

INDIGENOUS APPROACHES TO FASD PREVENTION



RECONCILIATION
AND HEALING



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 how FASD prevention activities can support reconciliation, social justice and change.

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.



TRUTH AND RECONCILIATION COMMISSION OF CANADA

The Truth and Reconciliation Commission of Canada (TRC) began in 2008. It was part of the Indian Residential Schools Settlement Agreement, meaning it grew out of a class action lawsuit against the Canadian government. The TRC was inspired by the Truth and Reconciliation Commission of South Africa.

The first goal of the TRC was to document the experiences of all survivors, families and communities personally affected by the Indian Residential Schools, including former students, their families, communities, the Churches, former school employees, government and other Canadians. The second goal of the TRC was to teach all Canadians about what happened in Indian Residential Schools.

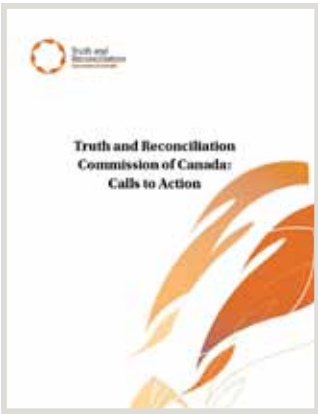
In 2015, the Commission released 94 Calls-to-Action (CTAs). These CTAs have ignited organizations, institutions, and communities to examine their operations, programs, and activities to identify ways to answer and implement applicable CTAs.

▶ **LEARN MORE**

Truth and Reconciliation Commission of Canada

www.trc.ca

CTA 33 and CTA 34 both address Fetal Alcohol Spectrum Disorder and recognize the intergenerational impact of residential schools on alcohol and other substance misuse in some Indigenous communities. The Truth and Reconciliation Commission’s Call-to-Action 33 focuses on FASD prevention and states:



“We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner.”

Responding to the Calls-to-Action requires being guided by the TRC's Principles of Reconciliation which include: a recognition of the right to self-determination, an understanding that all Canadians share responsibility for establishing and maintaining mutually respectful relationships, the importance of supporting Indigenous people's cultural revitalization, and the requirement for political will, joint leadership, trust-building, accountability, transparency and investment of resources.



h
7mesh)

28



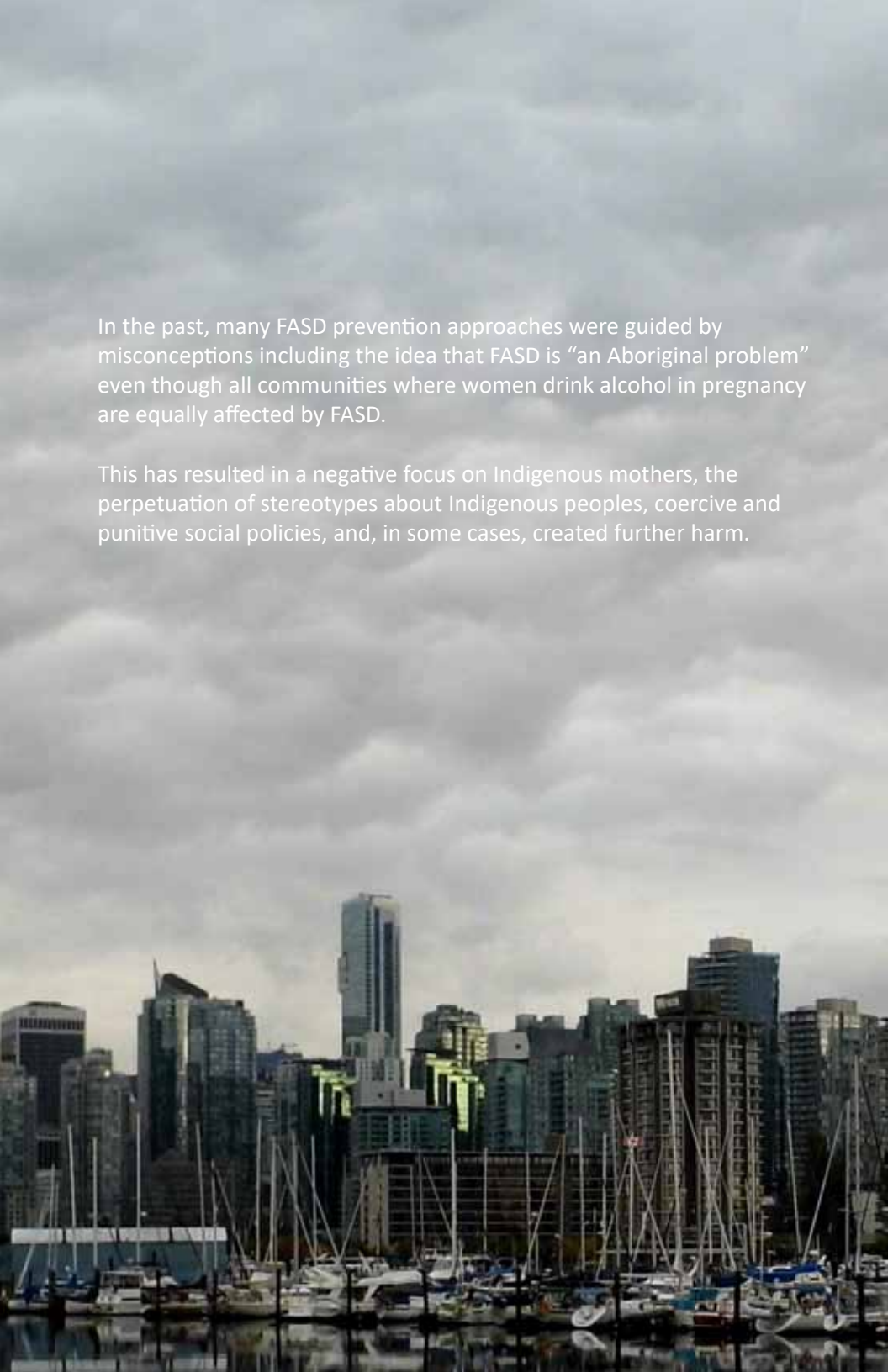
85

DECOLONIZING FASD PREVENTION

Indigenous activists and scholars Taiaiake Alfred, Leanne Betasamosake Simpson, Glen Coulthard and others have pointed out some of the limitations of the concept of reconciliation. Actions and initiatives related to reconciliation have often led to broader discussions about self-determination, decolonization and, more recently, Indigenization. These frameworks can be helpful with supporting the goals of reconciliation. Ultimately, reconciliation is about change and transformation.

In the field of FASD prevention, researchers such as Caroline Tait and Amy Salmon have described how issues related to alcohol use, mothering and Indigenous women are often understood and how this influences policies, interventions, and approaches to addressing FASD in Indigenous communities.¹⁻⁶



A photograph of a city skyline, likely Vancouver, with a marina in the foreground. The sky is overcast with grey clouds. The city buildings are dark, and the water in the marina is calm, reflecting the buildings and the sky. The text is overlaid on the upper half of the image.

In the past, many FASD prevention approaches were guided by misconceptions including the idea that FASD is “an Aboriginal problem” even though all communities where women drink alcohol in pregnancy are equally affected by FASD.

This has resulted in a negative focus on Indigenous mothers, the perpetuation of stereotypes about Indigenous peoples, coercive and punitive social policies, and, in some cases, created further harm.

In response, many people involved in FASD prevention activities have started to use frameworks and approaches such as cultural safety, trauma-informed practice, and women-centred care that align with Indigenous values and worldviews and which support change and transformation in all systems of care, institutions and organizations. In particular, the findings of the TRC make it clear that health education about the dangers of alcohol use during pregnancy should not be the primary focus of FASD prevention. Instead, it encourages approaches that support Indigenous self-determination and cultural resurgence.

The TRC's Calls-to-Action on FASD highlight the importance of collaborative action across levels of government. This requires new approaches to building and transforming Indigenous/non-Indigenous relationships at both the individual and collective levels.





“Reconciliation is about establishing and maintaining a mutually respectful relationship.... for that to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behavior.”

**Truth and Reconciliation Commission of
Canada, 2015**

NATIONAL DIALOGUE: BUILDING CONSENSUS

In May 2017, a Dialogue to Action on Prevention of FASD 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 xwməθkwəyəm (Musqueam), Skwxwu7mesh (Squamish), Sto:lō and Səlíl' Iwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

This meeting brought together experts from across Canada working in the areas of FASD and Indigenous health and wellness to discuss opportunities for collaborative action on Truth and Reconciliation Commission Call-to-Action 33. Participants included frontline workers, community leaders, policy makers, and researchers. During the meeting, participants discussed how the Call-to-Action could be met and developed a Consensus Statement which includes eight tenets for enacting Call-to-Action 33.

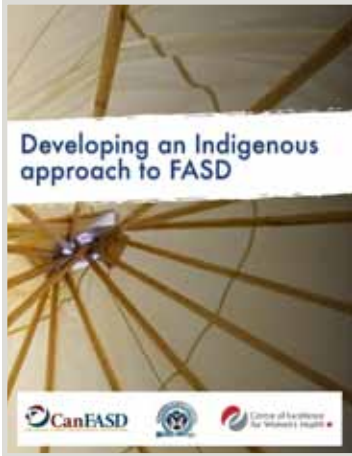
CONSENSUS STATEMENT: Eight Tenets for Enacting the Truth and Reconciliation Commission's Call-to-Action #33

1. Centering prevention around Indigenous Knowledge and Wellness
2. Using a Social and Structural Determinants of Health Lens
3. Highlighting Relationships
4. Community Based, Community Driven
5. Provision of Wraparound Support and Holistic Services
6. Adopting a Life Course Approach
7. Models Supporting Resiliency for Women, Families, and Communities
8. Ensuring Long-Term Sustainable Funding and Research

▶ **LEARN MORE**

Consensus Statement: Eight Tenets for Enacting the Truth and Reconciliation Commission's Call-to-Action #33

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



NEW APPROACHES: “ETUAPTMUMK” OR TWO-EYED SEEING

Involving Indigenous Elders and knowledge-holders and centring Indigenous knowledge and worldviews is an important aspect of FASD prevention in Indigenous communities. The practice of “Two-Eyed Seeing” can be helpful in developing collaborative and culturally relevant approaches to FASD prevention.

Etuptmumk, or Two-Eyed Seeing, originated with Mi’kmaq Elders Murdena and Albert Marshall. It refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing.

Two-Eyed Seeing respects and integrates the strengths of Indigenous knowledge and Western sciences, often “weaving back and forth” between the two worldviews. It helps to preserve and recognize traditional knowledge while honouring the diverse healing and medical practices that are available today. Elder Albert has described Two-Eyed Seeing as the gift of multiple perspectives that is promoted by many Indigenous groups.

Two-Eyed Seeing has been used in educational contexts to develop new curricula, as a tool for developing research methodologies and for guiding the restructuring of the health care systems.⁷⁻⁹





DISCUSSION QUESTIONS

1. What do you know about the history of residential schools in Canada and their impact on Indigenous peoples today? What do you think are some of the connections between residential schools, substance use, and rates of FASD today?
2. What are some of the ways that FASD prevention programs, policies, and interventions can support healing in Indigenous communities?
3. How can the idea of “Two-Eyed Seeing” help to create collaborative and culturally relevant programs and approaches to preventing FASD? What works? What is still needed?
4. What does reconciliation mean to you? What do you know about the findings of the Truth and Reconciliation Commission of Canada? How do you think you, your family and community can be part of developing new relationships between Indigenous and non-Indigenous peoples?

References

1. Hunting, G, Browne, A.J. Decolonizing Policy Discourse: Reframing the ‘Problem’ of Fetal Alcohol Spectrum Disorder. *Women’s Health and Urban Life*. 2012;11(1):35-53.
2. Salmon, A. Adaptation and Decolonization: Unpacking the Role of “Culturally Appropriate” Knowledge in the Prevention of Fetal Alcohol Syndrome. *Canadian Journal of Native Education*. 2007;30(2):257–274.
3. Salmon, A. Aboriginal mothering, FASD prevention and the contestations of neoliberal citizenship. *Critical Public Health*. 2011 Jun 1;21(2):165–78.
4. Tait, C. *Fetal alcohol syndrome among aboriginal people in Canada: review and analysis of the intergenerational links to residential schools*. Ottawa: Aboriginal Healing Foundation; 2003.
5. Tait, C. Disruptions in Nature, Disruptions in Society: Aboriginal Peoples of Canada and the “Making” of Fetal Alcohol Syndrome. In: Kirmayer LJ, Valaskakis GG, editors. *Healing traditions: the mental health of Aboriginal peoples in Canada*. Vancouver; 2009.
6. Stewart, M. (2016). Fictions of Prevention: Fetal Alcohol Spectrum Disorder and Narratives of Responsibility. *North American Dialogue*, 19 (1): 55-66.
7. Bartlett, C, Marshall, M, Marshall, A. Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*. 2012 Nov;2(4):331–40.
8. Greenwood, M, Lindsay, N, King, J, Loewen, D. Ethical spaces and places: Indigenous cultural safety in British Columbia health care. *AlterNative: An International Journal of Indigenous Peoples*. 2017 Jun 20;33(3):179-183.
9. Rowan, M, Poole, N, Shea, B, Mykota, D, Farag, M, Hopkins, C, *et al*. A scoping study of cultural interventions to treat addictions in Indigenous populations: methods, strategies and insights from a Two-Eyed Seeing approach. *Substance Abuse Treatment, Prevention, and Policy*. 2015 Jul 4;10:26.

Suggested Citation: Nathoo, T. and Poole, N. (2017). *Indigenous Approaches to FASD Prevention: Reconciliation and Healing*. 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 xwməθkwəyəm (Musqueam), Skwxwu7mesh (Squamish), Sto:lō and Səl̓í' Iwətaʔ/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 | thunderbirdpf.org | www.bccewh.bc.ca