

# HARM REDUCTION & FASD



## What is Harm Reduction?

Harm reduction is an approach and strategy that focuses on reducing the overall harms an individual experiences by meeting people 'where they are at'. There is no one way to do harm reduction; at its core, it focuses on individual needs. If you are doing harm reduction, it should be different for everyone.

Harm reduction approaches to substance use emphasize fostering positive change by engaging with individuals in a nonjudgmental, non-stigmatizing, and non-discriminatory manner. These approaches move away from abstinence-based models, acknowledging that abstinence may not be feasible or the desired goal for everyone.

## Harm Reduction and Trauma Informed Care (TIC)

Trauma informed care recognizes that many people have experienced some level of trauma throughout their life that is likely affecting their current situation. There is a strong connection between substance use and trauma experienced in childhood and adolescence. It is important to consider the effects these life experiences have on people and how they may contribute to substance use and coping skills.

## What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental disability that results from exposure to alcohol prenatally. FASD is a lifelong disability that affects the brain and body of each individual differently depending on when alcohol is consumed during the pregnancy and how much is consumed, making FASD a spectrum diagnosis.

## Harm Reduction, FASD, & Alcohol Use During Pregnancy

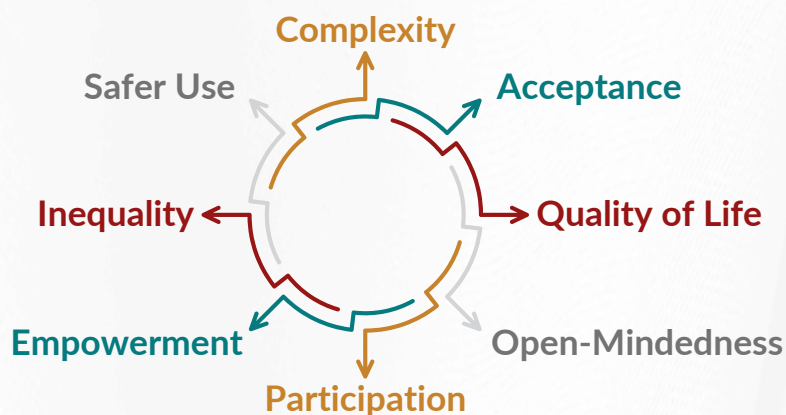
Harm reduction work concerns reducing the overall harm experienced across all aspects of the individual's life, such as housing, physical and mental health, relationships, employment, other social determinants of health and experiences of stigma. Individuals who are pregnant and consuming alcohol often experience internal shame and guilt for their behaviour as well as being shamed by others for their actions.



Parents and expectant parents who use substances often encounter a heightened level of stigma, judgement, and discrimination when seeking medical care and community support. Anyone may struggle with their alcohol consumption, which means anyone may struggle with alcohol consumption while pregnant. Many people who regularly consume alcohol may do so before ever knowing they are pregnant. People may want to stop, but are unable to do so themselves.

Stigma creates barriers to accessing the supports and services individuals may need to thrive. Stigma can prevent individuals from disclosing their use and seeking help out of fear of responses and negative repercussions. A harm reduction approach toward alcohol use during pregnancy asserts that seeking care and support should be less harmful than not.

## Principles of Harm Reduction in Substance Use



### Complexity

Substance use is complex and exists on a spectrum from abstinence on the left (no/low risk) to continuous use/dependence on the right (higher risk). Regardless of where someone starts on the spectrum, the goal of harm reduction is to move them down the spectrum and decrease the harms experienced, even if just marginally.

### Acceptance

Using substances (legal, like alcohol, or otherwise) is a normal part of life and will happen. A harm reduction approach chooses to accept this reality and works towards decreasing harms rather than focusing only on abstinence.

### Quality of Life

Harm reduction promotes quality of life for people and communities. Having a good quality of life doesn't mean abstinence for everyone, but instead being inclusive and respecting where someone is in their own healing journey.

### Participation

Those involved in creating policies and programs for individuals who use substances create a meaningful space for participation for those with lived-experience partake in the discussion.

### Open-Mindedness

Having an open mind towards someone living their life differently to you is imperative to a successful harm reduction approach. This includes accepting that people make choices that may be different to those you might make, and being respectful of their decision and life course.

### Empowerment

People who experience substance-related harms are the experts of their lives and are the most. Professionals, family, and friends can share information, strategies, and provide support to people to encourage self-empowerment.

### Inequality

Recognizes that social inequalities such as trauma or discrimination based on race, class, sex, poverty, social isolation, etc., can make someone more likely to experience harm and subsequently, may affect someone's capacity to manage/deal with increased instances of harm.

### Safer Use

Acknowledges, without minimizing, the risks associated with consuming substances and the need for safer use.

## Common Myths About FASD and Why They Are False

### Only Heavy Drinking Causes FASD

There is no known safe **time**, no safe **amount**, and no safe **type** of alcohol to consume while pregnant.

Consuming **any amount or type** of alcohol at **any time** during the first, second and/or third trimesters can **have impacts** on a developing fetus. FASD can happen to those who are light, moderate, heavy or binge drinkers, and come from very diverse racial, educational, economic and social backgrounds.

### If Someone Tries Hard Enough, They Can Easily Stop Drinking

Sometimes people cannot simply stop or quit cold turkey. Stopping alcohol suddenly, especially for someone who drinks regularly or heavily can be dangerous and may cause serious health problems like seizures, severe confusion, or even death. People may be physically dependent on alcohol or continue drinking for coping with trauma, stress or for social reasons such as pressure from a partner or family.

Saying people need to 'try harder' to stop drinking ignores the complexity of addiction. It is not just about willpower, it is about creating an environment where people have the support needed to decrease their alcohol consumption.

### Fathers'/Partners' Can't do Anything to Prevent FASD

While it is true that the sperm of someone who is consuming alcohol **does not cause FASD**, there are many things that fathers' and partners' can do to support someone who may be consuming alcohol while they are pregnant.

Partners' can participate in a 'pregnancy pause' and refrain from consuming alcohol during the pregnancy as a sign of support. They can support the pregnant person through their choices, and celebrate their progress when they make healthy changes. Pregnancy takes two, therefore, so does preventing FASD.

### FASD is on Purpose

People of all ages, incomes, education, cultures, etc., may drink during pregnancy for many different reasons, like stress, dependence, domestic violence, trauma and more. **It can be anyone**. Approximately half of pregnancies in Canada are unplanned and many people do not know they are pregnant until 6 weeks gestation, meaning someone could easily consume alcohol before knowing they are pregnant.

Every pregnant person wants to have a healthy baby and people who consume alcohol while pregnant **do not intend to cause harm** to their baby. Any person can have problems with alcohol, which means any person can struggle if they become pregnant.

### Breastfeeding While Drinking Causes FASD

**Drinking alcohol while breastfeeding does not cause FASD, but alcohol is still passed through your milk to your baby.** It is recommended to avoid alcohol while breastfeeding for the first 3 months after giving birth.

If you do drink, only **time will reduce the amount of alcohol** in your breast milk. It takes 3 hours for alcohol to leave your milk for each standard drink you consume (1 drink=3 hours, 2 drinks=6 hours, etc.). Give formula if needed or pump before drinking. **Pumping and dumping does not decrease the amount of alcohol in breastmilk**, but will help alleviate discomfort.

## Destigmatizing the Language Around Substance Use

Harm reduction for substance use extends beyond minimizing direct harms to addressing broader aspects of an individual’s life, including housing, health, relationships, employment, social determinants, and stigma.

One way we can decrease experiences of stigma is by adjusting our language and how we talk about people who consume substances, people who consume substances during pregnancy (like alcohol), and people with FASD.

| Avoid  | Try   | Why?  |
|--|---|---|
| <p><b>Addict</b><br/> <b>Junkie</b><br/> <b>Drunk</b></p>      | <p>Person who uses substance(s)<br/>                     Person with a substance use disorder</p>                                     | <p>Using person first language places the person before their substance use and does not define people by their substance use</p>                                   |
| <p><b>Clean</b></p>  | <p>Person who no longer uses substances<br/>                     Person in recovery<br/>                     Person in active use</p> | <p>Saying someone is “clean” implies they were once “dirty” (or actively using substances), which can be perceived as a reflection of their character</p>           |
| <p><b>FASD baby</b><br/> <b>Born addicted</b></p>              | <p>Newborn exposed to substances during pregnancy<br/>                     Prenatal alcohol exposure (PAE)</p>                        | <p>Using fact-based, person-first language removes blame from the conversation</p>  |
| <p><b>Admitted to using alcohol/drugs during pregnancy</b></p> | <p>Confirmed prenatal alcohol exposure (PAE)</p>  | <p>This changes the language from admitting to a perceived moral wrongdoing to a neutral tone that removes judgement and is based on fact instead of perception</p> |

The way we speak about people reveals our personal biases and conveys stigma, whether intentionally or not. When we use stigmatized language to refer to people who use substances, it can deter them from reaching out for help due to the judgement they may be subjected to. It is essential that we use person-first language when speaking to individuals, especially those who belong to groups that are historically stigmatized, like individuals who use substances.

## How Can I Do Harm Reduction Work?

How can we minimize the harms experienced by someone who is pregnant and consuming alcohol, if abstinence is not an option?

- Use respectful, strengths-based, person-first language.
- Refrain from passing judgement on those who consume alcohol during pregnancy or those who have FASD.
- Recognize our biases and how they may affect our work.
- Use motivational interviewing techniques to navigate difficult conversations.
- Obtained consent before asking any questions about alcohol or substance use; “I ask all my [clients]/[patients] about alcohol and drugs. Would it be okay for me to ask you some questions?”.
- Assist them in accessing prenatal health care, like OBGYN appointments, nutrition, education programs, and other physical health needs.
- Provide trauma informed harm reduction care does not always have to involve someone disclosing their trauma; it can focus on strategies for the current.
- Treat people with dignity and respect to build rapport.
- Support individuals in decreasing their alcohol consumption, even if marginally; for example, decreasing from 10 drinks a day to 5.
- If the individual is receptive, inform them of community-based supports based on their needs and make a referral.
- Encourage individuals to track the drinks they consume to better understand their intake.
- Ask individuals to make a list of the risks and benefits to a) minimizing alcohol consumption, and b) not changing anything. Explore ambivalence.
- Support the individual in making changes to decrease the harm they may experience in other areas of their life (for example, finding secure housing if the person is insecure, accessing mental or physical health care, creating boundaries with people who further inflict harm, etc.).
- Continue working with people who are unwilling or unable to stop consuming alcohol during their pregnancy; don't withdraw support.
- Enlist help from support persons, family, and friends.
- Respect peoples right to make their own decisions about their body, even if they are different from what we would choose or what you think is best for them.
- Empower individuals by believing in them; nobody is a “lost cause”.
- What we interpret as “difficult” behaviour or “non-compliance” can be someone's automatic coping skill.
- Avail of coordinated healthcare access, when available.

## Substance Use Focused Support

### St. John's Status of Women Council- Managed Alcohol Program (MAP)

The Managed Alcohol Program (MAP), is a program focused on harm reduction for women and gender-diverse people. They provide a safe and stable supply of alcohol, safer sex and substance use supplies, harm reduction peer support groups, system navigation, workshops, and access to primary health care.

Contact: Sherri Payne, Managed Alcohol Program Coordinator  
[sherri@sjwomenscentre.ca](mailto:sherri@sjwomenscentre.ca)  
 170 Cashin Avenue, St. John's, NL  
 Phone/Text: (709) 725-8700

### Safe Works Access Program (SWAP)

The Safe Works Access Program (SWAP) is a program focused on meeting people where they are at and providing supplies to make substance use safer instead of promoting abstinence. SWAP provides naloxone kits, test strips, sterile needles, snorting kits and safer sex supplies. Located in St. John's, they also deliver across the province via mail or satellite sites such as local pharmacies.

47 Janeway Place, St. John's, NL  
 Phone: (709) 757-7927  
 Text: (709) 765-7927

### Local AA Programs

Attending AA meetings may seem scary, but one of their only requirements is having a desire or wish to decrease or stop consuming alcohol. The St. John's intergroup has more information on meetings though the province and online virtual meetings for increased accessibility.

[www.aastjohns.com](http://www.aastjohns.com)  
 Phone: (709) 579-6091

### Harm Reduction Clinic

The harm reduction clinic is focused on providing a welcoming place for people to voice health concerns to providers who are trained in harm reduction approaches to healthcare. They operate a harm reduction outreach service via phone for patients who cannot make the in-person clinic.

50 Mundy Pond Road, St. John's, NL  
 Phone: (709) 777-1761



Visit our website to find alcohol & harm reduction focused resources!