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FASD PREVENTION. COMPEHENSIVE AND EVOLVING.



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Northeast Alberta FASD Network



A Spectrum of Prevention: Canada's Approach to FASD.

Fetal Alcohol Spectrum Disorder (FASD) is a serious condition that arises from consuming alcohol during pregnancy. It can cause significant problems for a child, affecting the brain and body, and leading to lifelong learning and behavioral difficulties.

In recent years, Canada has been refining its prevention strategies to address the risks associated with alcohol consumption during pregnancy more effectively.

In this effort, a four-tier framework has been established, encompassing everything from public awareness campaigns to personalized support.

The study, [*Prevention of Fetal Alcohol Spectrum Disorder: Current Canadian Efforts and Analysis of Gaps*](#) was conducted to evaluate these efforts, identify the best practices, spotlight where improvements are needed, and encourage expert discussion on bridging the gap between ideal and actual practices.



The first level of prevention aims to educate the general public through campaigns and materials like pamphlets and warning labels. While these initiatives increase awareness, they don't always change people's behaviors or beliefs about the risks of drinking alcohol during pregnancy.

The second level of prevention engages women of childbearing age and their support networks in discussions about alcohol use and its risks.

This includes conversations about prenatal support, family planning, and how to manage stress without alcohol.

Brief interventions have shown to be cost-effective in helping women reduce their alcohol intake. These

are particularly important before pregnancy to encourage women to stop or reduce drinking. However, not all healthcare providers consistently offer this support, and not all women receive interventions before becoming pregnant.

The third level targets women and girls at the highest risk of alcohol-exposed pregnancies with specialized services that can include outreach programs and community support. Interventions that consider a woman's life circumstances, like housing and childcare, are more effective.

These trauma-informed and harm-reduction strategies help reduce stigma and other barriers, making it easier for women to get





the help they need.

The fourth level provides postpartum support to mothers struggling with alcohol use, helping them maintain or initiate positive changes after childbirth.

Evidence-based interventions like home visits and mentorship programs have been successful in reducing alcohol use, improving treatment completion, housing stability, and preventing future alcohol-exposed pregnancies.

While Canadian practices are in line with research-based recommendations,

the availability and quality of services vary across the country. The study highlights the need for nationwide improvement in access to and integration of these services.

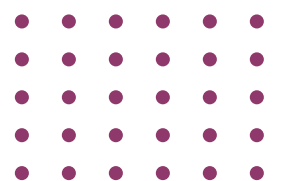
There are numerous opportunities to expand educational efforts and support systems and to better integrate them with other health promotion activities.

In summary, Canada's approach to FASD prevention is comprehensive and evolving.

This study sheds light

on what's working and what can be better, aiming to ensure that all women have the knowledge and support they need to prevent alcohol-exposed pregnancies and protect the health and well-being of future generations.

Canada's approach to FASD prevention is comprehensive and evolving.





Understanding FASD and Societal Stigma

People with Fetal Alcohol Spectrum Disorders (FASD) face significant challenges due to stigma. Since FASD does not typically manifest with visible physical symptoms, there is a widespread lack of awareness about its permanent nature. This ignorance hinders the social integration and productivity of affected individuals. Additionally, mental health issues are common among those with FASD, exacerbating their difficulties. Stigma and discrimination against mental illness are pervasive, creating substantial obstacles to achieving wellness. The stigma associated

with mental health conditions is particularly harmful as it can discourage individuals from seeking treatment, lead to poorer health outcomes, decrease adherence to treatment plans, and increase the likelihood of relapse. Consequently, stigma can amplify disability, discrimination, and social isolation. Since stigmatizing attitudes and behaviors are often learned early in life, educational reforms may be crucial for fostering societal change. Addressing and diminishing stigma and discrimination is essential in the strategy to enhance awareness, early intervention, and treatment for FASD.



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