

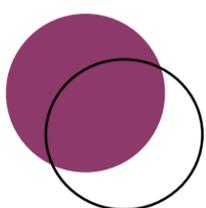
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# FASD-Informed Care and Practices



**NEAFAN**

Northeast Alberta FASD Network





## Lessening the Impact of FASD

The safest approach to drinking alcohol during pregnancy is not to drink alcohol at any stage of pregnancy. Scientific evidence is conclusive, consuming alcohol while pregnant can cause the fetus harm, with life-long brain damage being the most serious result. Research has also shown that about half of all pregnancies are unintended. A woman of child bearing age may continue drinking unaware of her pregnancy. And while statistics reveal that 70 per cent of women between 15 and 24 drink alcohol, the highest rates of unplanned pregnancies

occur in women age 15-19, which also is the cohort that is more prone to binge drinking. In addition, FASD is likely to be unrecognized in babies and young children until they are in school years or are teenagers and challenges related to brain injuries of prenatal alcohol exposure become more noticeable. Even then there is a resistance to seek a diagnosis because of the stigma associated with substance use and the lack of assessment and diagnosis services, especially in remote areas.

FASD affects executive functioning, communication and neuromotor skills, increasing risks for educational failure, maintaining continuous employment,

exposure to criminality, disrupting families and homelessness. The indirect and direct costs for support services of health services, mental health, social services, and education, as well as the negative costs through criminality and criminal justice system involvement, are estimated to be almost \$10B/year. It is critical that we work at lessening FASD's impact on individuals, families, and society.



## Dialogue for Change

This resource *Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women* focuses on brief intervention on substance use with girls and women in the preconception and perinatal period.

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. Brief interventions are collaborative conversations between an individual and a health care or social service provider about a health issue.



**"50 ideas for dialogue, skill building, and empowerment."**

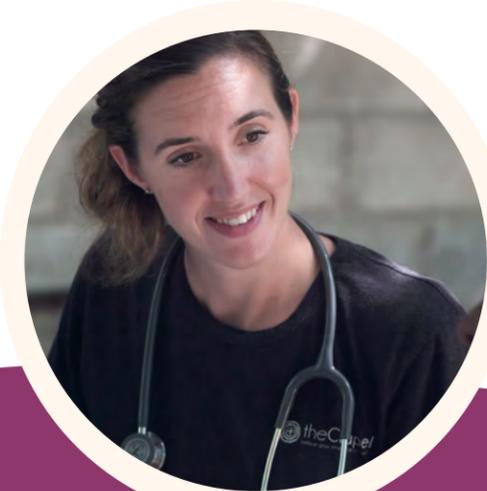
Brief intervention focuses on preventing and reducing harmful or risky patterns of substance use and can also include addressing underlying concerns that may

be affecting substance use (e.g., depression, gender-based violence). 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. 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. Brief intervention doesn't have to be complicated — research shows that simply asking girls and women about their substance use can motivate many girls and women to reduce or change their substance use.

# Working with Individuals with FASD in Substance Use Treatment.

This guide, *Moving Towards FASD-informed Care in Substance Use Treatment* outlines current practices to support individuals with Fetal Alcohol Spectrum Disorder (FASD), who are in treatment for substance use. This guide, provides consolidated and expanded knowledge regarding appropriate substance use treatment approaches for individuals with FASD. It adopts the perspective that individuals with FASD can benefit from treatment support that is well-suited to their unique neurodevelopment needs.

This guide is grounded in the belief that people with FASD are capable of change and growth. It is not a question of whether an individual with FASD may benefit from substance-abuse treatment. Rather it is incumbent the service providers to ask how they might support growth. And doing so they must consider ways in which they can adapt treatment to best support this population by providing appropriate FASD-informed services.



“There is ‘no one size fits all’ model.”

The recommended practises in this guide are based on findings that highlighted the need for FASD informed substance use treatment to best serve the FASD population. Being FASD-informed involves understanding FASD, as a disorder, while simultaneously acknowledging the individuality of each person. From this balanced perspective, we can then evolve and advance, approaches to working with individuals with FASD to support positive outcomes. Individuals with FASD require appropriate services that are tailored for their unique strengths, and challenges.

The results from this project made it clear that there is “no one size fits all” model for substance use treatment for individuals with FASD. It’s recommendations are a starting point to evolve practises as more is learned about substance use in relation to FASD and evaluating the impacts of treatment.



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## Links & Resources

- [Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women](#)
- [Moving Towards FASD-informed Care in Substance Use Treatment](#)
- [Contact NEAFAN](#)

