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MEDIA RELEASE

For immediate release, please

9th September 2014

International Fetal Alcohol Spectrum Disorder Awareness Day

This story is not about quoting research, clinical theory or academic speak. It is a real situation where practical methods were used to support a mother to be.

I was sitting down for the second session with a new client named Emma. We'd spent some time getting to know each other and were now moving towards identifying goals she wanted to achieve in counselling. Emma was four months pregnant, although you couldn't tell. When I asked what she wanted to accomplish in counselling she broke down crying.

Emma had moved away from her family and friends in a rural town to the city for her boyfriend's job. Her boyfriend had left her when she told him she was pregnant. She was scared, alone and was taking refuge in the one friend who had not deserted her – alcohol.

Since the breakup, Emma had gone from her regular five drinks per day to eight to ten drinks each day. We discussed that research indicates a mother who consumes any amount of alcohol during pregnancy is potentially putting their unborn baby at risk of the range of FASD. We talked about how these disorders can produce lifelong developmental, physical, mental and behavioural issues for the child once born.

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I had to be careful not to fall into the trap so many do, whether we are family, friends or professionals, and try to rationalise someone else's emotional situation from our point of view. Emma was as strongly committed to stopping her drinking anyone I had seen, but the stress of life, the shame she felt about her drinking, her relationship breakdown and the pressure she was putting on herself to stop drinking was taking its toll. She was managing stress the way she had all of her adult life – by drinking alcohol.

We ended up discussing 'harm minimisation' as a practical approach to managing her alcohol consumption. The goal of harm minimisation is to reduce the harms to the individual and through this to those around them. In this case that included her unborn child.

It was not about taking the moral high ground about her drinking, but being 'morally neutral' and putting the emphasis on safety through reduction. Reducing Emma's alcohol consumption by one drink per night was better than no reduction at all, and if she could reduce by one drink this week, could she reduce by two drinks next week?

In Emma's case we also wanted to reduce the pressure she was putting on herself to be completely abstinent from alcohol, which would help reduce the amount of shame and stress she was feeling about drinking while she was pregnant.

Together we identified that reducing harm to her baby was her primary goal and that a reduction of her alcohol consumption by any amount was positive and showed her to be a caring parent. Throughout the course of our counselling sessions Emma came to feel

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that it wasn't feeling like a failure but feeling like a concerned and loving mother which was the single biggest motivation to change her drinking habits. This resulted in her greatly reducing her alcohol consumption.

Within three weeks she had gone from eight to ten drinks per day to one per day. In tracking Emma's alcohol reduction and creating an environment where any reduction was a win for her and her baby, she became increasingly motivated. She continually said that once it was not about her "failing" to be completely abstinent, but celebrating any move towards her goal, the goal got closer and seemed realistically achievable.

For help with substance use difficulties, contact Drug ARM on 1300 656 800, www.drugarm.com.au

About Michael Stuble: Michael Stuble is the Clinical Service Manager for Drug ARM Australasia and has worked as a counsellor for over a decade. In the wake of International Fetal Alcohol Spectrum Disorder Awareness Day (September 9), he shares an experience where harm minimisation played a key role in the possible prevention of a child being born with Fetal Alcohol Spectrum Disorder (FASD).

About Drug ARM: Committed to reducing harms associated with alcohol and other drug use, Drug ARM provides vital care and compassion to support people, families and communities throughout Queensland with a range of programs and services that include education, outreach, prevention and treatment.

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