

2022 FASD Bulletin

WORKING TOGETHER FOR PREVENTION



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disorders

talk about it for better action



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Preventing Fetal Alcohol Spectrum Disorder (FASD): A Role for Everyone



By Isabelle Létourneau,
FASD Project Lead, ASPQ

During pregnancy, go alcohol-free. This slogan, which is at the heart of our Fetal Alcohol Spectrum Disorder (FASD) awareness campaign, was chosen to highlight the fact that pregnancy is not just the future mother's business. By choosing the word "pregnancy," rather than "pregnant," we wanted to broaden the scope of responsibility to everyone: we all have a role to play in preventing FASD.

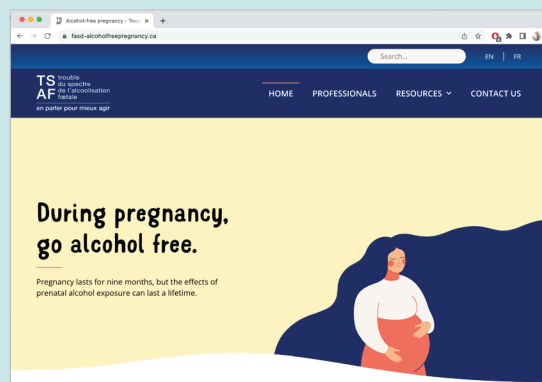
They say it takes a village to raise a child, and the same could be said about ensuring a child is born healthy. Unfortunately, social pressure around alcohol consumption is the most often-cited reason why pregnant women find it difficult to avoid alcohol during pregnancy. Our colleague Sylvie Roy wrote an article addressing the influence of social norms and the environment on alcohol consumption.

Furthermore, misinformation among pregnant women and their loved ones remains a common issue, even within our healthcare system. People would like nothing more than to get accurate information in order to make informed choices. They must be informed that, regardless of alcohol type, frequency of consumption or quantity, alcohol use carries many health risks for the unborn child, and that several factors such as the mother's genetics, stage of pregnancy, health, and nutritional status, as well

as the child's own genetics, can also influence the impact of alcohol on the child's development.

These facts are not widely known among the general population, which makes FASD prevention even more difficult.

We all have a role to play if we are to achieve greater awareness about alcohol consumption during pregnancy. And the month of September, recognized as National FASD Awareness Month, is a great time to take action! To help your prevention efforts hit mark, make sure to consult and share the ASPQ's new fasd-alcoholfreepregnancy.ca website. It features many resources including information, testimonials, and posters



that can be ordered free of charge. It also includes a section dedicated to health professionals, to help them support their patients and facilitate the transmission of information.

Wondering how to get involved in FASD prevention? Here are some interesting leads.

Health and social care professionals

Health and social care professionals can explain the impacts of alcohol use during pregnancy to expectant parents and young people in general. In fact, the Society of Obstetricians and Gynecologists of Canada (SOGC) released a [Clinical Guideline](#) (2020) stating that "Every clinical encounter is an opportunity to discuss alcohol use. All women of childbearing age should be periodically screened for problematic alcohol use."

Professionals working with young people and vulnerable mothers

New tools exist to help educate young people, especially those who are going through difficult situations, and help them understand why alcohol should not be consumed during pregnancy. The *During pregnancy, go alcohol-free* campaign includes several such tools (videos, posters, and bookmarks), can be used, and have already adopted by many organizations. Moreover, in collaboration with the ASPQ, the *Regroupement des auberges du cœur* has developed a FASD awareness workshop especially aimed at the young people among their clientele. This workshop is accessible on the [Tools for Autonomy](#) web platform.

Several organizations are also working to support vulnerable mothers. In this newsletter, Laurence LeFebvre-Beaulieu and Romina Acosta Bimbrera from *La Maison Bleue* give us an overview of the type of journey a future mother struggling with addiction can undertake with the support of their perinatal organization's intervention teams.

Post-secondary and continuing education institutions

In addition to directly raising awareness among students, in particular by sharing and disseminating awareness campaigns, health and social care program directors could offer FASD training. Currently, students in post-secondary institutions only receive an average of one hour

of FASD training throughout their course of study, according to a 2021 [study](#)* carried out by the ASPQ. The study report includes solutions to remedy this situation. Professional orders and associations can also supplement university training with continuing education on FASD.

Spouses, relatives, and friends

Spouses are at the vanguard of FASD prevention! By encouraging future mothers not to consume alcohol during pregnancy and by being equally informed about this issue, spouses can actively participate in this FASD prevention. Some will even go as far as to stop drinking alcohol during their partner's pregnancy. In this newsletter, Raymond Villeneuve, from the *Regroupement pour la valorisation de la paternité*, shares ideas on how to make the approach to mobilizing spouses more inclusive. Relatives and friends can have non-alcoholic drinks available to offer pregnant women in their entourage. All of these initiatives are inspiring. Encourage them!

Interestingly, as explored by Claude Robert and his collaborators in the article titled *"What if the paternal preconception environment influenced the child's future..."* recent studies suggest that the father's alcohol consumption in the two months before conception may have an impact on the fetus's health and development. In cases where a pregnancy is planned or desired, future fathers have every reason to adopt healthy lifestyle habits.

At work

During social events, employers should make sure to have interesting «alcohol-free» options available for their employees, so that pregnant women and people vulnerable to alcohol have the opportunity to drink something other than water and feel included.

FASD prevention, from coast to coast

Several projects are being deployed across the country to better prevent FASD and support communities in their

efforts. We asked Kate Dunbar Winsor, of the FasdNL network, to give us a glimpse of what is happening in the Atlantic Provinces.

FASD: Talk about it for better action

For three years now, the *FASD: Talk about it for better action* project has been bringing together various stakeholders to improve efforts to prevent FASD, a public health issue that is often unknown in Quebec. Join us to make FASD prevention even more effective in our society.

In the video testimonial *Living with FASD*, Marc-André, Guillaume's father, explains that "the drink is not worth the price the child will pay throughout their life." The more aware our society is about this problem, the easier it will be to prevent FASD and many lives will be improved. In the meantime, tools exist to support people with FASD. Annie Rivest, from SaFera, an organization which helps people with FASD and their families, and Louise Loubier-Morin, who created a FASD toolkit called *Pour Théo, Stéphanie, Alice et Félix* shared some of their tools in this newsletter. We all have a role to play in preventing FASD. What is yours?

*"the drink is not worth
the price the child will pay
throughout their life."*



* Status of training on prenatal alcohol exposure and FASD, ASPQ, 2021

Alternatives to alcohol: Resisting social pressure and social norms in favor of alcohol



By **Sylvie Roy**, Dt.P., M. Sc.,
Project Lead, ASPQ

Alcohol is ubiquitous in our lives. All day long, alcohol appears on our screens via multiple media and everywhere in our public spaces and businesses. Be it through flashy and colourful store displays, cell phone ads or large highway signs, alcohol advertising fills our lives. A recent report¹ on alcohol marketing released by the *Association pour la santé publique du Québec* (ASPQ) demonstrates to what extent these ads do not discriminate: pregnant women are just as exposed as other populations and marketing strategies are just as likely to attract them. Social events centred on “having a drink” and occasions to celebrate with alcohol are also widespread – they are the norm, rather than the exception. Moreover, in a survey conducted among 985 pregnant women on the *Parfaite maman cinglante’s* Instagram account as part of the *During pregnancy, go alcohol-free* campaign in September 2021, almost two out of ten women responded that they found it difficult to avoid drinking alcohol during their pregnancy. Social pressure to drink alcohol is a hindering factor for some women.

The numbers

In Quebec, alcohol consumption is the norm. The ASPQ documented this subject in a recent report. In addition to observing that the majority of Quebecers aged 12 and over, i.e., 84% of men and 79% of women², consume alcohol, it was also noted that most people aged 15 and over consider occasional alcohol consumption to be socially acceptable (84% to 94% of respondents)^{3,4}. According to an ASPQ survey conducted in 2022, 90% of people aged 15 and over claimed to have consumed alcohol in the last 12 months, with identical rates among women and men⁵. Minors are not exempt from this norm either, since more than half of secondary school students had consumed alcohol in the last year, and more than 1 in 10 respondents (12%) claimed to have been introduced to alcohol before the age of 12⁶. In Quebec, in addition to considering it normal to drink alcohol, there is a considerable percentage of people who are considered heavy drinkers or adopt risky behaviours. In 2019-2020, nearly one in five consumers aged 12 and over (18%) mentioned having consumed alcohol excessively, defined as drinking, at least once a month, more than five glasses for men and four glasses for women on a single occasion⁷. This proportion rises to almost a third (31%) among young people aged 15 to 29. Even in secondary school, repeated heavy drinking is observed in more than 1 in 10 students (11%) (5 or more drinks on one occasion, at least 5 times in the last 12 months)⁸.

Alcohol is an integral part of our culture and its presence can be felt in all stages of our lives. Pregnancy is no exception. Although 94% of people agree that pregnant women should not drink alcohol, regardless of the stage of their pregnancy⁹, according to a 2020 ASPQ survey, 8% of women said they had consumed alcohol during their pregnancy, with this proportion increasing among women aged 18 to 24¹⁰.

Social pressure to consume alcohol

In addition to being constantly exposed to alcohol or its representation in our environment, many feel pressure to consume from their entourage. According to a 2022 survey conducted by the ASPQ, a quarter of people aged 15 and over admitted to feeling pressure to consume alcohol during social events. Among 18 to 34-year-olds, a third said they felt pressure, while among 15 to 17-year-olds, the proportion was close to 3 to 10. This social pressure is felt throughout adolescence and adulthood and can influence alcohol consumption among both women and men. Indeed, according to a 2021 Léger-ASPQ survey, social pressure (evenings with friends, holidays, etc.) was one of the top factors mentioned by a group of women who found it difficult to avoid consuming alcohol during pregnancy¹¹.

Life partners also have an influence on alcohol consumption. Couples often tend to adopt the same alcohol consumption among themselves¹². According to a 2020 survey conducted by the ASPQ among pregnant women who continued to drink alcohol during their pregnancy, about half mentioned being more likely to drink alcohol when their spouse also drank¹³.

In addition, many people report experiencing negative reactions from those around them when they refuse to drink alcohol during social activities. They end up feeling as if they are disturbing the activity, creating a problematic situation, or harming the festive atmosphere. Pressure to drink is less common during pregnancy, but it is not impossible. Examples can be found in the Individual in-

1 According to the Public Health notice on alcohol consumption during pregnancy, no amount of alcohol consumption is without risk: “If you are pregnant or plan to become pregnant, do not take risks, don’t drink alcohol.” For more information: <https://publications.msss.gouv.qc.ca/msss/fichiers/2016/16-avis-sp-alcool.pdf>

interviews on the prevention of alcohol consumption during pregnancy and fetal alcohol spectrum disorder (FASD) report¹⁴: “It’s not a big deal, pregnant women have to relax, she has to take care of herself, a glass of wine won’t matter.” “I have been pregnant [multiple times] in my life, and [I once had] a waiter at a restaurant who just couldn’t understand why I wouldn’t have a glass of wine with my spouse. [And even after] I told him that I was pregnant and that no, alcohol’s not good, he persisted [and] offered me a drink on the house so that I could relax a bit, because otherwise I was going to have a stressed baby”. There is plenty of interesting choices for hydration: water, sparkling water, flavoured water, herbal teas, mocktails, etc. All of these are fine choices when it comes to raising a glass!

Public policies, solutions that benefit everyone

In light of these facts, actions are necessary to reduce alcohol-related harms, to better support pregnant women, and to protect unborn children. Alcohol consumption should not come from overexposure in the environment or constant social pressure... especially during pregnancy! As individuals, we can and should take the time reassess the role of alcohol in our lives and our social activities, but as a society, it is essential that we take action to change our living environments. Although it is important to keep informing the population about the harmful effects of alcohol (campaigns, prevention programs, etc.), public policies should also be put in place. Policies related to alcohol marketing, advertising and labelling of alcoholic beverages, as well as the conversations brought about by these policies, could contribute to reducing the pressure to consume alcohol. These policies could help reduce alcohol-related harms such as FASD, as well as help change the social norms surrounding alcohol¹⁵.

Given that several studies have shown that exposure to alcohol advertising and marketing contributes to greater consumption in the general population, including its most vulnerable groups such as young people and pregnant women, measures such as prohibiting the advertising of

alcohol products in public spaces, restricting promotions related to the price of alcohol, and restricting alcohol sponsorships are all promising public policies that could be implemented in Quebec¹⁶.

Two particularly interesting measures would be to add warning labels on alcoholic beverage containers, and to include warning signs at alcohol points of sale. This information would make it possible to better understand the risks of alcohol consumption, including FASD when this consumption occurs during pregnancy¹⁷. It would promote dialogue between pregnant women who use alcohol and their healthcare providers, encourage abstinence among those who drink little or not at all during pregnancy¹⁸, and support other effective alcohol policies¹⁹.

Did you know that in Ontario, since the adoption of Bill 43, also known as the Sandy Law, on February 1, 2005, all establishments that serve or sell alcohol are required to display posters warning that alcohol consumption during pregnancy can lead to Fetal Alcohol Spectrum Disorder, in one or more places that are visible to customers? To learn more about this law, consult the info sheet created by the ASPQ²⁰.

In conclusion, several measures could be implemented to help reduce the pressure to drink alcohol in our physical, cultural, and social environment. These measures could make a difference not only for people who are vulnerable to alcohol, such as people suffering or recovering from addiction, young people, and pregnant women, but also for all Quebecers. ■



One step at a time: the marathon of pregnant women and mothers dealing with substance abuse.

RECOVERING FROM ADDICTION AT VERDUN'S LA MAISON BLEUE

Laurence Lefebvre-Beaulieu,
Head of Practice Support and Knowledge Transfer

Romina Acosta Bimbrera,
Communications Manager

“Substance abuse issues are long-term issues. We need to view substance abuse treatment as a marathon rather than a sprint. It’s important not to expect a miracle overnight.”

- Julie Leclerc-Ménard,
site manager at
La Maison Bleue in Verdun.

La Maison Bleue is an organization that supports pregnant women living in vulnerable situations. Founded in 2007, it has four locations distributed in different Montreal boroughs. When the Verdun site opened its doors in 2020 on the CIUSSS du Centre-Sud-de-l’Île-de-Montréal’s territory, a partnership was quickly formed with the Addiction Rehabilitation Center (CRD), whose expertise corresponds to parts of its clientele.

Working with pregnant women struggling with drug, alcohol or medication addiction requires a great deal of patience. Raising awareness of the risks does not represent a sufficient lever to mobilize them to reduce or end their consumption. The staff at La Maison Bleue are well aware of this fact.

Pregnant women with addiction problems are often isolated and reluctant to access services. Many of them specifically choose La Maison Bleue for their pregnancy

follow-up, because they are attracted to the idea of being supported by a small, dedicated medical and psychosocial team from pregnancy until the child is 5 years old, as well as the warm atmosphere of its facilities, which are often less intimidating than regular healthcare establishments.

Once or twice a month, a member of the CRD’s staff (always the same one) comes to the Verdun Center to support pregnant women who agree to meet them or mothers whose follow-up was referred by Youth Protection Services (DPJ). This resource can intervene directly with women or a member of their entourage with an addiction problem. Unlike occasional use, treating heavy use involves a multitude of heartbreaking changes. Many mothers in this situation have an undiagnosed mental health disorder for which substance use served as a means of self-medication. While reducing their consumption or quitting altogether often seem like an impossible task, daily use takes a heavy toll on them.

The importance of trust and non-judgment

In this context, how can we minimize risks to the child while maintaining a trust relationship with the mother? How can we discuss her consumption without stigmatizing her?

Part of the solution is to adopt an interdisciplinary approach, one of the foundations of La Maison Bleue’s intervention model. Social workers, doctors, midwives, nurses, and psychoeducators can all address consumption according to their specific expertise. Thus, a solid intervention net is woven around patients in order to

offer them concerted care that best meets their needs. The teams also benefit from the presence of an addiction worker who consolidates knowledge on the subject and targets the interventions or specialized services most likely to bear fruit.

As the pregnancy progresses, more decisive strategies must be adopted. Following the principles of motivational interviewing, the workers gradually prepare future mothers for the likelihood of a postnatal report to the DPJ and the involvement of this institution in their lives. Workers focus on harm reduction by prioritizing the most pressing aspects of the patient’s consumption in order to best protect the child. At all times, the teams maintain solid ties with community partners and remain on the lookout for any changes in the situation.

“I really think pregnancy can be a positive catalyst for future mothers. Even when it’s not their first child, there’s always an opportunity to do things differently this time around.”

- Émilie Forest-Malbranque,
social worker at
La Maison Bleue in Verdun.

Interventions with pregnant women and mothers who use drugs are not easy. The road to sobriety is often like a long, stressful, and arduous marathon. If the only finish line is complete abstinence, many will end up injured or stay on the starting line. It is more realistic to engage in a relay race, where each lap of the track is a victory in itself.

A good example of this is a mother who gave birth knowing that a report to the DPJ was imminent but was finally able to return home with her newborn baby following her assessment. What weighed in the balance? The network of resources and mutual aid revolving around her and her child, of which La Maison Bleue is a part. This is a success to be celebrated for the organization’s workers who will continue, with conviction, to accompany women running their own marathon. ■

Fathers and partners of pregnant women, key players in prevention



By **Raymond Villeneuve**,
Executive Director, *Regroupement pour la Valorisation de la Paternité*

The Association pour la santé publique du Québec (ASPQ) asked me recently if I wanted to write an article on fathers and fetal alcohol spectrum disorder (FASD). As Executive Director of the *Regroupement pour la Valorisation de la Paternité* (RVP) for over 15 years, I have gained a good understanding of paternal realities, but I do not have any expertise on FASD. That being said, I had some ideas of promising approaches to mobilizing fathers and partners of pregnant women on this important issue, which I would like to share with you.

Even today, in 2022, I note that many planning documents relating to perinatal (research, public policies, action plans, programs, services, etc.) show little interest in fathers and pregnant women's partners. We are most often in a *mother-child logic*, despite our wish for the advent of a more egalitarian society and a better sharing of family responsibilities. For example, the registration form for the SIPPE program (Integrated Perinatal and Early Childhood Services), which aims to support struggling parents during the perinatal period, does not allow the registration of fathers and partners in the program.

Some more progressive documents integrate fathers and partners, under a *utilitarian logic*. Spouses are viewed as being **helpful** to the mother and child, so they are told what they can do for the benefit of their future family. Still, in this second approach, the father or the partner

does not exist as such. They are not recognized as having their own existence, needs, challenges, and individual trajectory, and are therefore excluded from the intervention model. Thus, well-intentioned documents aimed at integrating fathers sometimes give very little space to issues specific to accompanying parents, focusing instead on how their commitment can benefit the mother.

Both of these approaches not very effective. In the first case, fathers feel ignored, while in the second case, fathers feel *used* and often infantilized, because those approaches fail to speak to them or fail to mobilize their intelligence, their judgment, and their heart as a future parent.

However, there is a third approach that is much more promising and mobilizing: **the co-parenting approach**. It allows us to go beyond individuals, whether mother or father, to focus on the parental team and how future parents can coordinate and support each other to meet the child's needs. The realities and needs of each person are important, but they must be integrated into a family perspective that takes into account the four main pillars of co-parenting:

1. Parental recognition (I consider that my partner is important and will be a good parent);
2. Communication (We discuss our concerns, our successes);
3. Coherence (We share common values relating to the education of our children);
4. Task sharing (I feel like I do a lot more than my partner).

The co-parenting approach could be an interesting avenue to use in order to mobilize fathers to prevent FASD. To do this, it would be necessary to recognize them as future parents and integrate them into the intervention process. Their perception of pregnancy, their concerns, and the strengths they see in the future mother are all avenues to explore in order to consolidate (or support) this parental team. In the same vein, the intervention should be positioned as supporting a parental couple and not only a future mother. The intervention should therefore address the four dimensions of co-parenting mentioned above in supporting the couple's journey during pregnancy.

We cannot really mobilize fathers and partners if we do not take an interest in them and if we do not take their realities into account. They have an important role to play at each stage of becoming and being a parent. Talking about alcohol consumption before, during, and after pregnancy also means talking about it with fathers and partners! ■



What if the paternal preconception environment influenced the child's future..."

By **Géraldine Delbès**, Centre INRS – Institut Armand-Frappier

Sarah Kimmins, McGill University

Clémence Belleannée, Centre de Recherche du CHU de Québec, Axe reproduction, santé de la mère et de l'enfant, Université Laval

Serge McGraw, Centre de Recherche CHU Ste-Justine, Université de Montréal

Claude Robert, Département des sciences animales, Université Laval

A growing body of research suggests that fathers, too, have a responsibility in preventing FASD.

From the time of the great Greek philosophers, the scientific community was divided on the contribution of each gamete (egg or sperm) to the fetus's conception and development. Long before the development of microscopy and the discovery of DNA, «spermists» claimed that the spermatozoid contained a child's essence, which was activated once installed in the ovum. The «ovists», meanwhile, pushed the idea that everything came from the mother including the egg and the uterus, and that the male contribution only served to activate embryonic development.

Since then, knowledge has evolved and we now know that each gamete contributes to the offspring by providing a copy of the necessary DNA. However, much of the responsibility for the future of the offspring has been placed on the shoulders of women because of pregnancy and the concept of «fetal programming», whereby development is influenced by the lifestyle habits of the person carrying the baby, which can have consequences on the metabolism and health of the child long after birth. From a

societal point of view, this has put enormous pressure on the role of women before and during pregnancy, whereas male responsibility seemed to be limited to conception.

It is now recognized that both progenitors' DNA copies carry an imprint of the environment preceding conception, thus increasing male responsibility for the health of the unborn child. Indeed, even if all of an individual's cells have the same DNA, there is a layer of complementary information depending on cell type, which defines how the genes will be used. Thus, a skin cell does not express the same genes as a muscle cell. DNA organization is mostly regulated by the addition of chemical groups, directly to DNA or to proteins attached to DNA, which can be induced by the environment and transmitted during cell division. This is called the epigenome.

Less than 15 years ago, no one believed that the sperm epigenome could have an impact on the child's future. There were several reasons for this. The main one is that the nucleus of the spermatozoon is even smaller than that of the other cells of the body, which means that its DNA is ultra-compact, not very accessible, and therefore probably resistant to environmental influence. Secondly, the DNA's organization undergoes a reset after fertilization. These DNA reorganization events are major, suggesting that it would be unlikely for the spermatozoon to retain traces of its previous states. However, recent studies show that the structural organization of DNA in the spermatozoon does influence embryonic development. For example, in mice, modifying one or more global components of this sperm epigenome can negatively influence implantation and fetal survival or lead to congenital anomalies. Animal models have shown

that stress, nutrition, metabolic status, exposure to endocrine disruptors, or **alcohol consumption of the male progenitor** can influence the offspring's developmental and physiological characteristics.

Studies now focus on understanding how this "environmental memory" operates. In men, spermatogenesis lasts about 64-70 days and production (quantity) is very sensitive to external variations.

It is now reasonable to posit that the environment during the two months preceding conception, including alcohol consumption, may have an impact on the sperm epigenome and the development of the future individual.

Significant research is being conducted to better understand how the sperm epigenome is established and its sensitivity to the environment, and to identify mechanisms that can directly link a father's lifestyle habits and their offspring's gene expression.

A healthy lifestyle, including the non-consumption of alcohol, should therefore be encouraged not only among women, but also among men.

In short, while it is true that during pregnancy, the best way to reduce the effects of alcohol on the fetus is to "go alcohol-free," research may soon confirm that both parents should do so, or at least reduce their consumption, before pregnancy as well. To be continued! ■

To read the full study, see this link: [nature.com/articles/s41598-022-12188-3.pdf](https://www.nature.com/articles/s41598-022-12188-3.pdf)

FASD prevention in the Atlantic Provinces

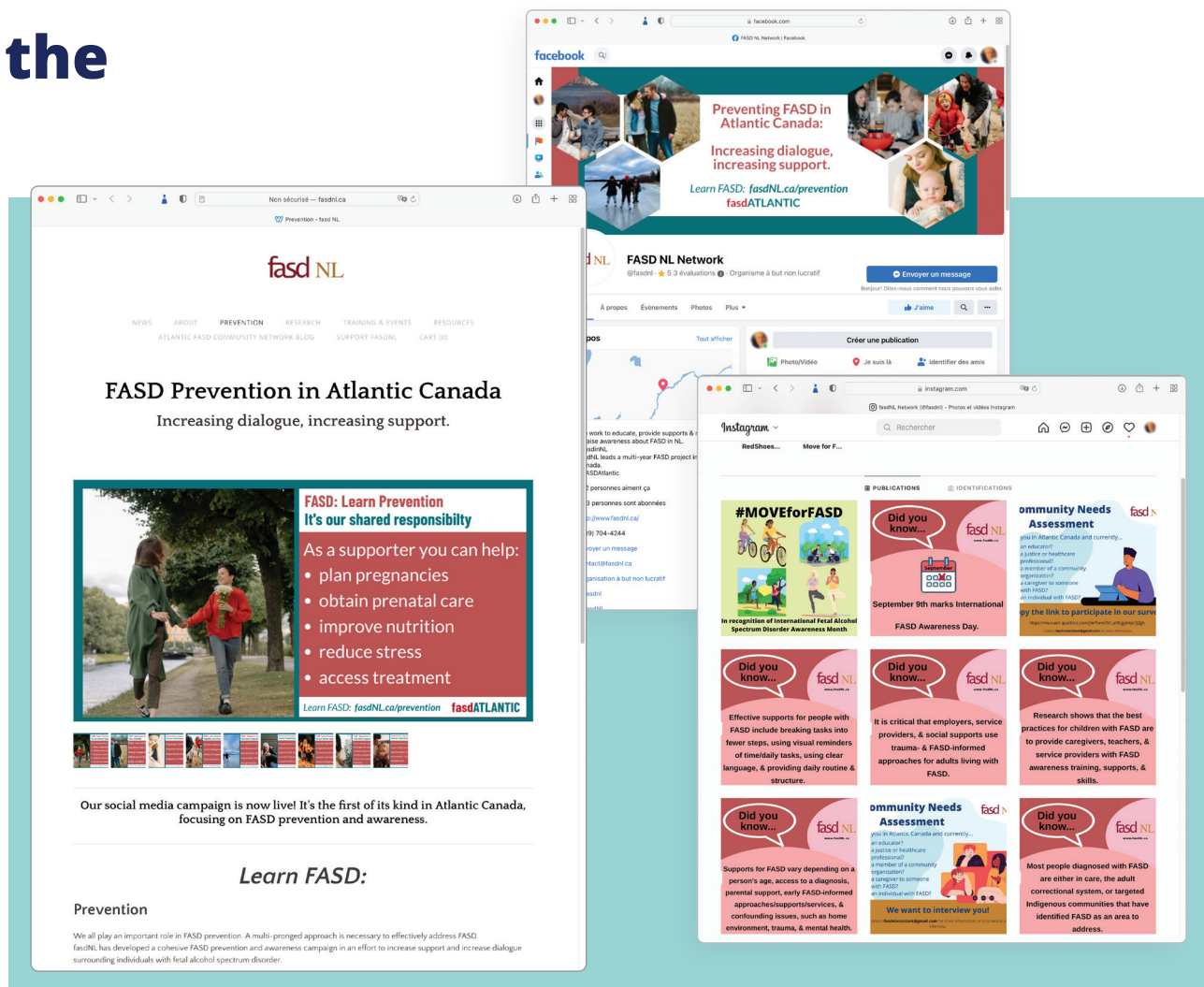


By **Katharine Dunbar Winsor**,
Managing Director, FasdNL

FasdNL** is a non-profit organization in Newfoundland and Labrador (NL) dedicated to raising awareness, providing support and resources about FASD, and participating in community-based research in Newfoundland and Labrador and Atlantic Canada. Since last year, FasdNL has been leading a three-year collaborative action project on FASD prevention, awareness, and training in Atlantic Canada. The project, entitled *Toward Prevention: An Atlantic FASD Awareness and Collaborative Action-Building Initiative*, includes the first FASD social media awareness and prevention campaign. This social media campaign was developed to provide accurate information on FASD, alcohol and pregnancy. Using sponsored posts on Facebook and Instagram, the campaign launched in December 2021 and runs through 2024. It includes 16 digital posters, each with evidence-based, non-stigmatizing messages about alcohol, pregnancy, and FASD. The campaign has been translated into French and Inuktitut. Through social media, our campaign can reach diverse age groups in urban, rural, and remote areas of northern Atlantic Canada.

It features inclusive language, representative images, and strengths-based approaches to avoiding stigma, blame, and negative messages about alcohol use in pregnancy and FASD. Also included are academic publications (e.g.,

** FASD, foetal alcohol spectrum disorders



peer-reviewed publications) and gray publications (e.g., government and organizational reports, those of educational institutions) to identify and select the best practices to include in the campaign. As part of the campaign, we identify key messages about the prevalence of FASD, underdiagnosis, how to concretely support healthy pregnancies, and the benefits of supporting those with FASD.

You can view the campaign by visiting FasdNL social media or by visiting the website www.FasdNL.ca/prevention. Campaign posters on social media such as Facebook, Instagram and Twitter can be shared (@FasdNL). ■

It takes a whole village for a child to be born without experiencing prenatal alcohol exposure



By **Annie Rivest**,
Executive Director, SaFera

Raising awareness about the effects of prenatal alcohol exposure and FASD in Quebec remains a major challenge in 2022.

Talking about pregnancy means talking about health. It also means talking about couples, families, and other loved ones. This is a happy event for most future parents. Some people around them will share sound advice, sometimes even specific, while others will offer them material or physical support.

But according to the 2020 Léger-ASPQ survey, more than 85% of pregnant women identified healthcare professionals as their most trusted resource for questions about their pregnancy. Yes, health professionals remain essential for most pregnant women in their journey towards motherhood.

Knowing this, it is quite puzzling that, in this same survey, more than 48% of pregnant women and women who had recently given birth indicated that the issue of alcohol consumption during pregnancy was not addressed by professionals during their pregnancy follow-up appointments (doctor, midwife or doula) and that 50% of Quebecers say they do not know about fetal alcohol spectrum disorder (FASD).

How can we trust that women will be supported effectively in their choice not to consume alcohol during pregnancy?

Medical professionals, social workers, store owners, restaurant owners... all Quebecers should be informed and trained on the harmful, often invisible, and above all permanent effects of prenatal exposure to alcohol which can lead to FASD.

It's a fact: The various people who gravitate around a pregnant woman can influence, help and support her in her choice to avoid alcohol during pregnancy. By informing the entire Quebec population about FASD, attitudes and social norms can be changed to reduce the risks of prenatal exposure to alcohol.

Therefore, rather than celebrating a future birth with champagne or sparkling wine, leaving the pregnant woman as the only one drinking alcohol-free at her own baby shower, hosts could offer mocktails or other alcohol-free and risk-free beverages for all guests. Spouses can also choose to go alcohol-free out of solidarity. Encouragement and support can come through small, non-binding, and effective gestures.

This concerns society, traditions and customs, but above all of awareness, information and education. The people of Quebec are known to be empathetic, helpful and supportive. Let's be all of those things for women who choose to avoid alcohol during their pregnancy.

The SaFera NPO has created a pictogram available to everyone, in order to facilitate the choice of going alcohol-free. To further raise awareness among the public and healthcare professionals, SaFera has also created a poster titled: *What you see from FASD is just the tip of the iceberg*. Share these resources around you! ■



Pour Théo, Stéphanie, Alice et Félix : The FASD toolbox!



Louise Loubier-Morin,
criminologist and mother of Stéphanie,
31, musician living with FASD

“**M**om, I broke it when I was little, didn't I?” asks Stéphanie, 5 years old, pointing to what we call her “magic little finger.” It's a blow to the heart. A moment both expected and dreaded. The moment I must tell my daughter that she has what was then called fetal alcohol syndrome (FAS), and now a fetal alcohol spectrum disorder (FASD).

“No, sweetie, you didn't break it. It's because your mum took alcohol when you were in her belly.” The door is now open... Feeling loyal to my daughter, disloyal to her biological mother. It's one of the many facets of FASD: the child's diagnosis is always a dramatic reflection of the mother's struggles.

I began my journey, practically alone with Luc, confident that I would quickly achieve my objective: make diversified and specific FASD services accessible, as is the case elsewhere in Canada, for Stéphanie and other people who were born and are born every day disabled by prenatal alcohol exposure.

Little by little, other walkers and pilgrims undertook this same journey, people like Dr. France Paradis and Dr. Nicole April, among others. All of these past and ongoing efforts to build knowledge, better prevention, and more support for pregnant women who may give birth to a baby with FASD, have made and will undoubtedly make a difference.

However, FASD is only “100% preventable” in a controlled environment. Although we can now confidently say that they are becoming less common, in real life there will still be alcoholic pregnancies and children born with FASD.

Stéphanie is now 31 years old and I haven't reached my goal. I will not live forever. Time flies. This realization is what brought about the creation of *Pour Théo, Stéphanie, Alice et Félix: The FASD toolbox*, a knowledge transfer and skill acquisition project sponsored by APEDAH and Plus Beauce-Etchemin, and funded by the *Office des personnes handicapées du Québec* as part of its support program for awareness organizations.

Concretely, this toolbox revolves around the www.alcoolisationfoetale.com platform, a website offering detailed information on FASD, a children's story, memory



aids, and guides on effective strategies and interventions focused on 6 categories of people likely to live and work with a person with FASD, namely:

1. Biological, adoptive and foster parents;
2. School teachers and personnel;
3. Social workers in public institutions and community organizations;
4. Educators in CPEs, daycare centers, and relief services;
5. Judges, police officers and socio-judicial workers;
6. Workers helping adolescents in their transition towards majority and adults with their socio-professional integration.

All these documents, uploaded periodically, can be downloaded free of charge. An information group on FASD is also available for parents, caregivers, and adults with FASD. ■

So, on behalf of *Theo, Stéphanie, Alice, and Félix*, thank you from the bottom of my heart for sharing this information around you!

A graduate in criminology (UdeM, 1975) and in law (ULaval, 1996), Louise worked for 35 years in the fields of youth protection, adoption, and young offenders, as a clinical criminologist, expert witness, social worker, clinical coordinator, court delegate, and finally for 20 years, as a reviewer at the DPJ. She also worked for the Portage drug addiction rehabilitation centre between 1975 and 1980. Since Stéphanie's adoption, she has been involved in various ways to support people with fetal alcohol spectrum disorder (FASD) and their families.

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FA fetal
SD alcohol
spectrum
disorders

talk about it for better action