



WHAT IS HEALTH CANADA DOING?

Health Canada recognizes that **Fetal Alcohol Syndrome (FAS)** is a preventable disability and a national health concern for individuals, families, communities and society-at-large. FAS is a life long disability requiring constant and on-going support.

In the 1999 Budget, the federal government increased funding for the expansion of the existing Canada Prenatal Nutrition Program (CPNP), to allow for a sustained national focus on FAS and to further improve the health of pregnant women at risk and their babies.

THE MAIN GOALS OF THE FAS/FAE STRATEGIC FRAMEWORK ARE TO PREVENT FAS/FAE AND REDUCE ITS SIGNIFICANT HEALTH EFFECTS IN CHILDREN, FAMILIES AND COMMUNITIES.

Funding of \$11 million over three years is allocated to enhance FAS/FAE activities related to: public awareness and education, training and capacity development, early identification and diagnosis, coordination, surveillance and a Strategic Project Fund. Within the \$11 million, a total of \$3.8 million over three years will be managed in partnership with First Nations and Inuit.

This initiative will build on the existing programs of the provinces and territories, and on recent valuable work by Aboriginal organizations, parent and community groups. Significant expertise has already been developed in increasing community awareness, implementing intervention strategies, and developing family support networks

A HEALTH CANADA FAS MANAGEMENT COMMITTEE PROVIDES LEADERSHIP AND STRATEGIC DIRECTION FOR FAS INITIATIVES WITHIN THE DEPARTMENT.

ACTIVITIES AND COLLABORATIONS TO DATE:

Held information and consultation sessions with key stakeholders across the country (1999/2000) to identify needs and priorities for action.

Formed a National CPNP/FAS/E Steering Committee (Fall, 1999) to provide guidance and direction for the development, implementation and evaluation of the First Nations and Inuit Health components.

Conducted a telephone survey, (December, 1999) to assess awareness, attitudes and knowledge levels around FAS/FAE. Results found that few understand the effects and severity of FAS/FAE.

Launched a new web-site at: www.fas-saf.com

Working with the provinces and territories on developing a national public awareness and education campaign.

Established a National Advisory Committee (May, 2000) to provide strategic advice and expertise to Health Canada.

Held a national workshop (May, 2000) in which provincial and territorial representatives, and specialists in paediatrics, obstetrics and genetics discussed identification and tracking of FAS.

Created/formalized an Interdepartmental Subcommittee on FAS/FAE (June, 2000).

Launched a Strategic Project Fund (February, 2001).

Questions on alcohol use and prevalence will be asked in a national survey by the Canadian Perinatal Surveillance System, on women's knowledge, perspectives, experiences and practices during pregnancy, birth and early parenthood.

Undertaking a review of best practices and a situational analysis of research, policies, practices, and programs.

Co-funding a national information service on FAS through the Canadian Centre on Substance Abuse Clearinghouse found at: www.ccsa.ca

A workshop for health care providers was given on the treatment of women who abuse alcohol and other drugs during pregnancy.



FETAL ALCOHOL SYNDROME (FAS) FETAL ALCOHOL EFFECTS (FAE)
FACT SHEET

WHAT IS FETAL ALCOHOL SYNDROME?

FETAL ALCOHOL SYNDROME (FAS): is a medical diagnosis that refers to a specific cluster of anomalies associated with the use of alcohol during pregnancy. Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) are the leading known preventable birth defects among Canadian children.

FETAL ALCOHOL EFFECTS (FAE): is a term used to describe the presence of some, but not all, FAS characteristics when prenatal exposure to alcohol has been confirmed (also used occasionally when use is uncertain).

FAST FACTS

Based on estimated rates in industrialized countries of 1 to 3 per 1,000 births, it is estimated that in Canada at least one child is born with FAS each day

Initial studies suggest that the rates of FAS/FAE in some Aboriginal communities may be significantly higher

The effects of FAS/FAE can last a lifetime

Estimated lifetime extra health care, education and social services cost associated with the care of individual with FAS are \$1.4M (US)

PRENATAL EXPOSURE TO ALCOHOL CAN CAUSE:

- Intellectual deficits and learning disabilities
- Hyperactivity
- Attention and/or memory deficits
- Inability to manage anger
- Difficulties with problem solving
- Prenatal and post natal growth deficiencies

POTENTIAL SECONDARY CONDITIONS CAN INCLUDE:

- Early school drop out
- Alcohol and drug abuse problems
- Problems securing and maintaining employment
- Homelessness
- Trouble with the law
- Mental health problems

PROTECTIVE FACTORS

- Abstinence
- Early identification and diagnosis
- Direct involvement with special services
- Supportive environments

“THE PRUDENT CHOICE FOR WOMEN WHO ARE OR MAY BECOME PREGNANT IS TO ABSTAIN FROM ALCOHOL”

(Joint Statement: Prevention of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) in Canada, 1996)



THE PHYSIOLOGY OF FETAL ALCOHOL SYNDROME

QUESTIONS AND ANSWERS

What is Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)?

FAS is a medical diagnosis that refers to a specific cluster of anomalies associated with the use of alcohol during pregnancy. It is characterized by: pre and post natal growth restrictions, characteristic facial features and central nervous system involvement. FAE is a term used to describe the presence of some, but not all, FAS characteristics when prenatal exposure to alcohol has been confirmed. FAS/FAE are the leading known preventable birth defects and developmental delays among Canadian children.

How does alcohol produce the disabilities seen in FAS?

Alcohol passes easily from the mother to the baby. Early in the pregnancy when the major organs and body parts are being formed, alcohol consumption can cause birth defects of the heart, kidneys, spine and limbs, pre and post-natal growth restrictions and neurological abnormalities.

Any type of drink containing alcohol can damage the developing baby. This includes beer, wine, coolers and hard liquor. The baby's developing brain is specifically sensitive to the harm caused by alcohol consumption. Alcohol can affect the baby in all stages of pregnancy, not just in the first trimester as is commonly assumed.

Is the harm associated with alcohol lifelong?

Yes, individuals with FAS have permanent brain damage. Exposure to alcohol before birth can lead to long-term lifelong disabilities. However, the earlier the diagnosis can be made, the better the chances are that interventions can help lessen the impact or secondary disabilities associated with the alcohol related brain damage.

Is it true that there is no safe amount of alcohol that can be consumed during a pregnancy, nor is there a safe time period during a pregnancy where it is o.k to consume alcohol?

Research studies have not established a safe level or amount of drinking alcohol during pregnancy. It is known that the more alcohol a pregnant woman consumes the greater the risk of range and severity of problems to the baby. Binge drinking during pregnancy can lead to the same ill effects that chronic alcohol consumption causes. Stopping or reducing alcohol at any stage of pregnancy will improve the development of the baby and the health of the mother.

What factors increase or decrease the risk of FAS?

There may be many factors that both increase and decrease the risk of FAS.

Factors that may increase the risk of FAS:

Poor maternal nutrition

Lack of access to routine prenatal health care

A long history of alcohol use

If the partner is drinking it may be hard for the mother to remain abstinent from alcohol.

Lack of support services for women and their partners.

Factors which may protect the fetus from developing FAS are less well understood and may include:

Genetic factors (mother and baby)

Dietary factors

Age of the mother (younger mothers may have less chance of producing babies with FAS).

Although we do not know how great a contribution all these factors make, we do know addressing these related health and social issues will make a big difference in preventing FAS.

What do all the facts tell us about FAS?

Alcohol consumption has the potential to compromise the brain and body development of the fetus. The fetal brain is particularly susceptible to alcohol throughout pregnancy and resulting harm will affect the life quality of individuals exposed to alcohol. Stopping alcohol at any point in pregnancy will help. Abstinence from alcohol prevents FAS.

Therefore the policy should be that no alcohol in pregnancy is best for the developing baby and the health of the mother.



NATIONAL ADVISORY COMMITTEE ON FETAL ALCOHOL SYNDROME/FETAL ALCOHOL EFFECTS (FAS/FAE)

On May 13, 2000, on behalf of Health Minister Allan Rock, Secretary of State Ethel Blondin-Andrew announced the establishment of a National Advisory Committee on FAS/FAE. The Secretary of State made the announcement during the Prairie Northern Conference on Fetal Alcohol Syndrome at the University of Manitoba.

The National Advisory Committee consists of 18 members from across Canada, including experts in the field of health, addictions, corrections, education and research from a variety of sectors and jurisdictions. It includes representation from First Nations and Inuit communities. The Committee is co-chaired by Health Canada and by a member of the Committee.

This National Advisory Committee works closely with the National First Nations and Inuit CPNP/FAS/E Steering Committee to ensure co-ordination of activities.

The National Advisory Committee provides strategic advice and expertise to Health Canada on FAS/FAE-related issues. It also focuses its activities in the following areas:

- recommending specific plans to better reach populations-at-risk and previously unreached populations;
- advising and promoting strategic alliances, collaboration, and coalition building across disciplines and sectors, including non-governmental, governmental and private sectors;
- advising on emerging issues and trends and assisting in the development of a long-term national plan of action on FAS/FAE.

For a listing of the members, see attached Press Release.



FAS/FAE INFORMATION SERVICE

CANADIAN CENTRE ON SUBSTANCE ABUSE

In 1992, a Parliamentary committee report on fetal alcohol syndrome and fetal alcohol effects recommended the establishment of a national FAS/FAE resource centre, and cited the National Clearinghouse on Substance Abuse, operated by the Canadian Centre on Substance Abuse (CCSA) as a logical location to house such a service. As a result the FAS/FAE Information Service, co-funded by Health Canada, was implemented in April 1994 to ensure that all Canadians have access to information on FAS/FAE.

The service provides links to support groups, prevention projects, resource centres and experts on FAS/FAE. It also provides bilingual information on FAS/FAE to a variety of clients, including caregivers, educators, social workers, health care and treatment professionals, members of the legal community, policy makers and planners, researchers and the general public.

A reference desk, staffed by a bilingual information specialist, can be accessed across Canada by calling a toll-free number, 1-800-559-4514; by calling the CCSA at (613)235-4048, ext. 223; by faxing (613) 235-8101; by e-mailing fas@ccsa.ca; or by mail at: CCSA, 75 Albert Street, Suite 300, Ottawa, ON, K1P5E7.

In addition, information on FAS/FAE can also be accessed by visiting CCSA's World Wide Web homepage on the Internet at <http://www.ccsa.ca/fasgen.htm>. Bibliographies, conference information, and articles, as well as links to numerous sites of interest, are featured.

For additional information, please contact the FAS/FAE Information Service.

**Canadian Centre on Substance Abuse
75 Albert Street, Suite 300
Ottawa, ON Canada K1P 5E7
Phone: (613) 235-4048 Fax: (613) 235-8101**



FIRST NATIONS AND INUIT COMPONENT OF FETAL ALCOHOL SYNDROME (FAS)

What is First Nations and Inuit Health Branch (FNIHB) doing to prevent Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) and to assist persons afflicted by it and their families?

The February, 1999 Federal budget announced expanded funding for the Canada Prenatal Nutrition Program (CPNP). As part of this expansion the government allocated \$3.8 million over three years for the enhancement of current prevention efforts and to address FAS/FAE in First Nations and Inuit communities. This new initiative funding will address gaps as well as, build on strengths and new opportunities. The first three years of this expanded funding will allow for development and initial implementation. This program will be the vehicle for the discussion and promotion of good lifestyle choices.

FNIHB recognizes that FAS/FAE is a national health concern for individuals and society. It constitutes a life-long disability to those affected and who require constant care by their families.

The rate of FAS is estimated at one to three per 1,000 live births, indicating that each year more than 350 children are born with FAS. Initial studies suggest that the rates of FAS/FAE in some Aboriginal communities may be significantly higher.

FNIHB in collaboration with the Assembly of First Nations (AFN) and the Inuit Tapirisat of Canada (ITC) established a National Steering Committee (NSC) in November, 1999 to work in partnership on both the Canada Prenatal Nutrition Program and the FAS/FAE Initiative.

These new investments are intended to support:

- a) public awareness and education
- b) training and community capacity building (focus on community-based programs)
- c) strategic project funding to support further development and capacity building

News Release

2000-47
May 13, 2000

GOVERNMENT OF CANADA ANNOUNCES NATIONAL ADVISORY COMMITTEE ON FETAL ALCOHOL SYNDROME/FETAL ALCOHOL EFFECTS

WINNIPEG - On behalf of Health Minister Allan Rock, Secretary of State Ethel Blondin-Andrew today announced the establishment of a National Advisory Committee on Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE). The Secretary of State made the announcement during the Prairie Northern Conference on Fetal Alcohol Syndrome at the University of Manitoba. Health Canada is contributing \$25,000 to the conference.

“In every 1000 babies, up to three - and more in some aboriginal communities - are affected by Fetal Alcohol Syndrome (FAS),” said Secretary of State Blondin-Andrew. “It is a life-long disability affecting individuals, families and society. The impact of FAS on children’s development is profound and lasts a lifetime. The Government of Canada has recognized the problem and is taking action in a number of areas, including establishing this advisory committee,” said Blondin-Andrew, who has an active interest in this issue and who works closely with Minister Rock and the committee.

Today’s announcement is part of the Government of Canada’s commitment to address FAS/FAE.

“The Government of Canada has placed a premium on prevention and support efforts related to FAS/FAE,” said Minister Rock. “The \$11 million *Fetal Alcohol Syndrome/Fetal Alcohol Effects Initiative* I announced in January builds on the dynamic work our partners are doing at the provincial, territorial and community levels - in addition to the many other federal efforts aimed at improving the health of children and families.”

The National Advisory Committee consists of 18 members including experts in the field of health, addictions, corrections, education and research from a variety of sectors and jurisdictions. It has representation from First Nations and Inuit to provide their expertise. One of the mandates of the committee will be to ensure that people affected by FAS/FAE have a voice in the committee’s work.

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The committee will provide strategic advice and expertise to Health Canada on FAS/FAE-related issues, with priority attention to the implementation of the Budget 1999 commitment to increase our efforts in the area of FAS. The committee will be co-chaired by Health Canada and by a member nominated by the committee.

Attachment:

National Advisory Committee Members (31040)
Government of Canada's FAS/FAE Initiative (31050)

Health Canada's FAS/FAE website is located at: <http://www.fas-saf.com>

Media Inquiries:

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Également disponible en français

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<http://media.health-canada.net>**

Please note:

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**National Advisory Committee on Fetal Alcohol Syndrome/Fetal Alcohol Effects
(FAS/FAE)**

Fred. J. Boland, Ph.D.

Dr. Fred J. Boland received his PhD in Clinical Psychology from McGill University in 1978. He is currently Associate Professor of Psychology and Psychiatry, and holds a clinical appointment with the Hotel Dieu Hospital Eating Disorder Program, Kingston, ON. Since 1977 he has been appointed full time to the Psychology Department of Queens University where he has served as Chair of Clinical Training and Chair of Undergraduate Studies. His interest in FAS/FAE is from the perspective of its implications for correctional programming.

Julianne Conry, Ph.D., R. Psych

Dr. Julianne Conry is in the Department of Educational and Counselling Psychology and Special Education at the University of British Columbia. Since 1984, she has been active in research and clinical assessment of children, adolescents and adults with Fetal Alcohol Syndrome. She has also developed a number of resources for both the education and justice systems.

Dr. Albert E. Chudley, M.D., FRCP(C), FCCMG

Dr. Chudley is a pediatrician and medical geneticist, and is currently, Head of the Section of Genetics and Metabolism, Children's Hospital, Winnipeg. He is a Professor in the Departments of Pediatrics and Child Health, Biochemistry and Medical Genetics at the University of Manitoba. He has two decades of clinical experience with children, adolescents and adults affected by prenatal exposure to alcohol. He is a member of the Manitoba Coalition of Alcohol in Pregnancy and has been a consultant to the Manitoba and Alberta governments in issues related to FAS/FAE.

Mr. J. Ebbie Devine

J. Ebbie Devine has served on fundraising committees from 1984 to 1990 to raise money for addictions programs. He has also been a support person to after care groups from 1990 to 1998. Mr. Devine is also on the Board of Directors for the Kay Reynold's Centre and the Arthritis Society.

Ms. Lynne Henderson

Lynne Henderson is in the real estate and development industry and is very active as a volunteer in the community. She is the elected Chair of the Foundation of the University of Victoria, the president of Victoria Coats for Kids, and has been reappointed on the Destination Marketing Commission.

Ms. Florence Highway-Roberts

Florence Highway-Roberts is a Social Worker, graduating from the University of Regina. She is a member of the Peter Ballantyne Cree Nation in northern Saskatchewan. She has worked in various areas such as corrections, probation and social services. For five years, she worked with youth in an educational setting, some of whom were diagnosed with FAS or FAE. Currently, Ms. Highway-Roberts is employed with the Saskatchewan Institute on Prevention of Handicaps, providing FAS education and support to

Dr. John Joanisse

John A. Joanisse is a physician in general practice in Medical Clinics in Cumberland, and Navan, Ontario. He is an Assistant Professor at the Department of Family Medicine, University of Ottawa, Ontario. He is also a member of a Parent Support Resource (Care Line) to parents of children with Fetal Alcohol Syndrome and Fetal Alcohol Effects, Canadian Centre on Substance Abuse.

Ms. Rosie Kagak

Rosie Kagak is currently a community health representative for the community of Kugluktuk. Previously she was the Executive Director of the Kugluktuk Day Care. As a community health representative Ms. Kagak has seen first hand the effects of FAS/FAE and over the years has participated in many workshops and conferences to help raise awareness about FAS and FAE to Inuit from all across Nunavut.

Dr. Nicole Leblanc, M.D., FRCP(C)

Nicole LeBlanc is a pediatrician in private practice and at the Department of Pediatrics, Dr Georges-L. Dumont Hospital, Moncton, New Brunswick. She is Head of Psychiatric Services at the Beauséjour Hospital Corporation and Chair of the Maritime Network for Child and Youth Health. She is also a member of various committees and responsible for the Teaching Program in Pediatrics for Sherbrooke University Family Medicine residents at the Beauséjour Hospital Corporation.

Ms. Ethel Marie Lamothe

Ethel Marie Lamothe is a manager with the Community Wellness, Deh Cho Health and Social Services in the North West Territories. Deh Cho Health and Social Services is located in Fort Simpson and provides services to eight communities. During her work with the Dene Nation her development workshops began to focus on alcohol and drug abuse and their effects on the person and community. Much of the focus of her work has been to educate people about FAS/FAE.

Dr. Christine Loock, M.D., FRCP

Christine Loock is a developmental pediatrician at Children's and Women's Health Centre of British Columbia and Clinical Associate Professor in the Department of Pediatrics, Faculty of Medicine, University of British Columbia. She works extensively with children with neurodevelopmental disorders and birth defects including Fetal Alcohol Syndrome and, since 1991, has been medical consultant for FAS prevention and early intervention to the BC Ministry of Health and subsequently the BC Ministry of Children and Families. She has been co-investigator on numerous research studies on FAS.

Ms. Jan Lutke

Ms. Jan Lutke is the Director of FACES, the Society of the FAS/E Support Network of BC an organization which provides front-line consultation, information, advocacy and support to those living or working with alcohol affected people. She has also over 30 years of experience providing contracted residential foster care for the Ministry of Children and Families in British Columbia, working with alcohol affected children and their families. Ms. Lutke and her husband are also adoptive parents of 11 children with FAS.

Ms. Chris Margetson

Chris Margetson has been the Executive Director of FASAT (Ontario) for two and a half years. Prior to this, she was employed by the Onward Willow-Better Beginnings, Better Futures prevention project as the Community Development Worker for eight years. Over the past twelve years, throughout Ontario, she has been a speaker/panellist at a number of conferences, and has facilitated a wide variety of training workshops and presentations to both parents and professionals, regarding FAS.

Ms. Rebecca Martell

Rebecca Martell is a member of Waterhen Lake First Nation in Saskatchewan. Trained in the field of addictions as a counsellor and trainer, she has utilized a traditional model of learning in working for the last 27 years with First Nations people, working with Elders to develop culturally based programs, understanding and dealing with addictions, fetal alcohol syndrome, dealing with abuse and family violence, and suicide prevention.

Ms. Della McGuire

Della McGuire is of First Nation's Mi'Kmaq ancestry and received her education in Addictions from Dalhousie University Halifax, NS and has extensive training in fetal alcohol syndrome. She is the Assistant Director of the Mi'Kmaq Native Friendship Centre and the Coordinator of the FAS Program. Ms. McGuire has developed a training manual entitled "Empowering Our Communities on FAS/FAE.

Ms. Carol Oliver

Carol Oliver is a Community Services Associate with the United Way of Calgary. She is responsible for overseeing family violence prevention and intervention funded programs and the children and youth portfolio. Ms. Oliver holds a Masters in Communication Studies from the University of Calgary, where she has taught in the area of women's health. She has recently completed two studies in the area of fetal alcohol syndrome.

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Dr. Jean-François Saucier, M.D. Ph.D

Jean-François Saucier is a child psychiatrist at St. Justine's Hospital in Montreal. Jean-François Saucier is also a member of the research department. Currently he is Chair of the upcoming 7th Congress of the World Association for Infant Mental Health conference to be held in July 2000.

Ms. Esther Starkman

Esther Starkman is a professional English teacher with thirty years experience utilizing innovative techniques to instruct teenagers and adults. During her teaching career, Ms. Starkman has been elected twice as a Public School Trustee for the City of Edmonton, and has been active as Chair of various Edmonton Public School Board Committees including Chair of the Board. Ms. Starkman was a former member of the Board of Health for the City of Edmonton. Ms. Starkman has received the Literacy Volunteer Award in recognition of "outstanding community service."

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Policy Discussion/Statements

Canadian Medical Association Policy
Fetal Alcohol Syndrome (Update 2000)

<http://www.cma.ca/inside/policybase/2000/Fetalalcoholsyndrome.PDF>

Substance Use and Pregnancy: Conceiving Women in the Policy-Making Process
Status of Women Canada - August 2000

<http://www.swc-cfc.gc.ca/publish/research/000828-0662286146-e.html>

Joint Statement: Prevention of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol
Effects (FAE) in Canada

<http://www.ccsa.ca/fasstmnt.htm>

Fetal Alcohol Syndrome: an issue of child and family health

Canadian Centre on Substance Abuse (CCSA) National Working Group on Policy

<http://www.ccsa.ca/fasissue.htm>



FAS • FAE

Resources and Upcoming Events

New

Children Benefit from Provincial Budget

<http://www.gov.sk.ca/newsrel/2001/03/30-175.html>

Government of Saskatchewan, March 30, 2001

Enhancing Fetal Alcohol Syndrome (FAS) - Related Interventions at the Prenatal and Early Childhood Stages in Canada: Executive Summary 2001

<http://www.ccsa.ca/capc-cpn/ExecSumm2.htm>

Fetal Alcohol Syndrome: A Call for Action in BC- February 2001

<http://www.childservices.gov.bc.ca/whatsnew.html>

Evaluation Report - Sheway Project for High-Risk Pregnant & Parenting Women
British Columbia Centre of Excellence for Women's Health, 2000

<http://www.bceewh.bc.ca/>

Yukon to host 2002 conference on Fetal Alcohol Syndrome

<http://www.gov.yk.ca/news/2000/Dec-00/00-228.pdf>

Government responds to recommendations raised in Children's Forum and Task Force on Children at Risk

Government of Alberta News Release, November 24, 2000

<http://www.gov.ab.ca/acn/200011/9994.html>

Yukon Physicians Now Required to Report FAS

<http://www.gov.yk.ca/news/2000/Oct-00/00-190.pdf>

Motherisk Launches FACE - Fetal Alcohol Canadian Expertise

<http://www.motherisk.org/cgi-bin/mrisk.cgi?section=publi/news&article=Fall00.html>

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News Release, First Ministers' Meeting
New Federal Investments to Accompany the Agreements on Health Renewal and
Early Childhood Development
http://www.scics.gc.ca/cinfo00/80003807_e.html

News Release, Manitoba Government:
Pilot Project Aims to Improve School Experience for Students with FAS
<http://www.gov.mb.ca/chc/press/top/2000/09/2000-09-08-05.html>

Fetal Alcohol Syndrome Campaign Launched, BC Liquor Stores
<http://www.bcliquorstores.com/aboutus/news.cfm?year=2000&id=3120>

Government of Alberta News Release:
Boston Pizza joins FAS prevention program
<http://www.gov.ab.ca/acn/200006/9342.html>

Put warning labels on alcohol, paediatricians urge
Canadian Paediatric Society
<http://www.cps.ca/english/InsideCPS/News%20Releases/FAS.htm>

Drink Smart campaign - recent initiative on Fetal Alcohol Syndrome
Paul Szabo, Member of Parliament, Mississauga South
http://www.paulszabo.com/drink_smart.htm



Documents

Enhancing Fetal Alcohol Syndrome (FAS) Related Interventions at the Prenatal and Early Childhood Stages in Canada: Executive Summary 2001

<http://www.ccsa.ca/capc-cpnp/ExecSumm2.htm>

Literacy-Based Supports for Young Adults with FAS/FAE

<http://www.ccsa.ca/FAS%20Report/titlepage.htm>

FACTS (Fetal Alcohol Consultation and Training Services) Brochures

Four brochures available in MSword format from FAS Alaska

<http://fasalaska.com/brochures/>

Fetal Alcohol Syndrome: Research article on FAS and the implications for alcohol education

<http://www.digitalism.org/hst/fetal.html>

Fetal Alcohol Syndrome: What are the implications for adoptive parents?

Roots and Wings Adoption Magazine

<http://www.adopting.org/rwfas.html>

Teaching the student with FAS or FAE

If you are a classroom teacher who, for the first time, is about to teach a student with Fetal Alcohol Syndrome or Fetal Alcohol Effect, this guide can be helpful.

<http://www.bced.gov.bc.ca/specialed/fas/>

Alcohol Related Birth Defects

A resource guide produced by the Centre for Addiction and Mental Health Library

<http://www.camh.net/>

Alcohol, tobacco, and other drugs and pregnancy and parenthood

Making the Link Fact Sheet, National Clearinghouse for Alcohol and Drug Information

<http://www.health.org/govpubs/mL010/index.htm>

Justice in sentencing
Commentary on the Reasons for Sentence in the Case of Victor Daniel Williams
www.ombud.gov.bc.ca/publications/reports/report_1994/justice_in_sentencing.html

Why Do I Stay?
Chatelaine, August 1999
<http://www.chatelaine.com/read/health/whystay.html>

Give and Take: A booklet for pregnant women about alcohol and other drugs
from AWARE
<http://www.ccsa.ca/givetake.htm>

Give and Take: Fact Sheets
<http://www.ccsa.ca/factsht.htm>