

Fetal Alcohol Spectrum Disorder (FASD) Prevention Framework 2014

Introduction

The Government of Saskatchewan aspires to support the development of a culture in which healthy communities and families support women to have alcohol-free pregnancies. This culture shift will be accomplished through the provision of knowledge, support, and timely access to services.

Government recognizes that the prevention of FASD requires a multi-pronged approach to ensure effective and sustainable progress towards reducing the incidence of FASD. The Government of Saskatchewan seeks to work in collaboration with other levels of government and nongovernmental organizations so that our combined efforts will enhance positive outcomes for our population.

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The Saskatchewan Prevention Institute has emphasized FASD prevention as a core component of its programming since the early 1980s. The Prevention Institute formed the Saskatchewan FASD Coordinating Committee in March, 1993 with the goal of developing an action plan to address FASD in our province. The Committee is designed to maximize the co-ordination of FASD

prevention and intervention efforts in the province through increased collaboration of government and community organizations. The Committee is chaired by the Prevention Institute and includes representatives from community-based organizations, First Nations and Métis organizations, addiction agencies, health professionals, and provincial and federal government departments.

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Given the Committee's history and broad representation, it is well positioned to lead the development of an FASD prevention framework for Saskatchewan. The Committee met several times over a one-year period to review current FASD prevention programming, identify priority gaps, and draft strategic directions to improve FASD prevention. The final result is a made-in-Saskatchewan FASD prevention framework. The framework could guide the reduction of the incidence of FASD through the development of a culture that actively supports alcohol-free pregnancies.

Partners in the Development of Saskatchewan's FASD Prevention Framework

Battlefords FASD Committee

FASD Support Network of Saskatchewan

Health Canada - First Nations,
Inuit Health Branch, SK Region

Métis Addictions Council of Saskatchewan

Ministry of Education

Ministry of Health

Ministry of Social Services

Public Health Agency of Canada

Regina Community Clinic

Regina Qu'Appelle Health Region

Saskatchewan Association
for Community Living

Saskatchewan Liquor and Gaming Authority

Saskatchewan Prevention Institute

Saskatoon Health Region

Saskatoon Tribal Council

University of Saskatchewan

Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that describes a range of disabilities that may affect individuals who were exposed to alcohol in their mother's womb. FASD includes several alcohol-related medical diagnoses including Fetal Alcohol Syndrome (FAS), partial Fetal Alcohol Syndrome (pFAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

When a pregnant woman drinks alcohol, it can cause irreversible brain damage in the developing infant. Drinking alcohol during pregnancy is the only way to have a child born with an FASD.

Prenatal alcohol exposure is the leading cause of preventable birth defects and brain damage in Canada.¹ The Public Health Agency of Canada estimates that nine of every 1,000 babies born in Canada are affected by an FASD. An estimated 135 babies are born with an FASD in Saskatchewan every year.

FASD can result in significant social, emotional, and economic costs to individuals, families and communities.

Individuals with an FASD may have difficulty learning in the classroom, making decisions, controlling their behaviour, learning from experience, and getting along with others. Individuals with an FASD may require ongoing supportive services throughout their lifespan that have been estimated to cost \$1.5 million per person. Supportive services may be required to ensure success at school, support family stability, facilitate work force engagement, and prevent involvement with the criminal justice system.

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1 Public Health Agency of Canada. (2012). Fetal Alcohol Spectrum Disorder (FASD): A framework for action. Retrieved from <http://www.phac-aspc.gc.ca/publicat/fasd-fw-etcaf-ca/framework-eng.php>

Recent FASD Prevention Enhancements 2012-14

A review of current programming, stakeholder reference group comments, parent focus group comments, and current evidence-based best practice recommendations informed the development of priority initiatives focused on targeted FASD prevention in 2012-13.

There is evidence that interventions to increase social support for pregnant women and new mothers by addressing social determinants of women's health can improve outcomes for mothers and children, and also reduce the likelihood of future substance-exposed pregnancies. These research findings underscore that FASD prevention efforts must extend beyond the singular focus on alcohol use in pregnancy to address the complex web of social determinants that mediate the outcome of alcohol-exposed pregnancies. Access to good nutrition, pre- and post-natal medical care, safe housing, and social support are vital to help women to care for themselves and their children.

In 2012-13 three model projects (Saskatoon, Regina, and Prince Albert) were implemented to provide intensive FASD prevention programming to pregnant women at high risk for having a child with an FASD until the child reaches two years of age. The projects involve bringing together a multidisciplinary team in an easily accessible, central location to offer a range of comprehensive services including: active outreach, prenatal and postnatal care, social support, addictions and mental health services, early childhood development, and pediatric rehabilitative therapies. The Ministry of Health provides \$1.2 million annually to support the projects.



The Saskatchewan Prevention Institute develops, tests, shares, and evaluates campaigns to influence people to change their health behaviour. *No*

thanks, I'm pregnant posters are in all SLGA stores in Saskatchewan. This campaign targets a demographic which is at high risk of drinking while pregnant. Evaluation shows the demographic identifies with the poster and the message.

The Framework

Introduction:

This broad framework will guide the development and implementation of FASD prevention initiatives across human service sectors throughout the province. The Government of Saskatchewan is committed to working with all communities, including Aboriginal people, to implement the plan and develop enhanced FASD prevention programming as new resources become available.

Vision:

Healthy communities and families support women to have alcohol-free pregnancies.

Mission:

To provide knowledge, support, and timely access to services to support women and families to have alcohol-free pregnancies.

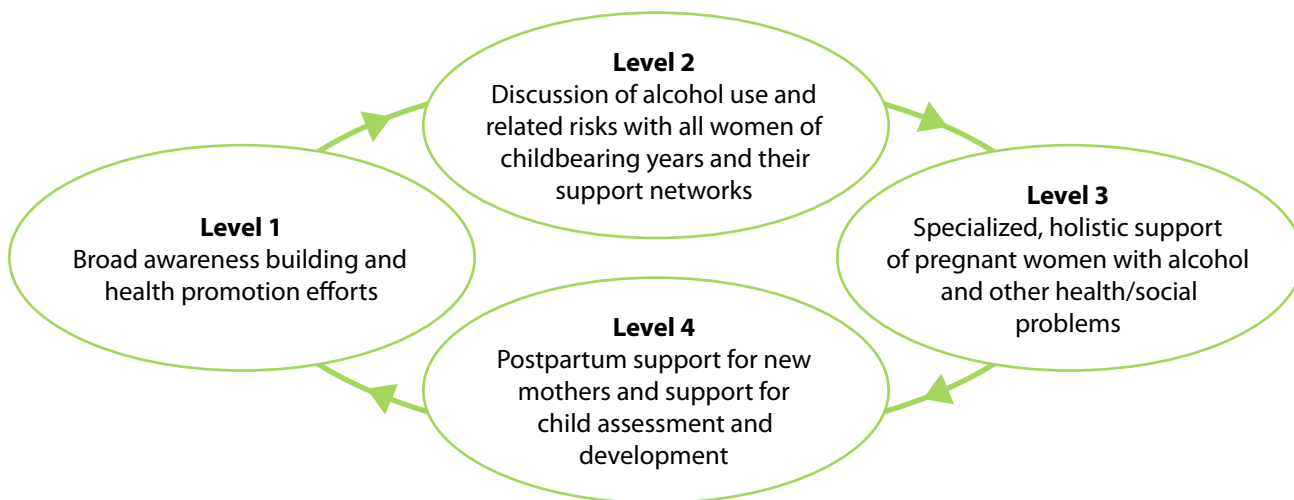
Guiding Principles:

Without regard to age, gender, disability, ethnicity, sexual orientation, geographic location, and income, services and supports for the prevention of FASD must be:

- **Preventative.** A range of education, social, economic, and health supports that enable women who may be at risk for alcohol use during pregnancy to make informed decisions about their health and the health of their family, and by improving awareness and understanding of the impacts of alcohol consumption during pregnancy.
- **Early and Continued.** Services are available before and during pregnancy to support healthy pregnancies, and after birth to decrease the likelihood of future alcohol-exposed pregnancies.
- **Well-informed and Evidence-based.** Prevention educators, service providers, and support personnel are trained, knowledgeable, and skilled to educate the general public and to be available to assist individuals, families, and communities. Evaluation is a key component of all FASD prevention initiatives.
- **Individualized, Client Centred, and Non-judgemental.** Information, services, and supports are available to meet the expressed unique and specific biological, social, emotional, spiritual, and developmental needs of individuals.
- **Coordinated and Integrated.** Services and supports to individuals and/or families are coordinated across jurisdictions, sectors, systems, service providers, and caregivers to ensure seamless service provision.
- **Culturally Responsive.** Services and supports are provided in a non-judgemental, respectful, collaborative, and culturally responsive manner.
- **Accessible and Equitable.** Services and supports are accessible throughout the province based on need.
- **Community-Based.** FASD prevention services and supports strive to understand individual communities' strengths and needs in relation to supporting alcohol-free pregnancies. Communities are actively engaged in developing prevention efforts that respond to their situation.

Strategic Approach:

The FASD Prevention Framework is based on the Levels of FASD Prevention Framework developed by Nancy Poole with the Children's & Women's Health Centre of British Columbia (2008). This approach clearly delineates four levels of prevention activities to comprehensively address FASD prevention.



Within each level, strategies are described to improve FASD prevention. These strategies recognize and build on existing services and supports.

Level 1

The first level of prevention involves raising public awareness through social marketing campaigns and implementing supportive public policy and health promotion activities that focus on healthy lifestyles and pregnancies.

Target Population:

- Entire population
- Specific groups, including youth, professional women and remote, rural, and northern communities

Future Outcome:

Our population is aware that alcohol use during pregnancy can lead to an FASD and that we can work together to support women to have alcohol-free pregnancies.

Current Gaps:

Although several FASD awareness campaigns have been launched over the last few years, the impact of the messages on targeted groups is not yet clearly understood. There is also limited information on the effectiveness of awareness and prevention activities, which makes it difficult to assess the success of existing programming. Evaluation is necessary to inform the development of future FASD awareness campaigns.

Within the PreK-12 Education system, Health Education is a required area of study in grades 1-9. Within this required area of study, substance use prevention and other related health-enhancing behaviours are taught in developmental ways. Wellness 10 and Life Transitions are electives at the secondary level that specifically address FASD prevention.

It has been difficult to respond to misinformation shared by the media in an organized and timely manner.

Strategies:

- 1.1 Develop a range of FASD prevention initiatives/messages to reach school-aged youth, post-secondary aged young adults, northerners, professional women and men aged 25 to 35 years, male partners, and young women who themselves may have an FASD.
- 1.2 Dissemination of information to service providers to ensure that they are aware of how to support women at risk of using alcohol during pregnancy and the availability of additional services.
- 1.3 Develop initiatives that address misinformation about drinking and pregnancy and the generational effects of FASD. Initiatives should change how we think about drinking, change norms, provide alternative strategies such as associating with different friends, and serving non-alcoholic drinks.

Level 2

The second level of prevention involves providing opportunities for non-judgmental discussion of pregnancy, alcohol use, and related health issues between educators, healthcare, and other service providers and girls/women of childbearing years and their extended support networks.

Target Population:

- Girls and women of childbearing years, their partners, and support systems
- Educators, healthcare providers, and other human service workers



Youth Action for Prevention (YAP) is a youth-focused FASD

prevention initiative that encourages young people to work together to raise awareness of FASD and other alcohol-related harms among their peers. In the fall of 2010, a group of young people from a variety of Saskatchewan communities received intense training around using 'PhotoVoice' as a communication and evaluative tool. Hammered: A Sober Look at Youth and Alcohol is the end result of their work. The YAP Coordinator and the PhotoVoice exhibit have appeared in many communities throughout Saskatchewan, educating communities about what youth experience and feel about alcohol in their lives and communities and opening dialogue on this topic.

Future Outcome:

Girls and women of childbearing age encounter supportive safe environments in which to discuss pregnancy and alcohol use. All pregnant women and women of childbearing age are asked about alcohol use and family planning during routine healthcare and/or when accessing other services such as home visiting programs.

Current Gaps:

Pregnant women and women of childbearing age are not all routinely screened for alcohol use by healthcare providers and other service providers. Saskatchewan's healthcare and

human services system has limited capacity to engage pregnant women in discussions about their alcohol use and respond appropriately to disclosure/revelations of alcohol use. Service providers need access to the correct information and training to enhance their capacity to respond with brief interventions and referrals when indicated.

Strategies:

- 2.1 Provide motivational interviewing training for a variety of human service providers including, but not limited to, physicians, school counselors, mental health and addictions counselors, home visitors, and community health nurses.

Motivational Interviewing is an evidence-based approach of talking with people about behaviour change. It is an effective, non-judgmental way to talk with girls and women about their alcohol use before they are pregnant and during pregnancy. The Saskatchewan Prevention Institute provides two day hands-on, practical, and participatory skill development workshops that are popular with a variety of health professionals and have waiting lists.

- 2.2 Provide continuing education opportunities for physicians and obstetricians/gynecologists on alcohol screening, brief interventions, and appropriate follow-up supports.
- 2.3 Incorporate training on alcohol screening and brief interventions in the pre-service education of physicians, school counselors, mental health and addictions counselors, home visitors and community health nurses.



This 40-page manual provides health care professionals with information on assessing the level of risk from alcohol use with women of childbearing age. This manual also provides information about women and alcohol use, how to use the T-ACE screening tool, and brief motivational interviewing techniques.

- 2.4 Place more emphasis on offering/discussing birth control with all women, especially women who are struggling with addiction.

Level 3

The third level of prevention involves the provision of specialized holistic supportive services for pregnant women with alcohol and other health/social problems. Services include an array of addictions recovery services that are easily accessible, culturally responsive, and address co-occurring mental health concerns.

Target Population:

- Pregnant girls and women, their partners, and families

Future Outcome:

Pregnant women and girls who use alcohol are supported to decrease their substance use and have the healthiest pregnancies possible.

Current Gaps:

Current programs have a limited capacity to provide the range and intensity of service

required by some pregnant women and girls who use alcohol. Current policies do not provide for a seamless transition between programs and services operated by different jurisdictions. Accessibility to current programming is sometimes limited by the concern that accessing services is going to put the woman/girl at risk of having her child apprehended at birth. Accessing services may also be limited by the perception of stigma related to seeking treatment for addiction.

Strategies:

- 3.1 Ensure more consistent provision of appropriate supports/programs for pregnant women at risk of using alcohol across the province, especially those with an FASD, and improved linkages to other agencies on and off reserve.
- 3.2 Develop transfer/transition policies to support the continuous provision of services to clients moving between programs and/or jurisdictions.
- 3.3 Develop programming to support the engagement of fathers/partners.

Level 4

The fourth level of prevention involves longer term postpartum support for mothers to help them initiate or maintain changes that have a positive impact on their health and social support networks. Integrated services should include the early identification and treatment of developmental delays or other health issues among children who potentially have an FASD, as well as parenting support.

Target Population:

- New mothers struggling with addictions issues and their families

Future Outcome:

Mothers are supported to decrease their substance use and make other changes that support healthy child development and the maintenance of healthy, stable families with the goal of reducing future alcohol-exposed pregnancies.

Current Gaps:

Current services are fragmented, which can create accessibility issues and pose a barrier to the development and implementation of a holistic plan.

Strategies:

- 4.1 Offer parenting supports to families struggling with addiction to help maintain stable families.
- 4.2 Develop rural supports for families struggling with addiction who are raising children with an FASD.
- 4.3 Develop culturally responsive child development programs and supports that involve both mothers, fathers, and other significant family members.
- 4.4 Offer respite services to support families who are raising children with FASD-related challenging behaviours.
- 4.5 Promote integrated case management and service delivery for families and children through the development of inter-agency/multidisciplinary support teams.
- 4.6 Support adults who may have an FASD to access adult diagnostic services and follow up supports with the goal of reducing alcohol-exposed pregnancies.
- 4.7 Explore the co-location of various supports to allow for easy accessibility.

Research and Evaluation

The Government of Saskatchewan plans to support the rigorous evaluation of current and new programs that are part of the FASD Prevention Framework. As an active member of the Canada Northwest FASD Partnership, the Government of Saskatchewan collaborates with other jurisdictions to support FASD research through the Canada FASD Research Network. The latest FASD research evidence can assist with informing ongoing policy and program development in Saskatchewan.

References

Poole, Nancy A. (2008). *Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives*. Ottawa: Public Health Agency of Canada. [cited 2012 November23]. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/publications/cp-pc/index-eng.php>.

Public Health Agency of Canada. (2012). *Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action*. Retrieved from <Http://www.phac-aspc.gc.ca/hp-ps/dca-dea/progini/fasd-etcaf/index-eng.php>

FASD Links

FASD Support Network of Saskatchewan: <http://www.skfasnetwork.ca/main/>

First Nations Inuit Health Branch, Health Canada: <http://www.hc-sc.gc.ca/fniah-spnia/famil/preg-gros/intro-eng.php>

Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/index-eng.php>

Saskatchewan Ministry of Health: <http://www.health.gov.sk.ca/fasd>

Saskatchewan Prevention Institute: <http://www.preventioninstitute.sk.ca/alcohol-tobacco-and-other-drugs/fetal-alcohol-spectrum-disorder-fasd>