



# FASD Prevention among Indigenous Communities

Malcolm King, PhD

SFU Faculty of Health Sciences

CIHR Institute of Aboriginal PeoplesqHealth

## Declaration of Conflict of Interest

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I have no conflict of interest to declare.

I have no affiliation, honoraria or monetary support from an industry source.

## **A simple message**

- 1: Recognition and ownership of the cause
- 2: Recognition and understanding of the risk factors
- 3: Addressing the prevention issue

## **Recognition of the cause** - *first and foremost*

FASD is caused by alcohol consumption during pregnancy

## **Ownership of the issue** - *even more foremost*

When a First Nation takes on FASD, the result can be remarkable.+

Warner & Innes, Gitxaala Nation

### **Recognition and understanding of the risk factors**

Recognition of the underlying factors *why* people abuse alcohol

Why do some pregnant women drink?

Why do some groups of Indigenous people drink more?

Understanding role of poverty/marginalization/colonization on risk factors

Recognition of the co-factors or associated factors of addictions

Risk mitigation / harm reduction in an Indigenous context

All of this requires working in collaboration *with* Indigenous communities.

Davie, James R, University of Manitoba (NPI) and collaborators  
CIHR-CEEHRC-IAPH grant (2013)

Drinking during pregnancy is known to cause brain damage and physical changes to the developing embryo; however, not every fetus exposed to alcohol will develop into an individual with Fetal Alcohol Spectrum Disorder (FASD).

This would mean that it is a combination of environmental and genetic factors that together, determine the susceptibility and the extent of damage. The gene regulatory changes, especially changes to the methylation patterns of the epigenome during early embryogenesis, have yet to be elucidated.

The overarching aim of this project is to discover an "FASD Epi-Code" based on reliable biomarkers that develop in different animal models of FASD.

### **Addressing the prevention issue**

help for addicted women

overcoming stigma

culturally appropriate programs and services

working with communities

addressing the underlying economic, social/societal factors

involving the partners at every step of the way

targeting the pre-risk group (i.e. pre-teens)

# Pathways to Health Equity for Aboriginal Peoples

Pathways goal is to develop a better understanding on how to implement and scale up interventions and programs that will address Aboriginal health inequities in four specific exemplar areas . suicide, diabetes, tuberculosis, and oral health.

Specific goals are:

- “ to overcome implementation challenges;
- “ to scale up interventions across a range of settings; and
- “ to strengthen systems to improve health outcomes while reducing disparities across populations



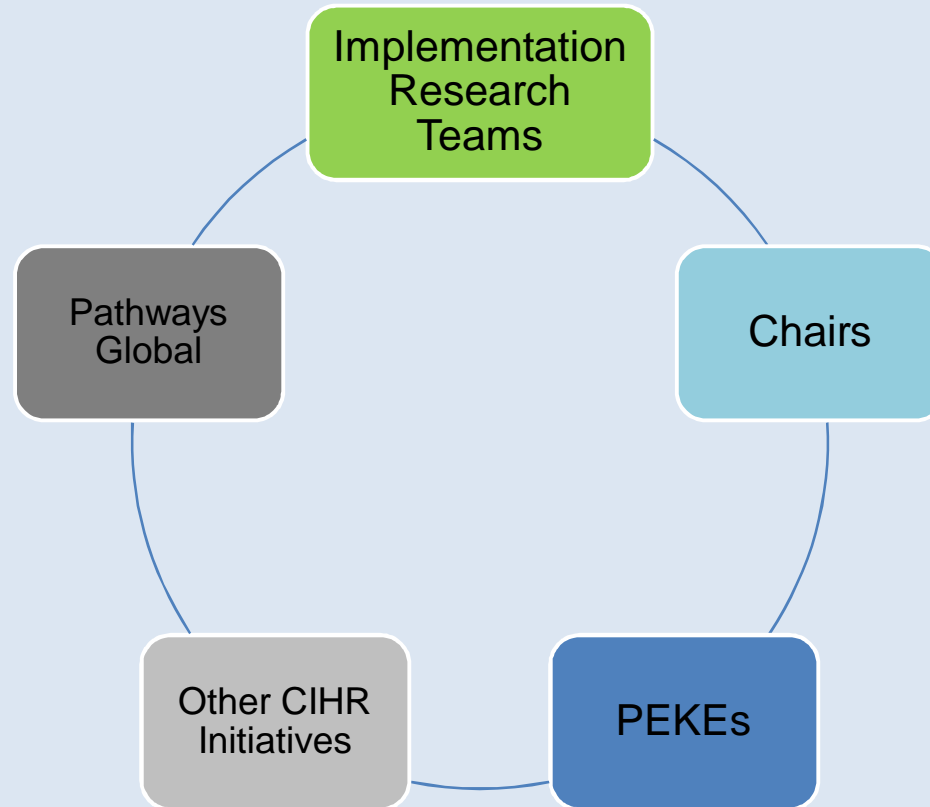


## **Pathways to Health Equity for Aboriginal Peoples**

Is *not* a program for FASD prevention (research)

*Could* be a model for FASD prevention research

# Pathways to Health Equity for Aboriginal Peoples



Partners for Engagement and Knowledge Exchange (PEKEs)

Support communities, translate knowledge, facilitate implementation research teams, interact with chairs

Leverage the strengths of National Aboriginal Organizations

# Health Equity for Aboriginal Peoples: What informs our vision?

Pathways is grounded in the perspective of ~~two-eyed~~ <sup>seeing+</sup>, as put forward by Miikmaq Elder Albert Marshall.

To see from one  
eye with the  
strengths of  
Indigenous ways  
of knowing

And to see from  
the other eye with  
the strengths of  
Western ways of  
knowing

and to use both of  
these eyes together.

# Institute of Aboriginal Peoples Health Simon Fraser University



Thank you

Miigwech



Bessie (King) Tobicoe, Frank King & baby Lloyd S King (1916)