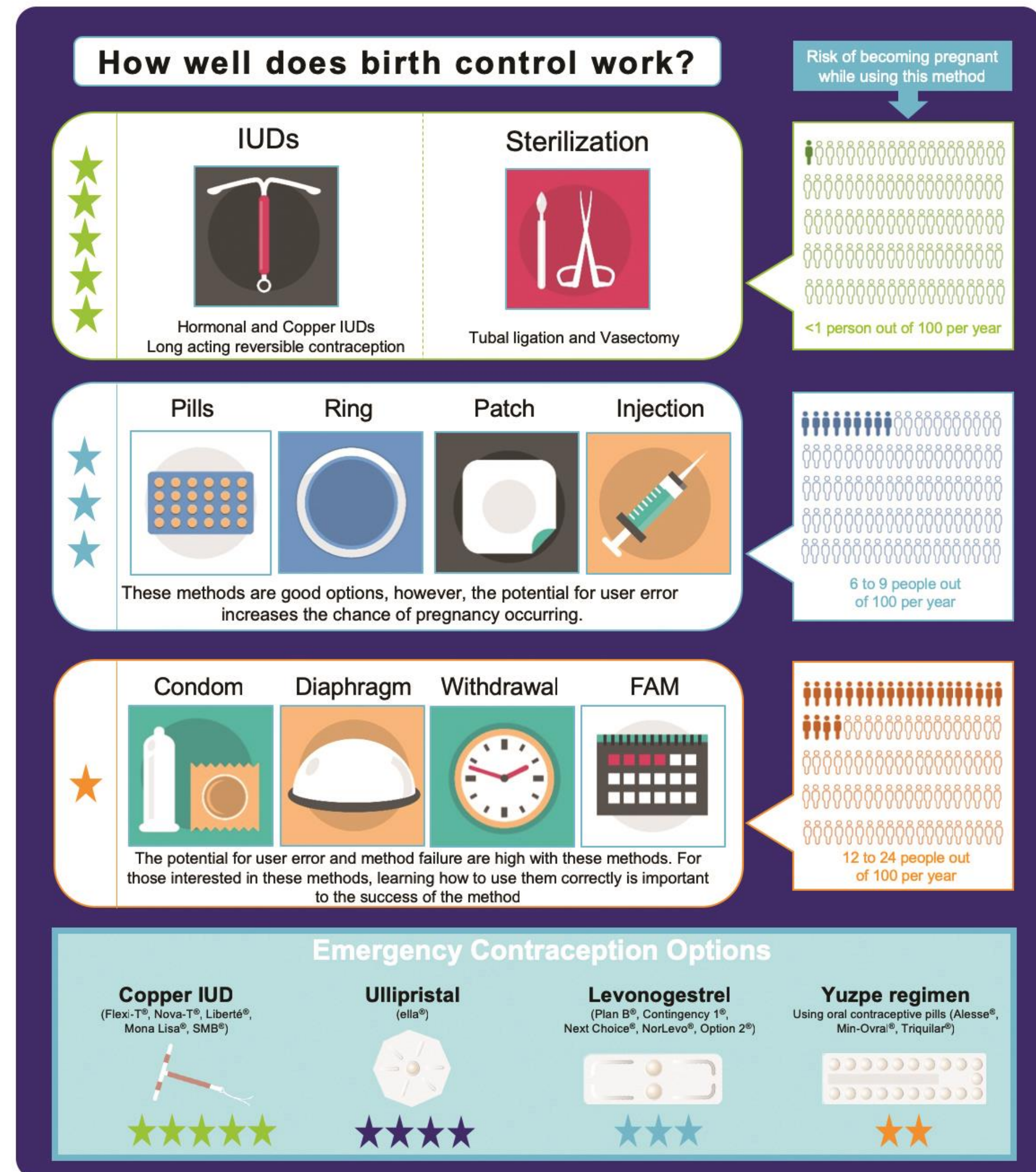


>50% of youth report using condoms only. This may be because of their lower cost (compared to other contraception methods) and that no prescription or health care visit is required to use/access them.

Contraception Methods

Risk of becoming pregnant while using each method

- **IUDs • Sterilization**
 - <1 person out of 100/year
- **Pills • Rings • Patch • Injection**
 - 6 – 9 people out of 100/year
- **Condom • Diaphragm**
- **Withdrawal • FAM**
 - 12 to 24 people out of 100/year



Identifying the Best Control Options

To find a method that will work for you every time, some things to think about include:

- 1 How well it works
- 2 How much effort it takes
- 3 When you want to have children
- 4 How much the method costs
- 5 Whether it protects you from infection
- 6 If you've had a problem with one kind of birth control.



[myhealth.alberta.ca](https://www.sexandu.ca)

Linking Contraception and Brief Interventions

Here are some ideas for including contraception into the Prevention Conversation.



Preparing for pregnancy



Birth control effectiveness. The website [It's a Plan](https://www.itisaplan.org/), may be helpful



Support reflection

BRIEF INTERVENTION ON SUBSTANCE USE WITH GIRLS AND WOMEN

50 IDEAS FOR DIALOGUE, SKILL BUILDING, AND EMPOWERMENT

DIALOGUE FOR CHANGE

- Brief interventions are collaborative conversations between an individual and a health care or social service provider about a health issue. This resource focuses on brief interventions on substance use with girls and women in the preconception and perinatal period.
- Brief intervention focuses on preventing and reducing harmful or risky patterns of substance use and can also include addressing underlying concerns that may be affecting substance use (e.g., depression, gender-based violence). Brief interventions may be formal or informal, structured or unstructured, short or long, a one-time event, or a series of conversations over a period of time.
- Because substance use has widespread effects on many different aspects of life, service providers across a range of health care and social service settings can have an important role in addressing the potential harms of substance use and improving girls' and women's overall health.

Primary Care

Regular and ongoing conversations in primary care about substance use reduces stigma and normalizes substance use as part of life. Service providers are encouraged to have discussions with all women, not just those who they believe are more likely to have substance use problems.

1

ALCOHOL, TOBACCO, AND BREAST CANCER
Many women are interested in learning about how to reduce their risk of breast cancer. Both active smoking and exposure to secondhand smoke can increase the risk of breast cancer. Alcohol is a known carcinogen. Current smoking, alcohol, and drinking alcohol has consistently been shown to increase the risk of breast cancer. Women can reduce their risk by quitting smoking, reducing the number of cigarettes they smoke, or eliminating their exposure to secondhand smoke. All women can drink less alcohol to reduce their risk of breast cancer. For women at higher risk of breast cancer, they are chosen to avoid alcohol entirely or drink occasionally.

2

ALCOHOL, DEPRESSION, AND ANTIDEPRESSANTS
As alcohol is a depressant, it can worsen symptoms of depression for men and women. Share information about the relationship between alcohol and mood. Regular alcohol use to improve our mood in the short term but overall it can increase symptoms of depression and anxiety. Combining antidepressants and alcohol can worsen symptoms of depression or side effects from antidepressants. You might suggest that girls and women avoid drinking alcohol and they know how their antidepressant affects them. Only girls and women assess their particular situation and share information about reducing the effects of alcohol (e.g., drink slowly and some food while drinking) if they choose to drink occasionally.

Centre of Excellence for Women's Health | www.ccewh.bc.ca

This resource from the Centre of Excellence for Women's Health for more information.

https://bccewh.bc.ca/wp-content/uploads/2018/06/50-Brief-Intervention-Ideas_June-4-2018.pdf

For Partners

BRIEF INTERVENTIONS FOR HETEROSEXUAL COUPLES

- men often express limited knowledge about preconception health compared to women.
- men are more reluctant to engage in health promotion interventions, such as brief interventions, out of fear of ridicule.
- including men can help shift attitudes and increase support to reduce substance use and prepare for fatherhood.
- some women may want to include their partners in joint interventions at their discretion.
- Reach boys and men separately from women.



For the woman, her partner/family and her community:

Friends, partners and family members can support a pregnant woman by asking how they can help her make healthy choices and healthy babies.



Cutting back or abstain from alcohol use during pregnancy and influence women's health and well-being is a responsibility we can all share.



Culturally Appropriate

Brief Interventions

- by including resources developed by local community members and/or in the local language
- by using land-based programming
- by offering referrals to Indigenous-specific programs



Several Cree and Innu First Nations communities have developed land-based programs including:

- leading girls and women in walks
- smudges & beadwork
- gathering and preparing traditional food on the land
- discussing topics like healthy relationships, sexual wellness, safer sex, contraception, pregnancy planning, and mental wellness

Contraception Resources

Contraception – It's a plan, not an afterthought



<https://youtu.be/Clx488jjKbU>

Women's Health Forum - "Contraception" *with Dr. Dustin Costescu*



<https://youtu.be/z3zr93eDzts>

SECTION 10

Polysubstance Use

1. Benefits of discussing other substance use at the same time as alcohol use
2. Overview of the effects of tobacco, cannabis, and opioids during pregnancy
3. Key messages to include in conversations about polysubstance use



Fight for Hope by N'we Jinan Artists from Alexis Nakota Sioux Nation

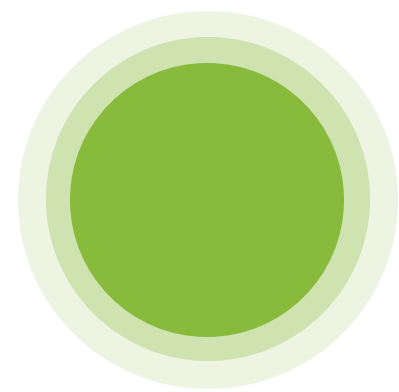
This song was written and recorded with youth from Alexis Nakota Sioux Nation and released on September 9, 2019 during the ANSN FASD Awareness Day. This inspirational song and video's message shows how youth and culture can help break cycles of substance use and intergenerational trauma.

<https://www.youtube.com/watch?v=V8h0qKbipgg>

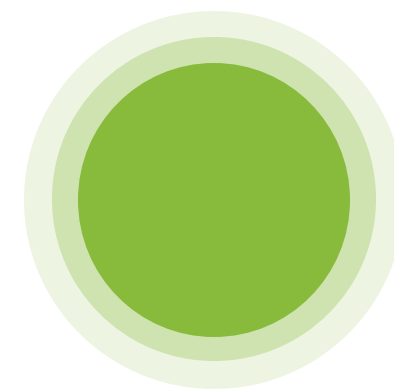
Why Discuss Multiple Substances?

Polysubstance use, or using more than one substance at a time, is common in Canada.

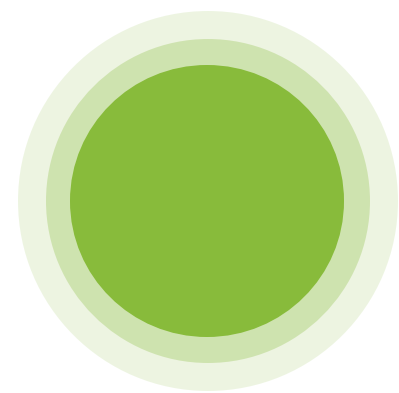
It is common for women to use a combination of alcohol, cannabis, and tobacco during pregnancy. Women may also use substances such as heroin, cocaine/crack, or prescription drugs such as methadone.



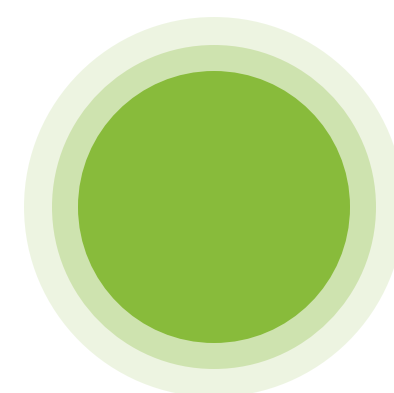
Talking about multiple substances reflects women's realities and makes the discussion more relevant to their lives



It normalizes substance use as a part of life for many women



Regular and ongoing conversations about substance use overall helps to reduce stigma



It can support change in many areas, including alcohol use – cutting back or stopping use of other substances can help women make changes to their alcohol use when they are ready.

Tobacco

There are many types of tobacco. Nicotine is the addictive chemical found in tobacco. There are over 4,000 other chemicals in cigarettes and cigarette smoke.

In Canada,

1 in 8 women report smoking cigarettes

1 in 25 report vaping tobacco or nicotine

Women of all ages smoke during pregnancy, but it is especially high in women under 20. **Smoking during pregnancy is declining in women ages 25-44.**

Tobacco and Pregnancy

Tobacco is one of the leading causes of preventable death.

There is no known safe level of tobacco use for anyone including pregnant women.

When a woman smokes or uses tobacco during pregnancy:

- the nicotine, carbon monoxide, and other chemicals that enter her bloodstream pass into the fetus. This keeps the baby from getting the food and oxygen it needs to grow.
- can have life-long effects, including learning difficulties, behavior issues, lung diseases, and increased chance of certain birth defects such as cleft lip or cleft palate.
- increases the risks of premature birth, stillbirth and having a low-birth- weight baby.



Tobacco and Pregnancy Treatments

- ➡ ○ Quitting smoking early in pregnancy
- ➡ ○ Nicotine replacement therapy (e.g., nicotine patch or gum)



Electronic cigarettes and vaping are not safe methods to quit smoking during pregnancy because the vapour contains chemicals linked to cancer and birth defects.

Cannabis

Women use cannabis for both recreational and medical reasons.

Following the legalization of cannabis in Canada in 2018,

↑ 6.2% women's cannabis use increased from 12.2% to 18.4%.

There are over

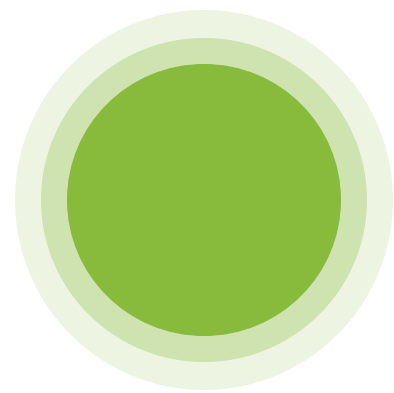
400+ active ingredients in cannabis. The main active chemicals are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

Cannabis and Pregnancy

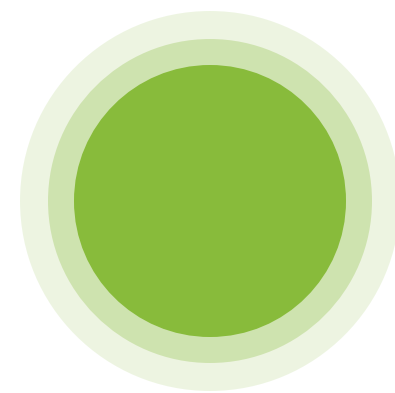
Both THC and CBD are known to cross the placenta during pregnancy.

Some research suggests that cannabis **may** affect the baby's brain development and lead to learning and behavioural issues.

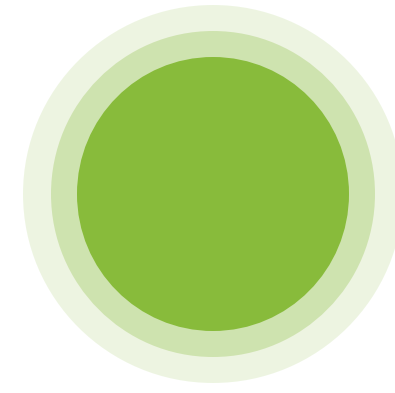
Cannabis use during pregnancy **may also** be associated with increased risk for the following issues:



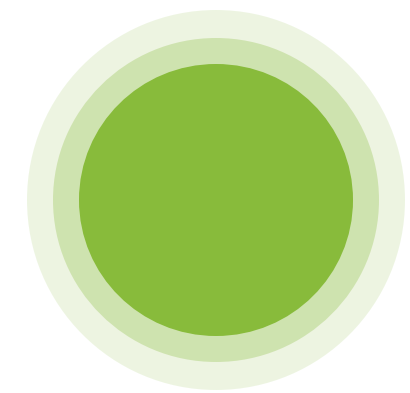
The risk of low birth weight



Pre-term labour

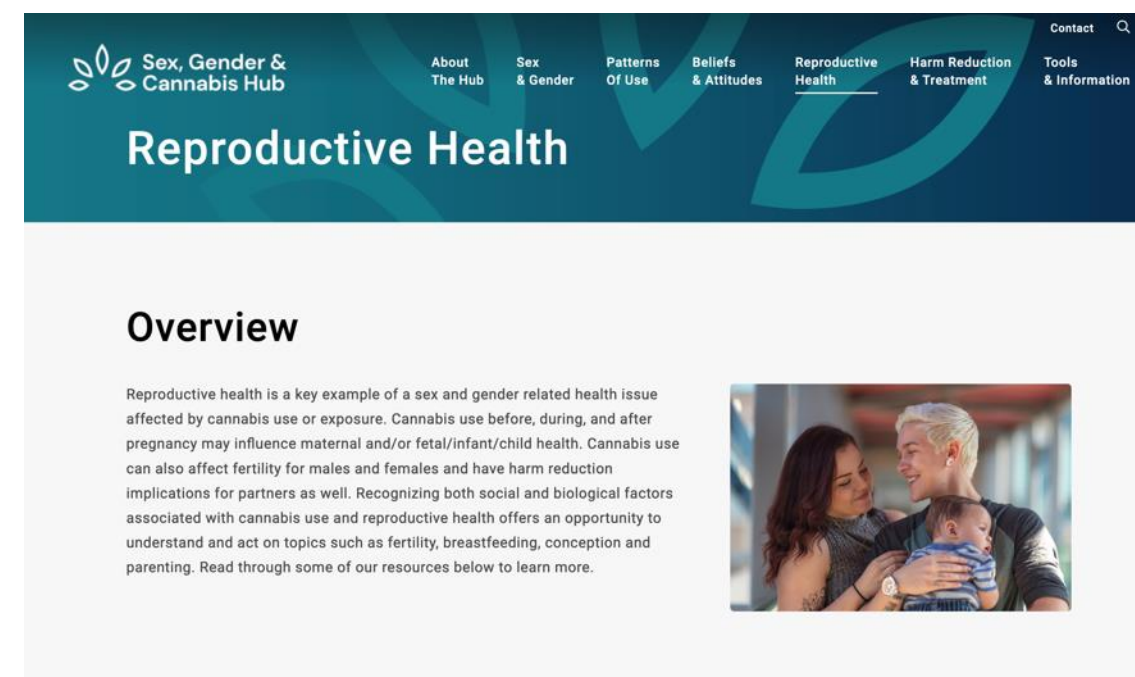


Long-term health problems related to cardiovascular and mental health



Short and long-term learning, development, and behavioral issues.

Cannabis in all forms may affect the baby's brain development and may result in learning and behavioral issues that last throughout their life. However, we still do not know the true effects of prenatal cannabis use, and because of that, it is safest not to use cannabis during pregnancy.



Resource Website:

<https://sexgendercannabishub.ca/reproductive-health/>

Opioids

Opioids are a type of medication often prescribed to treat acute and chronic pain.

Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycontin[®], Percodan[®] or Percocet[®]), hydrocodone (e.g., Hycodan[®], Tussionex[®]), hydromorphone (e.g., Dilaudid[®]), fentanyl, methadone, tramadol and buprenorphine.

Opioids also include illegal drugs like heroin.

1 in 8 say they have a close friend or family member who is
nearly 3.5 million dependent on opioids.

In 2018,

14% of females reported using prescription opioids.

Opioids and Pregnancy

Many women are prescribed opioids before they become pregnant for a variety of reasons and will use opioids during pregnancy.

Taking opioids during pregnancy can increase the chance that your baby will be born too early, be born at a low birth weight or experience symptoms of withdrawal from the medications you are taking.

Some opioids in certain doses may cause birth defects such as clubfoot, or problems with the infant's heart, brain and spine (neural tube defects) or lungs.

Pregnant women with an opioid addiction should gradually reduce their substance use as acute, severe opioid withdrawal can result in miscarriage and premature labour. Women should seek medical assistance rather than stopping taking opioids on their own or going “cold turkey.”

Prescribed medications such as methadone, buprenorphine and buprenorphine/naloxone (“opioid agonists”) can help pregnant women who are addicted to opioids manage withdrawal and support treatment and recovery.

Women and Prescription Opioids

Prescription Opioids

- + Opioids are a type of medication often prescribed to treat acute and chronic pain.
- + Opioids are drugs that are made from the opium poppy plant or made in a lab from chemicals.
- + Some common opioid medications include morphine, codeine, oxycodone (e.g., *Oxycontin*®, *Percodan*® or *Percoset*®), hydrocodone (e.g., *Vicodin*®, *Nuodin*®), hydromorphone (e.g., *Dilaudid*®, *Exalgo*®), methadone, tramadol, and buprenorphine.
- + Prescription opioid medications come in various forms: tablets, capsules, syringes, solutions, patches, and suppositories.
- + Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria (“high”).
- + Opioid medications can be dangerous at high doses as they can cause drowsiness, slow your breathing, and lead to a coma and death.

Serious harm from prescription opioid medications can include physical dependence (addiction), overdose, and death. When caught early, an overdose may be treated with drugs such as naloxone. Naloxone reverses opioid overdose temporarily allowing for additional time to get help.

Prescription Opioids and Pregnancy

Prescription Opioids and Your Health

- + Side effects of prescription opioids can include sedation (feeling drowsy or sleepy), nausea, vomiting, and constipation. You can also build a tolerance to these drugs and may require higher amounts to manage your pain.
- + If you suddenly stop or decrease the amount of medication you are taking, you may experience physical symptoms of withdrawal. These symptoms usually last a few days to a week.
- + Opioids are depressant drugs which means that they slow down the part of the brain that controls breathing. All opioid drugs are dangerous when taken in large quantities or when taken with other drugs that are depressants, such as alcohol and benzodiazepines, such as clonazepam (*Klonopin*®) and lorazepam (*Ativan*®).
- + Prescription opioid medications can be dangerous when misused. Misuse can occur when you:
 - Use opioids with alcohol or other medications with sedative effects
 - Take more medication than prescribed for you
 - Change how your medication is taken (e.g., snorting or injecting)
 - Take medication that was not prescribed for you
- + Long-term use of prescription opioid medications in women can cause hormonal changes, infertility, anxiety and depression. Changes in your hormones may affect your period and interest in sex.
- + Long-term, frequent use of opioids to treat headaches can result in “medication overuse headache”, a rebound headache caused by excessive use of headache relief medications.

- + Using prescription opioid medications during pregnancy can have risks. If you could become pregnant, are thinking about getting pregnant, or as soon as you are aware that you are pregnant, it is important to talk to your health care provider.
- + Taking opioids during pregnancy can increase the chance that your baby will be born too early, be born at a low birth weight or experience symptoms of withdrawal from the medications you are taking.
- + If your baby experiences symptoms of withdrawal, he or she will need medical observation and possibly treatment. Not all babies will experience withdrawal and not all require medical treatment for it. Most babies who experience symptoms of withdrawal will have no long-term effects on their health and development.
- + Scientists are still learning about the overall safety of using long-term opioids during pregnancy. Some opioids in certain doses may cause birth defects such as clubfoot, or problems with the baby's heart, brain and spine (neural tube defects), or lungs.
- + Depending on your situation, you may want to discuss alternate forms of pain management with your health care provider.
- + You should not decide to stop taking opioids on your own or go “cold turkey” as stopping their use can cause harm during pregnancy such as early labour or making it difficult for the fetus to get enough oxygen.
- + If you have an addiction to opioids, it is recommended that you take methadone or buprenorphine under the care of your health care provider during pregnancy as these medications are less risky for you and your fetus.
- + If you think you might be dependent or addicted to prescription opioid medications, talk to your health care provider about support and services in your community that can help you.



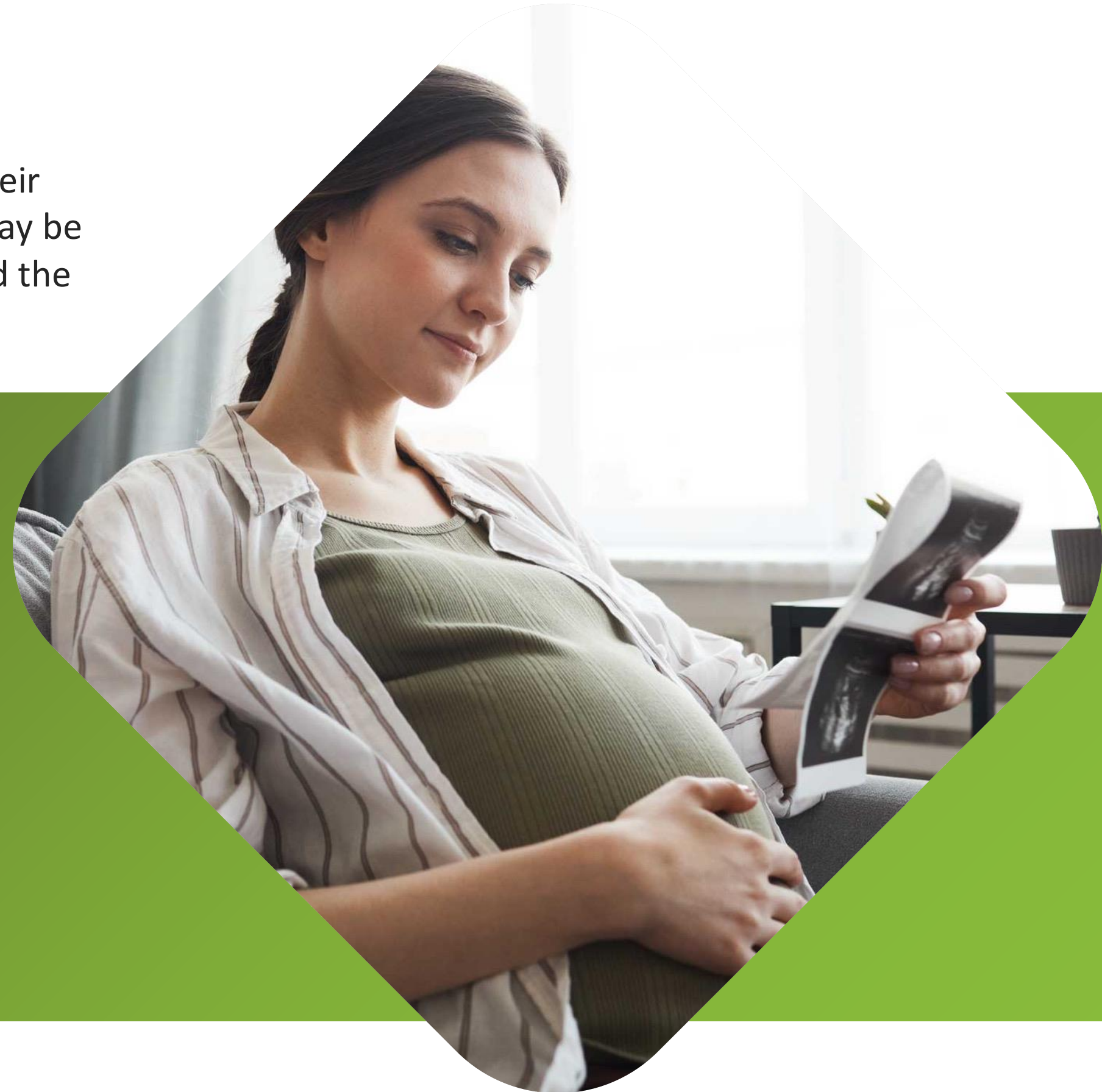
Resource:

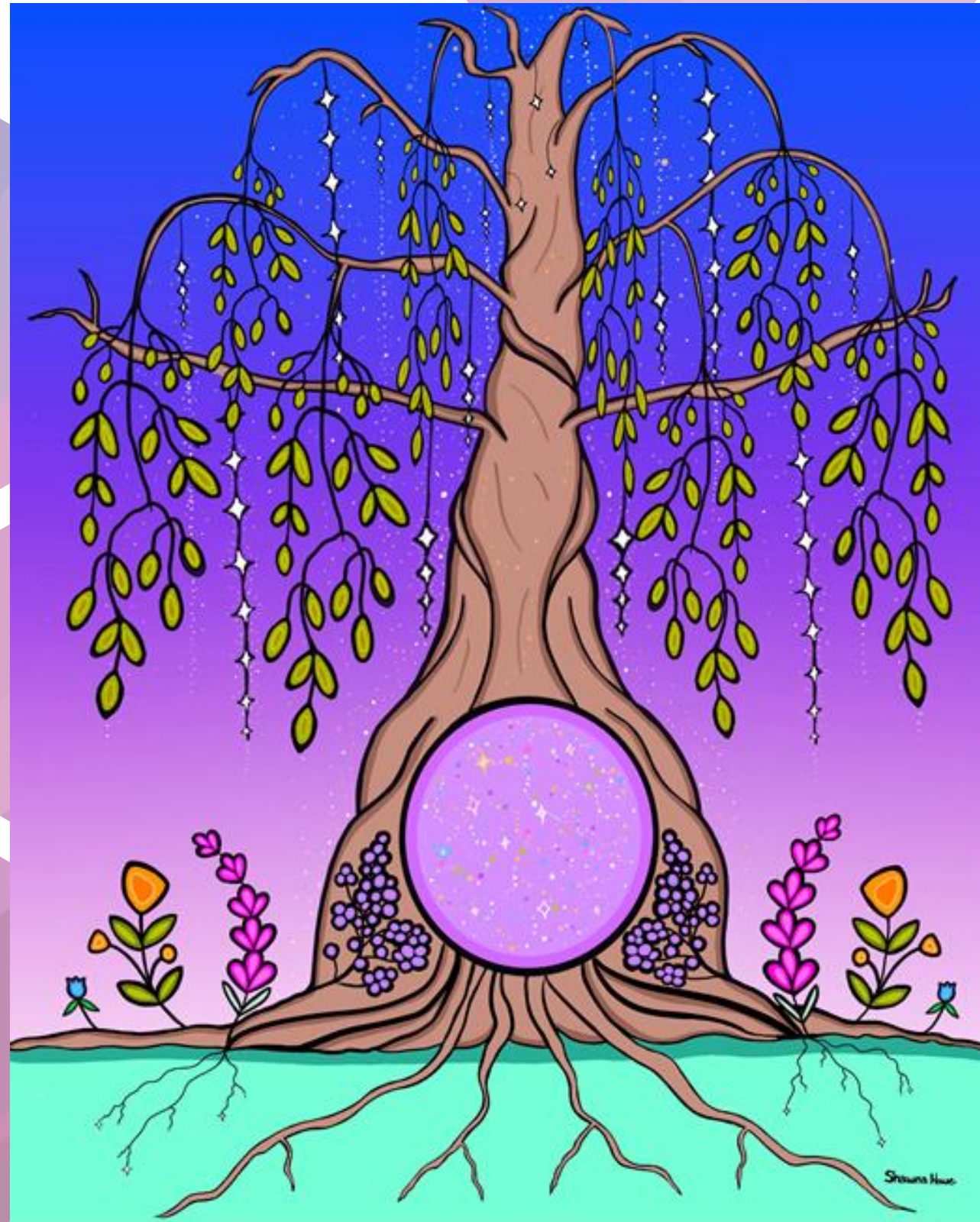
<https://cewh.ca/wp-content/uploads/2018/03/InfoSheet-Women-Opioids0308.pdf>

Harm Reduction and Polysubstance Use

Many pregnant women can reduce or quit substance use for all or part of their pregnancy. For women who are making changes to their substance use, it may be helpful for them to know about the relative harms of various substances and the potential impact on the fetus.

- **Alcohol and tobacco** are the two substances that can be most harmful for fetal health and in the long-term for infants who are exposed in utero. This information may help women prioritize the changes that they are making in their lives.
- If women are using illicit substances (such as heroin or cocaine), some potential harms can be addressed through safer substance use (e.g., clean needles or safe supply), safer sex, and supports such as testing substances before use, and for sexually transmitted and blood-borne infections (STBBIs).





Weeping Willow by Shawn Howe

Artist Description of 'Weeping Willow'

https://elearning.canfasd.ca/portals/salus/audio/CanFASD/Weeping_Willow_Oral_Story.m4a

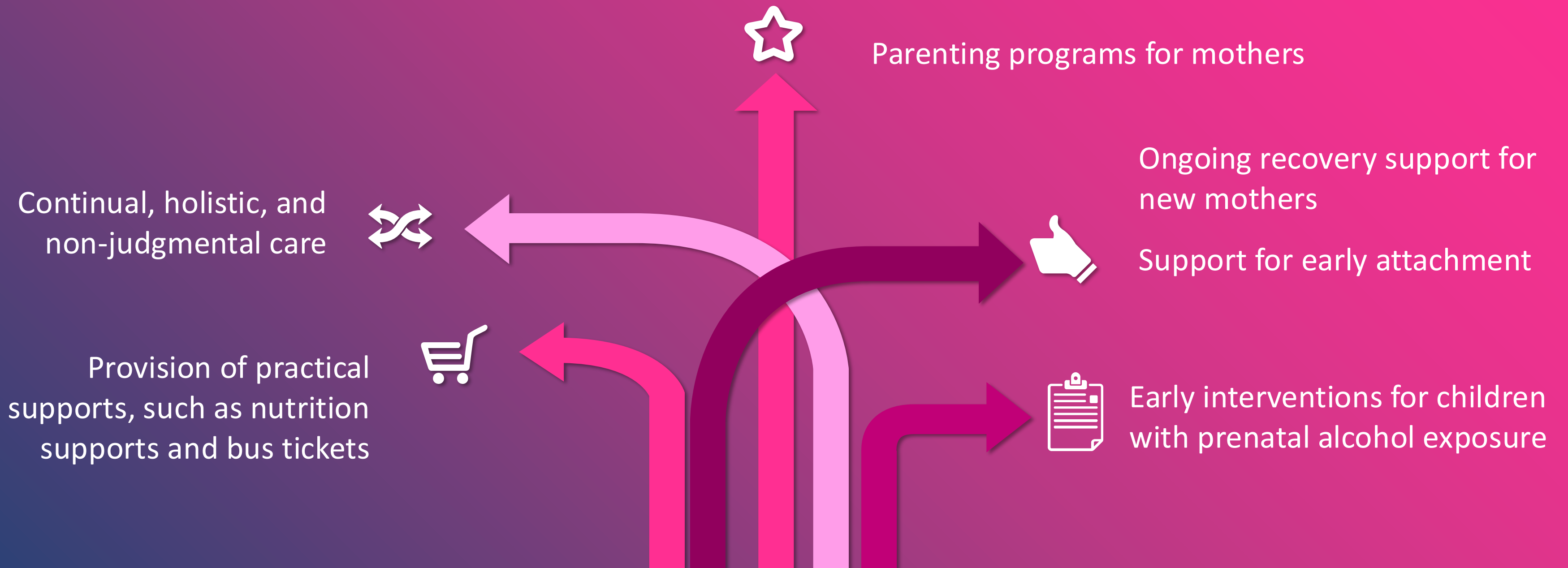
SECTION 11

Prenatal and Postnatal Support

1. Prenatal and postnatal programs for women and their support networks with substance use concerns

Prevention Programs

FOR WOMEN AT HIGHER RISK



Some women need support, care and treatment to help them stop drinking during pregnancy.

Co-Creating Evidence (CCE) Project

 **Victoria**
HerWay Home

 **Vancouver**
Sheway

 **Surrey**
Maxxine Wright

 **Edmonton**
H.E.R. Pregnancy Program



 **Regina**
Raising Hope

 **Winnipeg**
Mothering Project

 **Toronto**
Breaking the Cycle

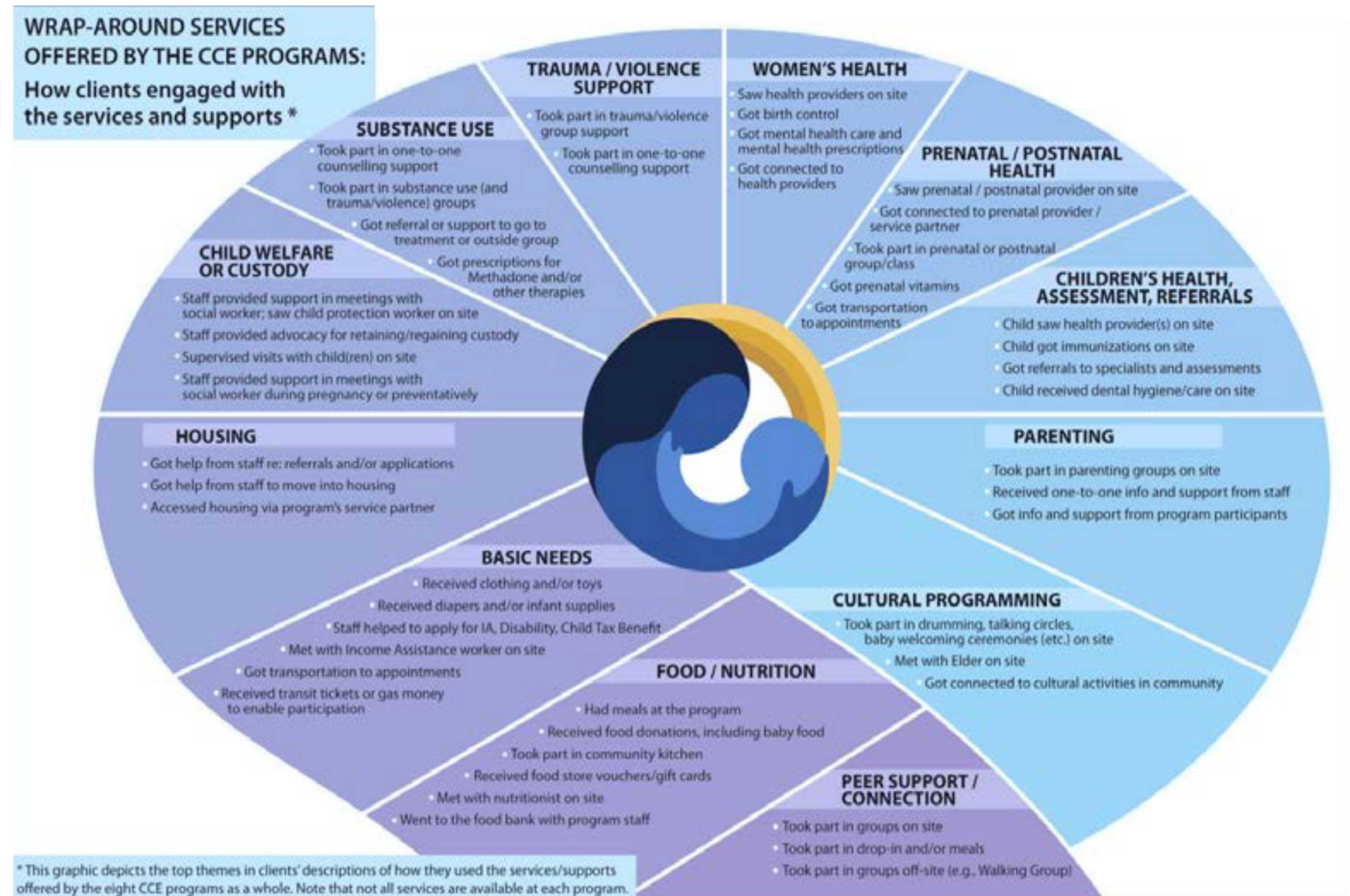
 **New Glasgow**
Baby Basics

The Co-Creating Evidence (CCE) project was a first-of-its-kind-in-Canada national evaluation involving eight multi-service programs serving women at high risk of having an infant who has been prenatally exposed to alcohol or other substances. The eight programs taking part in the study are all different, and all were developed in response to local influences and issues.

<http://www.fasd-evaluation.ca/>

This graphic from the [Co-Creating Evidence Project](http://www.fasd-evaluation.ca/communitysystem-outcomes/) shows how multiple services for women's various needs can help support clients in many aspects of their lives.

- Substance Use
- Trauma/Violence Support
- Women's Health
- Prenatal/Postnatal Health
- Children's Health, Assessment, Referrals
- Parenting
- Cultural Programming
- Peer Support/Connection
- Food/Nutrition
- Basic Needs
- Housing
- Child Welfare or Custody



Mothering Project



This video describes how the Mothering Project (Manito Ikwe Kagikwe) in Winnipeg, Manitoba supports women with substance use challenges on their journey of healing and belonging

<https://youtu.be/c2YBbOgF7TA>

The Parent-Child Assistance Program (PCAP)

- is designed for pregnant women or new mothers (within 6 months postpartum) who have used substances during pregnancy and need support for connecting to local services.
- It provides support and linkages to needed services to women for 3 years following enrollment.
- The goal is to reduce future alcohol use during pregnancy by increasing abstinence from alcohol and drug use and/or improving regular use of reliable contraception among enrollees.
- The model is based on relational theory and harm reduction.



Indigenous Approaches to FASD Prevention

Community-based, community-driven approaches respond to the overall well-being of women and families from an Indigenous wellness perspective





The Four Directions by Theresa Burning

The white heart surrounded by white beads represents the beginning of life - purity and innocence; the baby. Orange represents joy, warmth, enthusiasm, and creativity; the toddler and child. Yellow represents optimism, friendship, energy, and joy; the youth. Red represents life, health, vigour, courage, and life; the young adult. Blue represents serenity, stability, inspiration, and wisdom; the parent. Purple represents peace, independence, and devotion; the final stage. The barrette surrounded by white beads represents once again returning to innocence at the end of life. The two different shades of colour quills in the star represent the different levels of each stage - different learning of stability, independence, courage, joy, etc. The white crystal beads with each colour in the star represent the new beginning and purity at each stage.

SECTION 12

Let's Talk: The Prevention Conversation

1. Connection between alcohol usage and FASD
2. Empowering approaches
3. Understand how to engage girls and start conversations

A photograph of a man and a woman in a restaurant setting. The man, on the left, has short dark hair and a light beard, wearing a grey sweater. The woman, on the right, has long dark hair and is wearing a white cable-knit sweater. They are both holding glasses of white wine and looking at each other. The image is partially obscured by a large purple diagonal graphic element on the right side.

Girls, Alcohol and Pregnancy

Alcohol use during pregnancy is strongly related to alcohol use *before* pregnancy. Educating and supporting girls on alcohol and related issues can be an opportunity to share information about FASD prevention and to improve girls' overall health and well-being.

Alcohol Use By Girls

Alcohol is the leading substance used by Canadian youth, followed by cannabis.

The average age girls first drink alcohol in Canada is

13.6 years old



Overall, rates of alcohol use between boys and girls are becoming more similar, and risky drinking among girls aged 10 - 19 have increased, highlighting the importance of gender-informed FASD prevention efforts for girls.

> 70%

of girls and women ages 15-24 (**50% of which are under the legal drinking age**) have consumed alcohol in the past year.

Approximately

30%

Females between

15-24yrs

are classified as 'heavy drinkers' who have consumed 4 or more alcoholic beverages per occasion, monthly

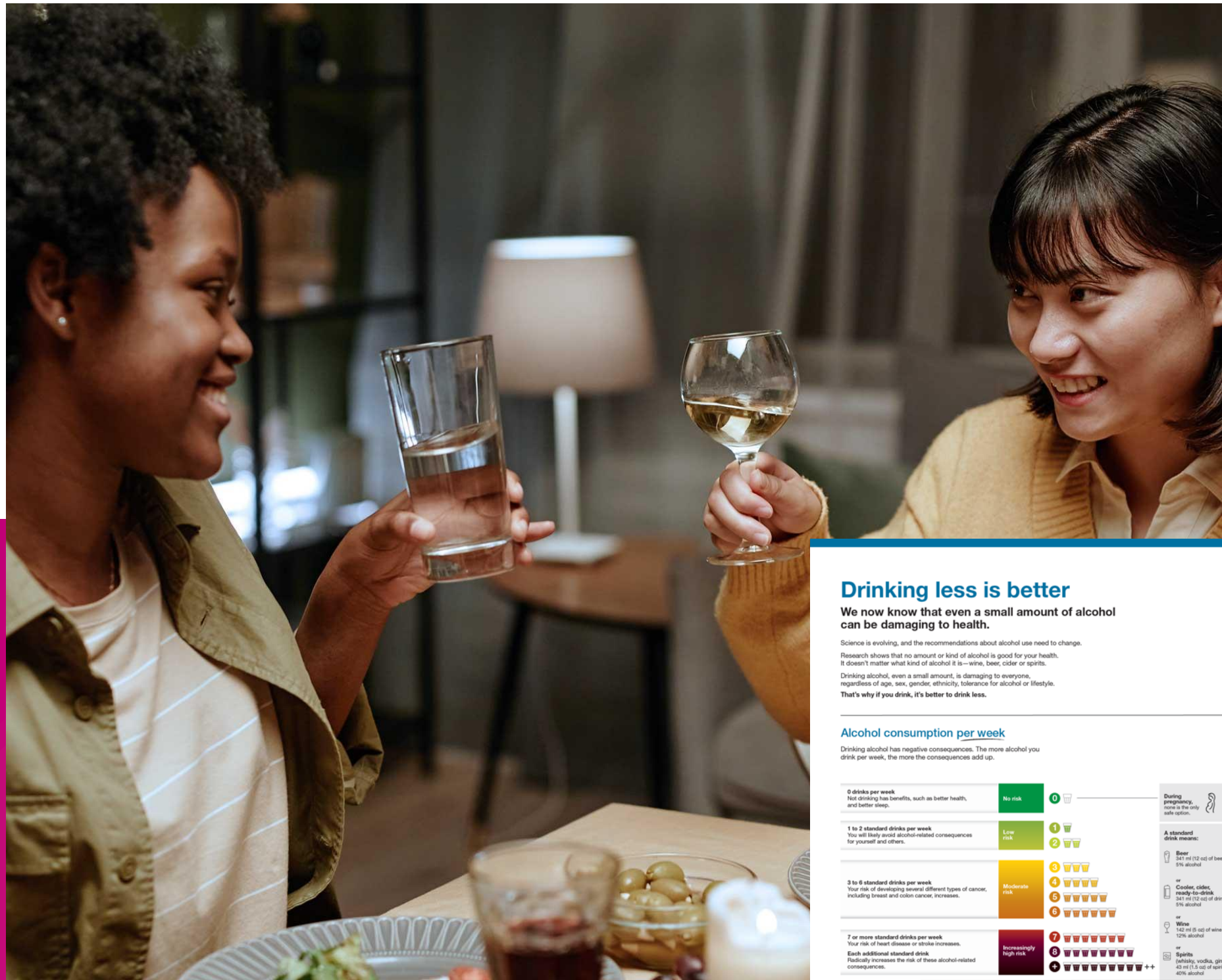


In 2018

1 in 8

live births in Canada were born to mothers ages 15 - 24.

Given that 30% of women ages 15–24 have been classified as 'heavy drinkers,' there may be opportunities to increase FASD prevention efforts in order to reduce the risk of alcohol-exposed pregnancies.



Drinking & Your Health

You can also help girls moderate their drinking by discussing *Canada's Guidance on Alcohol and Health*

Possible areas for discussion can include:

What is a standard drink?

What is the continuum of risk associated with alcohol use per occasion?

Finding their personal limit (e.g., based on body size, genetics)

Drinking less is better
We now know that even a small amount of alcohol can be damaging to health.

Science is evolving, and the recommendations about alcohol use need to change. Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits. Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle. That's why if you drink, it's better to drink less.

Alcohol consumption per week
Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.

Alcohol consumption per week	Risk level	Visual representation
0 drinks per week Not drinking has benefits, such as better health, and better sleep.	No risk	0 glasses
1 to 2 standard drinks per week You will likely avoid alcohol-related consequences for yourself and others.	Low risk	1-2 glasses
3 to 6 standard drinks per week Your risk of developing several different types of cancer, including breast and colon cancer, increases.	Moderate risk	3-6 glasses
7 or more standard drinks per week Your risk of heart disease or stroke increases. Each additional standard drink radically increases the risk of these alcohol-related consequences.	Increasingly high risk	7+ glasses

A standard drink means:
Beer: 341 ml (12 oz) of beer 5% alcohol
or
Cider, cider, ready-to-drink: 341 ml (12 oz) of drink 5% alcohol
or
Wine: 142 ml (5 oz) of wine 12% alcohol
or
Spirits (whisky, vodka, gin, etc.): 43 ml (1.5 oz) of spirits 40% alcohol

Aim to drink less
Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it
Count how many drinks you have in a week. Set a weekly drinking target. If you're going to drink, make sure you don't exceed 2 drinks on any day.

Good to know
You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

It's time to pick a new target
What will your weekly drinking target be?
0 1 2 3 4 5 6

Tips to help you stay on target
• Stick to the limits you've set for yourself.
• Drink slowly.
• Drink lots of water.
• For every drink of alcohol, have one non-alcoholic drink.
• Choose alcohol-free or low-alcohol beverages.
• Eat before and while you're drinking.
• Have alcohol-free weeks or do alcohol-free activities.

Canadian Centre on Substance Use and Addiction
The Canadian Centre on Substance Use and Addiction was commissioned by Health Canada to produce Canada's Guidance on Alcohol and Health. This document is a summary for the public of the new guidance. For more information, please visit www.ccsa.ca.

© Canadian Centre on Substance Use and Addiction

Empowering Approaches

Alcohol use is connected to many other issues facing girls such as sexuality, mental wellness, eating disorders and weight concerns, and sexual assault. Girls are often learning about their own personal values, limits, and preferences related to alcohol use.

How Can We ALL Start Prevention Conversations To Support Girls?

When working with girls, it is often helpful to take a pragmatic approach and to work with “where girls are at.” If girls are already drinking, you can focus on sharing information and building skills rather than taking a “zero alcohol use” stance. Rather than trying to change their mind about drinking alcohol, you can empower them to make their own decisions about their health and well-being.



Harm reduction approaches do not condone alcohol use – abstinence is an acceptable choice!

But it's important to have conversations that reflect girls' realities.

Why A Harm Reduction Approach Can Be Helpful

1

You can have open conversations about both the benefits and drawbacks of alcohol use.

2

More likely to share ideas about changes they would like to make and to get feedback and support in making those changes.

3

You can emphasize options and choices.

4

Harm reduction approaches emphasize contraception use

Brief Interventions with Girls

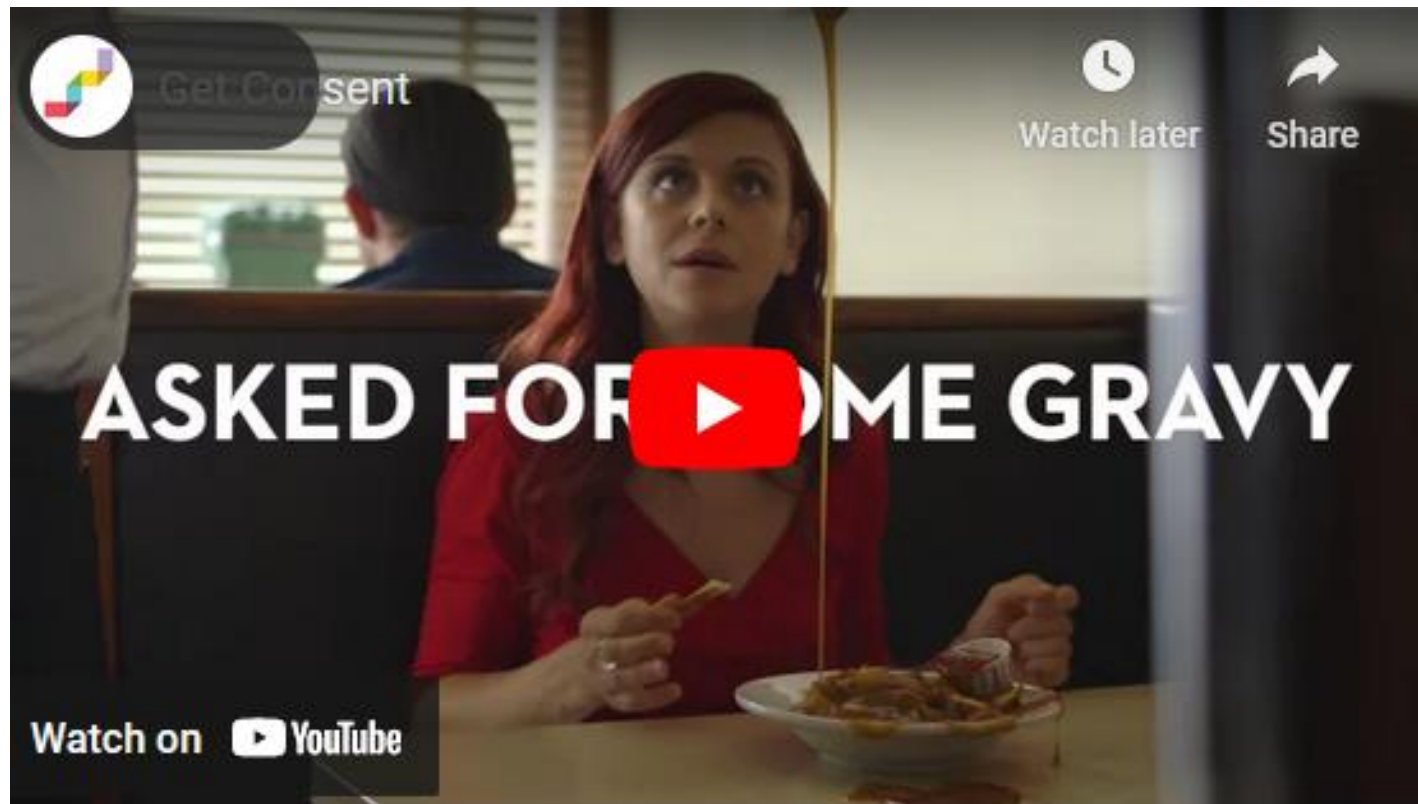
Some ideas for brief conversations with girls about alcohol include:

- How to manage stress (alternatives to alcohol and other substance use)
- Information on the short- and long-term health effects of alcohol, including unique concerns for girls and women (e.g., link between breast cancer and alcohol)
- Skills for talking to parents about alcohol use
- Recognizing warning signs of alcohol poisoning and how to get help
- Role-modeling refusal skills
- Help with making connections between substance use, sexuality, mental wellness, eating disorders, weight concerns, and sexual assault



Alcohol and Sexual Assault

Let's Talk About Consent



<https://www.youtube.com/watch?v=rAy5LYJITI1>

This short video clip from the Canadian Women's Health Network raises questions about how to give and get sexual consent (<http://getconsent.ca>)

- Ensure girls know that the behaviour of a perpetrator is **NEVER** their fault.
- Discuss ways that girls can keep themselves and their friends safer.
- Discuss what consent is, who can give it and when it can and cannot be given.
- Help girls develop skills for talking about and discussing consent while in the moment, e.g., "Are you comfortable?"
- Remind girls that consent should be clear and enthusiastic on both sides and that they and their partners should be able to consent every step of the way.

If people are under the influence of alcohol or other substances, they are not able to give consent.

Substance Use is a Girls' Issue

Substance Use is a Girls' Issue!

Empowering approaches to health promotion challenge gender stereotypes, encourage critical thinking, teach new skills, and provide girls with the knowledge and resources they need to make healthy changes in their lives. Facilitators of girls' programs can create safe spaces to discuss how substance use is connected to family, culture, mental wellness, healthy relationships, and more! Start a conversation:

MENTAL WELLNESS

How does alcohol and other substance use affect our mood? What are some other ways we can learn to cope with stress and difficult things in our life?

PERSONAL VALUES

Help girls reflect: When do I use alcohol and other substances? When I'm stressed? Tired? Sad? How do I know my limit? Do I feel comfortable telling friends that I might not feel like drinking or using?

WEIGHT CONCERNS

Have you ever exercised all day or not eaten before going out drinking because you were worried about calories? Do you want to quit smoking but are worried about gaining weight? How can we learn more about these concerns?

SEXUAL ASSAULT

How can we keep ourselves and our friends safer when drinking? Drinking heavily in some situations can make some girls more vulnerable to having an unwanted sexual encounter. This is NEVER your fault.

HEALTH KNOWLEDGE

What do you already know about the health effects of drinking and other substance use? How does drinking affect women differently (e.g., higher risk of breast cancer, alcohol use in pregnancy)? How can we balance what we *know* with what we *do*?

HELPING FRIENDS

Before going out, can we help each other figure out our limits and stick to them? Have you ever been in a situation where a friend passed out or was in trouble? What can we do to help in these circumstances?

IN THE MEDIA

How is substance use portrayed in the media? Are there different expectations for women compared to men? How are girls who drink shown versus girls who don't drink? Which drugs are acceptable and which aren't?

Facilitator's Tip: Prevention vs. Harm Reduction

It's important to consider the age, cultural backgrounds, and the realities of girls' experiences when talking about substance use. For girls who are not using alcohol or other substances, activities might focus on exploring personal values about substance use or practicing refusal skills. For girls who are already using substances, a harm reduction approach may help keep girls engaged in programming and make positive steps towards change (e.g., cutting back or quitting substance use, staying safe while drinking).

Download the *Take Care* curriculum guide and other resources on empowering approaches to health promotion for girls



www.girlsactionfoundation.ca

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facebook.com/girlsaction.fillesdaction



www.bccewh.bc.ca

@CEWHca

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This resource from the Centre of Excellence for Women's Health and Girls' Action Foundation may give you some other ideas for starting conversations about alcohol and other substance use with girls.

<https://bccewh.bc.ca/wp-content/uploads/2018/09/Discussion-Questions-for-Girls-Groups-Substance-Use.pdf>



Prayer Warriors by Laura Fauchon

“Behind each child and mother is someone from their community or lineage who has prayed over them or is praying for them during their journey. They are in a circle as we do all things circular. She is protected by the Creator. The poppies represent the families and the butterflies are those in the spirit world.”

SECTION 12

Engaging Partners and Support Networks

1. Importance of involving men, partners, and support networks in the Prevention Conversation
2. Brief interventions that involve women’s partners and support networks

The Role of Partners, Family and Friends

A healthy baby isn't just a mother's responsibility.

Everyone plays a role.

It is every person's right to have relationships that nurture and lend support, that are free from harm.



Be Patient and Supportive



Provide Practical Support



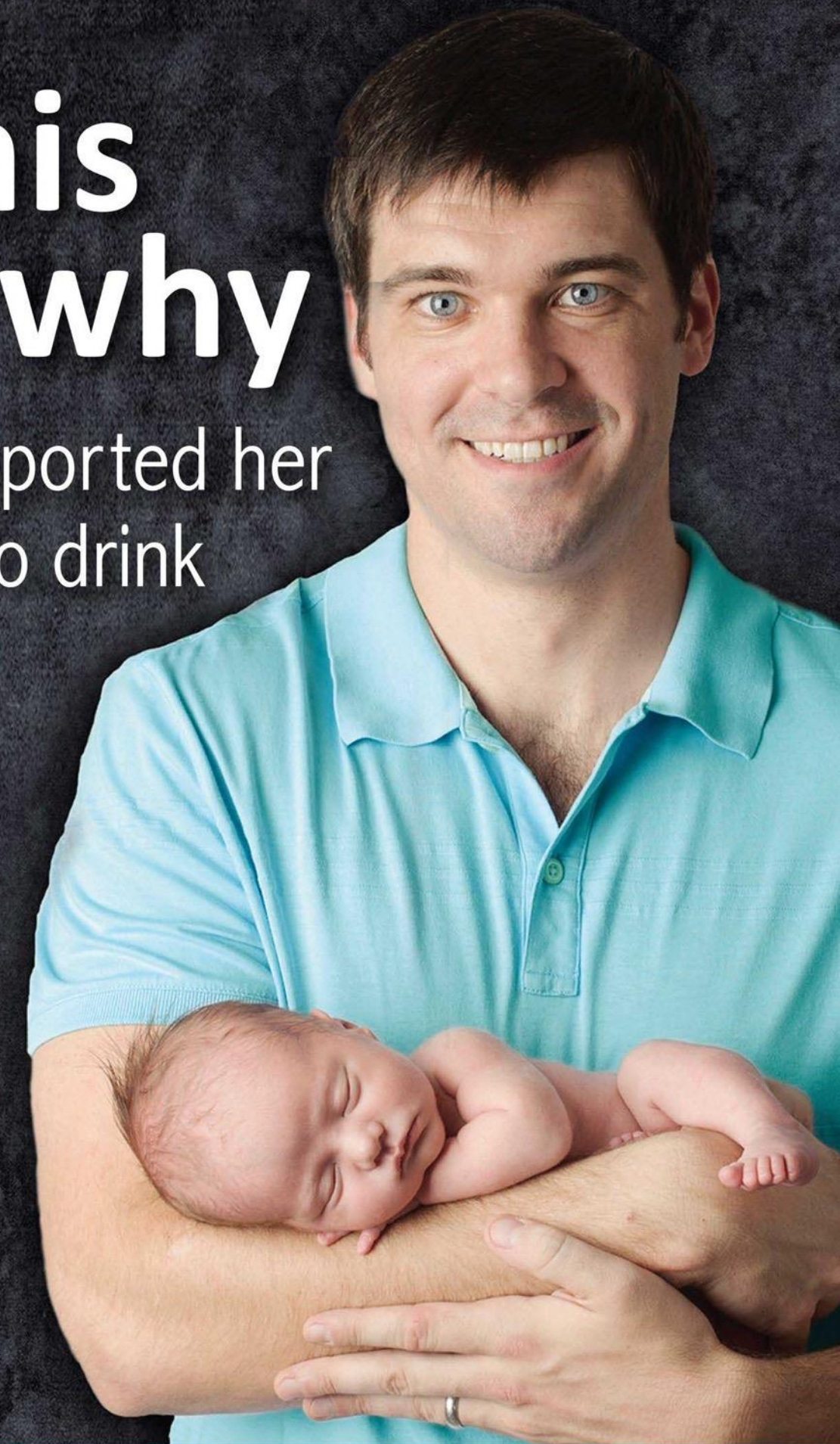
Put Their Needs First



Managing Stress

This is why

I supported her not to drink



Alcohol during pregnancy can harm a developing baby

saskatchewan
preventioninstitute
our goal is healthy children

WWW.
HOWTOHELP.CA

Partners

PARTNERS CAN HAVE A SIGNIFICANT IMPACT ON WOMEN'S ABILITY TO CHANGE THEIR SUBSTANCE USE

1. Partners and support networks

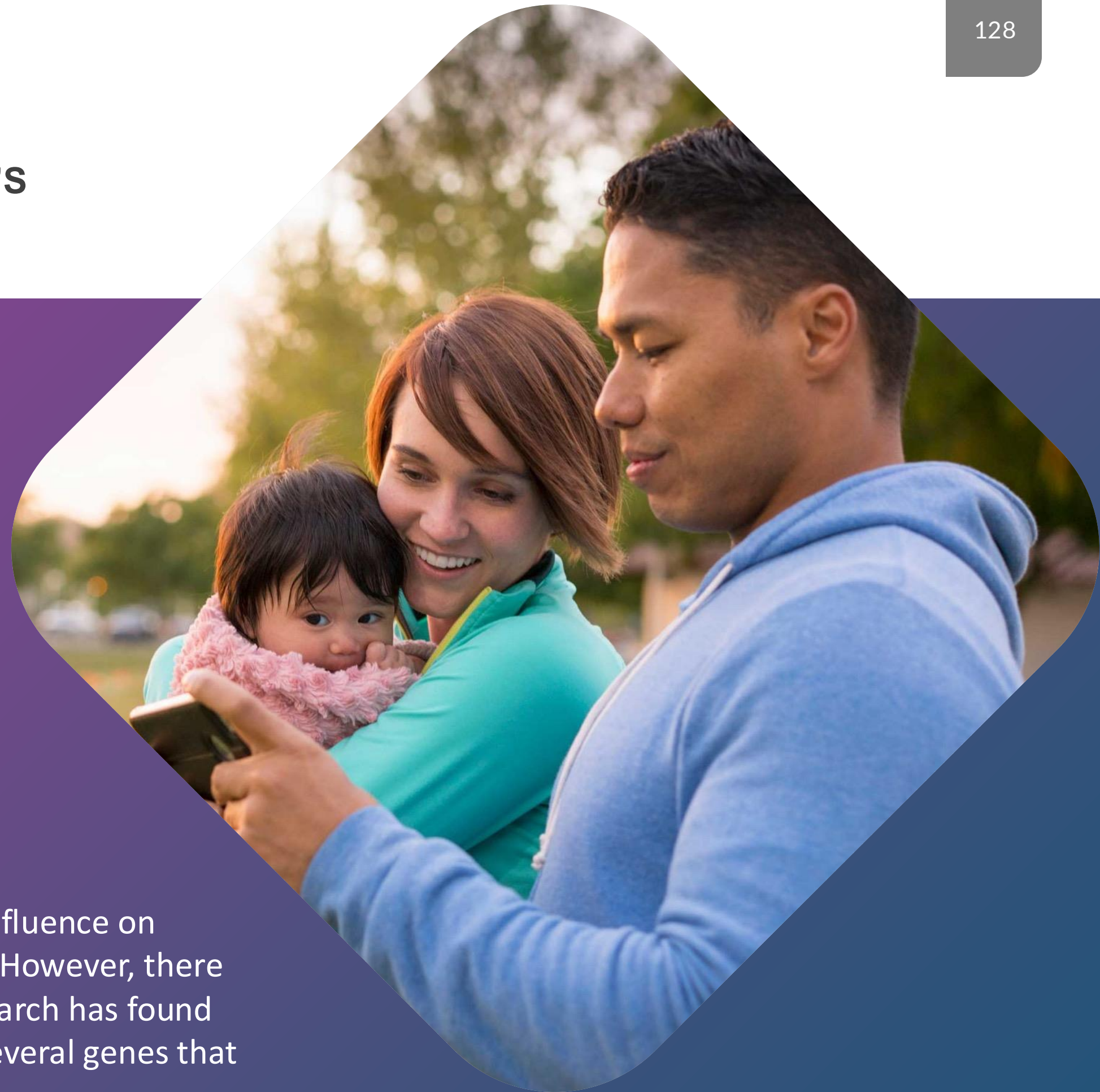
It is important to remember that partners can be men, women, or gender-diverse.

2. Let women decide

Decisions about whether or how to engage partners will depend on women themselves and whether they find their partners' involvement supportive or would prefer that their partners access services or make changes on their own.

3. Men's Health and FASD

Fathers' drinking does not result in FASD, but it has an important influence on mothers' consumption and healthy infant and child development. However, there has been increased research on men's health and FASD. Initial research has found that alcohol impacts males' reproductive systems, that there are several genes that make a fetus more vulnerable to alcohol exposure.



Brief Interventions with Women and their Partners

- Finding common health goals
- Ask women and their partners what they know
- Share health information
- Help plan for fun
- Preconception Self-Assessment (for men)
- Pregnant Pause
- Getting ready for parenthood



Creating Supportive Environments

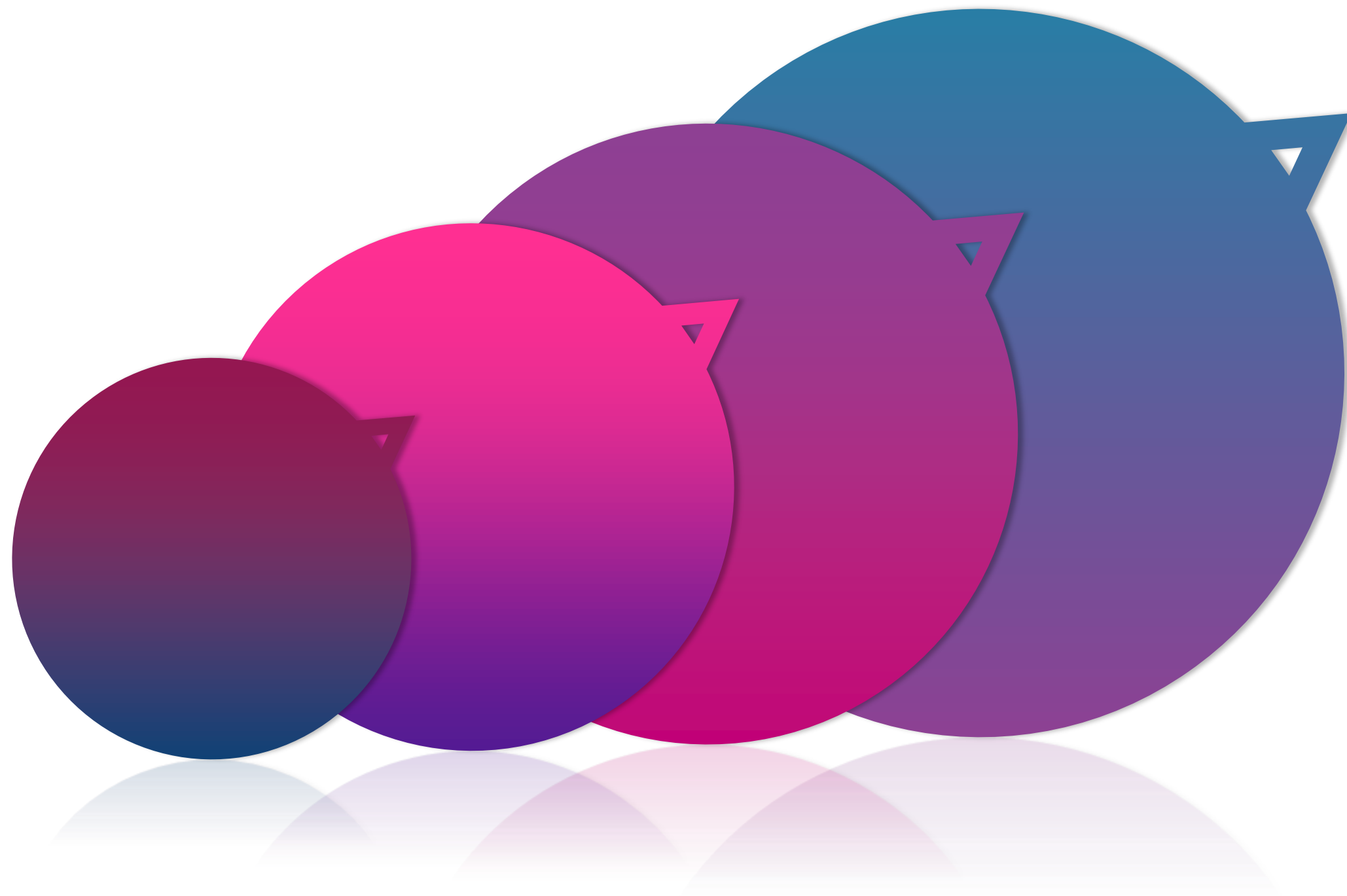
Circles of Support

While women are often the focus of most mainstream FASD prevention activities, interventions are beginning to expand to include women's partners, families, and communities.



Practical Support

- Offer non-alcoholic drinks at social gatherings, such as juice, water or tea. Or try serving soda water and fruit juice in a fancy glass.
- They can take a “pause” from alcohol during the pregnancy or avoid drinking around her. Having someone go alcohol-free for part or all the pregnancy can be helpful and encouraging for some women.
- Suggest or choose a coffee shop or restaurant instead of a bar when going out with friends.
- Suggest social activities that don't involve alcohol – watch a movie, go for a walk, or attend a local performance. This helps women to not feel like they are “missing out.”



How to Talk with Women

Sometimes, partners, friends, and family members might be worried about their loved one and feel uncertain about how to help or how to bring up the topic of alcohol use in pregnancy. You can let them know that they can provide positive support by:

- **Telling her what she is doing well and acknowledging her efforts**
- **Not telling her what to do**
- **Listening**

They can start a conversation by saying:

- **“What could make it easier to stop drinking or reduce drinking?”**
- **“How can I help?”**



E.A.R. Statements

- Empathy
- Attention
- Respect

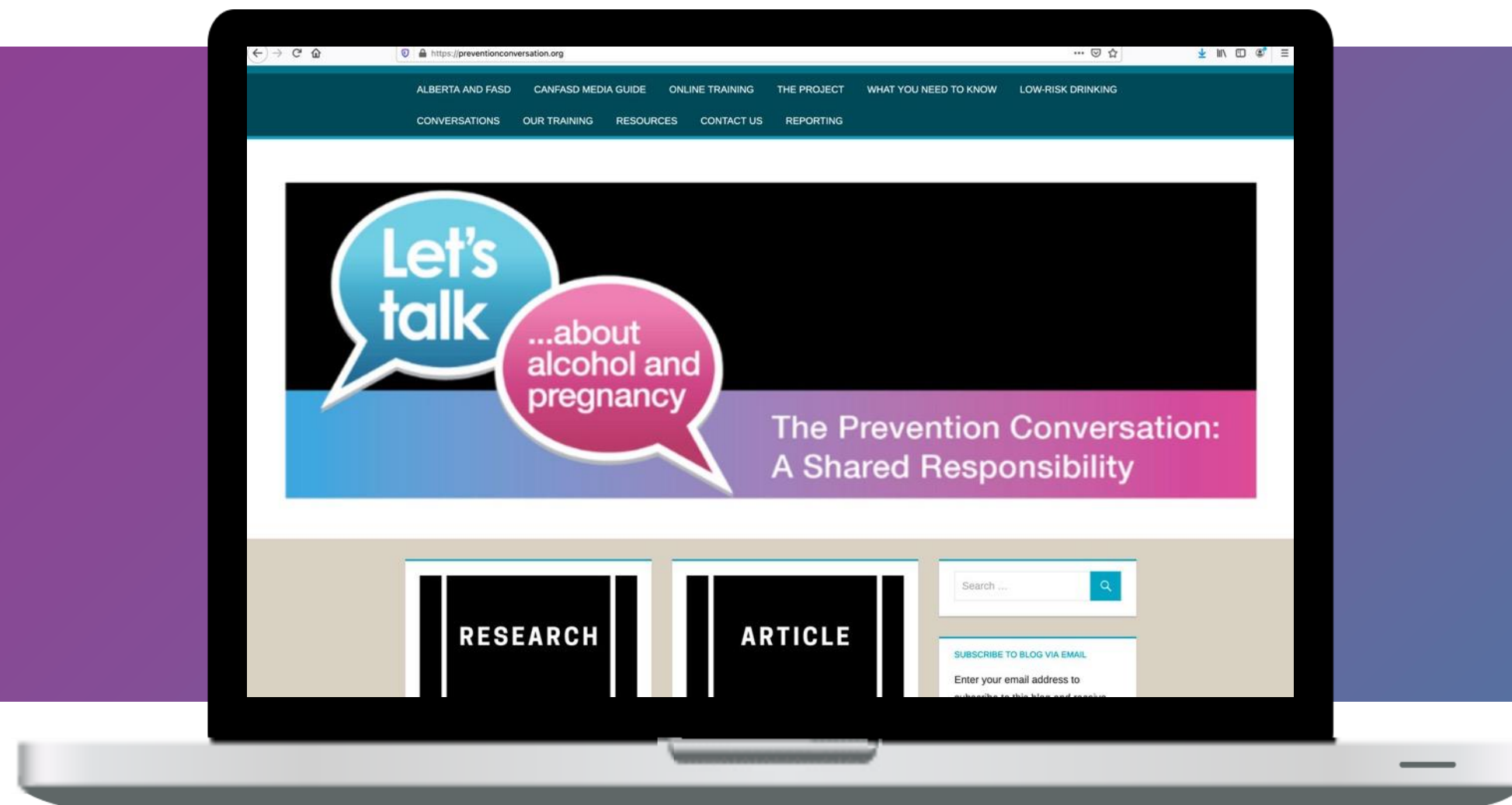
*"The art of conversation
is the art of hearing
as well as being heard."*

William Hazlitt



"I can see how frustrated you are by this situation, and I want to help. Maybe we can talk about it so I can understand what's happening. I have a lot of respect for everything you've been doing to cut back on your drinking."

Website: The Prevention Conversation



www.preventionconversation.org



Alberta  Government

The Prevention Conversation

It's time to talk about alcohol and pregnancy

Contact Us

www.preventionconversation.org



First Name Last Name

Prevention Facilitator



Phone Number



Email Address



Network Website