

Indigenous Approaches to FASD Prevention

INDIGENOUS APPROACHES TO FASD PREVENTION



COMMUNITY ACTION



INTRODUCTION

Fetal Alcohol Spectrum Disorder (FASD) affects individuals whose mothers drank alcohol during pregnancy, and can include lifelong physical health problems, behavioural difficulties and learning disabilities.

In many parts of the world, Indigenous communities have taken a leadership role in developing collaborative and culturally relevant approaches to addressing alcohol use during pregnancy. These approaches recognize the historical, social, political, economic, and cultural dimensions of alcohol use during pregnancy. They also work to promote Indigenous women's health and wellness overall.

This booklet provides a brief introduction to community-led initiatives that can help to prevent FASD and includes examples from Canada and internationally.

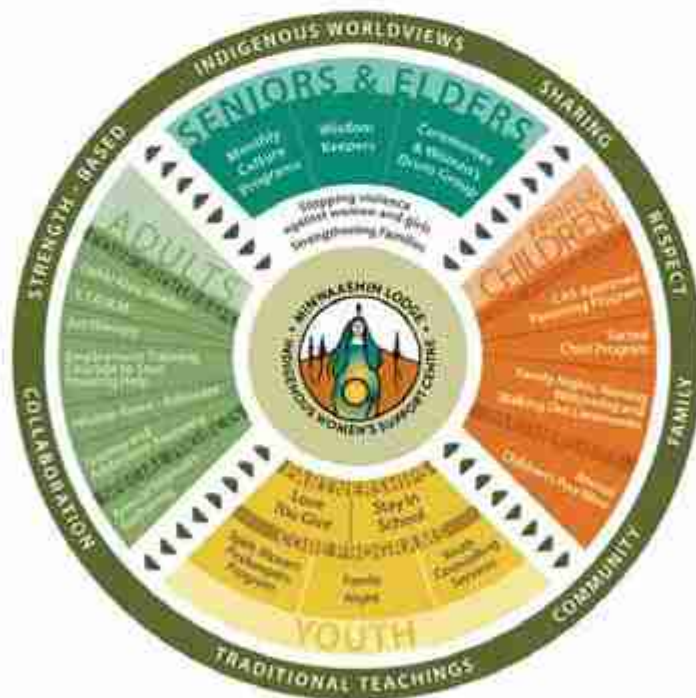
This booklet is intended as a starting place for individuals, organizations, and communities who are interested in learning how they can be involved in supporting FASD prevention in Indigenous communities in ways that are respectful of history, culturally aligned and supportive of Indigenous self-determination and cultural resurgence.



ACROSS THE LIFESPAN

Indigenous approaches to FASD also look at intervention and support across the lifespan. Recognizing that women's drinking patterns are shaped long before pregnancy, FASD prevention activities are increasingly interwoven into promoting the health of girls and young women.

Strengths-based programming that support life skills and healthy decision-making around contraception, sexual health, relationships, and substance use are another important path to preventing FASD and many programs focus on cultural identity as way of supporting healthy self-expression.²⁴



Minwaashin Lodge, an Indigenous Women's Support Centre in Ontario, Canada, is an example of holistic approaches to support and care across the lifespan. (www.minlodge.com)



THE MARULU STRATEGY

In 2007, a group of Indigenous women in the Fitzroy Valley, a remote community in Western Australia, led a campaign to restrict sales of packaged alcohol in the community. Community members were concerned about widespread alcohol use and its relationship to deaths, suicide, violence and crime in the community. For many of the women leading the campaign, the crisis point came after the community had experienced 13 suicides in 13 months.⁵

The temporary ban on sales of takeaway alcohol began in September 2007. An evaluation showed that the sales of takeaway alcohol dropped from 8,541 litres in September 2007 to 458 litres in September 2009 at the Crossing Inn. Outcomes from the restrictions included a drop in alcohol-related injuries from 85% to 20%, reduced violence against women, reduced street drinking, increased school attendance, and families purchasing more food and clothing.⁵

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Marrinwarntikura Women's Resource Centre

www.mwrc.com.au



In 2008, a Women's Bush Meeting identified the need to address FASD. As an outcome of this meeting, Marulu was developed as a strategy that includes diagnosis and prevention of FASD, community education and support for parents and carers of affected children. Community leaders approached researchers and clinicians at the University of Sydney Medical School and The George Institute for Global Health to partner with them to provide data they could use to advocate for people living with FASD.⁷

Initially researchers found that 1 in 8 children born in 2002 or 2003 and living in the Fitzroy Valley had FASD. The research was part of broader community initiatives to address health and wellness which resulted in a huge drop in the number of women using alcohol during pregnancy: The rate of women using alcohol in pregnancy dropped from 65% in 2010 to 18% in 2015 after community based initiatives were put in place to address health and wellness.⁸

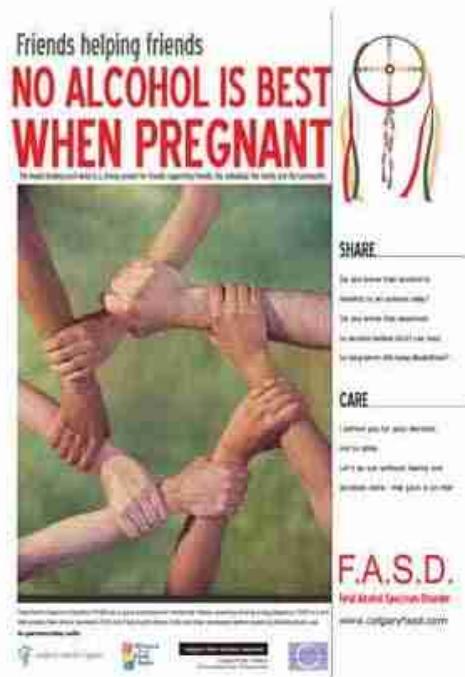
The successful community-wide action on FASD prevention screening, diagnosis and support, capacity-building and resourcing in the Fitzroy Valley, Australia has inspired many Indigenous communities around the world to develop their own community approach to alcohol use and FASD prevention.



COMMUNITY INITIATIVES

Community approaches to addressing alcohol use and misuse can be another path to FASD prevention. When alcohol use in a community changes (e.g., less binge drinking), this also influences how many women drink alcohol during pregnancy overall.

In many communities, concerns about FASD by community members have been an impetus to action on alcohol in general. Grandparents and Elders, in particular, have taken a leadership role in addressing alcohol and FASD issues in their communities.⁹⁻¹¹



The “Circle of Friends” campaign by the Calgary Fetal Alcohol Network and the Calgary Health Region encouraged youth ages 16-24 to support their pregnant friends. (www.humanservices.alberta.ca)

Examples of FASD prevention initiatives and activities in Indigenous communities include:

- Making pregnancy tests free or low-cost and making them accessible throughout the community (e.g., health centres, dispensers in restaurants or bars)
- Having free or low-cost condoms available and easily accessible for everyone in the community (not just men)
- Including a discussion of “What is FASD?” in sexual health classes in high schools
- Discussing FASD in men’s wellness groups and how men can support women in their community
- Sharing information about alcohol and pregnancy with mothers in home visiting and mentorship programs
- Creating integrative and collaborative approaches to FASD diagnosis, prevention, and intervention
- Developing culturally-relevant campaigns about contraception and healthy sexuality
- Sharing information about alcohol and other substance use during pregnancy in programs to address substance misuse
- Providing non-alcoholic alternatives at community events
- Creating resources about FASD in Indigenous languages that reflect community values

COMMUNITY INITIATIVES IN THE ALEXIS NAKOTA SIOUX NATION

In 2017, the Alexis Nakota Sioux Nation, in partnership with the Northwest Central FASD Network in Alberta, began a collaborative community project. The initiative builds on an earlier program to support individuals with FASD in the justice system.

The project works to strengthen collaboration within existing social and health services to deliver FASD prevention, education, adult mentorship, and access to assessment and diagnostic services. The program is based on a kinship-model that emphasizes the whole person, focuses on strengths, builds relationships and incorporates the Nation’s culture, language, and values.¹²⁻¹³

CAPACITY BUILDING: MÉTIS SETTLEMENTS FASD NETWORK

The province of Alberta has eight land-based Métis Settlements that were established to provide for the preservation and enhancement of Métis culture and identity, as well as to enable the Métis to attain self government.

The Métis Settlements FASD Network exists to enhance the capacity of communities to prevent FASD and support those impacted by FASD through coordinated planning, collaboration, education, service delivery and advocacy. The strategic direction and goals are influenced by the Provincial FASD Network core operating values in collaboration with the Métis way of life.

The Lakeland Centre for FASD's service area includes four eastern Métis Settlements: Kikino, Elizabeth Settlement, Fishing Lake, and Buffalo Lake. Through the Centre, the Métis Settlements FASD Network funds a Mothers-to-be Mentorship Program. Based on the Parent Child Assistance Program, two mentors support women living in the Métis Settlements to have healthy pregnancies by accessing a variety of support services, including attending Empowering Women groups.

The Lakeland Centre also provides services and support related to: Diagnosis and Assessment; outreach support following diagnosis of FASD; training services; and other prevention services.



COMMUNITY DRIVEN ALCOHOL POLICY

In Canada, in the 1970s, changes were made to provincial and territorial Liquor Control Acts so that communities could decide, through voting, their own approach to alcohol control.

Community alcohol policies include approaches such as making a community completely "dry" (where alcohol is entirely prohibited) to restricting the quantity of alcohol allowed for individual possession to limiting liquor store hours to regulating the sale and use of alcohol in public places or gatherings.¹⁴

Globally, many Indigenous communities have used these types of legal measures to design and implement their own responses to alcohol misuse and related health and social outcomes.¹⁵

In some cases, these policies have been a response to a particular alcohol-related crisis in the community. In other cases, they have resulted from community organizing around an issue such as reducing car accidents or lowering crime. And, in other cases, they have been part of overall strategies to address community health and well-being.



While outcomes have varied depending on the community and the approaches used, research has shown decreases in injuries, deaths, violence against women, crime, and hospital visits. As well, some communities have reported increases in school attendance and decreases in youth drinking.

Many communities have struggled with aspects of these policies and have seen disagreements by community members over the by-laws, a lack of enforcement, and bootlegging. Some communities have had to re-visit, repeal or re-instate the policies on several occasions. However, for other communities, alcohol policies have led to a commitment to examine and build capacity to address alcohol and other health and social issues, build community partnerships, and support community-led research.

While it is difficult to know the impact of these policies on reducing FASD, it is clear that many of these policies do influence drinking patterns overall which in turn affects the number of women drinking during pregnancy. As well, these policies often have a focus on family and community well-being and can lead to the development of other community supports for women who have a difficult time stopping alcohol use during pregnancy.

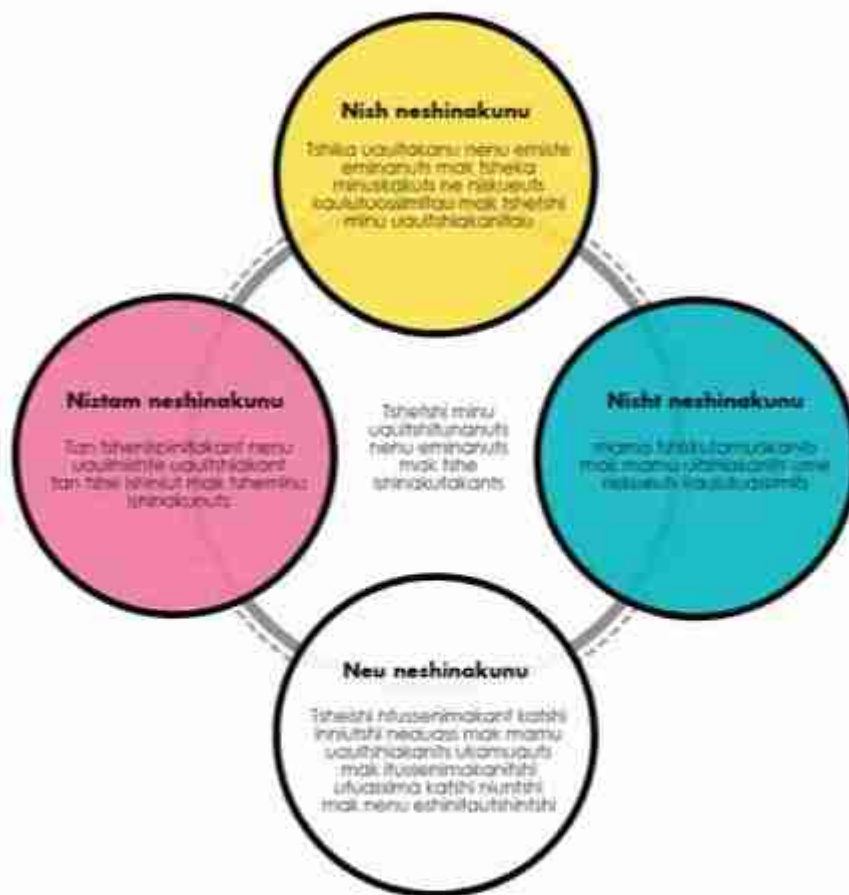
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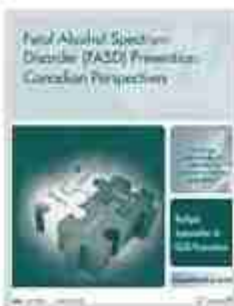
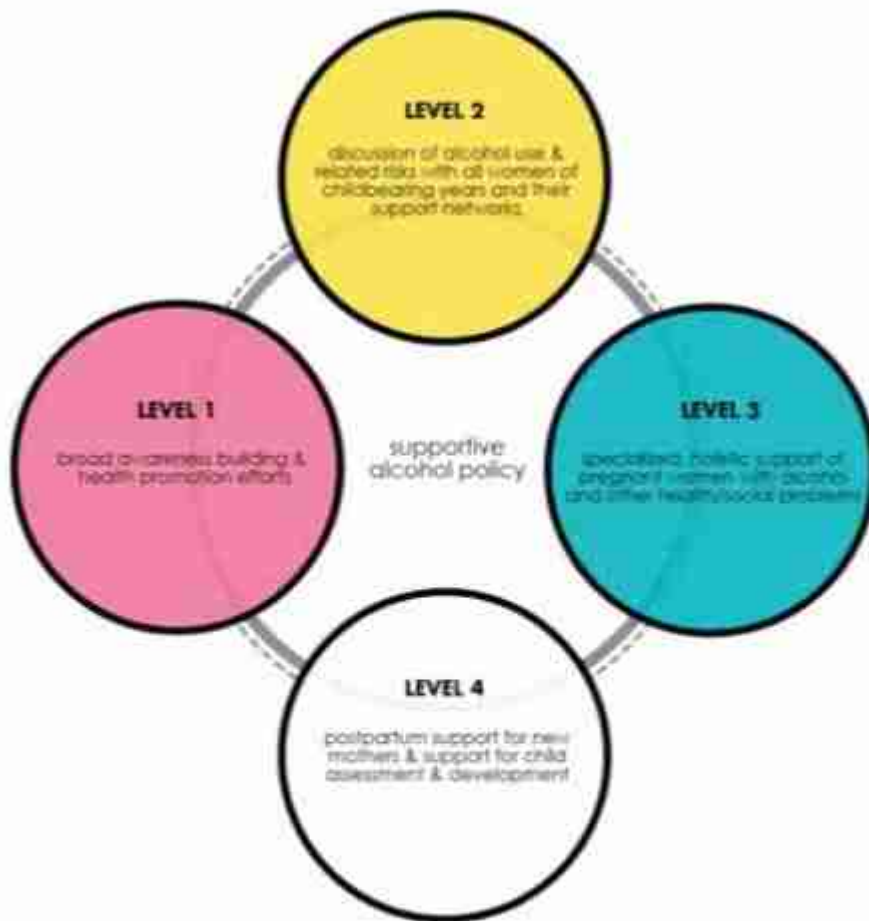
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LEVELS OF FASD PREVENTION



The Innu communities of Sheshatshiu and Natuashish have included FASD prevention as part of their initiatives to address alcohol and substance use. This diagram in (Mushuau) Innu-aimun is a translation of a four-part model of FASD prevention that has been used in other Indigenous and non-Indigenous communities across Canada.¹⁶⁻¹⁷



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Fetal Alcohol Spectrum Disorder (FASD)
Prevention: Canadian Perspectives
www.phac-aspc.gc.ca



DISCUSSION QUESTIONS

1. In what ways do you see partners, family members, and friends supporting pregnant women in your community?
2. How can community initiatives incorporate a focus on FASD prevention? Through policy initiatives? Through wellness initiatives?
3. What alcohol policies exist in your community (e.g., drinking ages, restrictions on buying, taxes)? Which policies are supported by most members of your community? Which ones cause controversy? Which policies do you think might have the most impact on preventing FASD?
4. Have there been any awareness campaigns related to alcohol and pregnancy in your community? What was the key message? Who was the audience? How can campaigns help to create a "circle of support" for women?
5. In what ways is community action more effective than individual approaches to preventing FASD?

Suggested Citation: Nathan, T. and Poole, N. (2017). *Indigenous Approaches to FASD Prevention: Community Action*. Vancouver, BC: Centre of Excellence for Women's Health.

Indigenous Approaches to FASD Prevention

This resource grew out of the Dialogue to Action on Prevention of FASD held in May 2017 that was co-organized by the Centre of Excellence for Women's Health, the Thunderbird Partnership Foundation, and the Canada FASD Research Network. The event was held in Vancouver, British Columbia on the Unceded Territories of the Coast Salish Peoples including the xwmaḅkwaḅam (Musqueam), Skwxw̓a7mesh (Squamish), Sto:ḷo and Saɫ'łwata7/Selilwitulh (Tsleil-Waututh) Nations.

This meeting brought together experts from across Canada working in the areas of prevention of Fetal Alcohol Spectrum Disorder (FASD) and Indigenous health and wellness to discuss opportunities for collaborative action on Truth and Reconciliation Commission Call-to-Action #33. Together, participants developed a Consensus Statement which includes eight tenets for how the Call could be met. The full text of this Consensus Statement can be downloaded from the following organizations:

www.canfasd.ca | thunderbirdopt.org | www.bccewh.bc.ca



References

1. Ball J. 'We could be the turn-around generation': Harnessing Aboriginal fathers' potential to contribute to their children's well-being. *Paediatrics and Child Health*. 2012;17(7):373–5.
2. Bridge, P. Ord Valley Aboriginal Health Service's fetal alcohol spectrum disorders program: Big steps, solid outcome. *Australian Indigenous Health Bulletin*. 2011;11(4).
3. Shahram SZ, Bottorff JL, Oelke ND, Kurtz DLM, Thomas V, Spittal PM, et al. Mapping the social determinants of substance use for pregnant-involved young Aboriginal women. *International Journal of Qualitative Studies on Health and Well-Being*. 2017 Dec;12(1):1275155.
4. Clark N, Walton P, Drolet J, Tribute T, Jules G, Main T, et al. Melq'ilwiye: coming together -- intersections of identity, culture, and health for urban Aboriginal youth. *The Canadian Journal of Nursing Research*. 2013 Jun;45(2):36–57.
5. Hayes L, D'Antoine H, Carter M. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. In: Dudgeon, P., Milroy, H., Walker, R., editors. *Addressing fetal alcohol spectrum disorder in Aboriginal communities*. 2nd ed. Canberra: Department of the Prime Minister and Cabinet; 2014. pp. 355–72. Available from: <http://espace.cdu.edu.au/view/cdu:48876>
6. Kinane, S., Farrington, F., Henderson-Yates, L., Parker, H. *Fitzroy Valley alcohol restriction report: an evaluation of the effects of alcohol restrictions in Fitzroy Crossing relating to measurable health and social outcomes, community perceptions and alcohol related behaviours after two years*. The Drug and Alcohol Office, Western Australia; 2010. Available from: <http://www.healthinonet.ecu.edu.au/key-resources/bibliography/?lid=20226>
7. Elliott E, Latimer J, Fitzpatrick J, Oscar J, Carter M. There's hope in the valley. *Journal of Paediatrics and Child Health*. 2012 Mar;48(3):190–2.
8. Fitzpatrick JP, Latimer J, Carter M, Oscar J, Ferreira ML, Carmichael Olson H, et al. Prevalence of fetal alcohol syndrome in a population-based sample of children living in remote Australia: the Lililwan Project. *Journal of Paediatrics and Child Health*. 2015 Apr; 51(4):450–7.
9. Burr, William. "We can't just sit on the sidelines," grandparents form anti-drug group on Sask. First Nation. *CBC News*. 2016 Apr 7.
10. Clark, Connie. To hell and back — saving Fitzroy Crossing. *PerthNow*. 2016 Aug 14.
11. Council of Aboriginal Elders of South Australia. Elders take a stand against alcohol abuse. *Indigenous.gov.au*. 2012 Sep 13.
12. Quigley, J. Agencies collaborate against FASD in Alexis (News). *Mayerthorpe Freelancer*. 2017 April 25.
13. Narine, S. Understanding FASD as important as preventing it, says councillor (News). *Windspeaker*. 2017 April 20.
14. Davison CM, Ford CS, Peters PA, Hawe P. Community-driven alcohol policy in Canada's northern territories 1970–2008. *Health Policy*. 2011 Sep 1;102(1):34–40.
15. Muhunthan J, Angell B, Hackett ML, Wilson A, Latimer J, Eades A-M, et al. Global systematic review of Indigenous community-led legal interventions to control alcohol. *BMJ Open*. 2017 Mar 1;7(3):e013932.
16. Morton Ninomiya, M.E. (2017). *Summary Report: An initial visioning meeting to discuss and FASD prevention strategy for Natuashish and Sheshatshiu*. FASD Working Group.
17. Poole, N. (2008). *Fetal Alcohol Spectrum Disorder (FASD): Canadian Perspectives*. Ottawa: Public Health Agency of Canada.

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