

Department of

Fetal Alcohol Spectrum Disorder (FASD) awareness education

Teacher resource

Shaping the future



Fetal Alcohol Spectrum Disorder (FASD) awareness education

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This resource is part of the School Drug Education and Road Aware (SDERA) program that is funded by the Mental Health Commission and is supported by the Department of Education WA, Catholic Education WA and Association of Independent Schools Association WA.

This resource aims to develop students' awareness of the possible harmful effects of prenatal alcohol exposure and acquire the skills needed to make informed decisions and manage alcohol and other drug related situations.

This resource has been developed as a supplement to the existing *Challenges and Choices* secondary resources. The *Challenges and Choices* program is flexible, and teachers may choose to modify or use activities that better support their students' needs and the context in which the program is delivered. The resources for earlier or later year levels may also be referred to depending on the needs of students.

We acknowledge the traditional custodians of the lands on which our students live and are educated. We acknowledge parents, families and communities as the first educators of their children. Aboriginal people have a long tradition of teaching and learning through sharing their connections with the land and sea, and through their stories and lived experiences that are passed from generation to generation. We recognise and value the learning that Aboriginal children bring with them from their homes and communities into the classroom.

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Fetal Alcohol Spectrum Disorder (FASD) awareness education – Teacher notes

The lessons contained in this resource are aligned to the Western Australian Curriculum: Health and Physical Education learning area. The Health and Physical education curriculum provides the basis for developing knowledge, understanding and skills for students to lead healthy, safe and active lives. The curriculum has been shaped by five interrelated propositions: focus on educative purpose; take a strengths-based approach; value movement; develop health literacy; and include a critical inquiry approach.

Culturally responsive approaches are critical in Health Education to engage in opportunity to strengthen local relationships, partnerships and placebased approaches to embed cultural safety. They are responsive to the specific needs and aspirations of Aboriginal students, families and school communities. Culturally responsive teaching practices adopt a pedagogy that embed Aboriginal ways of knowing, being and doing, and draw on the diversity and strengths of local communities. This creates opportunities to work collaboratively to set strong directions for students' cultural and spiritual identity. <u>https://www.education.wa.edu.au/dl/jipzned</u>

Support

Trigger warning: Please be aware that some information may be distressing for some participants and students. If this resource raises any concerns, please seek support services (see below).

It is imperative to acknowledge that FASD can be a difficult topic. To ensure your students' emotional safety is at the forefront of each lesson, check in with how students are feeling. Possible strategies include:

- Thumbs up, thumbs down
- Leave pass
- 'Feelings' chart

Department of Education Western Australia

 Staff support: Employee Assistance program (EPA) – PeopleSense 1300 307 912 or reception@peoplesense.com.au

 Student support: Student services (if available at the school)

 Disability and Inclusion branch disabilityandinclusion.enquires@education.wa.edu.au

Catholic Education Western Australia

Staff support: Wellbeing services 1300 66 77 00 **Student support:** Psychology, Safety and Wellbeing Team (08) 6380 5200

Association of Independent School of Western Australia

Staff and student support: (08) 9441 1600 reception@ais.wa.edu.au

What is Fetal Alcohol Spectrum Disorder (FASD)?

Source: Department of Education, *Fetal Alcohol Spectrum Disorder (FASD*). Four-part module examining how FASD impacts on learning: <u>https://myresources.education.wa.edu.au/programs/fetal-alcohol-spectrum-disorder-(fasd)</u>

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term for the range of physical, cognitive, behavioural and neurodevelopmental impairments which can result from prenatal alcohol exposure. FASD is a lifelong condition.

Alcohol is a teratogenic substance that crosses the placental barrier and affects fetal development. Prenatal alcohol exposure can cause neurodevelopmental impairments that include cognitive and executive functioning, communication, sensory processing, spatial awareness and social adaptive challenges. FASD can also result in a range of health issues such as heart conditions, hearing impairment, vision impairment, digestion complications and spinal malformations.

Other drugs such as tobacco/nicotine, some over-the-counter medications including ibuprofen and aspirin, and some illicit drugs including cannabis and methamphetamine are also teratogenic.

The impact of alcohol depends on various factors including the timing of alcohol exposure, in relation to the stage of development of the fetus, and the amount of alcohol exposure. The exact amounts of alcohol exposure needed to impact the developing brain are unknown. The Australian guidelines to reduce health risks from drinking alcohol during pregnancy or breastfeeding (National Health and Medical Research Council, 2020) suggest;

- to prevent harm from alcohol to their unborn child, people who are pregnant or planning a pregnancy should not drink alcohol; and
- when breastfeeding, not drinking alcohol is safest for their baby.

FASD is not isolated to a specific country, region or population group. The evidence indicates in any part of Australia where alcohol is consumed, FASD is present. Evidence-based approaches embed messages across all stakeholder groups (classroom, home, school and community) to ensure that content and messaging is supported and reinforced. It is everyone's responsibility to support the prevention of prenatal alcohol exposure and the wide range of biological, psychological and social factors that influence behaviour must be acknowledged. Developing a <u>whole school approach</u> can impact positively upon students' health, safety and wellbeing.

Talking about FASD – a "no blame, no shame" approach

Source: FASD HUB Australia, Language guide. Language Guide (fasdhub.org.au)

Talking about FASD may raise concerns for a student/s as to whether they could have, or, already have a diagnosis of FASD. It is vital that teachers are aware and are sensitive to this, providing opportunities for students to raise concerns or issues with relevant support staff (e.g. school psychologist, chaplain, school staff, homeroom teacher, health teacher) should they need to.

Conversations about FASD should be framed within the concept of **neurodiversity**, which identifies that we are all born with different brains and we all have our own unique strengths and challenges. Maintaining a strength-based approach can help to minimise stigma associated with FASD.

Language can have a powerful influence on the way people with FASD are perceived. Stigma can impact children, young people, parents and families living with FASD. It is important to stress that there may be a range of reasons a person may continue to drink alcohol when pregnant including:

- being unaware of pregnancy when drinking alcohol,
- a lack of knowledge and understanding about the effects of alcohol,
- a coping strategy to manage difficult emotions due to a history of trauma,
- a coping strategy to deal with difficult life situations including, stress, family violence, loneliness, pressure from partners, mental health issues, or
- difficulties abstaining use due to an alcohol use disorder.

Person first language

Using respectful '**person-first**' language can create more positive ways of talking about FASD – with '**no blame or shame**'. For example:

Please use	Instead of
Person/child with FASD or living with FASD	FASD kids, suffering with/from or damaged by FASD
Neurodevelopmental impairment/disorder Intellectual disability	Mentally disabled
FASD is caused by prenatal alcohol exposure	FASD is caused by maternal alcohol use or drinking in pregnancy
Person who drank alcohol and/or took other drugs OR If an alcohol use disorder has been diagnosed, it should be 'person with confirmed alcohol use disorder'	Alcoholics/addicts or women who choose to drink
Do not use these terms >>	Don't care about their children or bad parents, poor choices, irresponsible, child abusers

For more information, a guide for suggested language when addressing FASD can be accessed at *FASD Hub Australia*: https://www.fasdhub.org.au/fasd-information/resources/language-guide/

Professional learning

Staff wishing to advance their knowledge and understandings may explore the Department of Education, Fetal Alcohol Spectrum Disorder (FASD) professional learning modules via IKON.

https://ecm.det.wa.edu.au/connect/resolver/view/SSDLK12TL000/latest/index.html

Key messages from teacher notes:

- FASD prevention is everyone's responsibility.
- There is no safe amount or time to drink alcohol when pregnant.
- The placenta does not protect a baby from alcohol.
- Any amount of alcohol a mother drinks, crosses the placenta and enters the baby's bloodstream.
- Women who are pregnant or planning pregnancy should not drink alcohol.
- FASD is a lifelong condition caused by prenatal alcohol exposure.
- There is no 'one size fits all' for people with FASD and not everyone will experience the same difficulties.
- Maintain a strengths-focussed "no blame, no shame" approach.
- Embed culturally responsive and safe practices in the learning environment.
- Building genuine, connected relationships is key to making a difference with students, family and community education.
- FASD is not isolated to a specific country, region or population group. The evidence demonstrates that FASD is present in Australia in all places in which alcohol is consumed.
- It is essential to consider the biological, psychological and social factors that influence behaviour.
- Talking about FASD may raise concerns for a student in your class and appropriate support must be provided.

Source: Department of Education, *Fetal Alcohol Spectrum Disorder (FASD*). Four-part module examining how FASD impacts on learning: <u>https://www.education.wa.edu.au/fasd</u> FASD HUB Australia, Language guide. <u>Language Guide (fasdhub.org.au)</u>

Additional information and resource links

Department of Education WA https://www.education.wa.edu.au/fasd

Alcohol Think Again <u>https://alcoholthinkagain.com.au/alcohol-your-health/alcohol-during-pregnancy/</u> https://alcoholthinkagain.com.au/campaigns/alcohol-and-pregnancy-one-drink/

Strong Spirit Strong Mind https://strongspiritstrongmind.com.au/resources-campaigns/strong-spirit-strong-future/

AOD Knowledge Centre (formally the Australian Indigenous Health InfoNet) https://aodknowledgecentre.ecu.edu.au

FASD Hub Australia https://www.fasdhub.org.au/

NOFASD Australia https://www.nofasd.org.au/education-training/webinars-online-courses/

https://www.nofasd.org.au/community/international-fasd-awareness-day/

Telethon Kids Institute. Is it ever safe to drink alcohol during pregnancy? (1.54min) <u>https://alcoholpregnancy.telethonkids.org.au/resources/australian-videos--dvds/</u>

Alcohol and Drug Foundation. Fetal Alcohol Spectrum Disorder (1.02min) by the https://www.youtube.com/watch?time_continue=2&v=SsBXy4NxKj0&feature=emb_t_itle/ https://adf.org.au/reducing-risk/alcohol/fasd/

Western Australian Health and Physical Education

Curriculum alignment

Content descriptions

<u>Year 8</u>

Being healthy, safe and active

• The reasons why young people choose to use or not use drugs (ACPPS073)

Contributing to healthy and active communities

• Health promotion activities which target relevant heath issues for young people and ways to prevent them (<u>ACPPS077</u>)

<u>Year 9</u>

Being healthy, safe and active

- Skills to deal with challenging or unsafe situations: refusal skills initiating contingency plans expressing thoughts, opinions, beliefs acting assertively (<u>ACPPS090</u>)
- Actions and strategies to enhance health and wellbeing in a range of environments. (<u>ACPPS091</u>)
- Impact of external influences on the ability of adolescents to make healthy and safe choices relating to: sexuality alcohol and other drug use risk taking (<u>ACPPS092</u>)

Contributing to healthy and active communities

• Plan, implement and critique strategies to enhance health, safety and wellbeing of their communities (<u>ACPPS096</u>)

<u>Year 10</u>

Being healthy, safe and active

- The impact of societal and cultural influences on personal identity and health behaviour, such as: how diversity and gender are represented in the media differing cultural beliefs and practices surrounding transition to adulthood (<u>ACPPS089</u>)
- Skills and strategies to manage situations where risk is encouraged by others (<u>ACPPS091</u>)

Contributing to healthy and active communities

• Plan, implement and critique strategies to enhance health, safety and wellbeing of their communities (ACPPS096)

December 2022

Topic 1: What is FASD?

	Teachin	ng and learning overview		ic 1
9	Learning intentions	Å	Key messages	
 Students will: Understand what fetal alcohol spectrum disorder is. Know the effects that alcohol has on the development of a fetus. Recognise person first language to minimise stigma. 		 Prenatal exposure to alcohol can cause harm to a fetus. FASD is a lifelong condition. There is no safe amount or time to drink alcohol when pregnant and breastfeeding. The concept of neurodiversity identifies that everyone's brain is different, everyone learns differently and has their own strengths, abilities, and weaknesses. Everyone has the right to be included. 		as
۲	Success criteria	=	Activities and required resources	
 Students will: Explain what fetal alcohol spectrum disorder is. Explain the effects that prenatal exposure to alcohol has on a fetus. Use respectful language when discussing FASD. 		 Activity 1 Brainstorm Activity sheet 2.2 Activity 2 Video Video: Alcohol and Drug Foundation 'Fetal alcohol spectrum disorder (FASD)' (1.02 min https://adf.org.au/reducing-risk/alcohol/fasd/ Display screen and internet 		າin)
pregna alcoho	metabolised, osmosis, permanent damage, placenta, ancy, teratogen, transmitted, umbilical cord, prenatal, I exposure, in utero, stigma, neurodiversity, binge g, preventable.	Activity 3 Cause and effect • Activity sheet 1.1 Activity 4 Bingo • Activity sheet 1.2 • List of key terms and definitions		

What is FASD? Suggested discussion points

Will all women know when they are pregnant?

No. Of those who did drink alcohol during their pregnancy, approximately half (48.7%) consumed alcohol before they knew they were pregnant (Australian Institute of Health and Welfare 2017).

Describe why we should take a 'no blame, no shame' approach when discussing FASD.

Stigma can cause judgement without knowing the persons situation and cultural background. It can cause shame and can impact willingness to access appropriate health support services.

https://www.nofasd.org.au/wp-content/uploads/2021/02/NOFASD-Parent-Carer-Toolkit-2021.pdf

Alcohol is known as a teratogen, explain what this means?

A teratogen is a substance that interferes with the normal development of a fetus. A teratogen is a substance that can cross the placental barrier and can cause abnormal foetal development.

Department of Education, Fetal Alcohol Spectrum Disorder (FASD). Four-part module examining how FASD impacts on learning: <u>https://www.education.wa.edu.au/fasd</u>

- When alcohol is consumed during pregnancy, is it possible for the placenta to block any from reaching the developing fetus? Why/Why not? No. Alcohol crosses the placenta, with the blood alcohol concentration (BAC) for the fetus being the same, or in some cases higher, as the woman's BAC. FASD HUB Australia, <u>FASD Hub Australia | FASD Hub</u>
- Is it OK to consume small amounts of alcohol during later stages of pregnancy and breastfeeding? Why/Why not? No. There is no known safe amount of alcohol to drink during pregnancy. <u>https://alcoholthinkagain.com.au/alcohol-your-health/alcohol-during-pregnancy/</u>
- Why is it important to reflect on safe decision-making around alcohol use when breastfeeding?

Alcohol enters the breastmilk and is passed onto the feeding baby. The concentration of alcohol in the breastmilk is the same as the blood alcohol concentration. A baby's brain keeps developing after it is born. This means an infant's brain is more sensitive to damage from alcohol than an adult brain. https://www.health.gov.au/health-topics/alcohol/alcohol-throughout-life/alcohol-during-pregnancy-and-breastfeeding

What is FASD? - Teaching and learning experience



Activity 1 Brainstorm (small groups)

As a group, students discuss prior knowledge:

- What is Fetal Alcohol Spectrum Disorder (FASD)?
- What effects does alcohol have on a fetus?
- How is FASD preventable?

Feedback and share prior knowledge as a whole class.

• Distribute <u>Activity sheet 2.1</u>. Discuss the importance of appropriate language when discussing FASD.



Activity 2 Video (whole class)

Watch the video 'Fetal alcohol spectrum disorder (FASD)' (1.02 min) https://adf.org.au/reducing-risk/alcohol/fasd/

Discuss key messages:

- Alcohol needs to be avoided altogether during pregnancy.
- International research shows that drinking alcohol at any stage during pregnancy can result in a range of lifelong problems for the child.
- To prevent FASD, it is best not to consume any alcohol.
- We all have a role to play to prevent FASD.

In small groups, students complete Cause and Effect graphic organiser Activity sheet 1.1 from the information given from the video.



Activity 3 Cause & Effect (*Small groups/pairs*) Watch the video again and pause at **35 seconds**, to discuss effects. As a whole class, discuss effects and the impacts they can have.

- Fetal brain damage
- Heart defects
- Eye defects
- Learning and cognitive impairment
- Emotional problems
- Facial abnormalities

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Activity 4 Bingo (pairs or individual)

Students write 6 words or phrases in the grid <u>Activity sheet 1.2</u> from the above lesson – see <u>key terms</u>. Teacher reads out the definition of a word, students call out the word and mark it off their grid, student with all 6 words calls Bingo.

Example

Provides oxygen and nutrients to a growing baby - Placenta

Structural changes present at birth that can affect almost any part or parts of the body e.g., heart, brain - Birth defects

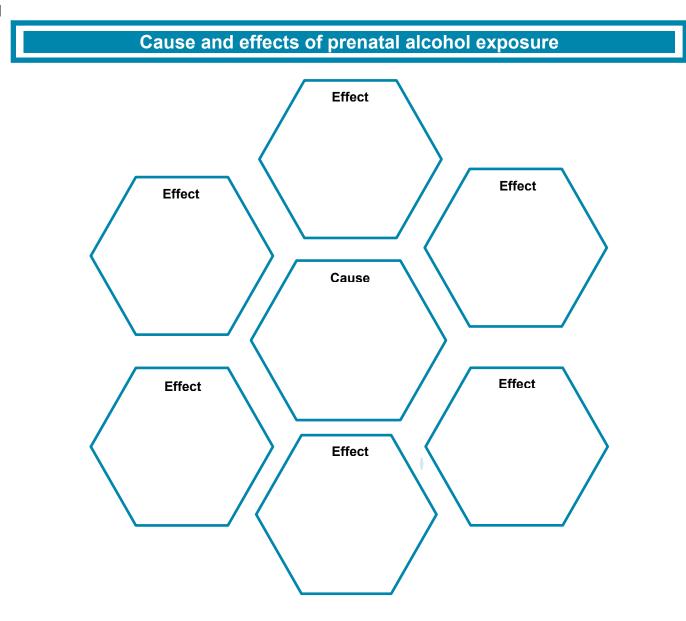
Unborn baby - Fetus

Conditions that can occur in a person who was exposed to alcohol before birth - Fetal Alcohol Spectrum Disorder

Life-long consequences on physical development, intellectual development, behaviour, social development - Permanent damage

The state of carrying a developing embryo or fetus within the female body - Pregnancy

Activity sheet 1.1



Activity sheet 1.2

Bingo – FASD vocabulary

Quick 6 – Vocabulary bingo

Topic 2: The impacts of alcohol consumption on the developing brain and body

Teaching and learning overview To				
Q	Learning intentions	Å	Key messages	
 Students will: Examine the impact that prenatal exposure to alcohol can have on brain development. Apply person-first language in relation to FASD, using a 'no blame, no shame' approach. Explore positive life impacts on a developing brain when no alcohol is consumed during pregnancy and breastfeeding. 		 There is no safe amount or time to drink alcohol when pregnant and breastfeeding. Alcohol effects the development of a fetus. FASD is preventable. The concept of neurodiversity identifies that everyone's brain is different, everyone learns differently and has their own strengths, abilities, and weaknesses. Everyone has the right to be included. 		
\bigcirc	Success criteria	=	Activities and required resources	
 Students will: Describe areas of impact that prenatal exposure to alcohol can have on brain development. Use person-first language, 'no blame, no shame approach', when discussing FASD. Explain lifelong positive impact alcohol on a developing brain when no alcohol is consumed during pregnancy and breastfeeding. Key terms Cognitive defect, birth defect, fetal development, permanent damage, pregnancy, preventable, substances, teratogen, 		Activity Activity Activity	 Y Chart Whiteboard Activity sheet 2.1 Y 2 Video Video: 'Alcohol and Pregnancy 'One Drink'" (30sec, <u>alcoholthinkagain.com.au</u>) Display screen and internet Y 3 Heads and Tails Activity sheet 2.2 Y 4 Video Video: 'The impact of alcohol on the developing brain' (1.59min, <u>Vimeo</u>) Display screen and internet 	
	diversity.	• Activity	 5 Graffiti Poster paper with headings: Cognition, Attention, Impulse control, Hyperactivity, Memory, Language 6 Summary <u>Activity 2.3</u> 	

The impacts of alcohol consumption on a developing brain. Suggested discussion points:

What impacts could occur to the fetus from alcohol use during pregnancy? Alcohol use when pregnant can cause a range of lifelong physical, mental and behavioural disabilities, known as Fetal Alcohol Spectrum Disorders (FASD). Alcohol exposure can also cause miscarriage, stillbirth, premature birth, and low birth weight. <u>https://alcoholthinkagain.com.au/alcohol-your-health/alcohol-during-pregnancy/</u>

- Do you think it is common knowledge that alcohol can cause birth defects to an unborn baby? Why/Why not?
- Identify two key messages that you would share with someone who was planning and/or is pregnant in relation to use of alcohol. To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol. For women who are breastfeeding, not drinking alcohol is safest for their baby. Even a small amount of alcohol can harm a baby's development and may have lifelong effects.

https://alcoholthinkagain.com.au/alcohol-your-health/alcohol-during-pregnancy/

• Why is it important to focus on the strengths of an individual with living with FASD? All children, especially those living with FASD do best when their individual strengths are recognised. Topic 2



Activity 1 Y Chart (Whole class)

Students:

- Conduct a Think-Pair-Share asking students to provide a definition for stigma.
- Distribute or display suggested language sheet. Activity sheet 2.1.
- Review and discuss how using respectful 'person first' language creates a positive way of talking about FASD with a 'no blame, no shame' approach.
- Draw a Y Chart on the board; Looks like, Feels like, Sounds like. As a whole class, discuss and record how positive language decreases stigma and mental health concerns.



Activity 2 Video (whole class)

Watch video: 'Alcohol and Pregnancy 'One Drink'" (30sec, <u>alcoholthinkagain.com.au</u>) Discuss:

- What information is this video giving?
- What are the key messages of this video?



Activity 3 Heads and Tails (whole class)

Clued up on alcohol and pregnancy, Fact or Myth <u>Activity sheet 2.2</u> Teacher reads aloud statements and students choose Heads if they think it is a fact or Tails if they think it is a myth. Read each answer as you go and allow for discussion.



Activity 4 Video (whole class)

Watch video: 'The impact of alcohol on the developing brain' (1.59min, <u>Vimeo</u>) Discuss;

- Does alcohol affect everyone's brain in the same way?
- How do brain cells grow?
- How does alcohol exposure affect the growth of the developing brain?
- What injuries does alcohol exposure have on the brain during fetal development?

Topic 2

Activity 5 Graffiti (small groups)

In 5 groups, each with a large sheet of poster paper containing a potential deficit caused by FASD as the heading: Cognition, Attention, Impulse control, Hyperactivity, Memory, Language.

- As a group, students discuss and record the possible impacts and lifelong effects these types of deficits could have.
- Rotate groups so that each group has an opportunity to review and add to others' ideas (allow approximately 2 minutes per rotation).
- When groups get back to their original position, share and discuss as a whole class.



Activity 6 Summary (in pairs)

• In pairs, students write a summary on <u>Activity sheet 2.3</u> based on the video above, the positive outcomes for a fetus/baby/child/adult if the mother does not consume alcohol during pregnancy or while breastfeeding.

Share as a whole class.

Suggested language when talking about FASD

Please use

Person with FASD

Person/child living with FASD

Neurodevelopmental impairment/disorder Intellectual disability

FASD is caused by prenatal alcohol exposure

Person who drank alcohol and/or took other drugs

If an alcohol use disorder has been diagnosed, it should be 'person with confirmed alcohol use disorder'

	Clued up on alcohol and pregnancy					
Fact or myth?	Answer: Fact	Fact or myth?	Answer: Fact			
Drinking alcohol during pregnancy can cause birth defects.	Drinking alcohol during pregnancy can cause a range of birth defects because alcohol contains teratogens. These are substances that interfere with the normal development of a fetus.	There is no safe amount of alcohol that can be consumed during pregnancy.	There is no safe amount of alcohol that can be consumed during pregnancy.			
Fact or myth? The placenta does not filter harmful substances such	Answer: Fact The placenta cannot filter harmful substances. When pregnant, alcohol passes to the baby's blood through the	Fact or myth? When alcohol is consumed, it passes to the	Answer: Fact When a breastfeeding alcohol passes into breast milk and then directly to the baby. As the baby's brain is still developing after birth, this alcohol			
as alcohol.	placenta.	mother's breast milk.	may result in brain injury.			
Fact or myth?	Answer: Fact	Fact or myth?	Answer: Fact			
FASD occurs in all cultures and community groups.	FASD can occur in all cultures and communities where alcohol is consumed.	Children do not grow out of FASD.	Children do not 'grow out' of FASD. FASD is a term that describes a range of physical, intellectual, behavioural and learning disabilities that are a result of alcohol use during pregnancy. These disabilities are lifelong.			

Summary

Positive outcomes for a fetus/baby/child/adult if the mother does not drink alcohol during pregnancy and while breastfeeding

Topic 3: Staying strong

	Teachi	ng and learning overview Topic 3		
Q	Learning intentions	Å	Key messages	
 Students will: Learn that FASD is preventable. Explore strategies that can support an alcohol-free pregnancy. 		 FASD is preventable. There is no safe amount or time to drink alcohol when pregnant and breastfeeding. The concept of neurodiversity identifies that everyone's brain is different, everyone learns differently and has their own strengths, abilities, and weaknesses. Everyone has the right to be included. 		
۲	Success criteria	=	Activities and required resources	
 Students will: Discuss that FASD is preventable and is everyone's responsibility. Practise refusal strategies in situations when alcohol is offered to encourage a healthy, alcohol-free pregnancy. 		 Activity 1 Brainstorm Activity 2 Video Video: 'FASD Community – Fetal Alcohol Spectrum Disorders' (4:19min, YouTube) Display screen and internet Activity 3 Card sort Activity sheet 3.1 cut and sorted for 5 groups. 		
	Key terms drinking, consume, defect/Birth defect, empathy,	Activity 4 Response practise • Activity sheet 3.2		
preventable, transfer, teratogen, intellectual ability, early intervention, peer pressure, preventable.				

Staying strong - suggested discussion points

- Where could someone who is pregnant or planning a pregnancy get support for preventing FASD? Health practitioner, partner, family, friends, social service workers etc. https://www.nofasd.org.au/
- How could family and friends support and encourage an alcohol-free pregnancy?
 They can educate themselves and others about FASD, organise social occasions that don't involve alcohol, reconsider own drinking around women who are pregnant, offer other alternatives to reward and relax, offer alcohol-free alternatives at social events, don't pressure women (or anyone) to drink alcohol.
 <u>https://alcoholthinkagain.com.au/media/5j2bojt2/onedrink_dl_supporting.pdf</u>

• How FASD is preventable?

Abstaining from alcohol consumption when pregnant or planning a pregnancy is the only known way to prevent FASD. No alcohol is the safest choice. https://www.nofasd.org.au/service-providers/alcohol-and-other-drug-sector/

Teaching and learning experience



Activity 1 Brainstorm (whole class)

As a whole class discuss:

- Reasons why some women may drink alcohol while pregnant.
- Revise the impact of alcohol on the developing brain from previous lessons.

Activity 2 Video (whole class)

Watch video 'FASD Community - Fetal Alcohol Spectrum Disorders' (4:19min, YouTube)

• Discuss strategies that the family use for an alcohol-free pregnancy.



Activity 3 Card Sort (small groups)

- Discuss possible strategies that people can use to refuse alcohol when it is offered from their partner, family and friends.
- Distribute Card Sort <u>Activity sheet 3.1</u>, allow time for students to categorise responses into 'Verbal and Physical'. Share any other strategies that students come up with.



Staying Strong - Student share possible responses when alcohol is offered, using examples in Activity sheet 3.2

- Provide students with responses to practise.
- Allow time in small groups for students to practise responses and come up with their own.
- Discuss what could be difficult/not difficult.
- Discuss how else a person can get support when they have decided not to drink while pregnant.

Topic 3

Card sort



Verbal Responses	Physical Responses
No thank you, I'm not drinking.	Walk away.
I am going alcohol-free to keep my body healthy and strong.	Respect the decision of someone choosing not to consume alcohol.
No thank you, I'm looking after my baby's health.	Have alcohol free alternatives available if you are planning a party.
I'm leaving soon, so no thanks.	Pretend you need to go to the toilet/see an old friend you want to talk to.

Small group discussion

Keeping strong

Practise the responses that you think could be helpful for someone who is pregnant or planning a pregnancy (or supporting someone who is). Add statements you think could be helpful.

- No thank you, I'm not drinking tonight.
- No thank you, I have to drive.
- I have a big day tomorrow, so no thanks.
- I'm not feeling the best so would rather not, thanks.
- No thank you, I am not drinking as I am trying to get my body ready for a baby.
- No thank you, I am pregnant and looking after my baby's health.
- No thank you, I am supporting my partner's pregnancy by choosing not to drink.
- I am going alcohol-free to keep my body healthy and strong.
- No thank you, please respect my decision not to drink.

In your Group discuss:

- 1. Who keeps us strong?
- 2. Who could help us to support an alcohol-free pregnancy?
- 3. What support could these people provide?
- 4. Where else can people get help?

References

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Videos

Alcohol Think Again 'Alcohol and Pregnancy 'One Drink' (30sec)

Department of Education <u>'The impact of alcohol on the developing brain</u>' (1.59min)

Telethon Kids Institute (2016) <u>'Alcohol in pregnancy – What is a safe amount to drink?'</u> (1.55 min)

FASD Hub Australia (2017) 'FASD in Australia' (5:07min)

NSW Health (2016) <u>'FASD Community – Fetal Alcohol Spectrum Disorders'</u> (4:19min)

Alcohol and Drug Foundation <u>'Fetal alcohol spectrum disorder (FASD)'</u> (1.02 min)