

Fetal Alcohol Spectrum Disorder

Canada's Drug Strategy is the federal response to the harmful use of substances. These include illegal drugs, alcohol, pharmaceuticals, inhalants and solvents. The Strategy takes a balanced approach to reducing both the demand for, and the supply of, drugs and substances. It contributes to a healthier, safer Canada through prevention, treatment, enforcement, and harm reduction initiatives.

A Preventable Harm

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe the range of effects that can occur in individuals whose mothers drank alcohol while pregnant. FASD is not a diagnosis; diagnoses can include:

- Fetal Alcohol Syndrome (FAS)
- partial FAS (pFAS)
- Alcohol-Related Neuro-developmental Disorder (ARND)
- Alcohol-Related Birth Defects (ARBD).

FASD is the leading cause of developmental disability among Canadians. The incidence of FASD among Canada's Aboriginal peoples and in remote and rural locations is estimated to be significantly higher than in the overall population.

FASD results from maternal alcohol consumption during pregnancy. However, its root causes are much more complex and include poverty, unemployment, abuse, and family violence. These factors are, at times, beyond an individual's control. Women may drink alcohol to try to cope, and then continue this behaviour during pregnancy. We do know that the developing brain is sensitive to the damaging effects of alcohol at all stages of pregnancy. The Government of Canada therefore recommends that there is no safe time or safe amount of alcohol to drink during pregnancy.

FASD is a complex public health and social issue, affecting many Canadian families, communities in all regions of the country, and society as a whole. Individuals with FASD may have

physical health problems, learning disabilities at school, memory problems, and a short attention span. They may have difficulty communicating their thoughts and feelings in an appropriate manner, and are sometimes unable to control their behaviour. Because of these primary disabilities, people with FASD may have difficulty holding a job, handling money, and interacting with others. Furthermore, these individuals often have difficulty understanding the links between good behaviour and rewards, poor behaviour and consequences. Such characteristics make individuals with FASD vulnerable to unemployment, homelessness, and coming in contact with the criminal justice system, either as a victim or as an offender. Individuals with FASD often do not have the mental capacity to appreciate the nature and consequences of their actions.

Finally, individuals with FASD have many special needs and may require lifelong assistance.

The Government of Canada, through a variety of means including Canada's Drug Strategy, continues to work with, and provide financial and other support to, provincial and territorial partners, as well as community organizations to address FASD. The goals of this work are to develop and implement programs that raise awareness of the dangers of consuming alcohol during pregnancy, to identify and assist at risk individuals and populations, and to address the secondary disabilities of FASD. No one sector or jurisdiction can undertake this work in isolation.

The Public Health Agency of Canada, Health Canada, and others are finding out more about the current knowledge level, attitudes, and behaviours of the general public and specific health care and allied professional groups towards FASD. This will help identify and shape appropriate policy and programming. Common goals of all programs are: building capacity at the individual, community, and professional levels to reduce the incidence of future FASD births, and improving outcomes for those living with FASD.

The pan-Canadian FASD Initiative, established in 1999 and led by the Public Health Agency of Canada, focuses on national public awareness, training and capacity development, early identification and diagnosis, coordination and exchange



of information and best practices, leadership, partnership and policy development, monitoring, and a national strategic projects fund.

FASD programming for First Nations on-reserve and Inuit communities is delivered through the First Nations and Inuit Health Branch of Health Canada. Its FASD program focuses on awareness, education, and training in prevention to increase community readiness to deal with FASD; targeted interventions for those at risk of having an FASD birth; supports for parents and families of FASD affected children; and collaborative initiatives with partners, on issues such as early identification, assessment and diagnosis.

More information on FASD and the Framework for Action on FASD is available at
<http://www.phac-aspc.gc.ca/fasd-etcaf/index.html>

To learn more on the First Nations and Inuit Health Branch, www.hc-sc.gc.ca/fnihb/cp/fas_fae

To learn more about Canada's Drug Strategy, please visit www.healthcanada.gc.ca/cds

Find out what governments, non-governmental organizations, and other partners are doing – National Framework for Action – Visit www.healthcanada.gc.ca/cds-nfa