FACT SHEET

Fetal Alcohol Spectrum Disorder

What is Fetal Alcohol Spectrum Disorder?

Fetal Alcohol Spectrum Disorder (FASD) is an "umbrella term used to describe the range of disabilities and diagnoses that result from drinking alcohol during pregnancy" (Health Canada). FASD is the leading cause of developmental disability in North America, the primary disabilities associated with FASD are permanent.

The effects of FASD fall into two categories: Primary Behaviours— behaviours that are the direct result of the brain injury, and Secondary Behaviours-which are defensive behaviours or behaviours developed to cope with unmet needs.

Some examples of Primary Behaviours are:

- Skeletal abnormalities (ie. facial deformities)
- Physical disabilities (ie. kidney/internal organ problems)
- Difficulty comprehending the consequences of actions (cause and effect)
- Impaired judgment, impulsivity.

Some examples of Secondary Behaviours are:

- Angry, aggressive, destructive
- Depressed, suicidal
- Inappropriate sexual behaviours
- In conflict with the law, addictions
- Family or school problems (fighting, running away from home, expulsion)

How Common is FASD?

- It is estimated that more than 3000 babies in Canada are born with FASD every year (Health Canada).

- Health Canada pegs the incidence of FASD in some aboriginal and Inuit communities to be as high as one in five (Health Canada).

Fetal Alcohol Spectrum Disorder and the Aboriginal Population

- Though the prevalence of FASD in First Nation communities is not well documented, First Nation leaders have identified FASD as being an 'alarming problem amongst Canada's Aboriginal population' (CBC News). Aboriginal leaders continue to lobby for a 'formal study' to be conducted for the purpose of ascertaining the exact percent of the Aboriginal population affected by FASD. One study of aboriginal communities demonstrated that the incidence of fetal alcohol syndrome in the Aboriginal population can be 10 times that of the non-aboriginal population (Chartrand et al., 2003).

- Although exact numbers are unknown, the proportion of children in care with FASD in Canada has been assessed as varying from 3.3% to 50% (Fuchs et al, 2008). It has been estimated that Aboriginal children comprise 30 to 40% of the child welfare numbers (Bennet, M. et al, 2005).

- FASD has been identified as being a 'third pathway' (alongside family violence and child welfare involvement) through which Aboriginal youth find themselves involved in violent gang activity (Totten, M., 2009). Aboriginal youth with FASD transitioning out of the child-welfare system face bleak prospects: due primarily to a lack of supports and services which are compounded by "a condition that impacts their ability to adapt and overcame challenges" they may encounter (Fuchs, D. et al., 2010).

- Research indicates that individuals with FAS/FAE are at an increased risk for coming into contact with the criminal justice system; anecdotal evidence has suggested that 50% of the Aboriginal inmate population has FASD (Boland et al.,1995). FASD is taken into consideration by the courts when sentencing Aboriginal offenders who have been diagnosed (*Gladue* Principle).

What are the Best Practices in FASD Interventions for Aboriginal People?

- There needs to be more appropriate services for Aboriginal people who have been diagnosed with FASD, as well as Aboriginal women who are struggling with alcohol dependency;

- Supports/services for pregnant Aboriginal women with alcohol dependency to manage withdrawal;

- Facilitate collaboration of services, 'mapping' of referral pathways—recognizing that many children with FASD remain undiagnosed;

- Address socio-economic factors, 'root causes' that contribute to alcohol dependency (poverty, intergenerational trauma, lack of culturally-appropriate services/programs);

- Continuum of Care Model-recognizing role of culture/community in healing process (alongside: withdrawal programming, services and supports);

Recommendations:

- Increase education and awareness regarding 'invisible disabilities' such as FASD, develop culturally-based approaches to healing and addressing FASD as a disability;

- Advocate for approaches to FASD which are team-based (care-team) and integrate culturally-appropriate, wrap-around approaches, recognizing that those with FASD face additional challenges due to the seemingly 'invisible nature' of their disability;

- Increase education, awareness programming regarding FASD (cause, importance of abstaining from alcohol during pregnancy);

- Recognize importance of providing programming that is wrap-around and culturally-appropriate (circle-of-care approach to ensuring that individual has access to resources, has supports in his/her life, plan-of-care);

- Advocate for increased education, development of alternative strategies (beyond incarceration/penalizing), for those that come into contact with the justice system;

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